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The "Borderline Syndrome" in Childhood
Using Art Therapy as a Treatment Modality

Francine Yvonne Bourassa

A Thesis

in

The Department

of

Art Education and Art Therapy

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts
at Concordia University
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Francine Yvonne Bourassa, 1987

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ABSTRACT

The "Borderline Syndrome" in Childhood Using Art Therapy as a Treatment Modality

FRANCINE YVONNE BOURASSA

A literature review on the borderline childhood phenomenon and its treatment indicates that different authors share more in common than they have differences. They are grouped under the "Developmental Approach" within Margaret Mahler's conceptual framework as it pertains to the "Separation-Individuation" theory. Moreover, specific manifestations of the borderline syndrome in childhood are analyzed. For illustrative purposes, the case of Lili, a 10 year old girl seen in art therapy within a multidisciplinary treatment team, will be examined. The thesis describes the child's clinical profile and visual imagery with its specific characteristics and how the art therapy context is integrated into Mahler's theoretical formulation. The therapist is viewed as a developmental "partner" in the therapeutic alliance, which is facilitated and strengthened by the use of metaphors. Finally, art therapy acts as a complement to concurrent forms of treatment modalities for children who suffer from a similar disorder.

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TABLE OF CONTENTS

	<u>Page</u>
Abstract	iii
Acknowledgements	iv
Table of Contents	v
List of Figures	vii
INTRODUCTION	1
CHAPTER I LITERATURE REVIEW ON BORDERLINE CHILDREN	3
CHAPTER II TREATMENT OF BORDERLINE CHILDREN	14
2.1.0 The Developmental Approach	15
2.2.0 Mahler's Conceptual and Clinical Approach	16
2.3.0 Specific Contributions Using Mahler's Developmental Framework	22
CHAPTER III CASE MATERIAL	34
3.1.0 Lili's Case Presentation	35
3.1.1 Reason for Referral	35
3.1.2 Developmental History	36
3.1.3 Familial Interactions	37
3.2.0 Lili's Treatment Plan	39
3.2.1 Program's Approach to Treatment	39
3.2.2 Program's Criteria for Admission	41
3.2.3 Overall Treatment Plan (in the absence of art therapy): A Description	42
3.3.0 Art Therapy as a Treatment Modality	43

	<u>Page</u>
3.3.1 Reasons for Referral to A.T.	43
3.3.2 Art Therapy Objectives	45
3.3.3 The Art Room at the Clinic	46
3.3.4 Rules of the Art Room	48
3.3.5 Art Therapy Individual Sessions	49
3.3.6 Art Therapy Group Sessions	50
3.4.0 Art Therapy Context: Specific Character-	
istics	55
3.4.1 Art Therapy Sessions: A Description .	55
3.4.2 Observed Idiosyncrasies within the	
Art Therapy Sessions	84
3.4.3 The Child's Visual Imagery: As to	
Form, Content and Themes	86
3.4.4 The Child's Anxiety as Expressed	
through the Art Material	95
 CHAPTER IV INTEGRATING LILI'S CLINICAL PORTRAIT TO MAHLER'S DEVELOPMENTAL FRAMEWORK	 102
 CHAPTER V DISCUSSION	 110
 CONCLUSION	 118
 BIBLIOGRAPHY	 120
 APPENDIX I THE CHILD'S ARTWORK	 127
 APPENDIX II GRAPHIC REPRESENTATION OF LILI'S TREES	 139

LIST OF FIGURES

<u>Figure #</u>	<u>Title</u>	<u>Page</u>
1	A Tree (Art Folder's Cover)	128
2	The Bumblebee Mask (3-D)	129
11	A Family of Bees	129
13	A Mole from the Taxi	128
19	A Pink Scribble	130
23	The Taxi Driver	131
25	The Pool	130
29	The Family Portrait	131
35	Lili, Sick at Home	132
39	The Dr.'s House Call	132
40	In the Taxi	133
44	The Two Girls with the Spanish Man	133
46	The Two Girls with Mother	134
50	The Use of a Foreign Language	134
52	A Front View of the Spanish Man	135
61	The Mother in the Hospital with Father	135
69	The Dreamer's Dream	136
75	The Father Playing with Mother's Belly	136
77	The Mother Holding the Baby	137
80	The "Hurtness" [<u>sic</u>]	137
81	The Goodbye Picture	138

GRAPHIC REPRESENTATION OF LILI'S TREES 140

INTRODUCTION

It was during an internship as an art therapist in a psychiatric Day Care Center, that the present intern took notice of a 10 year old girl diagnosed as borderline. The early literature on childhood disorders did not use this diagnostic label. Diagnostically, there was no evidence of a clinical consensus; some would label her as borderline while others would defend against such a terminology, preferring the term psychotic. Historically however, these children were regarded as presenting healthier variants of childhood psychosis or schizophrenia.

This thesis does not intend to resolve the differences between those who support the borderline concept from those who do not. Nevertheless, an attempt shall be made to better circumscribe and understand the childhood borderline phenomenon by presenting a pertinent literature review from 1942 to 1987, where the dissonances and agreements between various theorists will be highlighted and contrasted. Further, it will focus on clinical considerations emphasizing the vicissitudes of the therapeutic relationship with this 10 year old girl working within an art therapy context. In addition, special attention shall be given to the child's artwork and mental imagery which unveil the psychological organization of a troubled child.

This thesis will conclude with the specific contribution of Art Therapy as a complementary mode of treatment for children presenting a similar clinical profile.

CHAPTER I

LITERATURE REVIEW ON BORDERLINE CHILDREN

Helen Deutsch (1942) wrote a paper entitled "Some Forms of Emotional Disturbance", where she described an "as if" personality as somewhat belonging to the pre-psychotic condition. She stated that the narcissism and the lack of object relationships so characteristic of an "as if" personality would bring to consideration the relationship of this disturbance to a psychosis. The fact that reality testing is still fully maintained removed this condition from our contemporary concept of psychosis. However, undecided as to the use of the diagnosis of a schizophrenic process, Deutsch's observations led her to think that the schizophrenic process goes through an "as if" phase before building up to a delusional phase. Moreover, it seemed completely justified for her to trace the severe psychic disturbance as far back as early childhood.

A few years later, Geleerd (1945, 1946) described a group of children who "appeared" psychotic but generally behaved "as if" they were presenting a "milder form" of psychosis. These children exhibited various behaviours depending on the situation. For example, on a one-to-one basis with an adult, they would behave appropriately whereas at other times within a group, they would show uncontrolled aggression or severe withdrawal. Some of these children reacted overtly to frustration showing either paranoid traits or panic reactions, while others showed transient loss of contact with reality. Moreover, all of them presented a delay in all stages of psychosocial development. While attempting to delineate different

stages of psychosis in childhood, Mahler et al. (1948) reported on a case of childhood psychosis, because it was not as severe as the classic childhood psychosis, they labelled this form of disorder as a "benign" case of childhood psychosis with neurotic-like defense mechanisms.

In 1953, Weil described children who shared similar features with Geleerd's (1945, 1946) study group. For example, she mentioned features such as: Fantasies of omnipotence, magical thinking, impaired reality testing, shifts of symptoms and underlined the aspects of a diffuse and overwhelming anxiety. She labelled them "atypical, deviational children with fragmented egos". Furthermore, she classified this clinical picture as being related to psychosis and showed similarities with Mahler's "symbiotic cases without obvious psychosis". Weil (1953), was also a precursor in establishing parallels between these children and the conditions presented by the "borderline states" as described in the adult literature by Greenacre (1941), Polatin and Hoch (1947), and Knight (1953). Weil (1953) considered the cause of such disturbances to be of a hereditary nature. Furthermore, she suggested that these children would be growing up as "odd adults (perhaps borderline, schizoid, or worse)".

A year later, Ekstein and Wallerstein (1954) diagnosed these children as "borderline children". They commented on the similarities presented between these children and adult borderline and

narcissistic patients once the differences in developmental stages are taken into account (i.e. disturbed interpersonal relations, intense affect, failure to achieve a stable identity, the use of primitive defenses, and generally intact reality testing which may fail under unusual stress). They reported on the unpredictability showed by these children as the only thing to foresee during or outside therapy.

Ekstein and Wallerstein (1954) drew a continuum from which their psychological profile could be assessed. Its range was between neurosis and psychosis, depending on the degree of adequate control over marked fluctuations in ego function. Their study showed striking shifts in the levels of ego organization within the same child.

In 1956, in a paper (later published in 1969), Anna Freud recommended a general developmental assessment of these children and underlined specific features which were described as: Severe levels of regression and massive developmental arrests; withdrawal of libido from the object world and displacement onto the self; inability to receive comfort from others; several ego defects, including poor reality testing, inadequate synthetic functions, and poor development of age-adequate defenses. For Anna Freud (1956) this developmental arrest is due to the fact that the ego and the superego are not matured enough in comparison to the id impulses; here neither the appropriate love object relationships, nor the social or moral standards are sufficient to control the pregenital or aggressive drives.

