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ART IN THE CONTEXT OF FAMILY THERAPY AND CHILDHOOD PSYCHOPATHOLOGY

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A Thesis

in

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of

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ABSTRACT

Art in the Context of Family Therapy
and Childhood Psychopathology

Mona Saltzman

A brief retrospective of the history of family therapy with emphasis on systems theory, the systems model and family art therapy retraces its origins and development.

This thesis examines the role and the function of art in family art therapy when children present with psychopathology.

In the actual process of creating something in the presence of family members communication occurs and inner feelings are expressed. How these creations act as facilitators towards the goals of family therapy is a focus of analysis.

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INTRODUCTION

The following thesis is my attempt to condense a formidable ammount of material in the area of family therapy and family art therapy. My methology relies on assimilating readings from different disciplines which have not been central to my training program. As a result, many of the writers whom I have quoted come from other areas of expertise.

An area needing research in the field of family art therapy concerns which model or intervention would be most useful or applicable with certain specific types of presenting problems. Individual family dynamics need to be addressed, in terms of the potential types of interventions that could best contribute to a more appropriate mode of functioning. Advantages and disadvantages of family art therapy, family art therapy with co-therapists, individual therapists, male/female choices, family groups, as primary or adjunctive therapy, all require attention in future research undertakings.

A specific limitation to this thesis is that the case material which I have presented has been taken from my internship experience and therefore reflects my limited experience in the field. The four vignettes that will be discussed encompass a small sample from the numerous diagnostic categories available. The work of this thesis is indicative of my current position, however it is informed by my ever changing perspective of the field of family art therapy as I continue to gain new insights in this extremely complex field.

CHAPTER 1

FAMILY THERAPY

> None of us lives our lives utterly alone. Those who try are doomed to a miserable existence. It can fairly be said that some aspects of life experience are more individual than social, and others more social than individual. Nevertheless, principally we live with others, and in early years almost exclusively with members of our own family. (Ackerman, 1937, p.1).

A review of the growth of family therapy will be undertaken in this initial chapter. The systems theory model will be central to the discussion since I believe it is basic to this field of therapy. Its use and function will be explored with emphasis being placed on the writings of Simon, Bowen, Barker, French, Foley and Fleck. Communication theorists' concepts and the role of the family as a social unit are highlighted as both lead to the clarification and understanding of some of the concerns of family therapy. The incorporation of a systems approach to the artwork produced by families will be proposed in the hope of further enriching the understanding of other mental health professionals interested in this field.

First, a brief outline of the evolution of family therapy.Though some of Freud's most important discoveries focused primarily on family processes, he chose to study and treat family pathology only in individuals. He limited the clinical parameters to an analyst-patient dyad. In this model a person could relive family experiences through the phenomenon of transference. A quarter century after Freud's accounts of unconscious processes, Flugel in 1921 attempted the first psychoanalytical conceptualization of family processes. By the 1930's Midelfort had begun to explore some sociocultural constellations of the families of schizophrenic patients. But it was not until the late 1940's that systematic clinical study and research of the family as a group began.

The movement towards family therapy in the 1940's had been growing in various isolated areas throughout the United States. It was in the aftermaths of World War II and the Korean conflict that a noticable increase in family togetherness was witnessed. This led to a push towards family perspectives which came from attempts to apply conventional psychiatric principles to schizophrenic families. There were limitations to these efforts. In addition, better ways were needed to deal with behavior difficulties and delinquency in children. Since there had been rules to safeguard the confidentiality of the patient/therapist relationship some hospitals divided therapeutic interventions between several clinicians, such

as a social worker to meet with relatives, a psychiatrist to handle administrative and management issues and a therapist to deal with intrapsychic process. Eventually it was in the context of research that families were accepted as a unit for therapy (Guerin 1976).

Exploring and treating families as a group has been and still is considered nontraditional practices. But the involvement of nonmedical professionals has caused an upswing in family treatment in the last several decades. Furthermore anthropologists have contributed information about family structure in various different cultures, and have pointed out specific core tasks and functions that the family must perform or provide in order to ensure healthy members.

Family therapy is based on a theory in which the focus is on the family as a whole unit rather than on an individual identified patient. Conceptually this form of treatment is considered by some professionals to be a more logical, faster, more satisfactory and more economical way to treat all the members in the relationship, than is concentrating on the person who is to be in treatment. The task of the family therapist is to change the relationships between members of the troubled family so that symptomatic behavior disappears, or so that the family reverts back on its developmental track. In order to accomplish this,

family therapists have developed a variety of strategies that are based on different models. I will now describe some of these.

Robert Simon (1985) postulates six major models of family therapy: Structural, Strategic, Functional-Behavioral, Psychodynamic, Experiential and Family Systems. This last model is the one I will be developing (see below p.11). Before that I will mention briefly the other models.

a) Structural Model

Within the Structural model the family is viewed as a single interrelated system with:

> 1) significant alliances and splits among family members; 2) hierarchy of power, i.e. the parents' "in charge" position with regard to the children; 3) the clarity and firmness of boundaries between the generations, and 4) the family's tolerance of developmental transitions or other significant events in the life of the family. (Simon, 1984, p. 1430).

Here and now problems are the therapists' major concern. Past issues are considered unnecessary detours. Therapeutically, in an aim to restore failing parental authority, the family's habitual seating arrangements may be changed for example and dyadic confrontations are allowed to occur. Normal boundaries are fortified and alliances reordered. Between sessions the

family is given tasks to complete which are later carefully reviewed. Upon amelioration of the presenting problem, the family is discharged.

It is my understanding that the structural approach is behavioral in that it is focused on reality, behavior and change mainly within actual sessions. However there are specific types of families who are neither insight oriented or verbal, for whom concrete symbols for abstract ideas are useful. In addition, there are times in therapy that strategies utilized by structural therapists become applicable and prove to be successful in dealing with specific problems.

b) Strategic Model

Strategic models define a family's resistance to change as needing to be dealt with through redefinition. Family strength is tapped to fight the rigidly repetitive patterns that may have become inherent. Similarly to the structural model, symptoms can be understood as originating in either the life cycle or in accidental occurrences that umbalance the family system.

The strategic therapist, like the systems therapist, may use a technique of circular questioning to delineate the parameters of family as an operating system. A symptom

is viewed in terms of how it aligns family members - with or against one another. These alignments can be seen as achieving homeostasis regardless of the discomfort they produce.

Two approaches to change are considered in this model:

1) Interventions attempt to guide the resistant family towards a structural change. Only present problems are considered. A usual intervention is the paradoxical one of, e.g. prescribing the symptom. Two positions may result: a) continued resistance to the therapist and the abandoning of symptomatic behavior or, b) continued symptomatic behavior but now under the influence of the therapist. In order to achieve the desired results, the paradoxical prescription must match the current paradox within the family's organization.

2) With the use of a one-way mirror a team may outline a genogram and formulate a three generational hypothesis concerning the problem (see below p.12). The message that is presented to the family is usually a positive reframing. Tasks and rituals to be carried out at home may be prescribed.

In this way, the dysfunctional cycle can be interrupted and the family may begin to interact in a new way. After each successful intervention the therapist/team

formulates a new intervention to comply with another newly formulated hypothesis.

Yet, the stategic approach seems to be most applicable for more resistant, defiant, as opposed to compliant families. It is often used in order to get out of a therapeutic impasse. The goals are not towards understanding the etiology or how a behavior is maintained but on change of behavior, relationship and communication. Strategies are devised, rituals, future questioning, circular questioning, reframing techniques and the one-down position are utilized to a greater degree today in our particular family therapy milieu. Most prescriptions and paradoxical interventions that were used in the recent past have now been dropped due to the large proportion of families that were 'shaken' by them and subsequently refused to return for therapy. When considering time constraints, the strategic approach is short term and useful in order to 'get in' make a small change and 'get out'.

c) Functional Behavioral Model

Within the functional/behavioral model the family problem is evaluated within the family systems model. To deal with the presenting problem tasks are planned that are

outlined in detail by the therapist. These tasks aim to change behavior through methods of reinforcement. Written contracts are formally agreed upon regarding therapists and family expectations. Treatment is short term: 6-12 sessions. The underlying context is not dealt with and in this way the model is similar to strategic and structural models. One positive aspect of this model is its research results which report a high rate of success.

With non verbal and more concrete families I can see where this model could be useful in contracting for change in terms of management and limit setting problems.

d) Psychodynamic and Experiential Model

Simon groups the psychodynamic and experiential models together in his comparative review. The individual's maturation is the focus in the family system here. However, anxieties of unconcious origin and projections originating from past experience are disregarded. The therapist attempts to join or begin to create an empathic connection with each family member. Clear communication and the expression of honest feelings are of great importance. The metaphor, body language and parapraxes are utilized or observed in order to discern unconscious family relationship patterns. The therapist's subjective

responses to the family are fed back to them, heightening their self-observation and change.

With this model a degree of comfort with verbal, psychological and interpretive modes is incumbent for families. The strength of this method lies in it's potential for growth and understanding, which in time is expected to lead to behavioral change. A limitation of the approach is the current lack of time available, yet needed, for such a family therapy undertaking. Many hospitals and institutions have as their mandate short term family therapy.

I will now look in more detail at Bowen and the family systems model that is central to this thesis, and follow with Fleck and the vital concern of the family as a social unit.

e) Family Systems Model-Bowen

Family Systems therapy or the Bowen Model, is known for encouraging personal differentiation from the family of origin. This can be understood to be the ability to be oneself regardless of pressure from family or others who might pose a threat to being loved. Assessment of the family is twofold: 1) the degree of their enmeshment within the family versus the degree of their ability to

differentiate between themselves and their families of origin and 2) an analysis of emotional triangles involved in the presenting problem.

Simon defines "emotional triangle" as a three-party subsystem. The closeness of two members generally means the exclusion of a third. Either love or repetitive conflict reflects the closeness. When the excluded third party tries to join one of the others, emotional turmoil is observed. The stabilizing of the triangle which relates to the presenting problem is the first task of the therapist. Work with the most psychologically available member of the family to encourage personal differentiation follows. The aim is to inhibit future reoccurrance of that triangle.

The importance of transgenerational transmission of emotional problems is part of Bowen's theory. In order to clarify relevant information easily, he created the 'genogram'. This exploration of the family of origin helps patients achieve greater self-differentiation. It is important to note that Bowen began, like other pioneers, with the study of Schizophrenia which led to his consideration of grandparents as well as the parents.

In this review of family systems theory I think that it is important to look at Bowens' theoretical thinking and writing more closely. He states that his "family system

theory is a specific theory about the functional facts of emotional functioning". (Philip J. Guerin, Jr. Edt., 1976, p.62).

At it's core is the degree to which people are able to distinguish between the feeling process and the intellectual process. Variables that have to do with anxiety or emotional tension, may be observed, e.g. intensity, duration and various kinds of anxiety. Yet there are many more variables concerning the level of integration of the "differentiation of self" than there are with anxiety.

His concept of Differentiation of Self defines people as to the degree of fusion, or differentiation, between their intellectual and emotional functioning. At the low end of the continuum are people who are intellectually and emotionally fused so that their lives are under control of their autonomic emotional system. The intellect is therefore dominated by the emotional system. On the other end of the spectrum are the more differentiated people, whose intellectual functioning can remain somewhat autonomous during periods of stress. They prove to be more flexible and more independent of the surrounding emotionality of the family.

Part of the "differentiation of self" has to do with the degrees of solid self and pseudo-self in a person. The solid self remains apart from any fusion experience. It is

made up of clear beliefs, opinions, convictions and principles. The pseudo-self comes from emotional pressure and can be altered by it. It is not a real self but was acquired at the request of the relationship system and is worked out in the relationship system.

Triangle is another basic concept of Bowen's (1976). He states that the triangle, which is a three-person emotional configuration, is a building block of an emotional system. It is also the smallest stable relationship system. When anxiety builds in a two-person system, that system attempts to involve the most vulnerable third person and it becomes a triangle. Other people may become involved also when the triangle experiences too much tension. This creates a series of interlocking triangles.

Within his concept of the Nuclear Family Emotional System, there are three major areas. These areas are: marital conflict; sickness or dysfunction in one spouse; and projection of the problems onto the children. It may be that there is a quantitative amount of undifferentiation to be taken in within the nuclear family. It may either be focused in one area or spread to other areas. The way a family handles the undifferentiation depends on their families of origin along with the interactions of the individuals.

f) Systems Theory - Barker

Philip Barker (1981) concurs with Bowen's ideas and postulates that the most important theoretical model available to help understand the working of family groups, is general systems theory, proposed by von Bertalanffy (1968) as a general theory of the organization of parts into wholes. A system is 'a set of objects together with the relationships between their attributes' (Hall and Fagan, 1956). There are no limitations on what its 'parts' or 'objects' may be. We may consider the theory therefore to apply to physical phenomena, machines and biological systems.

Von Bertalanffy (1968) coined the term 'open system' for describing families. In an open system a steady inflow and outflow of necessary material can cross the boundary of the system. When the outside environment and the boundary remain the same, a 'steady state' is reached. Since the environment of most open systems is bound to change, the characteristics of the boundary could also change.

Barker (1981) lists ten features which family therapists have borrowed from systems theory. These are:

1) A family's individual parts are more than the sum of the properties of their parts.

2) The operation of this kind of system is governed by certain general rules or regulations. (see below p.19)
3) Each system has a boundary whose properties are important in comprehending how the system works.
4) These boundaries are partly permeable.
5) There exists a tendency for family systems to reach a relatively steady state. Possibility for growth and evolution are present. Change can appear in numerous ways.
6) The system functions through communication and feedback mechanisms.
7) Individual's behavior in the family is better understood as being exemplary of "circular causality" than of "linear causal'ty".
8) As in other open systems as described by Von Bertalanffy (1968) there is equifinality, which can be understood as the same goal being reachable from numerous starting places (see below p.16).
9) There is a purpose to family systems as there are in other open systems.
10) Systems are part of suprasystems and are made up of subsystems.

All living systems are composed of subsystems. The family consists of various individuals or groups of individuals who function as subsystems. There are parental, marital or child subsystems, there are boy or girl subsystem or subsystems consisting of older and younger children. Subsystems also have their respective subsystems. The individual in the family is a complex system, made up also of various subsystems, e.g. cardiovascular, nervous or psychological.

There are suprasystems to which a family might belong and they include the extended family, the village, the neighbourhood, the church, etc. These suprasystems are in fact part of larger and larger suprasystems such as nations and the planet earth.

There are boundaries around every system yet the ones concerning emotional and psychological systems are not visible, nonetheless they are extremely important. These boundaries play the role of controlling emotional exchanges, closeness and united actions. Boundaries between one subsystem and another will be characterized by limited emotional interchanges as compared with boundaries within one subsystem. In some families where relatively restricted boundaries exist, members remain isolated from their own social environment. They seem to be unable to allow any member to reach out and make connections outside

the family unit. On the other hand, some have easily permeable boundaries and could be negatively susceptible to happenings and changes in the larger social environment. Regardless of the above, the boundaries of each open system are such that they allow some things to enter and prevent others from doing so. It is in this way that the purity of the system is protected from the surrounding environment. Boundaries are largely defined by communication that occurs across them. It might be that the communication is mainly non-verbal and focused on an emotional instead of a cognitive level.

Barker stresses that the use of a systems model involves attention to communication processes within the family. Within the communication processes, feedback, equifinality, purpose, linear causality, circular causality, steady states, the capacity to change and finally rules are found.

Feedback occurs when two processes influence each other so that any deviation in one causes a deviation in the other. Both positive and negative feedback can occur and either can be positive or detrimental to a family system.

Equifinality is described as the ability of an open system to maintain the same steady state when there are differing inputs. Many families function in specific ways regardless of what occurs around them.

Purpose can be seen in every open system. A family is organized for mutual support and the raising of their young. If a system is functioning well the purpose is being efficiently followed through.

When one event is the cause of another it is termed linear causality. In this case one event causes another however the result does not affect the primary event. On the other hand, circular causality occurs when the resulting event affects the primary one. It becomes impossible to trace a linear series of causal relationships in the latter case.

French (1977) has defined two processes, one concerning the maintenance of a steady state and the other with changing the rules when it becomes necessary. In the former all mechanisms that help maintain the system's steady state are involved, while the latter involves a change in the reference points which lead to a new homeostatic balance. It is preferable to utilize the steady state when coping with stress, however it sometimes becomes necessary to opt for the capacity to change under changing instances.

Rules are thought to be relatively fixed patterns of behavior. It is said to encompass whichever subsystem is responsible for family activity and decision making. That subsystem is known as the 'decider' subsystem. In terms of

the family system it is often the parental dyad that takes on the role of the 'decider'. Depending on the subject in question variations on operant subsystem occur.

Parker has suggested a number of criteria which family therapists have adapted from systems theory, while paying close attention to communication processes. Though Foley, whose theory will be addressed below, has also looked at communication issues, he has viewed them from the perspective of type of communication dealt with by specific therapists.

g) Communication Theory - Foley

Communication theory is important in that it places emphasis on how people relate to each other. Pragmatics is the study of the behavioural effects of communication. It is another aspect of interest to therapists, and is reflected in some of Foley's framework below. There is a difference between syntax which is the structure of language in order to transmit relevant information and from semantics; concerning the meaning of language. In order for communication to occur there must be a semantic convention agreed upon by the speaker and the listener. Syntatic rules must be observed. Communication theorists have been divided into three groups by Foley (1974) in accordance with the family communication which they stress.

a) **Communication and cognition: Don Jackson**

b) Communication and power: Jay Haley

c) Communication and feeling: Virginia Satir

These theorists do not conceptualize personality except in terms of interaction. The intrapsychic model is not part of their theoretical framework. Characteristic of the above therapists is systems thinking and theory. For them communications theory is not a different approach but rather an emphasis on a specific part of a system's functioning.

a) Communication and Cognition

In Pragmatics of Human Communication, Watzlawick et al., (1967), summarize the basic principles of Communication and Cognition, 1) There is no such thing as non-communication; 2) Communications give information and define the relationship between those communicating; 3) Punctuation is a trait of communication where clarity does not always exist between stimulus and response; 4) There are two forms of communications: digital and analogic. One feature of Digital communication is that it encompasses messages that are in spoken or written words. Analogic communication includes non-verbal forms of communication such as facial

expression, gesture, posture, tone and voice inflexion and the manner in which the words are spoken; forms of artistic expression are found under this heading. Physical contact and dress style are included. In his book "The Language of Change", (Watzlawick, 1978) digital and analogic communication is taken up further. He associates the two modes of communication with left and right cerebral hemispheres respectively. As a result he believes that in order to change functions that are pathological, contact must be made with the 'right hemisphere' or functions which are carried out there. 5) Symmetrical and Complementary interactions occur. When symmetrical the members of the dyad are on equal basis. It is inequality that underlies complementarity.