This structural discrepancy would be responsible for the overall clinical picture.

In an article published in 1958, Geleerd hypothesized that the etiology of the borderline syndrome would take place in the primary disturbance of the mother and child relationship in early childhood, which has as a consequence the permanent impairment of the ego development of the child. Later on, Rosenfeld and Sprince (1963, 1965) authored a report on children who present several deficits of ego functioning and object relation. These children did not exhibit hallucinations or delusions, nor did they exhibit neurotic characteristics as a main and continuous trait; consequently, they referred to them as "being borderline". Moreover, their observations pointed at their failure to use "normal repression" as a defense mechanism. According to the authors, these children would also be unable to establish the signal function of anxiety, which would therefore be perceived as "free floating", accompanied by an overwhelming effect of panic, which is the result of their fear of merging. Rosenfeld and Sprince (1963) also noted a typical lack of phase dominance in their psychosexual development. Finally, referring to Anna Freud's writing (1952), they emphasized the difficulty in maintaining object cathexis which has major repercussions on the development of object relations.

In the early seventies, Frijling-Schreuder (1970) tried to

differentiate a pre-psychotic state from psychosis and neurotic processes by completing a "metapsychological" study of a group of borderline children. Two factors dominated the study: (1) The use of language so as to have access to a secondary process of thinking, and (2) the capacity to tolerate anxiety, and where both are characteristics of a pre-psychotic state. The author considered anxiety among borderline children to be based on a threat to their integrity, whereby they revealed a higher level of ego functioning than do psychotic children. The reality testing in borderline was never as distorted as is the case in psychotic children. Nevertheless, the origin of both disorders was similar; in both cases the developmental arrest was set at the symbiotic phase of development.

In 1970, Chetnik and Fast attempted to explain the original fixation. They considered the developmental sequence in which these children made the "transition out of narcissism", the source of their disturbance. Here, no "coherent self" and/or "object representation" are present. They wrote:

The notion that borderline conditions reflect an incomplete transition from the pleasure to the reality ego suggests important direction for the study of many aspects of borderline personality organization (i.e. self-structure, object relations, affective organization). (Chetnik & Fast, 1970, p. 764).

Mahler (1971) considered that the failure to negotiate the "rapprochement crisis" at the separation phase constituted a significant pathogenic condition which lead to a borderline organization. (Chapter two will present her contribution in greater detail).

More recently, Pine (1974) tried to differentiate the borderline condition from other forms of pathologies presented by various categories of disturbed children. In doing so, he proceeded to map a topographical continuum by exploring the nature of ~~the land~~ that covered the "spatial metaphor", from neurosis on the "upper" border to psychosis on the "lower" border. More specifically, he wanted to examine the borderline ground or the "borderland" (Clark, 1919). Pine found no clear demarcations on the borderline-psychosis continuum, as he did for the neurosis-borderline area. Therefore, he suggested that the "borderline shades" could be considered as a number of subtypes displaying more or less an ego deviancy. Where the effects are severe enough they would be regarded as psychotic but different from the form of infantile autism, symbiotic psychosis or childhood schizophrenia. Pine concluded by saying that the sole reliance on a developmental failure appeared too simplistic for justifying the borderline syndrome in childhood. Unfortunately, he did not expand his idea any further.

Although offering no more specific etiological formulation, Friedman (1975) thought that clinicians would better serve their clients by recognizing their lack of knowledge regarding the

borderline etiology. By contrast, in discussing the borderline adolescent phenomenon, Masterson (1972) constructed a developmental approach based on Spitz's, Mahler's, and Bowlby's studies on direct observations of children in the early phases of development. He suggested that there was a link between a developmental arrest and borderline psychopathology. He implied that the withdrawal or threat of removing the motherly love at the "rapprochement crisis" especially, was the center point of their disorder. He suggested two other possibilities: (1) That the child had a constitutional inadequacy for autonomy or (2) it could be viewed as a "bad fit" between mother and child, possible due to conflicting temperaments between both. More clearly, this experience would be sensed by these children as a trauma and a loss (Mishne, 1983). We have to remember that for Masterson (1972) and Mishne (1983), the mothers of borderline children are also viewed as borderline themselves, in view of the fact that they cannot let go of their children because they fear their own disintegration. In a borderline childhood disorder, the fear of abandonment felt is so great, that the children respond by stopping their autonomous moves despite their needs for individuation; they have not separated from their mothers. Within the dyadic relationship, the mother would use the child as a transitional object (Giovacchini, 1985; Johansen, 1983).

A major theorist on adult borderline syndrome, Kernberg (1975) described the specific structures and the stable pathological picture.

of the borderline organization. He viewed it as an intersection between two categories of disorders: neurosis and psychosis. Even though Kernberg was mostly concerned with the adult form of this pathological organization, he nevertheless referred particularly to Rosenfeld's formulation as well as to Ekstein's and Wallerstein's (1956) and to Geleerd's (1958) contributions when discussing the borderline syndrome in childhood.

Another important contribution was that of Kohut and Wolfe (1978). They considered the borderline pathology as related to a primary disturbance accompanied by a psychosis which was the result of serious and sustained damage done to the ego or the "self". Previously, Kohut (1971) defined the borderline states as the failure to achieve a "cohesive self" or a "sense of cohesiveness of the object". Thus the "self" fears its own disintegration. Kohut and Wolfe (1978) further argued that the appearance of schizoid, paranoid or aggressive features among the borderlines would be used for protective measures. Kohut attributed the "lack of cohesiveness of the self" to "parental intrusion: during the early state of self-object". Together they proposed that:

...at the very point when the nascent self of the child required the accepting, mirroring of its independence, the selfobject, because of its own incompleteness and fragmentation fears, insisted on maintaining an archaic merger. (Kohut & Wolfe, 1978, p. 415)

They corroborated Masterson's concept of inadequacy in the mothering process.

Susan Bradley (1979) compared a group of borderline children using the Gunderson and Singer's (1975) criteria to identify borderline adults, with three groups: Psychotic children; non-psychotic psychiatric children; non-psychiatric children. The study revealed that the borderline children were more exposed to early separation (before their fifth year) from their maternal figure as compared to the control groups. From her results, she inferred that a disruptive mother-infant bonding could be a possible cause which would explain the borderline syndrome in childhood. Agreeing with Masterson (1972) she also postulated that genetic or constitutional factors could bring the borderline child to fear separation, thereby reinforcing the mothering attitude of clinging to the child.

Finally, to summarize the literature review, it appears that the etiological theories have not yet been experimentally validated. Viewed as psychotic or not, it is clear that there is a clinical consensus among theorists that these children suffer from a severe disturbance, the nature of which needs to be elucidated.

Meanwhile, there is an actual increase in the prevalence and the severity of childhood pathologies (Mishne, 1983), especially regarding the psychosis and borderline syndrome. It is suspected (Edward,

Ruskin and Turrini, 1980) that the contemporary social conditions, such as the disorganization of the family, may be contributing factors in the psychological repercussions on these children. It follows that in order to obtain a more thorough understanding of the phenomenon at hand, further research with controlled studies would be necessary so as to secure a clinical consensus among theorists and clinicians.

CHAPTER II

TREATMENT OF BORDERLINE CHILDREN

2.1.0 The Developmental Approach

With regards to the borderline phenomenon in childhood, some authors think that there is less of a clear formulation over the therapeutic intervention than there is agreement over the theoretical formulation (Friedman, 1975; Petti and Unis, 1980; Rosenfeld and Sprince, 1965). Smith, Bemporad and Hanson et al. (1982) reviewed and closely examined the literature on treatment modalities and compared its scarcity with the more abundant publications surrounding the borderline symptomatology. Petti and Law (1982) in agreement with Smith et al. (1982); pointed out that this area of study in child psychiatry is in its youth and has many questions which beg an answer, while at the same time pointing out that more conclusive data is needed if any valid statement about the efficacy of treatment is to be made. Furthermore, Simon (1984) underlined that the strenuous task involved in treating these children makes it very difficult for the clinician at hand to render clinical reports in the form of publications.

Rosenfeld and Sprince (1965) wrote that there are as many techniques of treatment as there are borderline children or therapists. In contrast to the above authors, the overall literature gathered by this present author around the treatment approach, indicated that different authors such as Ekstein and Wallerstein (1956), Frijling-Schreuder (1970), Masterson (1972), Rosenfeld and Sprince (1965), Schneider (1978), Simon (1984), Zetzel (1971), shared more in common

than they have differences. In other words, what is presented is a variation on a theme, whereby the therapist can be viewed as a developmental "partner" in the therapeutic relationship. All can be grouped under a similar affiliation i.e. the Developmental Approach within Margaret Mahler's conceptual framework.

The following pages will be a summary of Mahler's theoretical formulation as well as a presentation of her clinical approach to treatment.

2.2.0 Mahler's Conceptual and Clinical Approach

Adopting an ethological approach, Mahler (1972) observed certain particular behaviours in children while paying attention to their specific needs. This was to lay the foundation of her developmental framework. She believed that a child from his/her physical birth to his/her "psychological birth" would "negotiate" three specific developmental phases:

(1) Normal Autism This phase which ranges from birth to approximately the second month of life, is described as "objectless with only fleeting states of alert mental activity" (Mahler, 1975).

(2) Symbiosis: This phase occurs between the ages of six weeks and five months approximately and refers to the child's state of merging with mother and feeling omnipotent. The child is not yet able to differentiate between what is the "self" from what is the "non-self".

(3) Separation-Individuation: The term separation-individuation on the one hand refers to the moving away from fusion with mother (separation), while on the other hand it relates to all the above phases and following subphases which lead to the development of an individual's own characteristics (individuation). This phase is divided into four subphases:

a) Differentiation: This first subphase of Separation-Individuation takes place between the ages of five to nine months. Here, the child begins to differentiate what is mother from what is not mother. Contact with father fosters an opening of the dyad to the world.

b) Practicing: The second subphase of Separation-Individuation lasting from nine months to about fourteen months of age. Here the mastering of the up-right locomotion permits the child to move away from mother and while providing him/her with the opportunity to hold different points of observation. The independence of action through exploration brings an elevated sense of elation and narcissism to the child.

c) Rapprochement: The third subphase of Separation-Individuation lasts from the fourteenth/fifteenth months to twenty-fourth/ twenty-fifth months of age. This period is dominated by the move back towards mother. Here the child feels more vulnerable, his/her omnipotence is depleted and he/she fears the loss of mother. Clinging can be observed because the child is longing for the reunion with the symbiotic mother while at the same time keeping a distance from her because of his/her fear of engulfment. This ambivalence in tendencies or "ambitendency" is heightened at the "rapprochement crisis", where both mother and child must find an optimal distance between each other so that the child could secure a sense of being loved and a sense of autonomy.

d) Object Constancy: The fourth and final subphase of Separation-Individuation, refers to the growth period that ranges between the ages of twenty-two months and thirty months. This period is characterized by the expansion of cognitive functions and a sense of entity contributing to the consolidation of individuation phase. This consolidation is the result of the "negotiations" that took place at each previous subphase level. It is here that we can observe normal or abnormal development.

Any arrests or fixations occurring along this developmental continuum would interfere with normal patterns of growth. For Mahler (1972), phase one paves the way to phase two, which paves the way to

phase three. For example, any arrest or failure to "negotiate" a phase or a subphase would be considered to be the cause of deviational patterns of growth or said differently, to childhood psychopathologies. Infantile autism for instance, would be the end result of the child's inability to accede to the phase of symbiosis or fusion with mother. In general, the child's presenting disorder is a reflection of the phase at which the developmental arrests occurred. However, we must keep in mind that although the normal sequence of development took place, it may be observed that because of their intrapsychic vulnerability (which may be congenitally determined) some children may regress to a specific phase and stay fixated at that phase (Edward, Ruskin and Turrini, 1980).

With regards to the borderline syndrome in childhood, the initial failure would occur in the "rapprochement" subphase where the "normal rapprochement crisis" would not be resolved because the mothering was unable to help the child engage in the next subphase i.e. "object constancy". Consequently, the child's psychological development would proceed with deficits in the maturational process as reflected in the "as if" quality of the borderline personality.

In her therapeutic approach with psychotic or borderline children (whom she considered as suffering from a milder form of childhood psychosis), Mahler (1959) attempted to re-establish a relationship between the child and the therapist who would provide the child with

an opportunity to grow and to develop emotionally. Consequently, one of Mahler's fundamental principles was that the therapist should try to become a surrogate mother figure in order to restate the early dyadic relationship which failed to be experienced as positive. In short, her theory can be summarized as the reconstitution of the relationship between the mother and her child through the correction of the symbiotic experience (Mahler, 1973). Accordingly, her treatment plan was directed towards (1) the establishment of a significant sense of body-image entity for promoting a greater sense of self-identity; (2) the development of object relationships and finally; (3) the gaining or regaining of the absent or distorted ego-functions through the recapitulation of specific developmental stages.

Another point of importance is the implications raised by Mahler's therapeutic objectives whereby the therapist is called to serve as an ego-auxiliary who provides the child with the opportunity to live or relive through past infantile experiences his/her psychological development. Mahler cautioned about allowing a child to temporarily regress. More specifically, the therapist should keep at the forefront of his/her mind that the therapist's permissive attitude may go against the mother's approval, that the conflict resided within the mother/child relationship. This is especially important for the psychotic child who is not yet psychologically separated from his/her mother. Furthermore, such regressions may trigger a panic reaction with the result that the child may see the therapist as an advocate

or in opposition to his/her mother. Mahler (1959), recommended that to avoid this "dead end", the therapist should psychologically prepare the mother and the child separately, before encouraging any regressive behaviours. She strongly called our attention to the specific situation where a child would be seen or treated in an out-patient facility and where the therapist should prudently weigh the possible repercussions of regression in a child who is to return home to his/her mother after therapy. This perspective should be carefully examined since it could compromise the course of treatment. The clinician should be equally aware of the active role that he/she must engage in as a developmental "partner" where he/she becomes the "ego-auxiliary" of a child who lacked sufficient ego-functioning. Here, the therapist was expected to act as a buffer between the child's inner and outer realities. That is to say, in order to lead the child towards further development of the "self", the therapist should "protect" the child from overstimulation of the milieu and from the threatening inner stimuli. To accomplish this, the child needs to participate with the therapist in shared activities.

Having thus far presented Mahler's position with regards to the treatment of borderline children, let us now consider, in relation to our developmental framework, the viewpoint of a number of authors. They shall be presented in a chronological order. It is believed that by adopting such a procedure, the reader will better appreciate the evolution of the treatment approach which is a direct reflection of each authors' specific contribution.

2.3.0 Specific Contributions Using Mahler's Developmental Framework

Ekstein and Wallerstein (1956), using an ego-supportive model had as a therapeutic objective to help the borderline child understand and integrate "reality". Their clinical work focussed on the healthy, still intact part of the ego, irrespective of its developmental level, be it autistic, symbiotic or neurotic. The therapeutic pursuit ended as the ego achieved a more "mature" level of functioning.

Ekstein and Wallerstein (1956) thought that the major technical problem facing them as clinicians working with borderline children was how to respond appropriately to the rapid change of needs induced by their shifting of ego levels. Within their psychotherapeutic experience with this population, they observed fluctuations or regressed modes of relationships occurring under various circumstances. These shifts seemed to be triggered by a number of specific factors: (a) the child's response to what the therapist has said or failed to say, or to what the therapist has done or not done in the session, (b) for unknown reasons independent of the therapeutic context or content, the child's imagination would supersede reality, (c) within therapy, the child becomes aware of specific emotions and as these emotions become overwhelming, the child takes refuge in his/her "autistic world", (d) for transference reasons, (e) and finally, because the child is experiencing stressful situations. Consequently, according to these authors, these ego-states and the resulting modes of relationships

adopted by these children are at the opposite end of the ego-progression continuum. Therefore, from their viewpoint, they suggested that the therapist promote the re-experiencing of earlier phases of object relationships where this time, the therapist acts as an identification model. Such identification fosters ego promotion and can be carried out only if the clinician is able to maintain a contact with the child, who is regressing to a primitive mode of relationship. The question now becomes how to preserve the contact with a regressing child whose object relatedness is seems extremely tenuous. Moreover, the child's inability to maintain contact would preclude further therapeutic intervention.

Ekstein and Wallerstein (1956) proposed that to avoid such disturbance or arrest in the working rapport, the clinician should make use of the "interpretation within the regression" so as to keep contact with the child presenting fluid ego-boundaries. The interpretation within the regression", also called the "interpretation within the metaphor", closely resembles a common practice used in treating neurotic children and is referred to as the "metaphoric interpretation". In the latter, the clinician responds to the child's metaphor by using the same symbolic mode of communication at first, to then elaborate upon the possible meaning when translated directly onto the child's reality. Note here that for this latter part, the therapist addresses the interpretation with the hope of reaching the child's secondary mode of thinking.