There is a new approach occuring in the area of communication and cognition. While general systems theory regards people and society as self regulating; interacting among themselves and their environment, cybernetics is a conceptual tool for the analysis of complex systems. The psychocybernetic model is a method of "cultivating, portraying and decoding" the meaning of images in order to improve one's functioning (Nucho 1987).The image is a priority in this helping modality. It has been found to be related to cognition and the creative process.

Computers, cybernetics and studies in sensory deprivation brought a reversal of a trend to disregard images that had appeared in the last half century. The above influences have joined and now form a cognitive theory in which images occupy a distinct place as one form of cognition (Merluzzi et al., 1981).

b) Communication and Power

The second group stress Communication and Power. Haley (1976) sees families in terms of power structures; hierarchies are kept by all concerned and each member holds a different place on the ladder. When there are confused hierarchical arrangements, he believes symptoms result. Lack of clear definitions of power held at different levels may reflect two or three generational conflicts.

c) Communication and Feeling

Virginia Satir stresses the communication of feelings, e.g both being in touch with one's own feelings involving internal systems, and communicating clearly with people involving interactions with others, are signs of maturity. An emphasis on self-esteem and personal maturation are key issues.

Communication can also be sufficient or insufficient, direct or indirect, clear or marked (Epstein et al., 1978). There are three manners in which a person can respond to communication: acceptance of communication, rejection of communication and disconfirmation which is the most pathological. If a person resorts to symptoms such as sleepiness, inability to hear, or sickness, they can also be understood as ways of communicating. Paradoxical communications as described by Watzlawick et al., (1967) is a "contradiction that follows correct deduction from consistent premises".

The perspective that Foley has outlined places the emphasis on one part of the system's functioning; communication. Family therapists that choose this approach may find it successful with particular populations, however, each group described appears to have some interconnections with earlier models reviewed in Simon's models of family therapy.

h) <u>The Family as a Social Unit - Fleck</u>

We move from a concern with communication and a number of theorists who focus their therapeutic interventions in this area, to the importance of the family as a social unit.

According to Fleck (1984) the family has its numerous and specific tasks. It functions with respect to human development and relationships and reflects societal roles: to protect and nurture the young, to instruct the young how to behave and interact in their society and to incubate sociocultural values. In general systems theory terms and as earlier postulated by Barker the family constitutes a minimally two generational open system with many subsystems. The subsystem consists of 1) the marriage itself; 2) the marriage as a parental coalition; 3) the triads of parents with each child; 4) sibling coalitions and 5) suprasystems involving grandparents or other significant relatives and friends.

Partners in the western world generally choose one another on the basis of their feelings and hopes. One common neurotic tendency or need that leads to marriage is the wish to achieve independence from the family of origin. If this task was not accomplished as an individual, certain dependency needs, e.g. parental care expectations from a spouse might result. It may be that social pressures to marry at a certain age affect choices. Early marriage could be seen as a mark of success by family and friends.

The author further stipulates that the main criteria for successful marriages are furthering of both individual growth and growth as a unit. Particularly, a parental team

uniting for family leadership is essential along with a capacity to care for one another and to change together over time. In addition an important marital function in the family system is the mutual reinforcement of the partners' complementary sex-linked roles. Through spouses' support and approval, parents represent culture-determined masculinity and femininity. Similarly, conjugal role divisions and sharing must be established by the partners.

The partners personalities and marital coalition are much more vital today for personality development of children than in the past. This is due to the fact that the majority of offspring will have no other adults at home to compensate for model deficits in one or the other parent.

In terms of a clinical viewpoint, a marriage should be assessed as a singular undertaking between two people. Evaluation should focus on their personalities and motivations for marriage and family. That is, on the families of origin, on the couple's capacity for intimacy and on the family life they have created. Their sociocultural milieu must be acknowledged and their coalition evaluated.

When Fleck speaks of the family system in sociodynamic terms, he speaks of a small group to which the majority of small-group dynamics apply, a special group whose features

generate from the family's biopsychosocial evolution in a particular culture and into two generations and two sexes. The parents are gender typical models from whom the younger generation follows and learns. The parents lead and teach. Though they are expected to relate sexually to each other, all other sexual activity within the family is restricted by the taboo against incest.

In viewing the family as a group we can see that it moves from the parental dyad to a triad or larger group and perhaps contract once more later. The family consists of a number of overlapping triangles (see above Bowen, p.11) with each child forming a subsystem with the parents. Each triangular relationship is not identical. They are always unstable, particularly so if two of the three share a leadership role. In the family the parents must be the dominant and most cohesive pair. When a cross-generational pair dominates the family cannot function properly. If the triangle is too rigid disallowing alternate temporary pairings from occurring, the family or children may suffer. A major family task is to create functionally valid structures. It is an implicit mandate from the community as well as a characteristic of the system.

In dynamic terms the triangular structure of the family is represented by each child's oedipal phase. This phases' appropriate resolution depends on family structure

and behavior. It may also be understood that the child's genetics at birth, along with temperament and the parents' capacity to cope with infantile needs, all merge to establish the family's interactional patterns. Personality development from imitation and identification depends on individual characteristics as well as marital and familial interactional behavior. Children are observers and absorbers of defensive manners of those around. So, secondary personality processes evolve from familial examples and interactive modes.

When reviewing family life as defined by the general systems model of Fleck, a number of subheadings appear for examination. These are: Leadership, Boundaries, Affectivity, Communication and Task/Goal Performance.

a) Leadership

In today's families mature leadership usually rests with the parents and is a functional necessity in any group. Following familial obligations the marital couple have to prepare to loosen close ties with their children when they are ready to separate themselves both physically and emotionally from the family. The couple dyad returns and must look towards engagements in the community, on to issues of retirement and with it the aging processes.

The role of the father remains that of leader. He provides the instrumental model of coping in society in terms of acquisition and survival. Regarding the affective life of the family, and its biological needs in health and sickness, it is the mother who is usually more involved than the father. She promotes self-awareness and self expression. There are no absolutes for role division. Yet, mothers tend to have more opportunities to help children gain in self-awareness, body consciousness, and in establishing boundaries between the self and the world. These role divisions set examples for children, involving them in the gaining of communicative skills.

Parental role divisions that are complementary and flexible are preferable for in a crisis such complementary and temporary role reversal may become necessary. If permanent role reversal occurs it may provide offspring with difficult models for future lives in society even while proving satisfactory to the parents.

Another important task of the family under parental coalition is that of mastering the family's evolutionary transitions or crises. There are a number of such critical phases such as the oedipal transition of the child, starting school, puberty, adolescence, emotional emancipation of the child who leaves the family. Finally the return to a dyadic life of the aging parents.

Adjunctive to the preceding phases are illnesses, economic or political problems and temporary or permanent separations.

b) Boundaries

Under the second subheading of boundaries, there appear to be three sorts that require consideration. First, each member of the family needs ego boundaries essential to a sense of self. There is a slow development by infants of a sense of "me" and "not me". Secondly, generation boundaries are basic for a family structure. These boundaries divide the group into leaders and followers, teachers and students. They also represent the incest taboo, and the emotional and behavioral closeness and distance between parent and child. Third, the family living space defines its community boundary. It reflects the sense of togetherness and privacy within the group. An element of appropriate time together is crucial, depending on the ages of the children.

c) Affectivity

The third subheading of affectivity consists of the major tie in modern families. An atmosphere of caring and

love is of more importance today than it was in the past when the extended family was available to fill in for parents unable to perform their roles and functions. Today there appears to be numerous runaways as a result of harsh treatment within the family, although this may be a false statistic and mainly be reflective of increased acceptance and reporting of such occurances. Learning and sharing a spectrum of human feelings sets the family apart from other human groups. Sadness and mourning, joy and fun are all family experiences.

d) Communication

The fourth subheading communication concerns linguistic competence. Verbal and nonverbal interchanges are included which must be congruent for if messages are inconsistent or contradictory confusion abounds. The development of culture-typical symbols and their use, in survival tasks and future planning through the understanding of both individual and group's collective past, provides other dimensions of communication. Communication is also essential for the child's internalization of object constancy. That is, the tolerating of the nurturer's absence which is a main element in ego integration.

Language also is necessary in personality and concept formation. It is reflective of a culture's conceptual heritage and decides on its manner of abstraction, e.g. logic and institutionalized beliefs. In order for children to make the shift from concrete to abstract symbol formation parental demonstration of abstract thinking is required. It is communication theorists who place emphasis on a systems' interactions and use interventions as a means of ameliorating family problems (see above p.20).

e) Task/Goal Performance

The fifth and final subheading concerning task/goal performance begins with nurturant functions. Infants require milk and food, and other forms of physical care. They require mother's motivation and a degree of security on her part in such performance. Early mother infant bonding, competence in reaching the child and support of the other parent in older child care are critical. Nurturing is continuous throughout family life, encompassing meaning, body management, body awareness, sphincter competence and self care. Increasingly, all of the above activities can be carried out by any family member. The ritual of eating together as a family becomes a focus for communication, learning, interacting and

relaxing together. The weaning process and its culmination are the basis of the integration of ego boundaries, trust, and the child's sense of a separate self-awareness. Object constancy in mental life must be achieved after the internalizing of the incest taboo. In order for a child to master separation, he must experience the pain of acute loss of good feelings toward, or dissatisfaction with another significant person. He must not lose faith and trust in the continuing relationship and the return of good feelings. It is other family members who could also model such mastery that in turn can be internalized by the child.

Children must learn to feel secure enough to move outside the confines of the family without too much anxiety. To do so they must be capable of body management and must have overcome oedipal attachments. They then can begin to engage in peer relationships. The degree of security in terms of sexual identity in the marital coalition are more crucial now than at any other time of family life. The child must wish to grow up like the same-sex parent and to relate comfortably to both parents as individuals and as a unit. From this position of comfort in intrafamilial relationships, peer groups become the center of further relational learning.

After six or seven years of age a child relies increasingly on extrafamilial school experiences along with

family's social activities with friends and relatives. It is in this prepubertal phase that the family should experience harmony. Children can participate in family decisions and fulfill parental tasks under specific situations. A feeling of family togetherness is cemented at this time. Extrafamilial persons are necessary as figures for imitation and identification at that time.

In adolescence the family task is to tolerate the child's emancipating behavior. Intense conflict between the peer group's expectations and the parents' wish that it conform to their standards, could lead to the child's excessive guilt. This must be avoided.

In our western society offspring must attain physical, emotional and economic independence from their families. They must be ready to start their own families. The process of emancipation brings up issues of separation until it is successfully achieved. Emotional ties hopefully remain. Geographic separation is one area of these issues which need mastering. However, there are also emotional components, the sense of loss and the need to mourn that must be faced. These same issues of coping with pain and loss appear when a family member dies.

Since the average life span has increased, continued individuation and personal growth or decline, are issues that are universal. The family continues to change through

midlife when power effectiveness and a sense of accomplishment peaks or fails. Then declining faculties take over. It appears as if the parents who lead and the children who learn reverse roles as age brings about dependence on younger generations. There exists a period of time where middle aged people may have a role of parenting in two directions - for their children and for their own parents.

Summary

I have begun this inquiry by looking at some of the historical perspectives of family therapy and a number of it's models. A systems approach has been given a dominant role. I have added the dimension of communication theorists' concepts and the role of the family as a social unit. They all contribute to a clarification of the current 'well' of knowledge that leads to greater understanding of the artwork of families in the light of childhood psychopathology. In that sense all approaches discussed are important in my review.

My own view and position in terms of a model that would direct my interventions, is in process at the present time. Coming to family therapy with a psychoanalytic orientation derived from my work in art therapy with individual clients, I am formulating a new approach with families in therapy. It seems that "here and now "

approaches can be extremely useful, for examples of current functioning are less easily defended against by some members of a family, than references from past experience. Notwithstanding this, a systems theory and model approach, where the importance of transgenerational transmission of emotional problems and differentiation of self from family of origin are addressed, would be my choice. This choice might be made as a result of the population I am working with at the moment. Within the systems theory is a major area concerning communication. "Communication" is a form of expression that contains significant interpersonal implications, be they cognitive or emotional. The communication of feelings is an important aspect to address with families presenting themselves for therapy and one wherein the art in therapy is advantageous. Further work and experience will help solidify or ameliorate my current stance.

CHAPTER II

FAMILY ART THERAPY

As mentioned in the previous chapter, when traditional psychoanalytically oriented therapeutic methods proved to have limited application in work with schizophrenic families, with children experiencing behaviour problems and with delinquency in children, the need was felt for alternatives that would prove to be more useful with these populations. The therapeutic use of art with families offered a change in the pattern of interventions; it promised an opening up of communication channels, in addition to previously known interventions and the opportunity to create more client involvement in these interventions.

By way of departure, this chapter will focus on the evolution of family art therapy, though first I will discuss the introduction of art as an adjunctive tool and subsequently look at family art therapy/psychotherapy as a primary means of intervention. Hanna Kwiatkowska, Harriet Wadeson, Judith Rubin and Helen Landgarten are but a few art therapists who have written on this subject and it is

they whose work I will review. Kwiatkowska, Rubin, Landgarten and Lavin Smith's clearly stated family art evaluation proposals will then be outlined. Interwoven into the above will be vignettes from the cases of several of these authors. Their positions on the use of art media with families, and the question of which types of families they consider this modality of therapy to be best suited to, will be addressed.

1-a) Art Media with Families - Kwiatkowska

Kwiatkowska (1978) based her family art evaluation techniques on her early experiments with families. Her aim was to gain as much knowledge as possible of the dynamics in various diagnostic categories primarily for research and treatment purposes. At that time there appeared to have been three different uses of art media with families.

1) Family art therapy as an adjunct to conjoint verbal family therapy.

2) Family art therapy as a primary mode of treatment both long and short term.

3) Family art evaluation

Kwiatkowska found that the family's spontaneous art productions helped family members and therapists better understand their problems. Each members' roles and perceptions of the others was clarified. Kwiatkowska looked at the question of what type of families family art therapy

is best suited for in terms of primary mode of treatment. She discovered that specific difficulties come to the fore in therapy for example when one family member presents schizophrenic symptoms. She found that the families experienced difficulties in sharing the center of attention. There appeared to be a lack of continuity between sessions leading to loss of the possibility of returning to earlier issues touched upon. The concrete image therefore served to connect one session to another. This connection is available and can be utilized with families presenting with various other types of psychopathology.

Also that verbal communication had proved problematic in families where there were young children. Where unequal emotional and developmental levels, or unequal verbal skills amongst family members exist, difficulties arise for the therapist. On such occasions the therapist must discover a common beginning which is accessible to each member and himself. Kwiatkowska found that it was possibile to bypass these problems through the use of expression with graphic media. Age and degree of illness becomes unimportant when communication on a developmentally early and basic level was available to all. Families can be helped to focus on issues that could otherwise 'disappear' before being explored, because art expression remains

tangible and long lasting offering the potential for review at any time. She also found that art therapy proved to be helpful to hysteric families displaying acting-out tendencies. She believed that immature, infantile people would respond better to more basic and action-oriented approaches than to verbal communication.

As a result of family art therapy sessions, Kwiatkowska came to discover dynamics specific to families with identified patients who come from varied diagnostic groups. She became aware of potential therapeutic achievements and connections and contributions to and with other therapeutic modalities.

a) Adjunctive Family Art Therapy

To better illustrate Kwiatkowska's perspective on art with families, I will consider first one of her three different uses of art media with families. She related a case concerning the "K" family. This episode centers around the mother whose nineteen-year-old son, a college student, was hospitalized with a diagnosis of adjustment reaction to adolescence. Though the mother was available for all family sessions she refused to participate actively in them. Both son and father became angry and tense as a result. Kwiatkowska describes Mrs. K as being rigid and

domineering while assuming the role of a defenseless fragile person looking for protection from her husband.

M (Figure #1)

The mother was seen for individual sessions in order to address this issue. It was suggested to her that a scribble picture would be helpful in the hope that it would initiate some loosening up. In Figure 1, it is evident that she remained quite rigid and unable to attempt to develop her initial scribble into a picture. Mother titled the drawing "A woman made of wire". She claimed that she had always been concerned with the physical well-being of her children and was probably somewhat like the surrogate "wire mother" used in experiments with baby monkeys. She felt unable to give them much warmth.

It might have been useful for mother to look back at her family of origin in order to uncover what kind of mothering she experienced. How it was and how she would like it to have been, could be explored in a drawing. This information and experience might lead to a change in her ability to nurture.

F (Figure 2)

In the following session, the whole family was seen once more together. The father used a scribble from which he developed a witchlike portrait of "Madame Defarge without knitting needles". There were no immediate comments. However the family became silent, leading Kwiatkowska to believe that they too saw in the picture the husbands' hostile representation of his wife. At the end of the art therapy session, the mother came to realize that her cool detachment made her husband furious.

Mother's resistance to participation in family art therapy was discussed in the next family verbal psychotherapy session. The therapists made her aware of how her behaviour affected the rest of her family, how they responded with anger and how she was able to control them in other situations besides this one. Since Mrs. K's defenses had been loosened to the extent of her beinging able to participate in the group, the psychiatrist considered the art therapy experience as a turning point in the family's psychotherapy.

It appears that mother's style of communicating, both digital and analogic, sends confusing messages to her husband and son. According to Watzlawick et.al., (1967), Mother's symptomatic response of availability, yet refusal

to participate, are conflicting stances that contain important interpersonal implications which need to be addressed in therapy.

Virginia Satir stresses communication of feelings. This intervention utilized by Kwiatkowska helped the family focus on individual members feelings and those which did involve internal systems.

The mastery of the evolutionary transition of adolescence is an important task which I believe this family has not yet achieved (see below Fleck, p.102). It seems as though the son is presently in Erikson's stage of "identity versus identity confusion". He is faced with the priority of becoming self-aware with some acknowledgement of that self from those people around him.