Furthermore, the authors stressed that until the borderline child has developed sufficient ego-functioning, which is a time consuming task in itself, the therapist's interpretation should be delayed until ego consolidation is reached. They go on to explain that instead of providing a liaison between the therapist and the borderline child, the use of interpretation "outside" the metaphor would have an impeding effect. As an alternative, they suggested the use of "interpretation within the metaphor", which would provide the regressing with a message of reassurance and acceptance. Through the use of this alternative, the therapist's objective becomes one of reeducation for the child's ego. Moreover, the therapist should gain insight by integrating and sharing the child's level of functioning through his/her symbolic language, as well as gaining the child's empathy; something difficult when working especially with borderline children. They underlined the difficulty for the therapist using empathy in an effort to better understand what the borderline child is experiencing. The concept of empathy cannot be taken for granted while working with such a population. The therapist cannot rely on his/her own childhood, having no similar experience whatsoever that can be associated with these children. By modifying one's intervention, the chances of reaching their "inner world" increases. Mahler (1968, 1975) has coined the above as a "mutual cueing" between the therapist and the child.

Rosenfeld and Sprince (1965) were concerned with the methods employed in dealing with the borderline child's acute anxiety. They wrote that if the clinical experiences were pooled together, we would find common problems within this population. As a general rule, the therapist has to modify his/her technique while working with borderline children. Why should this be? The reason is that the therapist cannot refer to the same strategic interventions as when they are working with neurotic children for example. Therefore, contrary to the therapeutic intervention used with neurotic children, the therapist must promote repression and displacement so as to help the borderline child erect defense mechanisms in coping with his/her overwhelming level of anxiety. The presented problems differ and the therapeutic intervention should adapt accordingly.

Rosenfeld and Sprince's work (1965) was mainly concerned with the immediate aspects surrounding the management of borderline children in treatment. Strongly convinced that "psychological variations" existed within this population, they imagined a spectrum where at one end some children were capable of abstraction (i.e. at the level of the secondary-process mode of thinking), while at the other end, others were operating under a primary-process mode of thinking relying on concretization meaning "the tendency toward direct translation from fantasy into action or from drive impulse to action" (p. 499). In normal growth, action comes prior to later achieved stages of conceptualization and verbalization. In abnormal development, the thought

process is hindered at the motoric stage, which would partly explain the borderline anxiety phenomena as expressed through various behavioral manifestations (e.g. diverse forms of aggressive behaviour on self/others/or objects).

Rosenfeld and Sprince (1965) indicated that usual methods (e.g. direct interpretation; "silent" therapist) should be dismissed because they could prevent the actual establishment of a working rapport. Instead, with borderline children, the therapist should take a more active role than the one usually pursued in his/her interaction with neurotic children. Limits should be set to interrupt any possible acting-outs from these children against themselves, and/or the therapist and/or their environment. Furthermore, to compensate for their lack of inner control, the therapist should provide a structured approach and a safe milieu as the children have a tendency to be easily overwhelmed by excessive anxiety. Here, a minimum of change and outside stimuli would be under the control of the therapist. Furthermore, they insisted that in therapy it was crucial for the therapist to acknowledge and contain this anxiety, as it is seen as an obstacle which needs to be overcome, especially at the beginning of treatment. In the initial phase of therapy, the clinician wants to establish a rapport with the child who perceives closeness in a relationship not as a pleasurable experience but rather as a non-pleasurable if not, as an aggressive one. Thus, it is not surprising to see this acute state of anxiety manifested in various

acting-outs. Interpretation as to why they are "aggressive" would only increase their anxiety level. Consequently, until an "anchorage" is secured, it is difficult for the therapist to deal with these children as he/she does not yet know the underlying issue(s) of their psychological disturbance.

In summary, the therapeutic objective is to develop a sense of trust in the child, in the absence of which, attachment for that child is difficult, if not impossible. According to these authors who used an ego-supportive model, therapeutic success is less dependent on the technique utilized by the therapist than on his/her personal qualities. For example, they suggested that the following qualities would be of utmost importance in a therapeutic relationship: (a) self-assurance, (b) sense of timing, (c) and as a general rule, the overall personality of the therapist must not remind the child of his/her mother.

In 1970, Chetnik and Fast presented a different point of view with regards to the notion and the treatment of borderline children. They proposed that it should be regarded as "an incomplete transition from the pleasure to the reality ego" (p. 764). They went on to say that borderline children, contrary to psychotic children, would be able to decahct out of narcissism; that they would be able to move out of this state only "partially" refers to an incomplete passage of stepping out of narcissism, to move towards objective reality.

In the course of childhood development, the reality principle is supposed to become more prominent, as in the case of neurotic children for instance. Winnicott (1953) previously proposed that it was the mother's role with her love and support, to lead the child out of his/her illusory world. She would be the person who could increase the child's tolerance to frustration and help the child not to disintegrate in front of non-pleasurable situations. Without mother's encouragement, stepping out of a pleasurable and narcissistic stage is too frightening for a child to do alone. Chetnik and Fast made use of Winnicott's proposition in their clinical work, saying that it was now the role of the therapist to bring support to the child in such a way that he/she would be able "to grow out of his/her fantasy world" (p. 763). From their observations, they advocated that the fantasy per se was not completely disassociated from reality (i.e. unlike hallucination or delusion) but rather was "reflecting terrors being denied" (p. 758). Therefore, the function of fantasy would be to separate the pleasurable world from the non-pleasurable world. In order to keep intact their narcissistic and exhilarating world, the borderline child would not hesitate to rely extensively on defense mechanisms such as denial, splitting and undoing. This ties in with the clinical implications for the therapist. For example, rather than dismissing the fantasy, the authors recommended two suggestions to use while working with borderline children. The first is to find out what makes the child cling to his/her illusory world. Here, the therapist should aim at understanding expressed fantasy and the underlying fears.

Thereafter, these fears should be "realistically" worked through with the child. The second suggestion is that the therapist should experience a feeling of being "used as an inanimate object" by the child. This may bring on feelings of frustration because he/she would be governed by the child's fantasies while not being recognized as an individual. This is not an unusual feeling as witnessed by the tendency of some clinicians to discourage the use of fantasy in their therapeutic work with borderline children. Chethik and Fast (1970) integrated and even encouraged the fostering of fantasy in the psychotherapeutic process. They pointed out that even if the therapist is utilized as an "object" (i.e. a thing), it demonstrated a beginning of object relatedness that can be gradually transformed and integrated in a shared reality as the treatment unfolds. As the child feels more secure and trustful of the adult, the therapist is less constricted within the child's "untold" rules and regulations. This means that the therapist is able to act more independently in the session and must slowly pave the way towards objective reality while leading the child in this endeavour. From experience, Chethik (1979) concluded that: "Essentially it has been our experience through therapy that improvement in functioning may be profound, but borderline children nonetheless remain borderline" (p. 318).

Smith, Bemporad, Hanson et al. (1982) considered the treatment of borderline children in relation to out-patient treatment, but indicated that their principles could also be extended to day-care and

in-patient treatments. They referred their treatment plan to four major modalities: (a) Individual psychotherapy, (b) pharmacotherapy, (c) family therapy, and (d) environmental support. The course of the psychotherapeutic treatment itself, is to be divided in three specific phases, where each phase is a stepping stone for the next. These are: Stage #1: "Anxiety and Alliance"; Stage #2: "Promoting Ego Development"; and Stage #3: "Internalization?".

Stage #1: "Anxiety and Alliance"

In this first stage, the therapist should present him/herself in a non-threatening way, withholding any interpretation. Further, he/she should adopt a reality-based approach within an ego-supportive model such as sharing simple and concrete tasks and as providing reliable and reassuring limits. The objective of this stage is to help the child find an "optimal distance" (Mahler, 1975) for him/herself from the other, in order to alleviate and to facilitate an alliance.

At this stage, pharmacotherapy is recommended as an adjunctive mode of treatment. This reduces the level of anxiety where non-medicated interventions have failed. Family intervention, contact with school and community activities should be started at this stage also. These authors proposed that a multidisciplinary team should look after the child and his/her family. To treat a borderline child is a time consuming task; at times, it may be advisable for some

clinicians to treat the child and his/her family separately, delegating the treatment of the family to a co-therapist. However, as a general rule it can be more effective for the borderline child and his/her family as well to be treated by the same therapist. They believed that the actual treatment would start by facing daily problems reported by the family and/or the child. This type of confrontation with the family would be contraindicated for children at the latency level of development. In their practice, Smith et al. (1982) referred to the work of Chethik and Fast (1970) which suggested the exploration and clarification of fantasy. In addition, they proposed a combination of play, displacement, elaboration and finally a focus on reality.

Stage #2: "Promoting Ego Development"

For this stage, the major task to face is the furtherance of ego functions. For example, a borderline child at an age within the latency group, would be encouraged to complete various tasks that are in accordance with his/her chronological age and to function emotionally at his/her respective age level. Smith et al (1982) saw the role of the therapist as:

...to strengthen every area of a child's development that will affect his or her latency functioning, including defensive

structure, interpretation of reality, channeling of aggression, impulse control, peer relatedness, school performance, and the pursuit of gratifying age-appropriate activities. (p. 190)

Furthermore, because the alliance is relatively established at this stage, the therapist may start to connect real life events taking place in the child's life together with related difficulties inherent to his/her psychological condition. Working with the family is especially useful at this stage of treatment. At this point in time, the pharmacologic modality should be reassessed thoroughly in due considerations of possible side effects.

Stage #3: "Internalization?"

The last phase of treatment is a matter of controversy. It refers to the final stage, where the borderline child is able to recognize the internalization of his/her conflicts as the center point of the therapeutic process. According to these authors, this phase will always remain open-ended. Therapeutically, borderline children may have succeeded in achieving latency tasks at an age-appropriate level. However, growth still prevails. Adolescence surfaces, presenting new sets of demands and needs. The prognosis is that because of "psychological variations" found among this population, some children will be able to live adequate lives, while others never "adjust". For this latter group there will be a need throughout their

lives for therapeutic support as they are unable to separate from their therapists. They go on to say that:

As more investigators and clinicians agree on the diagnostic entity, we shall be able to compare treatment techniques with treatment outcomes and then, hopefully, we shall be able to speak with more authority about the treatment of borderline children. (Smith et al., 1982, p. 190)

Thus far, we have seen that in order to better serve the borderline population in childhood, the therapeutic treatment must adapt to each specific child; the reason being that within this population there exists "psychological variations" that cannot be dealt with by a single technique.

The following chapter will examine the manifestations of the borderline syndrome by using, for illustrative purposes, the case of a 10 year old girl seen in an art therapy context.

CHAPTER III

CASE MATERIAL

3.1.0. Lili's Case Presentation

On moving from the available psychiatric textbooks, which are etiologic and nosographic in their perspectives, to the "reality" of a child in the art room, the following question is raised: How does it feel to be working with a child in art therapy context who presents a psychological profile similar to what is commonly referred to as the "Childhood Borderline Syndrome"? Needless to say that there is an overall criticism of the use of labelling in general and its connection to the medical model, more particularly with regards to the borderline syndrome, especially as it pertains to childhood. The following chapter will not attempt to address the above debate. However, it will be concerned with the personification of such a disturbance through the case of a specific child which, for the sake of anonymity, we will name Lili, a 10 year old girl.

Since the late 1970's, Lili attended the psychiatric clinic as a day-care client where the author completed her practicum as an art therapy intern. The art therapy work took place in the early 1980's.

3.1.1 Reason for Referral

Since the age of four, Lili attended the Psychiatric Day Center. This clinic was attached to a major psychiatric hospital of a North American city with a population of approximately one million. Lili

was referred for psychological consultation to the abovementioned clinic by a pediatric hospital where she was seen earlier presenting a delay in speech and exhibiting a severe form of psychological withdrawal.

3.1.2 Developmental History

Lili's birth and mother's delivery were both reported as normal. Physical abnormalities were not present and the child's milestones appeared within the normal limits of development. The child was completely toilet trained at the age of 3. This followed mother's aversive training method which consisted of placing the child's buttocks under a hot running water tap and this, for each incident she soiled her diaper. At the age of 4, because of delayed speech and echolalia, Lili was sent for an audiology consultation. No otorhinolaryngology problems were noted, nor any neurologic abnormalities were discovered. Based on her echolalia and her autistic features, a thorough psychiatric investigation was undertaken to rule out infantile autism. Upon admission within the children's psychiatric services, Lili's unceasing cries forced the multidisciplinary team to bring into the treatment her only sibling, a 2 year old brother. It was presumed to be the only means which would permit the psychological evaluation to take place without the physical presence of Lili's mother. It was also assumed that the girl was crying because of her physical separation from the mother, and that the brother would act as a "transitional object". From the assessment,

it was concluded that between mother and daughter, there existed a symbiotic relationship. In order to foster her psychological growth, the team proposed that the girl would benefit from participation in an intensive reeducation program. From observation Lili, with her "wax-doll" appearance accompanied by her emotional immaturity, was integrated in the Therapeutic Day Program conducted at the clinic. Moreover, from observations of her brother, who was considered to be a child "at-risk", the team proposed as a preventative measure that he also be part of the Day Care Program. He stayed within the program for a full year before being discharged.

3.1.3 Familial Interactions

Lili's family lived in the suburb, which presented transportation problems for the child's attendance at the downtown clinic. Her father lobbied the school authorities until appropriate transportation services were made available to his two children. Father was an engineer who studied in a foreign country; his work often called him out of town. He was of French origins, but ordinarily spoke English at home. He wore thick glasses and was partly bald. At the time of the internship, he was unemployed. Mother was born in a South-East Asian country and arrived in Canada twenty years ago. The mother had no relatives in Canada. She stayed at home and looked after the children. She was a very good looking woman with exotic features, and appeared to be the pride of her husband. A few years ago (year

unknown), she went back to her country to visit her family for a few months, leaving her husband and children at home. Unfortunately, no additional background information on the mother and father was available from the clinic's file, considerably limiting the scope of our understanding.

The information gathered by the multidisciplinary team, presented an overall picture of inadequate mothering. For example, mother had the habit of putting the children's toys on display onto a high shelf, so that the children could not play with them. Mother would also increase the children's level of frustration by teasing them with cookies which she never provided, or she would make them believe that candies were poisonous for children to eat. More recently, Lili's Special Education teacher reported to the team that the child was not completing her homework after school as suggested in class. The girl would instead be watching "soap operas" on T.V. with her mother. She would change into her pyjamas to accompany her mother, who in the middle of the afternoon, would already be wearing her "interior pyjamas". While looking at the television, they would both lie on the parents' water-bed, "hugging and kissing" said Lili to her Special Education teacher.

Frequently, the girl was observed as not being appropriately dressed for the outside climate. For example, Lili would attend school and the clinic with knee length socks and a thin cotton gown

during the winter season. Father did not seem to interfere in the management of the children.

By contrast, her 8 year old brother seemed to be cherished by both parents. For example, the seating arrangements during the parent group meetings were such that the brother would be placed between the parents (it should be remembered that the parents took it on themselves to bring both children). The physical proximity enabled the parents to engage in various physical contacts with their son (e.g. holding hands, hair grooming, etc.). Lili however, would be seated far enough away that no physical contact was possible.

3.2.0 Lili's Treatment Plan

3.2.1 Program's Approach to Treatment

The Therapeutic Day Program offered a multimodal treatment plan for the admitted children and their families. The Program's aim was to provide a "therapeutic milieu" where a multidisciplinary team assured a supportive role in every dimension of a child's life (i.e. educational, familial, psychological and social). The treatment team working with Lili and her family was composed of an art therapy intern, educators, a psychiatrist, psychologists, a social worker, special care counsellors and special education teachers. Basically, the team members met weekly for the integrative purpose of the overall

intervention. Periodically, case reviews were conducted to evaluate the course of treatment of a particular child, types of intervention required, discharge plans et cetera.

Lili's particular program offered both psychotherapeutic and educational services in a combined fashion to better respond to the needs of school-age children presenting emotional problems. Such facilities were given within two different settings. On the one hand, the psychotherapeutic component of the program (i.e. therapy, parents' group meetings, social skills group, individual art therapy sessions) was held at the clinic. The schooling, on the other hand, took place within the community. All school-age children admitted in the Day Care Program attended classes nearby the clinic, in a regular elementary school with specialized personnel. The disassociation between academic learning and therapy reflected the Program's efforts to reduce as much as possible, the stigmatization effect surrounding children manifesting "emotional handicaps", while helping them integrate the regular school system. The use of a guided and gradual integration of these children within the community should foster for the general public a better understanding of emotionally handicapped children, while providing these children with social models with the hope of accelerating their integration in both the school setting in particular and in society in general.

3.2.2 Program's Criteria for Admission

In order to be admitted for treatment in this particular program, a child would be selected if he/she were able to meet all of the specific conditions listed below:

- a) The child must be between the ages of 7 and 12.
- b) The child must exhibit emotional problems.
- c) The child's intelligence must range between average or above average I.Q. relative to his/her age group.
- d) The parents and the whole family should be willing to participate in the treatment plan with their child, be it through: family therapy, marital, conjoint (parent-child) or individual psychotherapy, and attend parents' group meetings.
- e) The area where the child lived contributes to his/her eligibility to enter the Program. The school board provided the transportation from home-to-school to clinic-to-home. Otherwise, if a child lived out of the area served by the school board, the parents had the responsibility of finding transportation facilities (as was the case for Lili).

Lili answered all of the above criteria.