Though it is not known what Kwiatkowska's mandate was with this family, further art tasks with them could have provided a safe container for mother's affect. The art has the capacity to facilitate her ongoing involvement in therapy. It seems as though Kwiatkowska did not become involved in the processing of the art task with the family, a function I would consider appropriate, but rather took a more distanced role of facilatator of the art experience.

b) Primary Family Art Therapy

In order to illustrate family art therapy as a primary mode of treatment, I offer a vignette from another of Kwiatkowska's experiences. It is an example of long-term family art therapy with a schizophrenic member. Kwiatkowska decided not to go through the traditional study of the family's history. The only information known was that D, an eighteen-year-old, had recently been hospitalized in a state facility with a diagnosis of schizophrenia. She was home on probationary status.

Mrs. W was thirty-nine years old, plump, blond and attractive. She was the family spokesperson.

Mr. W, age forty-eight, was pleasant looking. There appeared to be something about his complexion along with his watery eyes that led to suspicions of alcoholic problems. He seemed quiet, withdrawn and had very little to say.

The identified patient D was attractive and seductive looking. These attributes were marred by irregular teeth and the expression of his mouth. His posture was poor and he was emaciated and frail.

D had a seventeen-year-old brother B who was well developed, athletic and masculine. These attributes were in direct contrast to D.

Kwiatkowska states that the family was ungifted in regards to drawing and painting except for the father who exhibited natural skills. Through the pictures they discovered father to be extremely passive and mother to be constantly nagging him. Mother was as ineffective as father. After a number of family art therapy sessions, they decided that their next goal was to find a leader for the family. They still had hopes that with sufficient support father could undertake the role. Several weeks passed when father responded ineffectively. D then volunteered to try the role. It was seen as a turning point in therapy from two points of view: a change in D's behaviour and a change in what D could express pictorially.

D (Figure #3)

D suggested the subject "Three wishes". Both his role as leader and as director of the discussion was seriously undertaken. D's first wish was for love, the second for money and the final one for happiness. He was the sole family member to express a wish involving feelings.

F (Figure #4)

Father drew two wishes only. Money, a diploma and car keys for D; money, a diploma, a home and a wife for B were

included in his first wish. For a second wish he asked that he and his wife be alone. The final wish was left blank though he could have separated those he had drawn for his two sons, suggesting his inability to distinguish between the two boys.

B (Figure #5)

B's wishes consisted of unfillable fantasies, e.g. issues of glory "to put his mark on the world". He was later able to see himself more realistically. Ambivalence is suggested in his tiny helpless figure on the left: wishing to be on his own and a fear of independence. His second wish was considered healthy: money, a female companion and a house. However, his third wish and the one which he spoke of represents an escape into the grandiose fantasy of leaving a mark on the world.

M (Figure #6)

This is a drawing created by Mother of escape into "peace and quiet". We see a bed where she can repose after her sons leave the house - we wonder for what length of time. Her fantasy of travelling on a ship is later brought to fruition when the couple travels extensively. There

appears to be no husband present and it is questionable if the clouds in the sky reflect a cloud in her life.

Kwiatkowska goes on to say that though there were areas of change obvious for D, the family problems were too severe to presuppose periods of regression and violent crises. At the following session, Mother prodded D to begin the session, whereupon he lost control of himself and began to make old accusations of parental neglect while he was in hospital.

An area of importance for the family as a social unit is one of mature leadership. Fleck (1984) underlines the role of father as provider of the instrumental model of coping in society in terms of acquisition and survival. Though there are no rules for role division, mother was unable to become flexible and assume such a role. D's taking on of a parental role appeared to be more than he could cope with at the time and I believe not one that was useful for D or this family. His present psychopathology could not allow for an undertaking of such responsibility.

Father's inability to differentiate between his two sons, reinforces the previous role division problem as a larger boundary problem and an issue to be considered. Generation boundaries that divide groups into leaders and followers are mandatory. Each member requires ego boundaries necessary to a sense of self and parents need to

see their children as individuals and communicate this sense to each member.

It is important to note that Kwiatkowska began her work by experimenting with families who were primarily presenting themselves with a schizophrenic member. Her goals were to uncover information that would aid in the treatment process. Therefore, there is little information regarding her theoretical base when working with families. She appears to be psychoanalytically oriented and had not as yet utilized systems theory, per se.

b) Art Media with Families - Wadeson

Wadeson (1980) concurs with much of what Kwiatkowska has postulated about the use of art with families. Specifically, she writes of its provision of a vehicle for the communication of perceptions in the family and in the opening up of fantasy material. Also on the aspect of equality achieved within the generations, and the possibility of being "heard" through the art, which is not always possible in regular family interactions, has been observed. She notes that differences in the ability to be expressive in art may lead to a change in the family hierarchy. This effect can apply to family members who may be submissive, withdrawn or intimidated. When art is

introduced as a new way to express oneself the changing perspective may offer more space for the family to move within its roles and position. Other family members may be moved to change their previously held perceptions of one member to a great degree.

Wadeson suggests that the art provides a contrast to the specificity of questions and resulting information gathered from verbal interviews. She also says that contrasts come to the fore in family art expression that tap a more global, less conscious area of experience. Unconscious manifestations of identification processes are elicited through art expression. She researched this phenomenon particularly with alcoholic families. Here she underlines the fact that symbolic representations of the nuclear family and preceeding family generations produced by family members could reveal these areas of identification and transmission of heritage.

Wadeson's postulations on the use of art with families seems to be both a reinforcement and an addition to those of Kwiatkowska's which have been previously reviewed. Wadeson also appears to be psychoanalytically oriented, however may be utilizing systems thinking when looking at transmission of heritage.

c) Art Media with Families - Rubin

Rubin (1978) advocates the use of total nuclear family involvement in art therapy but espouses some work with smaller components of the larger unit. She says that for her the most influential dyad in a child's life is himself and his mother. It is useful to have mother-child sessions both early and late in treatment. There may be reasons for inviting other family members for occasional joint sessions with a child client. Such dyadic sessions may aid in learning more about specific intrafamilial interactions. They may be useful in helping the child to feel and see a variety of issues.

Joint work in the course of family sessions can be open-ended or be directive depending on the goals of each therapeutic session.

Rubin suggests that while family art therapy works with the inarticulate or those who are mistrustful of words, it is equally appropriate for those families who are at the other end of the spectrum. She has offered a number of examples to illustrate what can occur and how family art therapy can be used to facilitate the work of child art therapy. I will illustrate one.

For example, in one child's individual art therapy session, it became evident to Rubin that there were issues

surrounding the mother's probable negative reactions to finger painting. When mother and child had sessions together the child denied her enjoyment of this modality by explaining that she hated it because it was sloppy. Over a period of several joint sessions mother became aware of the intensity of the pressure her daughter experienced over messiness. This helped the mother also recognize her own fears of loss of control. Having earlier considered her child to be a duplicate of herself she came to realize their differences, that there was a greater ease and freedom for her daughter than herself in the artroom.

Another example of dyadic family art therapy work centers around a mother who had concerns about her son's rebelliousness. Rubin asked the dyad to draw a picture together in order to observe them as they interacted. They were surprised to discover how different their representations were concerning the subject they chose. Concequently there was the new understanding of their often differing perceptions. They came to the joint decision that problems in communicating and getting along required work.

A further task, requiring both to draw a portrait on opposite sides of an easel, led to information concerning the ambivalent message from a seductive portrait which at the same time was spoken about in a critical distancing

manner. It echoed the son's revival of adolescent oedipal wishes and need for separation. Furthermore Mother's depiction of her son was of his placing a wall between them while her son felt his mom was retaining him on a leash. In terms of the drawings, their responses to them and the dyad's current behavior, the preceding issues were clarified for the participants through this graphic means.

A joint session was held for a daughter and father from a recently divorced family. The father arrived late and was unable to offer positive responses to the daughter's art productions. Such information about his rejection was useful as a reference point for future events. Rubin was able to understand the feelings the child had about her father during her ongoing individual therapy.

Having brothers or sisters participate in joint art therapy sessions can illuminate areas of envy, jealousy and competitive strivings. This knowledge can be useful to both clinician and client in working on how such a dynamic is repeated in other relationships.

There are times when art therapy is used with individual parents whose children are in therapy and sometimes with couples. It can be appropriate not as a primary mode of communication but for dealing with difficult areas of a marital relationship when they become apparent as significant elements of a child's problems.

In summary, Rubin has discovered many possible ways of working on intrafamilial problems through art therapy. All, or part of the family unit may be utilized in the primary treatment method. Any dyadic or triadic method may be introduced from time to time as required. Parent-child art sessions can be useful as can occasional all-family member meetings. All can provide information or facilitate communication in the course of other forms of treatment.

This type of varied grouping method has proved to be productive in my experience. Not only can small groupings be utilized within an adjunctive modality but in a primary therapeutic one as well. When working with a systems approach these types of grouping would have some limitations. Full family meetings would be required on a regular basis with some intermittent grouping possible.

d) Art Media with Families - Landgarten

Dynamically oriented family art psychotherapy as it is practiced by Landgarten (1981) is based on family systems theory. It stresses the influence family members have on each other. Using a family systems diagnostic evaluation and ongoing treatment, she utilizes here-and-now communication through the art task. Understanding of the family's style of functioning is taken from the family's

behavior while it is observed through art tasks of a problem solving nature, rather than based on a reporting method. Results are concrete evidence of the interactional performance style of the family. It is through verbal dynamics that the manifest style of communication is understood. Nonverbal visual elements offer an arena for the display of subtle underlying operating mechanisms.

Since Landgarten (1987) places emphasis on family systems theory she examines individual members within the context of group process. Through specific art directives responses are triggered. The family functions as a unit while doing art tasks. Each family system is observed in its unique way of functioning. Landgarten views the art task in three distinct ways:

1) the process as a diagnostic, interactional, and rehearsal tool,
2) the contents as a means of portraying unconscious and conscious communication, and
3) the product as lasting evidence of the group's dynamics

Both during art production and in the art work itself familial dysfunction can be expressed. She states that the use of clinical art therapy with families uncovers the family's roles, communication patterns, alliances and group gestalt. Some areas that Landgarten focuses on are

undifferentiated ego mass, triangulation, parentification, marital schism and marital skew, pseudomutuality and double-bind. These are all terms she has adopted from family therapists.

Landgarten postulates that the art experience facilitates an open attitude, interactions, insight and the taking on of new skills. Furthermore, an arena for rehearsing new roles and styles of communication is available through a non threatening modality.

Long Term Family Art Psychotherapy

To illustrate Landgarten's method of working with families in art psychotherapy, I have chosen an excerpt from a long term therapy case for a family with an encopretic child.

Landgarten sees families as a whole and also in subgroups during therapy. The session under discussion is the eighth one and all family members were present. Concerned and frustrated with her son's encopretic problem, the mother had become despairing and hopeless. P, the identified patient, was nine-years-old. M, his brother, was seven.

Though the family had participated in an evaluation process whereby family dynamics become evident, Landgarten

wished to gain further understanding of these and suggested the directive to create an art project together. The father had become aware of his lack of past leadership and took the initiative to select some construction paper. The parents had a short discussion and then informed the boys that they would make a house together. Each member was given a task and voluntarily carried it out. The father picked up a toy toilet, sink and bathtub that were supplied as props and placed them inside the paper house construction. Father gave P permission to create a bike rack along with a boy nearby, and M also created a figure. Mother formed a figure of herself since she interpretated the boys' figures also as self-representations. Then M began some play action by moving his figure around the house. P joined in and placed his figure beside the bike rack. Having witnessed this play, Mother stated that it was where he soiled his pants at home, near the bike rack. This information was new to father who appeared shocked. P glanced at mother but otherwise did not reveal any feelings. The information gathered from mother was that P soiled his pants almost regularly at 3 o'clock.

P (Figure #7)

It was at this point that Landgarten took over and established a toilet schedule for P. He was requested to

"draw two clocks", one that is set at 7:30, the other at 3:00. M was asked to "draw two clocks", one showing the time you wake up and the other the time you go to bed. The parents were to "create a calendar for the months of March and April".

Once the drawings were complete, instructions were given to P to sit on the toilet for five minutes, two or three times each day. Using the picture as a reference, the therapist set up a routine for before going to school 7:30 and for 3:00 when he returned from school. If he were not successful in having a bowel movement at either hour, he was to repeat the activity after dinner.

The therapist further instructed the parents to help P by reminding him for one week. The responsibility was then to be solely the child's. P allowed his brother to have a role in the routine: to remind him at the 7:30 time for the first week.

Though P wanted to take his clock drawings home, the rule was restated that all art products remain at the office. To further reinforce the schedule and its use as a "transitional object", it was suggested that he repeat the drawings at home.

The above intervention directed by Landgarten is also an example of a method of dealing with management issues in a clear concrete manner. It adheres mainly to the

functional behavioral model of family therapy. But initially, the art content portrayed unconcious communication from family members. It pointed to where the soiling took place. I believe that it may be that father unconciously chose the problem when he supplied the props for the art project. From a systems point of view the child might then be acting out some hidden anger of his father. It is here that the "double bind" can be observed. Father's pathological mixed communication sets up an entrapment effect. While the family is involved in the art, one face value message is sent while an opposite one hides beneath the surface. If the overt one is followed the hidden one is denied.

When looking at Fleck's fifth and final heading of Task/Goal Performance, we see that nurturing is continuous throughout family life including body management, body awareness, sphincter competence and self care. This area had not been successfully mastered by the family as yet. It is also possible that the family had some difficulties with their communication of feelings, an area within communication theory that aplies in this instance (see p.23 above). The child may have been expressing them through his encopretic behavior suggesting the need to focus on this problem. I question the use of the drawings as a transitional object. Such objects are treated by the child

as being half-way between himself and another person. In essence they are "owned" by the child.

Landgarten has gone the furthest in relating the art that is created in the context of the family to systems theory and family psychopathology. Her observations are useful as a guide for me in comprehending family dynamics in both family art evaluations and therapy.

2-a) Family Art Evaluations - Kwiatkowska

Hanna Kwiatkowska's (1978) structured evaluative art procedure with families grew out of her clinical experience. It eventually became routine procedure in many institutions due to the rich and accurate view of family dynamics and relations that it obtained. Over the years the use of families' art work for research and diagnostic purposes has undergone numerous changes by other clinicians whose orientation or interest differed somewhat from hers. Art therapists such as Rubin, Landgarten, Wadeson and Greenspan have their own unique methods that I will also review in this chapter.

Kwiatkowska's family art evaluation is held generally in one single meeting of all available nuclear family members. She has found that even when younger children do not participate in verbal conjoint family therapy they are

invited to and often shed light on family roles, styles and interelationships. It is the younger child who often is most revealing of family dynamics or secrets.

The drawings that are requested in Kwiatkowska's family art evaluation include six:

1) A free picture
2) A picture of your family
3) An abstract family portrait
4) A picture started with the help of a scribble
5) A joint family scribble
6) A free picture

The sequence of tasks begins with freedom of choice and then moves slowly to more structured and stress producing procedures. When a comparison is made between the first and final drawing it is possible to learn about each family member's method of coping with the stress of the evaluation itself.

The first task requires each family member to "draw a picture of whatever comes to mind". This drawing often becomes either an individual's introduction of himself or his understanding of the family problem.

The second task requests the family to each "draw a picture of your family, each member of the family including yourself. We do not expect you to make very elaborate

photographic portraits. Do the best you can; there is no right or wrong. We would also like you to draw the whole person" (Kwiatkowska 1978, p. 87). When family members draw each other in their presence, reactions and insights become available that would otherwise not appear in other modes of therapy. Clarification, clearer role understanding, relationships and perceptions for all members of a family becomes possible.

The third task is the abstract family portrait. The family is asked to do just that. Spontaneous discussion usually takes place but when this does not transpire members are encouraged to give each other some explanations. Since this procedure is the most stressful it is followed by relaxing body exercises that prepare the way for the following individual scribble drawing. However, this family portrait gives reliable information regarding a capacity for organized abstract thinking.

In the fourth task the family is requested to stand and do arm exercises along with the therapist. Besides relieving tension the exercises are aimed at physically loosening up the body and encouraging freedom of motion in the scribbles they practice in the air and later draw.

They are then asked to close their eyes and repeat the same type of scribble they practiced in the air on their paper. Anything that reminds them of something in their

scribble is suggested as the start for their pictures. These drawings are used in diagnosing individual family members as compared to the joint family scribble. The comparisons aid in better understanding family dynamics.

The fifth task is the joint family scribble. Though each member creates his own individual scribble they are then as a group required to see what can be found in any or all of them. They then must choose one scribble to work on as a family and agree to work on it together. Information gathered from this task can show whether the family allows the more sick member to gain control or whether the family can stand firmly against this irrationality. When the sick member has control the joint scribble becomes more bizarre and disjointed than the individual ones. Otherwise the picture can prove to be more unified and integrated.

The final drawing is a free picture once more. As in previous ones the family is asked to title and sign this last work. Much can be learned about a title's relevance to the image produced or any symbolic meaning not yet expressed. Each family member's ability to tolerate the stress that has been brought out in the art tasks can be seen by the comparison between the first and last drawings of this evaluation. The last picture also proves useful in terms of diagnosis and the personal message it often communicates.

The family's art productions which were created in each other's presence were meant to help family members and therapists to better understand the problem in the family, to aid in the clarification of family members' roles, relationships and perceptions of one another and to offer a therapeutically worthwhile means of communication and expression. Clarification concerning the degree of psychopathology of various family members could be viewed in their pictures. In addition, findings in the art could reinforce or raise questions from other diagnostic impressions garnered from different sources and procedures. In art therapy, the use of color and large sheets of paper, allows for the possibility of accentuation of specific characteristics of the people that are being represented. There are numerous types of family portraits, e.g. the alignment of family members as in a rogue's gallery, disconnected, perhaps compartmentalized, or a picture of a family engaged in a joint activity. From this, pairing, distancing or isolation of family members can be ascertained.

Over a number of years, Kwiatkowska came to recognize that people in certain diagnostic categories interpreted her tasks, specifically the abstract family portrait, in similar ways.

This task gives reliable information about each person's capacity for organized abstract thinking. In both normal and less disturbed families their members can grasp and represent an abstract idea. When symbols of hobbies or occupations are made they are often found to be by borderline or obsessive-compulsive individuals. When persons are depicted symbolically by colors or shapes that do not hold any emotional meaning, the individual's defenses exclude the potential threat of recognizing and expressing feelings. The picture becomes a concrete, meaningless statement. It is individuals with schizoid personalities and families of schizophrenics that respond in this manner.