3.2.3 Overall Treatment Plan (in the absence of art therapy):

A Description

- a) Individual Psychotherapy: This was part of Lili's program once a week (Tuesday) where she worked with a female psychologist who adopted a psychodynamic model.
- b) For the Parents: Monthly meetings with other parents of children involved in the program. Family therapy was offered, which they attended for the first year of the Lili's treatment. Throughout the sessions they seemed to be oblivious to the fact that they may have been part of their daughter's problems and subsequently discontinued family therapy. However, they attended parents group meetings where both parents were observed to be holding hands, smiling at each other while not taking part in the discussion with other parents. At times, they have even brought their two children to these meetings (which was obviously not part of the agreement).
- c) Social Skills Group: She attended the group twice a week (Tuesday and Thursday), until individual art therapy session began to be part of her overall treatment plan. Social Skills group would be reduced to once a week (Tuesday), where

they were to be given by two co-therapists, a man and a woman.

- d) Special Community Activity: Lili was enlisted in the "Brownies Association", once weekly in her community.
- e) Special Education Program: Each child worked at his/her level according to the subject taught. Lili's level in Math was 3 and in Reading 4. Her integration within regular class consisted of half hour daily sessions for social studies, plus a half hour weekly for music class and a library period once a week.
- f) Special Friend Activity: A "Big Sister" type of program was offered to Lili with the volunteer services of a special education student who planned activities with her once a month.

3.3.0 Art Therapy as a Treatment Modality

3.3.1 Reasons for Referral to Art Therapy

Shortly after the arrival of the art therapy intern, (in mid-September of early 1980's, until the end of her practicum in mid-April) the Program Director and the Team Leader both agreed that Lili

was a suitable candidate for art therapy for the following reasons:

- a) Art therapy could serve as a strategic and new mode of intervention by visually exploring Lili's "inner world" and fantasies to better understand and support her therapeutically.
- b) The child had very limited interests (i.e. she had no friends at the clinic nor at home, no hobbies, no pets, nothing that seemed to be of interest to her). However, the Program Director and the Team Leader quickly ascertained that she liked to do art.
- c) Lili was the only girl attending the Day Care Program. Moreover, the majority of the boys in her group displayed aggressive behaviours (i.e. physical and/or verbal acting-outs). This situation called for careful monitoring as her reactions to these aggressive situations were either to isolate herself through a severe form of psychological withdrawal while the staff controlled the "aggressor(s)", or to let herself be the "easy" target for the boys who ganged up on her; in such scapegoating situations, Lili complained about this by whining to the staff. The possibility of removing her from this group was welcomed by the staff which allowed the organization of sporting events between boys alone, while at the same time presenting Lili with the opportunity of

engaging in art activities as well as providing her with another sex-role model (the art therapy intern being a woman).

- d) The team itself may benefit from the addition of this expressive form of treatment to the overall treatment plan. If needed, Lili's artwork may be shared with the multidisciplinary team. This permitted them to have access to the child's "vision of the world" via the exhibition of her artwork, with the hopes that they could gain a better insight into Lili's idiosyncratic behaviours.

Consequently, with the above considerations in mind, it was judged that Lili could take advantage of participating in an art therapy program.

3.3.2 Art Therapy Objectives

Because of Lili's manifest problems as exhibited in both an individual (e.g. in individual psychotherapy) and in a group setting (e.g. school), the Team Leader in conjunction with the art therapy intern decided to prescribe individual and group art therapy sessions in tandem.

Individual Art Therapy: It was offered weekly at the clinic (Thursday) for a forty-minute session by the art therapy intern. The individual art therapy sessions were set to establish a therapeutic rapport with the hopes of bridging, through the use of art, Lili's narcissistic world with the outside reality.

Group Art Therapy: This was a group activity conducted at the school and was held once weekly (Monday) for a forty-minute group session by the art therapy intern. The art therapy group sessions were also believed to be of special value in that it could possibly generate age-appropriate behaviours within a social context, especially in view of the fact that she was in the latency stage of development.

The objectives for both individual and group sessions were:

- a) To reinforce her expressive behaviour.
- b) To increase her display of appropriate affect.
- c) To increase her self-identity and autonomy.
- d) To increase social interactions.

3.3.3 The Art Room at the Clinic

The art room was always carefully organized in the same manner so as to ensure the child's feeling of security by maintaining familiar surroundings in the area of work. No artwork was displayed

as it was always put away before another child entered the room (the reason being that the room was shared with other professionals). All children had a drawer to keep their artwork. The working space was set out in a functional way. The children had also their own "art shirt" (an old shirt supplied by the intern) for them to protect their clothes. The Day Center did not have any spare clothing or laundry services as the children returned home at the end of the day.

There was no sink in the room. Instead, a plastic dish container was filled with clean water whenever necessary. The art room offered two tables to work on. One large table was covered with a plastic mat that displayed various art media. Above the table were shelves which accommodated various objects such as felt pens, crayons, oil pastels, poster blocks, plasticene, liquid paints, collage material, clay as well as brushes, scissors, a pencil sharpener. On the other table, near a window, were placed different kinds of paper supports in an assortment of sizes, colours and textures for the children to choose from. In addition, there was a large cupboard which was used to store the art supplies and the equipment that was not appropriate to have within the constant reach of the children (i.e. exacto, stapler, etc.). In a corner stood an old filing cabinet in which its drawers were reserved for the children to store their work. In addition, a drawing space was designed on the wall to answer space needs (i.e. big format work, working while standing up, drying space, displaying the artwork for distancing purposes). Three chairs,

a carpet on the floor that can be easily rolled if necessary, were part of the environment. The room had a door which locked from the inside. A sign on the door announced that an art therapy session was in-progress. The room was located in an isolated section of the clinic, which provided tranquility and privacy. In case of emergency, a phone gave direct access to other staff.

3.3.4 Rules of the Art Room in Individual and Group Settings

The intern presented to each child with the rules to which he/she had to comply in the art room. In brief, these rules were:

- a) The child was not allowed to destroy someone else's property or furniture, nor would it be allowed to hurt him/herself or the therapist.
- b) The child was required to leave the art room as it was upon his/her arrival. This meant that at the end of the session the child had to clean up the material, to put away in a specific area the artwork produced during the session. The intern assisted whenever necessary (the emphasis was placed on cooperation, not on obligation).
- c) The child's artwork was his/her property, but it would not leave the art room. The child and the intern were the only

ones to have access to the child's drawer and/or folder. However, the child was informed that his/her artwork could be shown between sessions to the intern's supervisor and may be shared with other members of the multidisciplinary team. At the end of the practicum, the releasing of the artwork to the child was to be examined with the child, in light of the therapeutic issues involved.

- d) The respect of privacy for the other children's drawers and folders were requested.

3.3.5 Art Therapy Individual Sessions

The fifteen individual sessions were conducted at the clinic. The child spent the morning at school, then was transported in the school-car along with her classmates and staff to the clinic. Upon their arrival, they ate lunch before attending the Social Skills group. At that time, Lili switched from the Social Skills group to the individual art therapy session. There, she attended art therapy weekly (Thursday) for a forty minute period; after which she would return home, travelling alone in a taxi specially appointed for her, as she lives in the suburbs.

The art therapy intern in this context tried to establish a trusting relationship with the child, allowing the unfolding of the

relationship to follow the child's pace and not the intern's. The intern's objectives were to convey self-acceptance, accompanied by genuine regard in a non-threatening atmosphere. She also offered support and attention to every detail of the child's artwork in addition to her behaviour and associated comments. Emphasis was not on probing or being intrusive, but rather on working within the metaphor of the art images.

3.3.6 Art Therapy Group Sessions

The twenty-one group sessions were conducted at the school in the children's classroom and after dinner time, on a weekly basis (Monday). Lili's peers in this art therapy group were all part of the same therapeutic program. The group was composed of six boys and of one girl, Lili. The age range was between 9 and 12 years old. The behavioural characteristics of this group was that is exhibited excitability accompanied by physical and verbal acting-outs.

A series of trials and adjustments (e.g. presence of the teacher with the intern, to the intern being alone; or changes of the physical environment from the children's classroom to a more "neutral" working space, to avoid excessive stimulation; decreasing in the duration of the group meeting; variations in the way to start sessions; modifications in the way to present the realm of activities from which they may choose one or another) were necessary for the management of

the acting-outs, be it aggressive or not. Until Christmas, the format of these sessions was to meet the group as a whole. Too much of the intern's time was spent in disciplinary measures to control the group. Consequently, art was secondary to the disciplinary measures and therapy was far removed from the objectives pursued. The format had to be changed and restructuration was necessary so as to enhance the therapeutic effect of the art therapy.

The restructuration of the art therapy sessions modified (as predicted) the internal dynamics of the group as it was separated in to sub-groups ("A" and "B"). These sub-groups were carefully organized with the multidisciplinary Team Leader (for instance, Lili was paired with a boy seen as a loner because it was believed they could serve as support for each other). Therefore, after the Christmas break the positive effects of the group restructuration was observable while providing the intern with greater hopes of meeting the therapeutic objectives.