With the psychotic client the final picture tends to be more disorganized than the first. If the client is able to mobilize his defenses his work becomes more rigidly controlled and constricted. With neurotic patients whose issues center around adjustment to adolescence, a manner of covering their anxiety through giggling, joking and an inability to recognize meaning in their work can be seen. Nonetheless, hidden emotions are usually stirred. The last picture may contain material that has been avoided during the evaluation; it may surface due to a level of trust that has been reached through the session. However, some individuals create a more defensive, rigid, final picture.

One concern with this type of intervention centers on the members ability to produce a scribble drawing that does not become 'overscribbled'. This can lead to difficulty with the projective process integral to it's use. Young children in particular have difficulty in this area.

Another limitation with the scribble technique rests with the client's potential perception of it as a 'trick'. While under their present circumstances a sense of control, already destabilized, may be further erroded.

b) Family Art Evaluation - Rubin

Judith Rubin (1978) proposes that the families of young children who are in therapy can be helpful when seen for a family art evaluation at the beginning or in the middle of the child's therapy. Though she experimented with a variety of tasks and sequences she settled on a series of three.

1) Individual picture from a scribble
2) Family portraits
3) Joint mural

In the first task the family members are requested to draw a continuous line scribble with their eyes open or closed, depending on their preference. Each member is encouraged to then look at the scribble and find images in

it. They must make choices and then elaborate them into a picture and give it a title. Similarly to the Rorschach, the associations and the projection content are valid. The same applies to the formal aspects of how a task is handled. As each member responds to other's work during the discussion period the therapist can gain more projective and interactional material.

The second task requires the family to individually create a drawing of the family with media provided. In terms of diagnosis, condensations, omissions and elaborations are noted. Projective information along with the family's spontaneous interactions can be elicited from this task.

In the final task the family is asked to create something together on a large mural paper taped to a wall. They are encouraged to decide together what to do and then set to work. The family's usual problem solving strategy is generally witnessed during this task. An ability to function in a unified way is reflective of the degree or type of organization they use. Family characteristics and interactional patterns can be observed in the process.

Throughout these three tasks Rubin (1978) states that verbal, nonverbal, independent and interactional behavior can be observed. Symbolic information in the art work, in

its form, content, process and style and in the associations of individuals in the family to their own and others work, can be gathered. Both individual and family dynamics may be diagnosed.

Rubin's sequencing of tasks provides a maximum of information regarding individual and family characteristics with little stress. In studying the three tasks and considering them comparatively the initial one puts the non-artist at ease. As the family members each develop a picture from their scribble they are required to cope with structuring their own self-created ambiguous stimulus. Projective content, associations and formal aspects of how a person performs is observed. Projective and interactional information becomes available through responses to other members' work during the discussion period.

Rubin's second task requires the family portrait to be done with a free choice of working space and materials. Diagnostically significant omissions condensations and elaborations are observed. At times a second representation of the family leads to more information than the first. In addition such factors as figures drawn, relative size and position of family members are elicited. Family relationships are better understood from the manner in which members place themselves in the room and spontaneously interact.

The request for the creation of a family mural leads to the expression of individually significant themes. An open-ended, free choice, decision-making experience around the content.

The family art evaluation which can be likened to any assessment approach involving the whole family, offers an opportunity for direct interactional observation. It is an event in the present that can be a focus for group discussion. Due to the activity of more than one person at a time, a variety of opportunities for observation becomes available. This type of assessment allows for the bypassing of defenses. When communication is based on a shared focus of products, family members find it easier to address issues in the face of other members and clinicians. Rubin underlines the additional significant knowledge gathered through art tasks.

As a means of breathing life into the tasks previously described, I will give an example of some of Rubin's tasks in a Family Art Evaluation as written in "Child Art Therapy" (Rubin 1978).

Individual Picture from a Scribble (Figure #8)

Mr. F was conflicted as to whether his scribble drawing "might as well be a Bum as a Clown" and he decided

upon "Clown". He seemed to need to stress the lighter elements of his work. This suggests some ambivalence concerning his self-image. Rubin stated it reinforced her impression that he used humor as a defense against strong feelings, specifically depression.

Mr. and Mrs. F and their daughter of 16 years remained together at a round table and interacted while they created their scribbles. Their twin adopted children Jack and Jody (11 year old identified patient) each remained isolated at separate tables.

Family Portraits

Father (Figure #9)

Father attempted to achieve a close feeling between family members. Yet he drew himself, his wife and two natural children in a tight group and isolated the twin adopted children. They were drawn last and seem slightly apart from the others.

Jack (Figure #10)

Meanwhile Jack represented only his baby brother in a shared bedroom stating he was "outside trying to get in".

When Jack responded to mother's drawing, he instantantly said that the baby (not present) was "too big".

Mother (Figure #11)

Mother drew the family "holding hands - a happy close family". This drawing seems to be an idealized perspective. The resulting sense gained from father's and Jack's family portait and the group's physical positioning, suggest that the two adopted children had not as yet been emotionally included in the family.

Joint Mural (Figure #12)

The family discussed several ideas and was able to come to a joint decision quite easily. They chose to create a dinosaur. Jack had difficulty participating at first since his idea had not been utilized, yet he was able to join in after a while. The final image is bright, playful and reflects imaginative strengths and cohesive potential of the family group.

Little information is available concerning the family's collaborative efforts. Landgarten's ways of viewing family dynamics could be applied here and prove extremely revealing for them.

In putting together all the information, (and some has in fact been left out by Rubin,) both parents believed they had been successful in handling their feelings regarding the adopted children and integrated them well into the family. Nevertheless it seemed clear to Rubin that the two children were excluded. Their vocal concern that their art work would not be acceptable to their parents, their sitting apart from the others during the second task, Jack's drawing the "family" as consisting only of the baby, shown as displacing him from his bedroom, father's unconscious sequencing and placement of figures in his family drawing, and mother's placement of the two adoptees on the edges of the group in her family portrait, all point to a task not as yet completed by the family.

c) Family Art Evaluation - Landgarten

Helen Landgarten (1987) describes her family evaluation as an "art psychotherapy family systems diagnostic procedure." The assessment is begun through a nonverbal team task. The family is requested to divide into two teams. In this manner family alliances are observed along with power of control. Each member of the family chooses one color marker to be utilized throughout the assessment. They are not to speak, signal or write

notes to one another while working and are to stop whenever they are through. The final instruction is to verbally name and title their product.

The second procedure requires the whole family to work together on a joint piece of paper. There is no verbal or nonverbal communication allowed until it is time to title the work.

The third and last task is a verbal family task. The members of the family are requested to make one piece of art together. At this time they are allowed to communicate.

Landgarten proposes that any mark on paper provides information regarding the family system. She lists 17 points to focus on which I believe to be extremely useful as an aid in unravelling the multi-dimentional aspects of a group endeavor:

1. Who initiated the picture and what was the process that led up to this person making the first mark on the page?
2. In what order did the rest of the members participate?
3. Which members' suggestions were utilized and which were ignored?
4. What was the level of involvement on the part of each person?

5. Which participants remained in their own space versus those who crossed over?
6. Did anyone "wipe out" another member by superimposing their image on top of someone else?
7. What type of symbolic contact was made and who made these overtures?
8. Did the members take turns, work in teams, or work simultaneously?
9. If there was a shift in approach, what precipitated the change?
10. Where are the geographical locations of each person's contribution (central, end, corner, all over)?
11. How much space did each person occupy?
12. What was the symbolic content of each person's contribution?
13. Which members functioned independently?
14. Who acted as initiators?
15. Who were followers or reactors?
16. Were emotional responses made?
17. Was the family's working style cooperative, individualistic, or discordant?

The previous 17 points have proven to be very useful in the unravelling of family dynamics inherent in both

assesment and therapy. A limitation to her evaluative procedure exists however; the directive of required silence and no non-verbal communication allowed. Families with young children might find this a difficult request to follow and though information in this regard is useful the goal of the task becomes compromised.

d) Collaborative Drawing Technique - Smith

The Collaborative Drawing Technique by Smith (1985) represents an effort to meet the need of providing information that is meaningful for the treatment process. It is a projective device which reflects the functioning of the individual within the family context. The CDT has been seen as an extension and elaboration of the Kinetic Family Drawing (Burns & Kaufman, 1970). However the CDT has modified and expanded them to focus on the family as the unit of treatment and their interactions rather than on the individual patient.

This technique is essentially a nonverbal interactive task. Each member is required to select a crayon color and then decide who will go first, second, etc. to draw on a joint paper provided. During each round of drawing the time limit of the members is reduced 30, 25, 20, 15, 10, 5 and finally 3 seconds. This reduction in drawing time

creates a game atmosphere and decreases the effect of any cognitive processing inhibition.

Interpretation of the CDT is based on the general principles of projective technique with a stress on the unique characteristics of this test. Process and product are the main areas of interpretation.

In terms of process, the manner in which the family dealt with imposed structure is observed. How they chose and maintained their sequence of participation gives information regarding leadership and communication within their family. Their level of involvement is viewed through members responses to the efforts of other members.

The family's use of space is an indicator of possible healthy co-mingling of color and effort. This reflects individuals' placement of self within the whole group. The general tone of the finished drawing must be observed as well as who the primarily responsible artist was. If the work has a unified theme/content it is important to note who established it and the roles the other members held in its creation.

This evaluation appears to focus on one of the myriad possibilities available for uncovering information regarding the family. No independent tasks are included which would aid in gathering diagnostic information and the members' view of the family problem. Once more, I question

the possibility of the maintenance of silence. I believe more information is potentially there to be tapped in order to achieve a more rounded result.

Summary

To summarize, a number of art therapists have experimented with the use of art tasks with families. Some have postulated evaluation techniques followed by adjunctive, primary, long and short term, whole family or sub-system therapy. Others have followed these trail blazers using them as guides in their own practices.

After considering the various methods and tasks utilized by the art therapist under discussion, I have discovered that Rubin's proposed "three task assessment" proves to be the most appropriate for use with families with which I have come in contact.

There are a number of reasons for my leaning in this direction, the first being the length of time needed in order to complete the three tasks. For families with very young children whose attention span at best is limited and who present with behavioral and acting-out problems or delinquency issues, a short session is a good solution. Another important aspect is one of freedom of choice of materials and of place to work. This is apt to lessen the amount of stress experienced by the family. By allowing some element of control on their part, a maximum degree of

information can be realized. Individual defenses have the potential to be bypassed under these conditions. In addition, the three tasks cover verbal, nonverbal, independent and interactional behaviour. Individual and family dynamics are made available along with allowance for the uncovering of diagnostic material.

Notwithstanding the above I feel a certain alliance with Landgarten and her method of comprehending the family joint task. Her views on these and their connection to family dynamics have a good deal of merit. At a further point in this thesis I will describe the family art evaluation I have adopted for use in a children's hospital.

There are numerous possibilities concerning the use of art as a modality when working with families and different clinicians hold various views regarding the types of families best suited for family art therapy. These issues have been addressed within this chapter.

CHAPTER III

THE INTERRELATIONSHIP BETWEEN FAMILY PSYCHOPATHOLOGY AND CHILDHOOD PSYCHOPATHOLOGY

After having looked at the emergence and role of family therapy, and reviewed the growth of family art therapy from the former's basic premises, it is now of relevance to this thesis to view the child in the context of his development, the position he holds in the family system and the interelationship between childhood psychopathology and family psychopathology.

A number of models of human behavior exist. There are psychoanalytical or psychodynamic approaches, where the core of dynamic, structural, genetic, and ego-psychological perspectives are related to the maturational and experiential properties of the personality. Dynamically, its focus is on the connection between a person's wishes and drives, plus their fears, internalized restraints, defense mechanisms and present reality. In terms of a genetic viewpoint, trends in the dynamics are monitored consistently with a biological adaptational approach. Varients including structural and ego-psychological

perspectives centered on conflict, bring to awareness the mediating components of the ego. The ego's capacity for integration and synthesizing along with its defensive patterns, can be surveyed.

Object relations theory describes the very early patterns of relationship that are internalized into self and object representations. This theory of internalizations becomes the core for basic personality functions.

When we consider behavioral and behavior-learning approaches, they are seen to focus on observable behavior instead of on internal experience. Environmental factors also influence behavior. They are considered by Greenspan (1985) to provide complementary orientation to psychodynamic perspectives. Furthermore, behavioral approaches with environmental influences require a developmental model in order to comprehend the enlarging repertoire of a growing child and the fact that certain events can be reinforcing.

There are numerous developmental constructs that have been postulated concerning childhood and adolescence. In the interest of this thesis, I will outline those that were formed primarily by E. Erikson and follow with a brief sketch of the theories of Anna Freud, Melanie Klein, and D. Winnicott. I will refer to present views of development, as reviewed by Greenspan. He considers both genetic endowment

and environmental experience along with the organism's ability to structure and restructure experience. This is accomplished at each stage of development in harmony with maturational capacities and adaptive goals.

Particularly important to child development research and theory are clinical and observational studies which are informed by depth psychology. Psychoanalysis and various other clinical disciplines have looked at normal child development from the perspective of psychopathology. Many early theories of development including Freud's psychosexual stages (oral, anal, phallic and oedipal) came from reconstructions based on the analyses of adults. Observational studies by Erikson contrast with the reconstructive approach of Freud. Those studies of children have postulated stage theories, focusing on psychosocial tasks. Erikson's stages of trust, autonomy and initiative comes from an adaptational framework. Healthy adaptation is compared to maladaptive adaptation, as in mistrust.

In the search for clinically relevant developmental patterns, there are a number of areas of functioning which concern the clinician according to Greenspan.

1) the overall physical and neurological integrity of the child as it pertains to the child's ability to deal with day-to-day challenges of family and school life;

2) the overall mood or emotional tone of the child;
3) the child's capacity for human relationships with family, peers, and other adults;
4) the child's emotions or affects in terms of their range, depth, and stability;
5) the child's anxieties and fears; and
6) the deciphering of special, deeply felt concerns of a child, including both his/her manifest concerns and those that he she may not immediately reveal or even be aware of, but often communicate after a few sessions or "between the lines" in make-believe play, daydreams, fears, and nightmares.

Fleck

There is a strong association between childhood psychopathology and family psychopathology. As a means of viewing some of these connections Fleck, (1985) looks at familial problems related to or associated with specific clinical findings and family system deficiencies.

In order to make connections between family psychopathology and psychiatric syndromes, areas of personal and social integration, genetic coding and group dynamics must be addressed. Though there are numerous

complications and aspects to consider, Fleck views familial malfunctioning resulting from guilt and unrealistic responses to a deficient child as important. Below and to begin with is his correlation of familial problems to specific clinical findings.

1) Clinical Abnormalities

a) Mental Subnormality

There are four types described, the first being mental subnormality. Though here we are witness to hereditary factors it has been found that this deficiency has a predisposition towards running in families. Full term babies with low birth weight and premature ones are at risk for mental subnormality. Poor nutrition, substance misuse and prenatal hygeine deficiencies are related to these problems. When parents' abilities are below a specific, however unstated, intelligence level their functioning and communicative performance may not be up to standards that are necessary to enculturate their children. Low social position and lack of educational skills can result in ineffectual family structure and dynamics. This appears to be exacerbated when the family is actively discriminated against in their community.

b) Affective Illness

The second kind of abnormality is classified as affective illnesses. When looking at heredity factors there is the possibility of familial clustering; where this kind of problem appears within the family group. When there exists parental overinvestment in their children's achievements, in particular their social prestige hopes, affective illness can become a presenting problem. It has been found by Fleck that such parents may include harsh discipline including possible corporal punishment. The attitudes of the parents are often introjected by the child who then fears that to be loved and worthwhile it is necessary to achieve and perform in a superior manner. If in fact the child may fail according to these internalized expectations then the self can be faced with punitive attitudes and feelings of resentment.

c) Psychopathy

Psychopathy is the third deficiency described. This problem is also understood as asocial behavior. It can be found with family psychopathology where the children act out the overt or covert needs or wishes of a parent. In

his acting out the child can be either secretly or clearly admired by that parent. The family of psychopaths place importance on superficial appearance and deny any problems with the child. When looking at communication patterns in these families they tend to focus on instrumental and manipulative goals rather than on feelings or emotional contact.

Addictive behavior may lead to sociopathic behavior and is connected to specific family problems. When parents are seen to indulge in such unrestrained behavior in order to lessen acute or chronic discomfort and stress, the child may use them as a model. They may produce family conflict or hide instead of resolve family stress. Drug abuse among young people can serve to avoid growth pains and emancipation anxieties, instead of conquering them.

d) Schizophrenia

Schizophrenia, the fourth disorder, has a strong biological component. Not only have geneticists studied the correlation between the two but psychosocial family pathology has also been investigating this occurrence. Fleck has discovered that families with schizophrenic offspring show imperfect structure and functioning in many areas of essential family tasks. Research has shown that

there are severe, frequent, personality disorders in the parents with ensuing potential gender model deficiencies, disturbed parental dyads, generational and sexual boundary problems and poor communication skills. Maturation and ego boundaries of the offspring are areas effected.

The second area of interest of Fleck is the study and understanding of how a family succeeds or fails in accomplishing the essential family tasks and how it operates as a system. The potential for childhood psychopathology to result is strong. This area of concern is grouped under the following headings and relate to family system deficiencies.

2) Family System Alternatives

a) Leadership

Under the heading of leadership problems, marital and parental pathology usually cause problems with family leadership. When one parent is extremely immature it could cause them to look for a dependent position in the family. That spouse may wish to be parented by the other spouse or a child. If one parent is disturbed by psychosis or neurosis the parental coalition may result in deficiencies in nurturant and enculturating tasks required by children

for developmental growth. Conflict between parents can set poor examples of conflict resolution for their children.

b) Model Deficit

Model deficit, touched on earlier, is understood to reflect the inability or failure of a parent to present themselves as an acceptable gender model for a same sex child. The outcome result leans towards gender uncertainty, role confusion and socialization difficulties of that child. These problems supply the important components in the development of perversions and schizophrenia. Hysterical, obsessional or neurotic parents are likely to produce offspring with similar issues or symptoms.

c) Nuclearity Failure

A form of family pathology, nuclearity failure, which is due to the lack of emancipation of a parent, may be viewed as a hidden need of an extended family system. Parents who remain attached to their parents are needing them as a means of authority, decision making and emotional investment thereby maintaining ties outside the nuclear family. Therefore the structure of the family and its function take on a damaged form.

d) Fracture

The fracture of a family results in potential leadership pathology. They notably occur more often in backgrounds of sociopaths, unwed mothers who are unable to parent at the time, and schizophrenics. The cause of a family breakup of this dimension can stem from the death of a family member who may have been keeping the family intact through their specific role as identified patient,or peace maker. Desertion or divorce are also precipating factors of pathology.

e) Schism and Skews

Schism is considered more pathogenic than parental separation. In schism the family is divided into two fighting groups due to parental problems. Consequently the children take sides and lose out in terms of personality development and integration. Schizophrenic patients have this type of family pathology.

Skews are found in a marital relationship where one spouse expects the other to be a parent figure or when an unequal or disturbed parent rules family life. The parental dyad cannot function and the emotional, affective and psychological needs of the children are ignored. There

might be a defective symbiotic mother-child relationship, also.

Violations of generational boundaries are frequent in both skewed and schismatic families. A fierce relationship may exists between a parent and a child which may have incestuous or seductive overtones.

f) Incest

The previous comment leads to the topic of incest, which points to flagrant parental psychopathology and defective family structure. Though father-daughter incest appears to be most common it is found that both parents are psychologically involved. A family with such pathology may be one that seeks to avoid disintegration. The daughter may have assumed numerous parental responsibilities while her parents present the superficial stance of role competence. One well documented senario is the result of an unemployed father and working mother. When the secret is disclosed, the family tends to disintegrate. A sexual violation by a sibling is not as damaging to a child.

g) Boundaries

There are numerous difficulties that ensue from boundary problems. As mentioned in the first chapter

boundaries can be unduly rigid, extremely loose or inappropriately elastic. There are three main types of boundaries: individual ego boundaries essential to the sense of self; generation boundaries that devide the family into leaders and followers, teachers and students; and finally the family living space as community boundary. When a patient is schizophrenic families are found to resist a member's emancipation from it. Extremely rigid boundaries found in some pathological families result in isolation and fear of the larger community. Families may share paranoid suspiciousness of all outsiders. They may lack friends and experience limited participation within their community which leads to a poverty of socialization experiences for the children. When boundaries are inadequate, chaotic internal organization of the family is often at the core. There may be poorly defined generation boundaries with a sibling in a parental role, age overlap between uncles or aunts and nephews and nieces. Another problem may arise from blurred boundaries due to the necessity of sharing kitchens and bathrooms with other families.

1) Affectivity

Affectivity deficiencies as seen in the parental relationship can be transmitted to offspring. The issue

may be one of two little or too much affectivity expressed. In failure-to-thrive infants the underlying cause is understood to be deficient nurturance due to maternal and familial disturbances such as outright neglect or physical abuse.

i) Scapegoating

It has been discovered that a pathological family constellation where scapegoating is a clinical problem can often only be uncovered when the unit as a whole is studied. The scapegoat or identified patient, be he schizophrenic, psychopath, an underachiever or neurotic, serves a purpose. He holds family anxiety and hides the family's deficiencies. He may channel parents away from their interpersonal conflicts or have the responsibility of bearing the excuse for defective parenting, e.g. lack of warmth and nurturance. These children may suffer more due to guilt when they are made to feel the inadequate parenting is their fault. Siblings may encourage this feeling. The family may profit by such a patient who brings them to therapy, yet the child may also channel them towards many of their own problems and suffering.

j) Communication

Communication problems are often found in families with psychiatric complaints. When children of a young age learn defective communication skills as stated in the first chapter, it effects their cognitive and linguistic development, and in the end undermines their concept formation. This lack has an effect on the child's ability to socialize in his community. When parents are fearful and mistrusting of their social environment their children may internalize similar feelings and begin externalizing issues through projection. The result can be a child's paranoid suspiciousness.

k) Family Task Deficits

These include nurturant deficiency, battered child syndrome, maternal illness, anxiety and empathy failure. A child can be faced with psychosomatic problems as a symptom. When separation competence is not reached the reason may be one of difficulty with oedipal conflicts. The child may be prone to a classical neurosis. If other family function deficits are present, schizophrenic development may occur.

When children remain attached to a parent, school work and friendships are affected. Personality development can be at risk and a difficult adolescent period may result from unresolved oedipal conflicts that are faced once again. Intimate relationships outside the family are at risk. Separation and individuation become an issue, requiring resolution.

Fleck has been able to highlight the clear association observed between a number of clinical abnormalities found in children and family psychopathology. Furthermore, he has outlined a number of family system abnormalities and how they impact on the offspring.

There are numerous developmental constructs that have been postulated concerning childhood and adolescence. In the interest of this thesis, I will outline those that were formed primarily by E. Erikson and follow with the theories of Anna Freud, Melanie Klein, and D. Winnicott.

3) Developmental Constructs

A) Eric Erikson

Erikson's observations and theoretical constructions are mainly concerned with the psychosocial development of the ego (Meissner 1985). He has introduced innovations

into psychoanalytic theory. In "Childhood and Society" he made three major contributions to the study of the human ego. He stated:

1. that, side by side with the stages of psychosexual development described by Freud (the oral, anal, phallic, genital, oedipal and pubertal), were psychosocial stages of ego development, in which the individual had to establish new basic orientations to himself and his social world;
2. that personality development continued throughout the whole life cycle; and
3. that each stage had a positive as well as a negative component.

He identifies eight stages in the human cycle. In each stage another area of "social interaction" becomes possible. This new dimension encompasses a person's interaction with himself, and with his social environment.

As an individual passes through the life cycle he confronts and resolves a number of developmental crises. In the beginning at infancy and at the breast, the child can develop a sense of trust or mistrust. The child who is at a later infantile state is obliged to achieve a sense of autonomy or if not successful some measure of shame or doubt. Then in early childhood he develops a sense of initiative. The latency period brings with it a sense of

industry without inferiority. In adolescence, the remainder of earlier crises needs to be solidified into a sense of personal identity and not identity diffusion or role confusion. Generativety is the issue for the older adults; the need for leading and organizing the following generation. Ego integrity in the light of despair must be resclved towards the end of life.

In order to understand these stages and their implications for childhood psychopathology, it is necessary to look more closely at those that effect this period of development. Links between these stages and family psychopathology will provide a better understanding of what family art therapy sessions can offer to families seeking help.

a) Trust Versus Mistrust

It takes place between infant and mother and corresponds to the oral stage in psychoanalytical theory through the first year of life. The main area for significant contact with reality is oral and specifically in the feeding relationship. Mother's feeding style is a result of biological factors and a complex process of personal development where her identity as a woman and a mother plays a fundamental role in creating trust. In the

event of an identity defect, vital ramifications can occur due to the quality of the interaction between the mother and her child. If a child can succeed in this phase of interaction, later interpersonal interactions can be better sustained. These interactions have been understood to be; a disposition to trust other people, oneself, to take from others and to depend on them, a sense of self-confidence. If this stage is not weathered well, opposite values such as mistrust and lack of confidence prevail.

The implications for family psychopathology and difficulty in this stage of development, is infant failure to thrive, through a lack of stimulation, which could lead to depression and/or physical or sexual abuse. Affectivity deficiencies within the couple can be transmitted to offspring and may be due to deficient nurturance from their families of origin. The parents may not as yet have accomplished their own developmental tasks such as establishing intimacy and mutual support with allowance for a certain degree of autonomy. The addition of a baby into the couple system can result in a strain where their own unmet dependency needs must be set aside to accept those of a new member. Nuclearity failure might result if the push towards the couple's emancipation from their families of origin, in order to strengthen their commitment to one another, is not resolved. Alcohol or drug abuse may be used

as a flight from marital intimacy. Lack of gender development or sexual seperateness may not as yet been achieved, leading to sexual problems.

b) Autonomy Versus Shame Or Doubt

Anal eroticism is the stage of psychosexual development discovered by Freud. It is at this point in time spanning the second and third year of life that maturation allows sphincter muscle control, e.g. the ability to hold and release waste material. Through this ability the anal zone provides a source of erotic stimulation. Psychosocially the child becomes capable of experiencing a self-awareness as a separate and independent unit. Autonomous expression and self regulation bring with it problems of sphincter control of the anal period. The child's ego begins to assert itself against the will of others in his environment. Toilet training is the area of particular stress. This issue, where properly resolved, creates a mature ability to assert oneself and express oneself. Respect for the autonomy of others, the maintainance of self control and effective cooperation with others begins. If there is failure to negotiate this stage, it leads to false autonomy. Domination, excessive demands and excessive rigidity are found in compulsive (anal)

personalities. When basic autonomy is not reached, a lack of self-esteem is exhibited in shame and self-doubt.

In order to provide a link to family pathology from this stage as defined by Erickson, family sessions bring to awareness a mother's failure to wean a baby adequately and in age appropriate time. This may be due to her own blurred ego boundaries or from an overidentification with her baby. She may not allow the infant much physical distance which precludes the possibility of motility and emotional seperateness. It is not only the mother but the family and its interactions that are crucial. In certain circumstances where parents are experiencing their own difficulties, or difficulties with one child, they might be found to be inadvertantly neglecting another child. It is hard to predict if the underattended child will do better than the overattended child. Once again, in this stage in the family of young children the parents' capacity to tolerate the dependency needs of their offspring can become problematic when they have not as yet resolved their own. Enculturation deficits may begin with the parents' inability to sustain frustration tolerance in their child. It is here that the parental dyad's ability to set appropriate limits and provide nurturance; physical and emotional requirements, becomes clear.

A young child may present with physical symptoms, eating problems, isolation, or lack of stimulation. As they mature, behavioral symptoms become more common. When looking for causes of family psychopathology it is necessary to search for voids in previous developmental stages.

Individual, group and dyad art tasks can provide the means to view boundaries, identifications, limits and concequences, dependancy needs, frustration tolerance, isolation and a variety of other areas that point to family psychopathology.

c) Initiative versus Guilt.

We have now reached the age of play and the genital stage according to Freud. At this developmental stage the child of four or five years old is able to use his functions of movement and language easily. Experimentation in movement is notable. He tests the limits of this ability. The same is seen in his use of language. The child's activity is intrusive, physical, active and aggressive both in terms of language and locomotion. Sexual curiosity grows and the development of a phallic eroticism known to predispose specifically masculine or feminine initiative occurs.

Psychosocially the child's imagination grows and starts to fit with the structure of the physical and social world. With regards to phallic activity and sexual curiosity the conflict becomes serious. If successfully resolved conscience is developed, responsibility, self-discipline and independence in maturation. From this stage the superego is formed. The child internalizes parental norms and prohibitions which provide the basis for a future mature value system to be incorporated into the structure of the mature ego. When unsuccessful, a self-punishing superego remains that becomes the foundation of a sense of guilt. When parental role functions are disturbed the child's resolution of this psychosocial crisis is threatened. Prohibitions can produce repression and restrict the play of imagination and initiative. If the parents are unable to offer healthy models of sexual functioning, this area of self-awareness remains weak. For an adequate sexual adjustment modeling becomes an important part of superego formation. Guilt can form from differences between the ego and the requirements of the superego.

There are links between family psychopathology and this third stage of childhood development. Relational issues that are implicated in feeding and weaning peak in a child's oedipal phase. At this time the critical task both

within the child and the family is to enstate the incest taboo and cross generational sexual activity becomes unconciously forbidden. Family pathology can be observed when unconcious incestuous preoccupations beyond this phase interfere with personality integration and growth. When a child's omnipotent sense of exclusive relationship with father or mother is not checked and discouraged, so that he or she will want to model the same sex parent and relate to both as parents and as individuals, the family's struggle with this stage of development can have repercussions. This can sometimes be viewed in fractured families or families where a parent is absent or uninvolved, due perhaps to individual or couple issues. Schism and skewed families may exhibit these types of pathologies as well as those where incest occurs. Concequently the offspring may develop one of the more classical neuroses.

It is only when children have been able to find their place in the family that relational learning can focus on peer groups. The family's support for enculturating needs are paramount and coincide with Erikson's stage of initiative versus guilt.

d) Industry Versus Inferiority

It appears to fit into the interim period between infantile sexuality and adult sexuality termed the latency period by Freud, from six to eleven years of age. At this time the child attends school to learn the needed information to live as an adult. He learns about reward systems and values of application and hard work. Cultural values are learnt and pleasure in task accomplishment experienced. A sense of industry results. If the child does not succeed, these tasks will produce a sense of inadequacy and inferiority. Failure to succeed may reflect a deficiency in the working out of earlier problems. Excessive dependency on the family's emotional support is one possible reason. Another is the inability to find satisfaction from school requirements.

Difficulty for a child at this developmental stage may be correlated to leadership and communication problems in the family. If a parent is seen to be immature and dependant or if a parent is seen to be disturbed by psycosis or neurosis, the strength of the parental coalition may not be healthy enough, resulting in deficiencies in enculturating tasks and nurturing that are so important at this stage of childhood development. Some children who remain too attached to a parent may become

handicapped in their relationships or in their schoolwork. When a family is struggling with psychiatric complaints, communication problems may follow. Cognitive and linguistic development is affected and concequently the child's ability to function in his community is at risk. So that when families lack the ability to relate as a group with other families, neighbors or friends, remaining isolated, extrafamilial persons are not available for imitation and identification. Therefore corrective models for parental inadequecies are lacking. The need for some emotional separation from the family can become an issue that is observed and taken up with the family.

e) Identity Versus Identity Confusion

As we move into the adolescent years, ages twelve to eighteen, we are witness to a strong period of physiological growth and maturing of the genital organs and a rewakening of oedipal issues according to Freud. Developmental readiness to participate in adult life is a current issue. The adolescent needs to become self-aware not only of himself but to find that knowledge of self acknowledged by those around him. It is a wholly interpersonal crisis that needs to be resolved. Yet this self-awareness is coupled with an awareness of the other

person. If an adolescent fails to recognize and accept the self and reality, ego boundaries are thought to be unclear and permeable and "identity diffusion" occurs.

It is at this time of identity and identity confusion in adolescence that there appears to be a stress on separation from the family with the hope for some remaining emotional attachment. Family psychopathology can result when unresolved oedipal conflicts become intense or reactivated. This can cause havoc with peer relationships and eventual intimate relationships outside the family. There were earlier partial separations, e.g. weaning, beginning school, overnights with friends, separate vacations and possible hospitalizations of family members. How well a family has weathered these experiencies determines the way in which they will cope with continuing, and increasingly more permanent separations such as leaving for college, getting married, or moving out on one's own. The losses incurred by these seperations or the pain or death of family members and the work of mourning appropriately experienced without pathological depression are areas that the family struggles with at this stage of their development and the development of the adolescent. The adolescent or member that leaves must accomplish this task alone or with a spouse. These issues come up in family sessions where problems of separation seem to have evolved

from an earlier unresolved level of development. The need for individuation can become problematic when earlier unmet nurturing needs remain unfulfilled. Both leadership and discipline issues need to be addressed. Parents may use this time to act out their own adolescent issues and prove unable to parent effectively, suggesting boundary problems within the family. A parentified child may be the result.

The final three stages of Erikson's developmental construct do not apply to the child, who is particularly central to the interest of this thesis. These stages do however relate to the parental and sibling subsystems and therefore are pertinent to the entire family and the manner in which they function.

f) Intimacy Versus Isolation

It is marked by the psychosexual level of genital maturity from late adolescence to early middle age. The emerging sexual drive centers on another individual of the opposite sex as object. In terms of personality development, the person must exhibit the capacity to relate intimately and meaningfully with others. If not achieved a sense of isolation ensues.

Problems that face the family as they go through the period of living with a young adult, the intimacy versus

isolation stage, are numerous. Here the emphasis is on individuation. Parents are needed for guidance and support but must not become overly available. The young adult should slowly achieve a position of relative equality with their parents. If they fail to do so family psychopathology could be observed showing seperation incompetance, a young adult's social deficiency, or parents' refusal to return to dyadic life. When we see a young adult tied as a support to the parental marriage, individual therapy along with short term family therapy can be useful. The parents may require support in bearing the pain of separation. Encouragement for additional couple time and the getting on with their lives is stressed. What can be observed in sessions is a shift of power in the parents and a lowering of their self esteem as a result.

g) Generativity Versus Stagnation

The seventh stage is one of middle age. The main aim at this stage is one of creativity or productivity. For a successful resolution of this stage it is necessary to have resolved the previous two stages of identity and intimacy. Generativity also has as a goal the enrichment of other people's lives.

By the time this stage of development is achieved the family may be dealing with the care of an elderly person. The care and medical requirements for the aged who today tend to live with their families can become a burden and a family task that must be negotiated. The affective climate in the family and the way in which it has resolved various transitional crises will be seen in how families cope with aging parents, through isolation or care. It is at this time that community-family interaction comes to the fore. Community resources such as clinics, day programs and transportation are necessary and indispensible. Potential and real losses as well as mourning must be dealt with and parents need to provide a model for appropriate mourning. When this is not achieved a family member may present with depression which becomes the call for help that the family may unconciously desire.

The empty nest syndrome reflects a couple's distance or pathology and can be observed in a parent, following the last child's marriage or departure from the home. These problems may lead to extra-marital affairs in lieu of investing energy in extra-familial community activities or employment.

h) Integrity Versus Despair

For integrity to occur the successful resolution of all the previous seven crises of growth must be achieved.

To exist is not fearsome and both life and death have been accepted. If there is failure to achieve this ego-integration, despair results.

In old age there is a reversal of roles between parents and children. Increasing dependence, guidance and nurturance by the younger generation may become necessary. When children are unwilling or unavailabe to provide this role the elderly face potential isolation. Here again family/community cooperation becomes crucial.

It has become apparent that any significant deficiency or psychopathology experienced and not resolved in one stage will most probably effect subsequent stages throughout the individual or family life cycle.

So, Erikson has made a major contribution to the study of the ego. His focus on the psychosocial stages of development is relevent to the understanding of an individual throughout life. The positive and negative aspects of these stages are critical to the further growth or psychopathology of that individual. Difficulty for the person at any developmental stage may be correlated to some form of family psychopathology.