The following sessions took place in a smaller room, with less stimuli and in a more "neutral setting" (i.e. not their classroom). The intern was supported by the team by having nearby an intervention person who, upon request, would give assistance to help control for various acting-outs this "crisis-intervention" person would take the child who needed to be removed away from the art therapy session. At the clinic or at school, this therapeutic measure which was designed

to help the child, was not punitive in nature, but rather was a way of allowing the child to ventilate his/her emotions in a controlled setting, removed from the group activity and with staff present. Here the staff helped the child to regain his/her calm and to gain insight into the cause of the outbreak. When the "crisis" was over, the child and the staff would both decide if the child should return to the group. Afterwards, the staff would explore with the intern possible explanations surrounding the nature of the outburst with the objective gaining a better understanding of the child. By doing so, the intern would be better prepared for dealing dynamically with the environmental contingencies and the child's psychodynamics. Ultimately, the intern will be better equipped to apply preventative measures tailored to the child's needs.

For both sub-groups ("A" and "B"), the group format was divided into four phases:

- a) The Arrival and Presentation of the Art Activity: This took place in a structured approach. Directions from the intern were present to provide support to the children. It was believed that a complete non-directive attitude would foster a "laissez-faire situation" which would be counter-productive in this context. However, although the sessions had a predetermined direction, this would in no way hinder their sense of decision taking, responsibility, autonomy and creativity.

b) The Artwork Production Period: The art supplies were gathered before the arrival of the children and were organized in small varieties so as to not provoke excessive stimulation for the children. The art supplies were carefully selected to be workable and ready to use. The working space arrangement could be easily rearranged to respond to various pragmatic needs; be it independent, conjoint, or team work. In the absence of a sink within the group's premises, the use of dry media was more practical under the circumstances, but occasionally clay and paint media were offered to the group. The children owned an "old shirt" as their "art shirt" to protect their clothing. The art supplies were stored each week in their art folders containing their artwork which were then placed in a closet. At the end of the practicum, the children along with the intern would decide (with consideration of the therapeutic issues involved), which of the artwork was suitable to bring home from that which could remain in the care of the intern.

c) The Discussion Period: The intern invited the children's comments around the artwork produced during the session. The attitude of the intern was self-acceptant, non-judgmental, non-threatening. The making of attractive artwork products was not important within this framework, instead it was the child's self-expression that was sought and valued by the intern.

- d) The Transition Period: The children were participating in the storage of their artwork and in the tidying up of the art room for the arrival of the next sub-group. The sub-group "A" switched with sub-group "B", and returned to the classroom with their Special Education teacher for the storytelling time. The same format was maintained with sub-group "B"; however it had to be adjusted at times because of unfortunate occurrences which took place within sub-group "A".

After having seen sub-group "B", the school day was over and the children went home. Unlike the other children attending the Program, Lili lived outside the metropolitan area, in a region not covered by the schoolboard transportation services. For this reason her travelling arrangements differed from the rest of the group. A private taxi service (using the same driver) provided Lili's transit back and forth to the Program. With respect to both the singularity of Lili's situation and the clinical issues surrounding her separation from her peers, the team entrusted the Special Education teacher that she was to accompany Lili and see that she got inside the cab safely. After Lili's departure, the teacher went along with the specialized staff and the rest of the group of children into the school-car that transported them to the clinic where the Program's personnel was to be dropped off and more children taken to be transported home.

3.4.0 The Art Therapy Context: Lili's Specific Characteristics

Lili attended a total of thirty-six sessions with the art therapy intern of which fifteen sessions were in an individual setting and twenty-one within a group situation. From these art therapeutic encounters, some specific characteristics were observed and are described below.

3.4.1 Art Therapy Sessions: A Description

The following pages will describe the art therapeutic sessions that took place. Because of the large production volume, it was necessary to make a selection based upon the sessions which best represented the art therapeutic process.

In order to provide the reader with means by which it may be possible to qualitatively appreciate its content, three general areas were retained as they were generally present in each session, be it in an individual or group setting. Specifically, they are:

- a) The development of the relationship.
- b) The particularities of the relationship.
- c) The child's artwork.

The presentation of the sessions will be done chronologically. By doing so, the reader should better grasp the specific nature of the sessions. Furthermore, it is important that the reader pays attention to the shiftings from a group session to an individual session. These will be clearly identified.

Observation of the group (during a lunch period)

The first time the intern met Lili was at school within a group of seven children, six boys and one girl (Lili). The boys were both physically and verbally hyperactive, screaming, jumping, talking nonsense, etc., presumably to seek the observer's attention while at the same time testing her tolerance to their displayed behaviours.

In contrast to the boys who were very much in the foreground, Lili was very much in the background. In fact, she physically removed herself from the group, preferring to sit alone at her desk in the corner with her back to the group. Throughout the entire lunch period she did not establish any eye contact with either the intern or any one of the boys. She systematically ignored everyone present.

However, during this period, she was observed manipulating her lunch box and its contents in a bizarre fashion. For example, she self-talked for fifteen minutes while "toying" with her lunch box and her food. At no time did she eat any of her food, and at the end of

the lunch period she threw it away. It was not possible to understand what was said as she was constantly mumbling.

Group Session #1

Lili withdrew herself to her desk. During the art therapy group, she did not relate to the boys but acknowledged the presence of the intern by accepting to decorate the cover of her art folder. The picture she produced represented a tree which was not grounded on a baseline. Rather it was floating in a sky made of dark blue strokes, irregularly performed (Fig. 1). The overall aspect of the drawing appeared fragmented, although the colours used were realistic. From this observation, we may infer that from the produced artwork (Fig. 1) Lili had lost or was in the process of "losing ground" with reality. Lili's anxiety appeared to be exacerbated by the presence of the boys in the room.

Surprisingly, the boys were less testing (compared to the lunch period) than the intern expected, but they still ignored Lili's presence.

Group Session #2

Lili still isolated herself from the group, possibly displaying schizoid features. This could result from the fact that the boys were

noisy, talkative and agitated and were more verbally and physically aggressive than during the previous group session.

The children responded well to the art activity per se, but so far as sharing their art production, this appeared to be somewhat difficult for them. They did not want to disclose either themselves or their artwork, perhaps fearing this was an invasion of their privacy: the trust needed was not yet established. Furthermore, the presence of the Special Education teacher created an uneasiness for the intern because the teacher was the usual person of reference, i.e. the children referred to her when in need. This had for effect of isolating the intern from the children. To counteract this situation, the intern requested that the Special Education teacher leave the room for future sessions which she accepted to do. The objective here was to allow a positive transference to be achieved with the intern.

Group Session #3

A directive approach was planned to better provide the children with an "encadrement". As the children were sitting calmly at their desks painting, the scheduled school fire drill went on... This provided a great deal of stimulation and agitation within the group as everyone had to immediately evacuate the school. They gathered in the schoolyard with the other children of the school. The alert seemed to

have reactivated an internal warning to an impending danger for Lili. Was there any unconscious connection related to the fire escape and flying away from a "hot spot" she may be experiencing?

After the fire exercise, Lili voiced a complaint (presumably directed towards the intern) of not having enough time to finish the drawing she had started. No one from the group showed any response or acknowledgement to Lili's complaint other than the intern, who suggested that she could continue in the next session.

The "discussion part" of the session was somewhat more effective for the boys. Lili did not take part in it, even though she was encouraged.

Group Session #4 (after a week's holiday)

In this session, order was difficult to maintain. The children felt the proposed task was too demanding. They had to create a 3-D mask which they would wear at their next Halloween party, which was a multidisciplinary special event. The objective was to provide them with an opportunity for self-expression and self-projection.

Lili expressed aloud that she did not know what to do. This response could have been generated by her poor ego development and lack of self identity. She was observed smelling the bond-fast glue,

smiling inappropriately at the white substance and playing with the papier-mache instead of working with it. She required structure (i.e. verbal prompting, individual intervention) to contain and limit her regressive behaviours. For protective measures, she may have felt forced to regress to a more symbiotic mode of contact with the external world while at the same time responding to the task at hand (ie. making of a mask in order to "disguise" oneself) by exploring the bonding quality of the glue. She was presumably communicating her needs for fusion (i.e. to be re-united) as opposed to distancing (i.e. through the making of a mask). Lili needed support from the intern to construct her mask as well as the rest of the group who also called for attention and assistance.

Group Session #5

The group continued working on their masks. Lili painted her mask as a "bumblebee" (Fig. 2), where she displayed a tendency to compulsively repeat the same motions. Was this in response to anxiety? She was in fact the only girl in the group. The mask could also be seen as a "target" with its concentric appearance, symbolizing what a victim was to his/her aggressor(s). The intern noted Lili's ritualistic behaviour in using the art material. A structured approach (e.g. individual intervention) was needed to get her to do her work.

The mask project generated a sense of rapprochement between the boys and the intern while setting the stage for a trusting relationship.