B) Anna Freud

Anna Freud made an important contribution to the understanding of development (Meissner, 1985). She posited

that development lines can be followed for any area of personality functioning. Developmental scales trace a child's growth from dependent, cognitively less organized id and object ways of functioning to more and more mature, independent levels of behavior. These reflect ego mastery over both the internal and external environment. It is as the result of interactions between drive and ego-superego development plus environmental influences, that a developmental level is reached. We trace a course of interaction with maturation, adaptation and structuralization. An important line of development is the one that describes a series of relationships with objects, beginning with primary infantile dependence and leads gradually towards young adult independence and self reliance. In essence:

a) There exists a biological unity between the mother and the infant, where the narcissism of the mother extends to the child and the child involves the mother in his internalized narcissistic space. The development is then divided into an autistic, symbiotic, and separation/individuation phase. Each of these phases includes dangers for developmental disturbances;

b) The part-object (Melanie Klein), which has its foundation in the child's body needs and drive derivatives and is continually changing due to desires and their fulfillment;

c) Object constancy which occurs and remains stable regardless of satisfactions or dissatisfactions;

d) Unsure relationships in the preoedipal, anal-sadistic stage where "clinging, torturing, dominating and controlling the love objects" exist;

e) This is followed by the object-centered phallic-oedipal phase where possessiveness of the opposite sex parent, rivalry with the same sex parent, protectiveness, curiosity and exhibitionistic perspectives, is seen. Girls experience a masculine relationship to the mother before their oedipal relationship with father.

f) In the latency period there is a transfer of libido from the parent figure to contemporaries, teachers, groups, impersonal ideals, aim inhibited sublimated interests, and there develop fantasies expressing disillusionment with the parents;

g) The period of preadolescence, before the adolescent stage, when there is a return to earlier stages of functioning, specifically the part-object, need-fulfilling, and ambivalent stages;

h) Adolescence, where denying, reversing, loosening and giving up early infantile object ties, defending the self from pregenitality and on to "genital supremacy with libidinal catharsis" transferred to opposite sex objects not in the family.

At birth the infant's responses to pleasurable and unpleasurable stimuli are undifferentiated. Still, the infant responds to hunger, cold, and pain with a rise in tension and a need to seek relief. Until a greater degree of differentiation of sensory impressions occur with development of perceptual and cognitive apparatuses, the infant is not able to know whether impressions belong to himself or to an outside object. Due to these factors observations and inferences on information gathered must be interpreted accordingly.

Freud believes that object relations of a primitive kind begin only when infants first start to grasp this fact of their experience. At first they cannot distinguish between themselves and their mothers. They are only aware of their inner tensions and relaxation and they only long for the object to the degree that the disturbing stimuli persists and they remain unsatisfied in the absence of the object. This experience forms the basis of awareness of

exterior objects. Hunger causes the recognition of the outside world and judging reality is through oral gratification.

In the above interaction the mother has served an important function; responding empathically to the infant's needs, being involved in a process of mutual regulation which allows for a homeostatic balance. Basic trust is thus promoted with reliance on the caretaking objects. The foundation for the development of object relations is observed here.

Differentiation between self and object becomes gradually acknowledged and the mother also becomes a source of erotogenic pleasure through sucking on the breast. Hence the mother becomes the first love object. From the oral phase onward the progression of psychosexual development with its focus on successive erotogenic zones and the growth of associated instincts will reflect the quality of a child's attachment to important persons in his life; love and hate included. Trusting and affectionate relationship with others result from similar early developmental experience.

Both nursing and caretaking interaction with the child can become the center of a number of conflicts and pathological influences that result from disturbed mother-child relationship and or mother's own personal inadequacies or psychopathology.

Oral sadistic impulses follow the oral period and particularly at weaning time where the child signifies loss of gratification and rejection. More serious impairment of object relations occur when conditions of maternal rejection or unresponsiveness exist.

C) Melanie Klein

Melanie Klein proposes a developmental theory based on "positions". What she calls the paranoid schizoid position and the depressive position are fundamental to an understanding of object relations theory.

In examining Klein's postulations, it is important to note that we do not move from the first position to the second and then remain static. These inner mechanisms of human development are shifting throughout life where one moves back and forth as one's anxiety increases or decreases in different levels and areas of experience.

Klein hypothesized that "the infant has an innate unconscious awareness of the existence of mother" (Klein, 1975, p.292) and has a drive that is object/mother seeking. Mother's love and understanding lead to an unconscious oneness, a close unconscious relation of one to the other. Concurrently, the infant feels frustration and discomfort which are understood as persecution. The child

believes both good and bad come from the same object - mother. The destructive impulses and envy of the mother aroused in the infant results in persecutory anxiety.

Klein believes that the ego exists from birth. It is a body ego (Freud) and is not only influenced by instinctual impulses controlled by repression but also by anxiety stirred up from both within - without, which it defends itself against. From it's operations introjection, projection and splitting occur.

The relation to the first object is based on its introjection and projection. The interaction of these two aspects form the beginning of object relations; between internal and external objects and their relation. Developmentally, these processes take part in the building up of the ego and superego and set the stage for the task of dealing with the Oedipus complex around the second half of the first year of the child's life.

Introjection is a process whereby the outer world is not solely experienced as external but incorporated within the self, becoming part of an inner life. Projection, occurring at the same time, intimates that the child can attribute his own feelings, mostly love and hate, to other people.

In her psychoanalytic work with children, Melanie Klein developed the theory of unconscious phantasy,

e.g. psychic derivations of body experience, which is structured around drives (life instinct and death instinct). One unconscious phantasy is a primary process activity centered on the death instinct and consists of persecutory feelings and feelings of annihilation. These feelings of hate, anger, greed and envy are experienced by the child during his earliest frustrations. According to Kleinian theory, they are directed towards the bad breast that withholds. The good breast that feeds and initiates the love relation to the mother is representative of the life instinct and is also felt as the beginning of creativeness (Klein, 1957). When mother is able to contain the hate and anger unconsciously directed upon her by the child and transform them into love, the infant experiences her goodness. These feelings of goodness engender gratitude and generosity. A feeling of generosity underlies creativeness and this can be said to apply to the infant's most primitive constructive activities as well as to the creativeness of the adult (Klein, 1963).

During the first three months of life, omnipotent destructive impulses, persecutory anxiety and splitting are paramount and referred to by Klein as the paranoid-schizoid position. There is a tendency for the infantile ego to split impulses and objects. Persecutory anxiety reinforces the need to separate the dangerous object from the loved

one; to split love from hate. The child does so in order to preserve his belief in the good object and its capacity to love it, so that it can survive. Developmentally, this process of splitting changes during a lifetime but is never given up altogether. It is not a developmental 'stage' that is passed through, but becomes a part of the individual's personalized way of living. The paranoid-schizoid position constitutes the infant's first attempt to master its "death instinct".

By the fifth or sixth month, the superego, the ego part that criticizes dangerous impulses, is operational. The baby becomes frightened by his destructive impulses and the power of his greed in relation to his loved object. It is at this time that he experiences feelings of guilt, the need to preserve this object and/or make reparation. The anxiety that now is experienced is depressive and the defenses that come into play are part of normal development. This is termed the depressive position.

The outcome of the depressive position depends on the working through of the previous paranoid/schizoid phase. The depressive position plays a central role in the child's early development. When the object is introjected as a whole rather than in part (good and bad), his relation to it alters. The combining of the love and hate aspects of the whole object evokes feelings of guilt and mourning.

With this integration the child becomes more objective and more reality based. His omnipotence is relinquished, and this creates an ongoing process of disillusionment. Through loss and mourning (transformation of anger and imperfection) the child is led to the last stage, elation and the repair of the internal object, which leads to ego growth.

Once he has realized that the good and bad are incorporated into the whole object, he has to reconsider his position. He cannot destroy this 2-sided object, since he needs it to survive. If he does destroy it in his phantasy, he must bring it back, recreate it, and make reparation for the guilt he feels for the destruction he has wrought.

The Kleinian view suggests that aesthetic experience is intimately related to the working through of the depressive struggle of reparation. If the reparative quality of 'creation' is perceived as therapeutic for the individual, the creation of art can be seen as a process whereby he can express feelings evoked by preverbal phantasies in a manner not constrained by words or logic.

According to Hanna Segal (1975), the reparative impulse, the wish and capacity for restoration of the good object (internal and external) is held to be a fundamental drive in all artistic creativity.

The integrative processes begun in the paranoid-schizoid position continue throughout life and the moving from the paranoid-schizoid position to the depressive position constitutes change and growth. The change is both emotional and intellectual. These are the basis of creativity, art, human growth and development.

When we look at Klein's position theory it becomes apparent that there are connections to be made to family psychopathology. It seems clear that the relation to early figures continues to appear and problems that have not been resolved in infancy or childhood are once more brought to the fore even though in a somewhat modified form. It may find its way to family, work or social areas. That is to say, the relation to a younger sibling or parent may be repeated in the attitude or behavior towards other individuals in our lives. All that is necessary is some attitudinal similarities. When a family member is under the control of early situations their judgement may become faulty.

There are instances where a family member may be mired in the paranoid-schizoid position. An individual does so in order to preserve his belief in the good object and its capacity to love so that it can survive. This splitting can be observed in family sessions where other members or therapists become 'all good' or 'all bad'.

The initial love of mother can later, as development progresses, be tranfered not only to people but to work and various goals an individual feels are worthwhile. If envy and rivalry remain within control of a family member, vicarious pleasures can be experienced. In terms of the child the hostility and rivalry of the oedipus complex can be balanced by the vicarious enjoyment of parents. In turn the parents can share in the childhood pleasures due to their ability to identify with them. They can watch their children's pleasure without envy. This capacity to enjoy vicariously becomes more crucial as the family ages. Then youthful pleasures become less available and so the elderly can enjoy what is possible while identifying with the younger family members.

d) Winnicott

The importance of early interaction between mother and child is highly significant to the early structure of ego development. In the earliest phase of this relationship is the period termed "good enough mothering". This experience was critical to the child's personality development. It involves a movement from a stage of total dependence to one of increasing independence. Winnicott posits a period before birth when the mother identifies

with the child and empathically tunes into that child's inner needs. This primary maternal involvement creates the child as an extension of the mother. A holding relationship is then possible with the mother sensitive and responsive to physical, physiological and emotional needs which are of primacy to the security of the dependent child.

Slowly the infant moves from this stage towards a more relative independence where he is continually more aware of his own needs and the fact that mother is a caretaking object. The holding relationship remains steady, however, as there exists increasing knowledge of personal gratifications and frustrations. The infant develops a sense of expectation that needs will be met, though mother will neither withdraw nor impinge on his initiatives to any marked degree.

Separation from the maternal object is thus experienced and the formation of the basic emerging self can occur. If anxiety arises it may be due to mother's lack of presence, excessive distance, unresponsivity or withholding stance. This can lead to the disappearance of the inner representation of mother. A false self can form from such anxiety where the child complies with the increasing requests of his environment.

The above transitional phase is also changed from total subjectivity towards objectivity in object relations and perceptions. This change is effected by the child's

transitional phenomenon, at first with the appearance of a "transitional object". This is the child's first possessions that he considers separate from himself. They are thought to be a replacement for the mother's breast. The space in which the object exists is the one that comes from both the reality of the mother's breast and the child's own subjectivity. This space or area is one of illusion and embraces both inner and outer reality. Such an illusionary space can also be found in adult functioning of imaginative experiences such as creativity, religious experience and art. However, on a more primitive level the transitional object is a blanket, a pillow, or a favorite toy or teddy bear. Any separation from the object can cause severe anxiety. In this way the child uses the object to increasingly tolerate the separation from the mother.

Once again the mother is called upon in this transitional space, to respond to the infant's need to make her into the good mother. If she complies she is the good-enough mother. If she fails, by too much withdrawal or too much intrusion or control, a false self may appear in the child. Severe character pathologies may be a result. The latter mothers are out of touch with their child and respond mainly to their own inner fantasies, narcissistic needs or neurotic conflicts. In order to

survive, the child is then forced to attempt to adapt to the mother's response. Therefore the child's needs, impulses and wishes threaten the harmony of his relationship with mother (Meisner, 1985).

Winnicott's treatment focuses on good-enough mothering. A capacity for holding, emphatic responsiveness and creative play can encourage growth and attainment of the patient's sense of self as opposed to a false self. The use of art material in expressive work can be an enriching experience for these children and their families through family art therapy.

The views of Winnicott, Klein and A. Freud discussed above span very early infant development, and therefor could be related in some ways to Erikson's developmental stage of Trust versus Mistrust.

Melanie Klein speaks of two positions, the paranoid/schizoid position and the depressive position. The outcome of the second depends on the working through of the first. In the depressive position the infant integrates the love and hate aspects of the whole object, experiences loss and mourning which leads to the final stage of repair to the internal object and ego growth. Once he has experienced the "good" and "bad" in one object the infant is able to trust in the return of the good object if and when it is

not presently experienced. This sense of trust in the object could correspond to the trust as described by Erikson, and can be linked to later interpersonal interactions which might be better sustained. But, it must be emphasized that the move from one position to the other does not remain static. They shift throughout life in different levels and areas of experience.

Winnicott also emphasises the importance of very early interactions between mother and child in early structure of ego development. His term "good enough mothering", involves a movement from total dependence to increasing independence. Though the infant experiences itself as an extention of its mother she slowly creates a holding relationship that leads to more relative independence. The infant developes a sense of expectation that needs will be met and mother will neither withdraw or impinge on his initiatives to any great degree. Out of this can grow a sense of trust, that which has been suggested as part of Erikson's first stage of psychosocial development.

Summary

The purpose of this chapter has been an orientation to some of the numerous views of theorists with regard to childhood development and childhood psychopathology. The frameworks of Erikson, Freud, Klein, and Winnicott are

those few that I believe cover a spectrum of psychotherapies. Fleck postulated an important series of premises pertaining to family problems and their relation to clinical findings which I have taken up within this chapter. His outline of family system deficiencies are useful in the continuing understanding of family dynamics and psychopathology.

CHAPTER IV

FAMILY ART THERAPY VIGNETTES

The families who will be discussed in this chapter have sought help in a large children's hospital. They have been attending one of two different programs for which I had the opportunity to work. One, an inpatient psychiatric program for youngsters of five to twelve years provides a milieu type treatment. Individual and group psychotherapy, creative arts therapies family or family art therapy and school are included. The other department which is an adolescent day treatment centre, provides similar milieu treatment.

Many of these families have previously experienced some form of therapeutic intervention be it individual, couple, or family therapy, often extending over a period of years. The resolution of their problems has proved difficult.

It may have been that schools were unable to contain their children. It may be that acting out behaviour had proved insupportable and fear of physical harm to family members, themselves or others existed. When a period of

separation from home was thought to be therapeutically indicated for the younger children or placement was an issue to be addressed, these families attended the in-patient program of the hospital. For those families whose children were adolescent and conditions at home remained tenable, the day program was available.

These families are required to participate initially in the process of a family art assessment. Assesments add to or reinforce verbal screening interviews and quickly ascertain family dynamics which would otherwise require additional time to become evident. Underlying psychopathology of family members besides the identified patient/child can also be viewed through these tasks, along with a variety of other findings. All families have given written permission to have their artwork published.

The four vignettes which I will present are excerpts from sessions that took place after the family art evaluations. They were part of my internship experience with families, thus they reflect my limited experience.

The vignettes encompass a small sample from the numerous diagnostic categories that we see at the hospital. These four families' initial contact centered around issues regarding a child as identified patient. The childhood psychopathology diagnosed was one of the following: 1) overanxious disorder with schizoid traits and prepsychotic illness; 2) dissociative disorder and

tentative conversion disorder with emerging hystionic personality disorder; 3) oppositional disorder; and last 4) possible major affective disorder, R/O adjustment disorder with depressed mood and separation anxiety disorder.

Though the role of art in family art therapy remains resistant to simple definition, I believe it is in terms of its function wherein its power lies. Numerous possibile functions have been attributed to its use such as: a means of communication, self expression, transmission of unconscious needs/wishes, rehearsal, catharsis, expression of affect, states of mind, empathic response, regressive play, containing of experience, individuation, creation of language and still more.

Within the drawings from the families art was used in some of the above ways. It was utilized to communicate unconscious wishes in the form of the 'Freudian slip', it was utilized as frame or container, it was utilized for expression and observation of affect and as empathic response by family members. However, one important point needs emphasis. I will be using methods of interpretation of drawings that are open to question, although they are based on current practice in the field of art therapy. Since these suggestions have not yet been fully critiqued or experimentally verified they must be considered cautiously. Research is needed in this evolving field.

1) Clinical Examples

a) Vignette #1: Background Information

The first vignette to be presented is of a thirteen year old boy who displayed behavior problems at school. C had been diagnosed as having an overanxious disorder with schizoid traits, R/O prepsychotic illness. He had few peer relations and many bizarre behaviors. The school had been complaining about C's performance and attitude. He appeared disruptive through talking and making faces. As well, he failed two classes at mid term exams. During his stay in the adolescent day treatment center his symptoms were mainly of anxiety and social inappropriateness under certain circumstances. This identified patient, an only child was diagnosed with Crohn's disease. As a result, decreased growth and refractory anemia were observed. From a biological point of view C was considered to have been handicapped. The disease has meant that he had missed some time at school due to hospitalizations. This had contributed to a decrease in self esteem. It has been questioned whether his medication has had any adverse effects on his psychological functioning.

Due to C's oppositional, provoking and non productive behavior, marked school adjustment problems were observed.

Mother and Father tended to minimize the problem though Father appeared to be more aware of his son's difficulties. C and mother seemed to have an extremely close relationship which may have inhibited her ability to acknowledge his problems. It appeared that C was unable to separate and take steps towards individuation. He may have been responding to this conflictual relationship by acting out in a school setting.

Family Art Therapy Session

The family was seen in ongoing family art therapy in an adolescent day treatment program. It was co-therapied with the staff social worker where the therapists functioned as a team. Weekly reports were shared with individual therapists working with the child.

It became apparent through the family art evaluation that a major developmental task for the family's parental coalition was one of mastering an evolutionary transition. Such a phase of adolescence has to be negotiated and eventually resolved. Boundaries which divide the family into leaders and followers and represent emotional and behavioral closeness or distance between parent and child also needed to be confronted. These two areas of concern could be focused on within one of the therapeutic

constructs described earlier. The model used to inform my therapeutic intervention was a structural one as described in Chapter I, (p.6).

In order to address these issues an art task was devised where each member was requested to draw two pictures. The drawings were to represent an activity each would like to do with first one member of the family and secondly with the remaining member. This task would be used as a catalyst to discuss issues of separation/ individuation. The parental dyad could also then be encouraged to look at their ongoing relationship. A further task for the adolescent would be to draw a picture that represented what he would like to do without his parents.

The family reacted to this request with much confusion for they had difficulty imagining any activity that would not include them all.

Father (Figures #13 and #14)

While mother and C looked on, father began with much enthusiasm and expansive hand gestures. 'Knowing' glances were passed between mother and son suggesting that alliance had been formed between the dyad, an identification with each other. This reflects the use of analogic

communication, a principle summarized by Watzlawick et al.,(see above p.21). Father, in a flamboyant manner, went on to encourage them saying: "See, just pick up some colors and get going!" He chose numerous colors and placed them beside his paper, suggesting insecurity around issues of boundaries. Since a variety of colors were available for him these rigid boundaries seemed unneccesary.

With a sense of pseudo self-confidence father quickly sketched himself and C on horseback in strong sure strokes and color, alluding to the need to retain control at this time. His outer confidence belied the underlying sense of insecurity evident in the figures' lack of arms (lack of security or effectiveness in fulfilling needs) and loose body connections. Mother became aware of the fact that there appeared to be only one horse's body that supported their figures, along with the two horses' heads. Father's unconscious wish/need to remain closely tied to his son is reflected here. With the interpretation of this lack of independence father defensively replied with numerous reasons for our misunderstanding of his art work. However, mother and son chided him for not providing his son with his own horse (e.g. personal mobility).

Father's drawing of himself and mother skating together brought up a discussion of how improbable both these activities were, given their interests and father's

dislike of outdoor activities. This led to a more appropriate choice of a joint activity.

Mother (Figures #15 and #16)

Mother appeared to need and use father's encouragement for she set about drawing the two of them shopping together. Using light tentative strokes which suggest her lack of self-confidence, she appeared furthermore weighted down with two packages. Father wears three buttons indicating unmet dependency needs. The sky is filled with circles representing oversized snowflakes that point to fears and concern regarding the outside environment and its oppressive nature. It was discovered through discussion of this drawing that mother in fact feels anxious and uncomfortable out of the home and ventures out either solely to visit her mother a few blocks away or to pick up some groceries.

Mother's second drawing represents herself and her son on a toboggan coming down a snow slide. This activity is one she does with C and from which they both derive pleasure. However in terms of an unconcious message it appears as if the toboggan is a bed on which they both are lying. This supports the notion of a strong enmeshed relationship between mother and son where oedipal issues

have not as yet been resolved. The slide points to the potential downward trend in their present relationship.

Mother's artwork was created with extremely light and tentative strokes suggesting a low sense of self esteem. It seems as if it would be difficult for her to be heard within the family system.

C (Figures #17 and #18)

C had some difficulty in beginning to work and rejected strongly any and all attempts of father and mother to motivate him. Though his oppositional behavior at the beginning of this task mirrored those from previous sessions he was able to mobilize himself this time and participate fully once he did so. I believe it may have been that the task reflected concerns and hopes he had for a fuller more invested involvement, particularly with father.

His first drawing was of an activity with father. It centered on shopping for video equipment. A "light fixture" hanging over a "cash register" also appears like a guillotine and added a sense of impending danger. The video cameras seemed to look like puzzle pieces reflecting difficulties in communication. There are no figures, suggesting doubts about the possibility of the activity

transpiring. The drawing as a whole has a flavor of unreality to it, due to its lack of cohesiveness.

A similar lack of figures is apparent in figure #18 where he and mother are purported to be mountain climbing. The cracked and rocky surface suggests the fragility of C at the present time. The heads and trunks of the trees are connected reconfirming areas of enmeshment in C's emotional life.

Discussion

In terms of the child in the family there are premises concerning the developmental line that the child takes and it can be said that C has just reached the level of adolescence where early infantile object ties 'should' have begun to be given up. (Freud A.) as outlined in Chapter III (p.110). Ambivalence is observed in C in this area.

The stage which Erikson described as identity versus confusion, (Chapter III p. 102) is one where physiological growth and maturation of genital organs take place. C is also faced with the priority of becoming self-aware with some ackowledgement of that self from those important figures around him. In his difficulty with negotiating the task of recognizing and accepting the self and reality we can see unclear ego boundaries, permeable ones with resulting "identity diffusion".

When considering family psychopathology C's family poses a number of problems that have been outlined earlier by Fleck (Chapter III, p.85) concerning essential family tasks and how a family succeeds or fails. He postulates the family skew where defective symbiotic mother-child relationships cause difficulties. In skewed families, role complementarity exists where independence of the dominant individual (father) melds with the dependence of the spouse. Family psychopathology may be the result of unresolved oedipal conflicts that have intensified or become reactivated. This can cause interference in C's peer relationships and eventually with intimate relationships outside the family. The enmeshed mother-son dyad and weak coalition between the parental subsystem results in couple problems. Leadership and boundary problems are evident, theirs being overly rigid. Alliances need to be re-established. Mother's histrionic style of expression, fears of her surrounding environment, limited social contact and her intense relationship with her own mother point to Bowen's concept of transgenerational transmission of emotional problems (Chapter I, p.12). They are indicative of family leadership problems and may lead to internalization of similar feelings by C, causing paranoid suspiciousness. His mother's neurotic tendency further supports the notion of deficiency in nurturent and

enculturating tasks so critical during the developmental stages.

It may be that C has the role of scapegoat in the family, which is another of Fleck's proposed problem areas. He as identified patient may both hold the family anxiety and currently hide the family's deficiencies. The parents are subsequently freed from interpersonal conflicts while he bears the excuse for defective parenting.

The art has become the vehicle for communication of unconscious wishes as expressed by Landgarten and reviewed in Chapter II (p.45), through drawn 'Freudian slips'. In father's two person horse we have an issue of fusion or enmeshment which was to be brought up and worked on at a later point in therapy and which in itself is an example of the earlier stated dynamic.

b) Vignette #2: Background Information

The second vignette concerns L, age 8 1/2 years old, who lives at home with her sister P, 7 years old and her mother. The parents were divorced approximately five years ago. The children have periodic random contact with their father. L has displayed an approximately five month history of some change in behavior such as increased anger and bossiness according to mother. In addition she reports

a two month history of intense rage reactions. Mother says that often and for no apparent reason L would begin laughing and behaving inappropriately. In her anger and rage she would swear, shout and sometimes be physically aggressive. On two occasions she threatened both mother and her sister with a knife. Assessment findings suggest L is brighter than her mother and similar rage reactions are described as occurring in her father. Mother denies feelings of anger and says that prior to these rage reactions the children had never really been angry with her. There was an 'hysterical flair' to L's behavior according to the psychiatrist participating in the family's intake assessment.

On psychological testing it was found that L had severe difficulties with spacial orientation and visual perceptual sequencing activities. Her tendency to distort visual stimuli together with a poor sense of body in space are considered reminiscent of organic impairment exacerbated by a fragile personality. In addition, she was preoccupied by her life experiences and her inability to control many of her impulses and primitive feelings. She appeared to have no resources available to restrain her impulsivity.

The psychiatrist suggested a differential diagnosis including a variant of a dissociative disorder. A

tentative diagnosis of conversion disorder with emerging hystrionic personality disorder has been noted.

Family Art Therapy Session

Once the child was admitted to hospital, the family participated in a family art evaluation and family art therapy as an adjunct to the milieu treatment. Information regarding these sessions was shared in hospital rounds with all staff involved in the child's treatment plans.

At a follow-up family art therapy meeting the members were asked to share their feelings and observations concerning the assessment. The assessment consisted of four tasks, three of which were individual requests while one consisted of a joint family task. In this joint task the family was required to draw their home on the large paper provided for them. It was up to them as a group to decide on what to include/exclude, who would take on the role of leader, and what each member would contribute. None of the family could recall which member took the leadership role in their joint task. This was suggestive of a non functioning family role.

In the above task, L had signaled a second issue through her image of a television set and its important communication capacities. It was my intention to focus on

the model of communication and feeling proposed by Satir since it was the area of the most pressing need for exploration and expression at this time. In order to get a clearer understanding of their current concern the family was requested to draw a picture of what they felt the T.V. program centered on.

Mother (Figure #19)

The mother's response centered on the program "The Facts of Life", a serial depicting the life of boarding school children who are cared for by a surrogate mother. She placed the T.V. on wheels further clarifying her unconscious wish to be without the stress of caring for her children at this time.

L (Figure #20)

Meanwhile, L had reported on the crash of two cars which she joined to become one in a first quick response. Secondly she drew an intact family home with both dad and mother included. It appeared to be L who was expressing the family's wish for the return of father and the need to accept and to mourn the loss of their previous intact family. The family reacted to this interpretation

of L's work with mother's strong denial: "Oh no! We're just friendly!" and silent questioning glances from the girls. In fact, between later sessions, mother had reported to the social worker that father would be returning home to take up his position in the family. On further disclosures, father clearly denied any such intention and art tasks were devised to allow for previously denied feelings to be expressed around the loss of the family unit.

The model that I chose to use as a basis for further therapeutic interventions was functional/behavioral as described in Chapter I (p.9). This was appropriate due to mother's limited abilities and need for concrete interventions. It was also of importance to address the issue of communication, both in terms of cognition and feeling.

Discussion

L's individual dysfunction is symptomatic of the current family dysfunction. At the same time as her symptom is dysfunctional for herself it seems to prove functional for her family. Her distress may restore family homeostasis by expressing its tension.

In terms of a developmental line it appears as though L may be struggling in the object centered phallic-oedipal phase where possessiveness of the opposite sex parent and rivalry with the same sex parent exist (Freud A., Chapter III, p.109). This may be exascerbated by the fact that she exists within a fractured family and may be experiencing conflict around this issue too. Exhibitionistic perspectives are seen for L's hysterical flair has such a flavor.

The infant moves towards increasing independence , according to Winnicott (Chapter III, p.118). It becomes more aware of it's own needs and that mother is the caretaking object. The mother offers a steady holding relationship with growing knowledge of her child's personal gratifications and frustrations. When considering L's mother's difficulty with clear communication, it is questionable whether such a holding relationship did exist for L in this early stage of development.

Fleck states that a well functioning family has clearly marked boundaries. These were outlined in Chapter III (p.88). There are boundaries between children and parents with the childrens' access to good parenting with leadership role responsibility. The sibling subsystem will have boundaries and a hierarchical organization. Siblings will be given tasks and privileges appropriate to their

age, such as responsibilities in the home, separate bed times and increasing independent experiences.This has not been the case with L,s family.

It was L who had control over the family, perhaps due to mother's inability to take on the leadership role. This observation of reversal of roles or parentification became apparent during the joint task, through L's organization of the family as to how and what to draw. In follow-up they were unable to trace back the member responsible for that role, reflecting their perception of its lack. Landgarten's 17 point outline previously described in Chapter II, (p.72), regarding the family system as viewed in their art and verbal communication in the group task, is useful here. Fleck further states that the fracture of the family, e.g. divorce, can result in leadership pathology. This appears to be the case in L's family.

The effects of L's acting out behavior seems to have placed her in control of the family. The problems and rages of the identified patient may be efforts on her part to force mother into a role of leader who can set limits and keep appropriate boundaries. These rages may also be understood as a means to gain father's attention and return him to the family home. It seems as though the family colludes in attempts to regain their 'fairy tale' family, and defends against the disillusionment of their current reality.

Mother is seen to be sending mixed messages and communicating in an "insufficient" indirect manner (Epstein et al, 1978). Of the three modes of communication proposed, this family's style may be considered the most pathological; disconfirmation. Furthermore, paradoxical communication seems to be their usual method of interaction. L's symptom is reinforced by the family in their continuing interactional process (Chapter I, p.24).

Fleck's general systems model subheading of task/goal performance contains a phase essential to the growth of the child. He notes that it is at the prepubertal phase that the family should experience harmony. A feeling of family cohesion is confirmed at this time. This appears to be problematic to the family.

When we look at the artwork of L and mother, it becomes apparent that it was used as a framing device, a way to encapsulate their experience and anxiety through the containing symbol of the T.V. set or rectangle shape. Outer experience seems to be disregarded while stress is placed on inner emotional space.

Mother may be attempting to contain 'floating' inner objects as a defense against a fragile self, while L may be containing anxiety by further enclosing the rectangle with strong lines, to inhibit the 'two parts' (mother and father) from separating.

The "symbolic speech" in the art was in contrast to the mother's verbal communication. This led to the need for further clarification in other sessions and the opportunity for the family to express their wishes/fears. The issue of communication difficulties was also dealt with in clarifying tasks throughout the therapy, for this conflict surfaced on many occasions.

Vignette #3: Background Information

The third vignette centers on D, a nine-year old adopted child, who was admitted to hospital for behavior difficulties. A tentative diagnosis given by the psychiatrist at the inpatient unit was of an oppositional disorder. This family had been followed by the psychiatry department since D was 3 years old. At the present time the parents reported aggressive and out of control behavior confined primarily to the home.

D is viewed as a "bad seed" (minimal brain damaged child) by the parents since early in her adoption. She is preoccupied with her natural mother and the knowledge of her history of drug abuse has been a narcissistic injury to D contributing to her low self esteem. She remains vulnerable to rejection. Her adopted family includes mother age 38, who was one of eight children and felt

unloved and rejected by her own parents. The father, a reverend, age 32, appears to intellectualize his emotions and seems emotionally distant from D's difficulties. Unconsciously the parents may reject D as they were rejected in their own families. Based on their own history of parental rejection the parents appear to project onto D the split off negative aspects of themselves. A transgenerational transmission of emotional problems seems possible. D's behavior can be understood as her testing the limits of how much the parents will tolerate her "badness".

Her sister L, who is 11 years old, and D, seem to be "split" into the good and bad with D receiving the projections of mother's bad self.

c) Family Art Therapy Session

During the initial Family Art Evaluation it became clear the extent to which D's parents, particularly mother, labelled D's feelings, attempted to speak for her and give lengthy explanations for simple occurrences. It was decided that a follow up session could be useful for the family to address a specific issue. Communication and feeling being the area of concern led to its use as the basis of a therapeutic intervention (Chapter I, p.23). Along with it was consideration of the enmeshed quality

observed in the family's interactions and the lack of appropriate boundaries necessary for a sense of self in a developing child.

In an attempt to offer the opportunity for ventilation and appropriate expression of emotional state an art task was undertaken. The family was requested to choose one color oil pastel. They were then to assign a feeling to that color and draw a picture representing that feeling. Discussion while creating the artwork was discouraged. Regardless of the latter request it became difficult for D to work quietly or follow the instruction not to divulge information before discussion time. She was behaving in an oppositional manner for which mother attempted to appropriately restrain her.

D worked quickly and then requested permission to have another sheet of paper (the need to make reparation after the period of destructive behavior). Numerous sheets were needed and D began complaining about how hungry she was. Certainly her 'appetite' seemed difficult for her to control. This alludes to early experiences of deprivation. The knowledge gleaned from this experience could then be tapped at a later appropriate time in the continuing family therapy.

Father (Figure #21)

Father chose a green oil pastel and set to work on what he later described as "peace". He created a scene of a house whose entry lacked a path or access leading to it. This symbol as self representation is well defended. The door itself requires the support of the building's corner and is therefor not self-supporting and able to work effectively. A rigid careful, obsessive-like treatment is observed in this work; however the color chosen, a healthy green, is a positive aspect to be noted. It is indicative of the necessity of this defense. The family agreed that father had communicated the feeling of peace and tranquility he had set out to do. In this way the family colludes with father's fantasy of their family's functioning.

Mother (Figure #22)

Mother chose red oil pastel and stated it was a happy color. The "peaceful, happy garden" was worked on with what appeared to be surface calm with quiet ongoing efforts to control D. Yet the artwork had a tone of anxiety that increased until heavy red circular strokes appeared perhaps an expression of underlying anger at what was occurring in

the session. It is interesting that mother seemed unable to find her work complete before she 'overfilled' her page. It seemed to mirror her need to overexplain simple issues to family members.

L (Figure #23)

L worked slowly and diligently in her role as the 'good' daughter. Her choice of blue was an expression of sadness she felt due to the negative manner in which she claimed a teacher was treating her as compared to other students in the class. Angry feelings are expressed here and L may also be communicating sibling rivalry and the need for more attention from her family. The 'good daughter seems to be a hard role for L to play. D's behavior escalated throughout and she continually interfered in her sister's verbal expressions.

D (Figure #24)

D chose brown oil pastel for her first picture. This fist-like tree that seems to punch up from the page bottom contrasted with her explanation of it being "happy ha! ha!" as D continued to be oppositional. Mother attempted to get D to "behave and answer with respect" however by this time

D was jumping from leg to leg on mom's lap. She continued to complain about her hunger and began biting, pinching and pulling at mother's breasts. Father then allied with mother in an attempt to diffuse the situation.

Discussion

When we look at the family and Bowen's theory of transgenerational transmission of emotional problems we can deduce that since both her natural mother and her adoptive parents experienced such effects D herself could be prone to further psychopathology. This area has been addressed in Chapter I (p.12).

At the time that the mother and daughter's anxiety escalated it provoked father to become involved creating triangulation which is another Bowenian concept viewed in a family system (Chapter I, p.12).

Haley, in his discussion on communication theorists, reviews Virginia Satir and her stress on the communication of feelings, (Chapter I, p.23) an area of conflict for D and her family. The need to be in touch with one's personal feelings and communicating them clearly to others are goals to strive for. The acceptance of those feelings without the redefinition or correction by family members is fundamental to D's sense of self.

In this vignette the art provided the opportunity for the therapist to observe affect expressed that could be utilized in later discussion and art making in order to deal with issues pertinent to family dynamics. Sadness, envy, anxiety and anger are affects which became apparent through the task. The art was also utilized as a tool to set limits and boundaries, give each family member equal opportunity to express themselves, be heard and own their own feelings without the imposition of other members' ideas or interpretations. D was able to use the art materials as a means of displaying 'acting in'. Her 'neediness' in usage of materials supports this notion. A tangible image remained and could be referred to at any future time.

When looking at D's behavior during the family art therapy session connections become evident with Melanie Klein's theory of "positions" which were described in Chapter III (p.112). It is the paranoid schizoid position that perhaps D has exhibited in the session. Her feelings of hate, anger, greed and envy seem to be directed toward mother as the bad object, the withholding bad breast. Omnipotent destructive impulses, i.e. punching, pulling, biting of mother's breast and persecutory anxiety and splitting; an observed phenomena in D's relations with staff and ward members, reinforce the applicability of Klein's theory. So does D's need to keep the therapist as

the good object, e.g. create subsequent drawings as reparation after being verbally abusive and split or separate the bad object; mother, at that time.

d) Vignette #4: Background Information

J is a 12 year old girl living at home with both parents and two sisters, P who is 13 years old and C who is 17 years old. She has been diagnosed with a possible major affective disorder, R/O adjustment disorder with depressed mood and separation anxiety disorder.

J was hospitalized after it became apparent she was experiencing suicidal ideation. Her mood was described as depressed with covert anxiety. A self-description was one of hopelessness. Currently she complained of visual hallucinations "the face of a man with black hair and eyes and a red and sweaty face". She identified it as the devil. Auditory hallucinations constituted a male voice telling her, in the form of a command, to do something to hurt herself.

Her thought process presented ideas of reference constructed around the feeling that people were either watching her and/or hating her. Her constant preoccupation with suicide had an obsessive quality. At one time she took a knife from home and for one hour dealt with the idea of stabbing herself.

J is considered to be presently in the latency period and seen to have schizoid personality traits such as: being a loner, having few friends, having a poor capacity to creat relationships. According to an intake assessment, the family is dominated by a strict, harsh father whom the girls and mother perceive as a "party killer" with extreme ambivalence of anger and longing. Father appears to be inhibited and conflictually immobilized. Mother seems extremely restricted in her ability to be narcissistically fulfilled in her marriage and allies with the oldest girl for satisfaction.

There is the sense that J wants desperately to please her parents and be accepted by friends. This may pose a conflict for her as she tries to develop her own identity and independence from very stern parental control. She seems to have extremely high expectations for herself and undervalues her accomplishments. She is concerned about her body image, with which she finds fault. This may be intensified by her full time ballet dance school milieu whose focus is on appearance. She is extremely worried about her family's safety while at the same time preoccupied by thoughts of harming herself.

Family Art Therapy Session

J's family took part in family art therapy as part of their treatment program when she entered the inpatient ward of the hospital. Through the family's art assessment and screening interview it became evident that the family was experiencing resistance to the adolescent phase of development in their own life.

A structural approach seemed to be the useful one under these particular conditions (Chapter I, p.6). The family's tolerance of developmental transitions had been arrested and required interventions that would place them back on their developmental track. Heirarchy of power, i.e. the parents' 'in charge' position with regard to the children and clarity and firmness of boundaries between the generations must be addressed. During one family session, J brought up the problem of never being allowed to "sleep over" at a friend's house. Her sisters began to express various complaints which led to a task designed to surface issues around 'change'. Each member was requested to draw three things they wished to see changed in their family.

Mother and her children became quite excited by the opportunity to express their hopes and set to work quickly. Father, however, glanced around as they worked experiencing trouble getting started. It appeared as if 'change' for him was perceived as a threat.

Father (Figure #25)

Father's drawing began with a idealized picture of mother as a slim woman. She has been symbolically cut in two by a black belt suggesting issues around sexuality. The image is separated by a black line perhaps further alluding to a subject with some negative components. Father may be communicating to the family the connection between J's body image problem and mother's own difficulties in this area. He further illustrated a tennis game and fishing outing with family members, not specifying with whom. They are created from stick figures, unclothed, therefore reflecting their vulnerability. Leisure time is suggested in father's drawings along with a somewhat aggressive and confronting message of dissatisfaction with his wife.

Mother (Figure #26)

Mother divided her page in three with one section taking half the paper space. This reflects the importance of her wish of an addition to their home; a "greenhouse". The old part appeared in blue; sad and empty as compared to the healthier coloured green new space. This expression leads to possibilities of new growth for the family. In

her second wish for change mother drew father at the table with a 'forced' smile and working at a less stressful job. Her final request had to do with their marriage and more time together, in particular, going to the movies.

C (Figure #27)

C's main aim was for the family to be happy. She may hold the role of family peacemaker. Identification with mother's concern is seen in her drawing of the parental dyad with arms touching, sharing more time together. However the art expressed their vulnerable state: partially clothed stick bodies. Her last request was for a regular allowance. There is an element of underlying emptiness in the artwork that contrasts with C's verbalizations and involvement in family discussion. This alludes to her inner sense of self that might be supported in this art therapeutic environment. It allows for increased freedom of expression.

T (Figure #28)

T drew several images of pets as her first expression of change. Questions concerning her instinctual life could be expressed in this way. This was followed by a fantasy

wish of a cruise to a tropical island. Escape as a defense may be employed here. The trees with their coconuts allude to a masculine component and a need for increased control and sense of her own independence presently. Time for physical fitness and sports were an afterthought for T had difficulty finding a third change she would like to see in her family. She too may have been communicating the family's need to address identity issues at this time. Her use of line, from tentative and uneven to fluid and direct are indicative of her anxiety and ambivalence about these potential changes.

J (Figure #29)

J identifies with T in that she too would like a pet. If we examine the three animal figures in the first box the central one is marked out or denied perhaps reflecting her perceived position in the family. Feelings of isolation and vulnerability are expressed by J in her final two communications; a wish for sleepovers and visits to friends and family which she feels are lacking. J uses words to symbolically affirm the wishes she has drawn.In this way she underlines the importance of this issue or confirms an underlying lack of confidence in her ability to be clearly understood.

Discussion

During the discussion period, mother began by defending her efforts to diet and expressed the difficulties she experienced. The issue of more time for the parental dyad was brought up by C who clearly expressed her concern around this lack. The couple was split between mother's wish and father's resistance. His reasons for the resistance to more time for himself and his wife as a couple centered on his responsibilities at work and his evening course load. Father felt his job was presently not secure and further education a necessity.

The children and mother allied against father in their wish for more freedom in terms of a regular allowance for them all and for the children to visit friends and attend sleepovers. J expressed much sadness through the session and began crying when the subject centered around her wish for more freedom. No family member was forthcoming in comforting her until the question of how this family approaches such occurrences was considered. Mother acquiesced.

J is in the pre-adolescent period prior to the adolescent stage with a return to the part object, need-fulfilling and ambivalent type. The child's body needs and drives, when satisfied, lead to basic trust in the

caretaking object. This concept has been addressed earlier in Chapter III (p.109).

Erikson states that the period of "identity versus identity confusion" is an intense one of physiological growth and maturing of the genital organs (Chapter III, p.91). This coincides with J's reported concerns with body image issues. As viewed in father's artwork, references to body image problems of mother could point to the possibility of J's role as the family member acting out mother's conflict. Developmental preparedness for adult life is of great concern and J seems to be at this point in time, reaching for added independence, as are her older siblings.

There are a number of family system deficiencies as proposed by Fleck and reviewed in Chapter I, (p.28), which are cause for concern in J's family. Parental leadership roles, model deficits, boundaries between the parental dyad and sibling sub-system, and marital issues are a few. Lack of strength within the couple system needs to be addressed. The parents who spend little time together, are encouraged by their children to become more involved as a couple, yet have not as yet been able to commit themselves to change. Mature leadership rests with them. In this family parental role divisions that are complementary and flexible are non

existent. Father retains the leadership role under strict surveillance and mother holds the nurturing role exclusively.

The "emotional triangle" postulated in family systems therapy can be found within J's family (Bowen, Chapter I, p.12). Mother closely allies with one of her children generally excluding her husband. When father attempts to join in, turmoil results.

An important task for this family is the mastery of the evolutionary transition of adolescence. They must tolerate the child's emancipation behavior. This is clearly evident as an issue for the parents in regard to all their children. Peer group expectations and parents' wishes seem to be at odds, which leads to excessive guilt feelings in their children.

The art directive proved to be a catalyst for the expression the changes that each family member perceived as important for their family and themselves. It was used as a focus for discussion and attempted solutions regarding the current family task, which relates to the stagnation and resistance to the adolescent phase within family life. J's continuing efforts towards separation and individuation have begun to be addressed.

In examination of the artwork created by her family it can be understood to have provided a means for empathic

responsiveness between family members. Support and encouragement were evident in their choice of changes communicated both verbally and in the art. They were reflective of the needs of various members other than themselves.

In this chapter I have presented four vignettes of art experiences in the context of families and childhood psycho pathology. Its focus was solely on a few of the myriad issues with which families present themselves for therapy at a particular childrens hospital.

CHAPTER 5

CONCLUSION

My interest in art in the context of the family and childhood psychopathology had a long period of incubation. Following my completion of teacher training I had the pleasure of undertaking a number of years of work with primary school children. During this period of time, I began to make art as a form of personal expression and an adjunct to my daily tasks. In addition my strong leaning towards psychology led to the discovery of the potential of art as a therapeutic tool, both on a personal level and later as a means of contributing to the healthy development of others. While participating in an art therapy program, I came to realize the centrality of the family in terms of positive outcome for children presenting with psychological problems. As part of my internship experience I had the opportunity to work with dysfunctional families using art as a therapeutic tool. This experience proved to be a deepening, enriching and educational one for me.

In order to further outline the path I took, thoughts concerning my perspective on art and therapy and their influence seem germane.

"Art is the symbolic expression of the creative spirit in man and in them the spirit takes on objective perceptible form." (Cassirer, trans. by Manheim p.218)

The artist/client creates an illusion, a separate reality or personal vision that once transferred into an art object may be shared with others. It is the forceful nature of this communication that gives art its power. Within groups and families the art that is created can be saved, later tapped and reviewed with the potential of offering a means of concretizing an expression of importance which might otherwise be lost, forgotten or denied.

With the understanding that art work created in family therapy has little to do with conventional art skills, clients are encouraged to experiment and let things happen, to either work spontaneously and freely without effort, or to consciously, concretely communicate within the family group. There is no concern for adequate representation of the appearance of things in the outside world. However, I believe the psychological or therapeutic significance of a picture does not always lie in its image alone, but also adheres to those qualities of line, tone and scale which give the image a feeling and can be regarded as painterly or aesthetic. In family art therapy, client members use the particular creative medium of art expression to advance

the larger creative project of making their own lives meaningful.

As Naumberg (1966 p.1) has aptly put it: "The process of art therapy is based on the recognition that man's most fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words".

In considering the 'family' it is clear that it exists in a wide variety of types. There are those who are motivated, those who are resistant, those who are court ordered or face that possibility, those who have been through the social system and are at the point of giving up, those who are coming for help as a final hope before resorting to placement of a child and many more catagories.

The exploration and treating of such families have a wide range of major proponents each with his/her own theory. Some models may be primarily behaviorally or goal oriented, others limit the number of sessions or focus on change mainly within the session, some focus on change outside of it. There are models which are growth oriented and which stress individual maturation and expression of feelings. They are less focused on reality, behavior and change.

My present understanding of the family and family art therapy leads me to believe that there is a need to have a wide variety of resources available from which the

therapist may draw. This will result in the potential for a better match of family pathology to model at any given time in the therapeutic process, depending on its current position. It seems to me that if one type of intervention did not prove successful, there are alternatives that could be utilized in order to lead to the amelioration of the family's existing problems.

I believe, with Virginia Satir, that feelings are an integral part of the way in which families communicate and therefore this area must be addressed within a systems framework. In family art therapy, feelings are fundamentally important and can be viewed in the art that is created, even when clients are resistant to, or defended against such expression on a conscious level. This communication may or may not be utilized at the discretion of the therapist; however a concrete reminder of affects is always readily available for the time when the family may be more open to such interventions.

I would like to add my own approach, one that has been formed as an alternative family art evaluation method. This approach came about in response to a joint effort from the hospital staff where I had my internship experience. It was as a result of a need for an evaluative procedure that would be applicable to the particular needs of this hospital's inpatient and day treatment setting. Over the

longer term the information gathered and the results which this method has achieved, has proved to be extremely useful for and well accepted by many clinicians working with families within our psychiatric department.

For the inpatient population of young children and their families I felt that four tasks would be sufficient, in order to address the attention span limitations with which these youngsters must cope. These tasks consist of:

1) a free drawing
2) a kinetic family drawing
3) a joint family drawing of their home
4) a response free drawing

It is felt that the first free drawing, as used by Kwiatkowska, can give some indication of motivation and aspirations for therapy. It may include an individual's introduction of themselves or the current agenda in the family. In addition it may present the main problem in an encapsulated way. A visual and symbolic reflection of the family as a whole can be observed in this way.

The second task, a kinetic family drawing, offers the opportunity for the communication to extend to the rest of the group members. Drawing family members in their presence elicits reactions and insights not possible in other therapeutic situations. All members work concurrently, which through this dimension of time,

encourages individual perceptions to become assessable. Pre-existing methods of interpreting this task are available, along with the additional information gathered from color usage.

The joint picture and third request to draw their home calls on the inherent strength in the family. It allows the family to resist irrationality and distortion and to organize the drawing into a meaningful whole. There are families in which the identified patient is left in control of the whole transaction. The family drawing may become more or less integrated, more or less expressive, depending on the presence or absence of a particular family member. In this task Landgarten's 17 criteria for looking at families' joint work comes into play. The affective component in this task is a useful one, for not only does the decision to let us into the house or not, reflect the family's openess to therapy or their defensive approach, but the quality of line and color used reveals emotional areas and vulnerabilities.

The final response drawing as discussed by Kwiatkowska sometimes gives an indication of how family members have responded to the session. It can be a measure of each member's tolerance of stress aroused by the uncovering of the previous work. There is also the aspect of the transmission of a personal message.

In considering the adolescent population and their families, the criteria of a time limitation does not apply. An additional task is required and incorporated after the first free drawing. The families are requested to write three names wherever they desire on their page. The first name is to be their own. The second a disliked name. The third a favorite name. Following this they are encouraged to enlarge upon these names by using their paper in any way they wish. This task is felt to diminish anxiety that can occur at the start of the art evaluation. The use of names is considered non stressful and yet can be a way of gathering further information regarding ego, negative aspects of self, ego ideal and the families' use of fantasy material.

Limitations are found in any form of therapy; this is also a factor in both family and family art therapy. Some families remain resistant and defended against any attempted intervention which could be perceived as an attack on their homeostatic balance. There are times when these families, even though initially appearing motivated for therapy, become resistant to change and then face termination. With time allowed for the expected deterioration or decompensation to take place, that resistance may diminish sufficiently to allow for re-investment in therapy and change to take place at a later time.

Under certain circumstances a member of the family may refuse to participate thereby short-circuiting the potential systems work. He/she may express hostility, incapacity, withdrawal or remain absent. Dyad and sub-system groups then take precedence and the art can be a useful tool in the 'bringing in' of the absent member, in terms of their perceived actions, feelings and potential responses, by other family members. In these cases full family therapy or family art therapy cannot take place.

Difficulties or impossibilities in initiating family therapy exist according to Bell (1985). It appears when a family recognizes that family issues hold a low priority and when more attention is evident to issues in social, economic, vocational, health, housing, work, religion and other personal areas. The continuity of an intolerable family history or severe psychiatric illness such as paranoia, dementia, an affective disorder, or irreversible disease or disability, including brain damage, are not considered as candidates for treatment.

In addition, institutionalized patients whose family members' visits have diminished, or families whose cultural outlook presupposes probing into family confidences, or where family's working together in business run as a priority over personal interactions, are contraindicated for family therapy.

There is a time and cost factor that delineates the kind of family and family art therapy that can be undertaken within the hospital in which these programs under consideration are held. The in-patient department has a mandate for short-term stay allowing for some follow-up sessions whenever necessary. When we consider a six to eight week span where weekly sessions are encouraged, it is clear that pressure exists to effect change quickly in order for the child as identified patient to experience a reduction in symptomatic behaviour. Here a structural, strategic or functional behavioural model may be an appropriate choice.

Within the adolescent day treatment program the average stay is six months to one year. In this time a more psychodynamic or experiential model of therapy may be applicable and added to the potential model choices. Family Art Therapy is flexible as a modality that can be adapted to a wide variety of family therapy approaches.

As mentioned above (p.126), it is necessary to proceed with caution in terms of extrapolating meanings from pictures that are created in family sessions. Numerous suggestions have been proposed and documented concerning the interpretation of underlying meaning in such areas as omission, size distortion, placement in family groups, etc. However, these documentations have never been experimentally validated.

The suggestions are only "educated guesses" that can be corroborated by additional information from other gathering sources. This is one area where research is needed so that previous informed understanding can be substantiated or new theory take its place.

As I have stated in an earlier chapter, personality develops along numerous lines. We must look to ways in which an individual creates his unique experience of life. There is physical development, neurological development, intellectual development, cognitive development, coping mechanisms and human relationships, etc. Each of these particular areas contribute to the whole and must be considered if we are to make an assessment of a child.

Yet, once that assessment is made, it is the particular therapist who may emphasize one or another aspect of development. Because this might be to the detriment of the whole child, I believe he/she should be looked at from the many different perspectives outlined in this thesis.

Lacking a level of knowledge at the present time to assist in the choice of which kind of therapy is suitable for particular children, treatment planning remains a complicated issue. Once a diagnosis is made treatment choices are outlined at a very primitive level. In addition to etiological factors there are others, including the overall severity of the problem, the length of time

over which the symptoms have occurred, the degree of pervasiveness of these symptoms, the strength of the family, possible psychopathology, socioeconomic status and the client's psychosexual level. There also exists the political and monetary aspect of the institution under which treatment is being requested.

Certainly in deciding on the kind of therapy to prescribe, there are two areas to consider: 1) the contribution of the diagnosis and 2) the consideration of cross-diagnostic factors that were discussed above.

Some positive indications for individual psychotherapy include long-standing disorders that have affected developmental gains and potential for therapeutic alliance. A contraindication for individual psychotherapy appears where there has been an identified patient singled out by the family. Here family art therapy is an appropriate choice of action.

Family therapy has been searching for its own identity, attempting a delineation of its unique perspective and proposing a limited interaction with other therapies. The medical model is disregarded and also the individual and intrapsychic leanings of psychodynamic psychiatry. However there is a beginning of some integration of the systems model with the developmental and psychodynamic model (Harrison, 1985).

The work of this thesis is indicative of my current position, however it is informed by my ever changing perspective of Family Art Therapy as I continue to gain new insights and understanding in this extremely complex field.

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