Group Session #6

Agitation was present as the Halloween class party was held following the art therapy group. The task handed to the group was to insert their mask's characters into an individual fantasy-story drawing. Here the intern observed Lili's capacity to enact her fantasies. She showed the picture of a bumblebee giving honey to a little girl who thanked the insect. The bee for no apparent reason stung the child and Lili showed exhilaration from her "bee" imitation: "BZZ...BZZ...BZZ...". The intern had difficulty in bringing Lili back to the "reality" of the group as the therapeutic relationship was at that point in time characterized by a high degree of anxiety. Her insistence to enact such onomatopoeia could be viewed as her escaping through flight the threatening situation as experienced through her fantasy.

Pre- Individual Session

Prior to the beginning of the individual sessions, it was important to explain to Lili that the first session would be postponed for circumstances beyond the intern's control. Lili's reaction was

one of disappointment: "It is too bad", she said. Within this informal meeting at the clinic, the child expressed her attachment to her psychotherapist. "What about Mrs. 'X'?" This statement reflected her possible fear of having to lose her psychotherapist if she came to work with the art therapy intern. Her question was answered by informing her that she would continue to work with Mrs. 'X' in her regular therapy sessions, and while at the same time she would be seen by Francine, the intern for art therapy. The child accepted this proposition.

Individual Session #1

Lili rushed her way to the art room. She said, as she entered the room smiling, "I only like art!". Lili's willingness to engage in the art activity facilitated the beginning of a relationship between her and the intern. She told the intern that she recognized her from the school. This remark seemed somewhat odd considering that Lili previously participated within six art therapy group sessions and also had the opportunity to meet a few times outside the group with the intern. In any case, it was the first time they met within the clinic's art room and without the boys. This new situation could have activated the profusion of questions the child presented to the intern. For example: "Do you have a water-bed?"(was it in relation to her mother?); "Do you like bees?"(perhaps reflecting her ambivalence towards male figures?); "Do you like school cars or taxis

better?"(this could possibly be a reflection of being in a group setting similar to being in a school car or in an individual setting similar to a taxicab, or was she asking "do you prefer boys or me?").

The intern invited Lili to choose amongst various materials. Lili mentioned how fearful she was of "getting her nails dirty" by manipulating the art material. The child selected pink paper and paint. While talking to the intern about unrelated issues to the art production, she produced two paintings of a tree standing alone (graphic representation of Lili's trees Fig. 4). Both paintings were exact duplicates except that for the second tree, its crown was not filled with paint. In its place appeared the pink paper support (graphic representation of Lili's trees Fig. 5).

Group Session #8

The children all worked separately on their drawings. It was believed that this would reduce the acting-outs by decreasing the physical interactions. Lili did not move from her desk. At first, she drew a tree realistic in colour (graphic representation of Lili's trees Fig. 7), such as the one produced in the first art therapy individual session. Afterwards, while manipulating the oil pastels, she began to find apparent pleasure in the thickness of the medium as she behaved regressively: smiling, smelling, stumping and smearing her now less realistic trees, who were drawn in pink, disconnected from

the baseline of the drawing and floating in the sky (graphic representation of Lili's trees Fig. 8). This could reflect an anxious state related to the color used (i.e. pink/flesh tone) and its associated shape (i.e. phallic) as she was seen as "losing ground" with reality.

Individual Session #3

When arriving for her art therapy session, Lili asked the female intern if she was a man. Without waiting for an answer, Lili requested to do finger painting. It was after some hesitation, because of the possible regressive impact it may have on the child, that the intern gave the requested material to Lili. Here the intern tried to encourage the child to be less preoccupied with the end product, and the possible mess surrounding the art making, and to allow herself to "loosen-up", putting aside both her rigidity and compulsive ritualistic behaviour(s).

Lili's behaviour during this session contrasted with the previous individual session. Specifically, she smiled and laughed inappropriately, smeared the paint and displayed psychomotor excitement (i.e. rapid breathing, running in the room, difficulty in keeping her physical balance). This shift could have been predicted although it was not expected that it would be to this extent. Despite the intern's early intervention to control the access to and quantity

of the art material used, the child did not calm down, was demanding, agitated and in short, difficult to manage. For example, she tried to enter into a plastic dish container full of water to wash herself. She asked the intern "if it was o.k. to undress and get naked?". Did the child's initial comment (i.e are you a man) in reviewing the process of the session have any relevance to the acting out later observed? Was it o.k. for Lili if the intern was a man to undress and get naked? Symbolically, was the individual session misinterpreted as intimacy with an adult? The intern appealed to the child's sense of reality: the art room was not the bathroom and the plastic container was too small for her to sit in. This was effective in controlling her inappropriate verbalizations and in bringing her back to the "here and now" by using a more structured approach.

Individual Session #4

Lili entered the art room wearing her "Brownies outfit", and eagerly voiced her intention to repeat the finger painting activity. She directly ran to the plastic dish container laughing, grabbed it, swung it and tried to splash its content of water around the room. The intern quickly and physically arrested this behaviour as both were being splashed. Moreover, the intern was aware of Lili's exhilarated state manifested by her behaviour, and chose to reduce the severity of her acting-out, by setting limits around the use of the "water games" within the room. To do this, the intern directed the child to a

basket of felt pen markers with an 8 " X 11" sheet of paper so as to provide her with clearly specific boundaries (which she lacked). Having done this, Lili started to draw a picture. Here the intern wanted to minimize her interactions with the child. It was believed that by reducing the stimulation through social interactions that the child would calm down and invest her energy and attention towards this privileged means of self-expression, i.e. the drawing. Within the session Lili produced a portrait of a family of bees (Fig. II): "A girl-bee, a mother-bee, a baby-boy-bee and a father-bee" commented Lili. This portrait was presumed to be a representation of the child's own family. Lili provided each bee with a flower. She overtly expressed what Mahler called her "ambitendencies" concerning the insects: She liked them she said but at the same time she was afraid of dying from their sting. Using a cognitive approach, the intern tried to reason with Lili so as to limit her anxiety level. The attempt was ineffective as it did not appropriately respond to the child's specific needs. Instead, Lili focussed her attention on what would happen if there were no more flowers (females?) for the bees (males?). -This was reminiscent of the second individual session where the child was concerned about a possible shortage of "pink-art-supplies". More information was needed to find out why the child was clinging to her illusory world?

Group Session #9

This was the last group before the Christmas holidays. The group majoritively decided to elaborate a special project. Some efforts were made to show more teamwork within the group. However, Lili did not participate in this project. Instead she worked alone, preferring to draw with pastels a picture of "a mole from a taxi" (Fig. 13). For the first time she wrote on her drawing words which appeared fragmented and disorganized. Lili acted bizarrely throughout the session. She giggled a lot, hiding in the cupboard, wetting her art shirt, to finally cling to the intern's neck, begging her to give her drawing (i.e. the mole as the animal) to her taxi driver. She wanted the intern to deliver it to the driver. The intern reminded the child about the initial agreement concerning the keeping of the artwork on the premises. Lili continued to cling to the intern as she was being taken to her taxi. Was the child under stress due to her recent integration in regular class activities that morning or was it caused by the separation from the program because of the Christmas holidays which meant more time to be spent at home?

Moreover, the intern at that time made her concerns known to the child's Special Education teacher who was responsible for accompanying Lili to her cab. Furthermore, the intern asked the Team Leader to pay special attention to Lili's special choice of animal (i.e. mole from the taxi). Why a mole? The mole is a small (six inch) mammal

searching for earthworms in the excavated gallery chambers in which it lives. The animal's symbolic representation could be interpreted as resembling phallic forms or could be perhaps the expression of some confusion around anal or sexual preoccupations. In contrast to the intern's hypothesis, the team leader believed that Lili's inappropriate behaviour was related to her fantasy material which was divorced from objective reality.

Individual Session #6

"I like art, not school", said Lili when returning from the Christmas break. At that time, the intern believed appropriate to reiterate the safety rules (cf. rules of the art therapy room) to respect within the art room. Furthermore, it was imperative that limits be set so as to contain the child from being overthrown by further regression induced by excessive stimuli (i.e. liquid media for that period of time, particularly at individual session #5, (Fig. 19 and graphic representation of Lili's tress Fig. 15)).

Following the intern's incitement to use metaphor when showing her pictures, Lili provided a story for each of her felt pen drawings produced during the session. The intern remembered her earlier display of storytelling where she enacted a bumblebee. The use of the metaphor enabled the child to freely express her feelings and fantasies, which otherwise may not have come to surface.

During the session, Lili drew and told three stories. The first was about a "squirrel family" (graphic representation of Lili's trees Fig. 20) who lived in a tree. Lili's drawing only showed a tree with some suggestion of motion in the crown of the tree. She insisted that the intern was not able to see them. She also refused to make them visible. Nevertheless, she continued by saying that the "father" died and that there was only a "big mother" present. "What was the family doing inside the tree?", asked the intern. "They are having a baby", said Lili. At this point, the child seemed unwilling to disclose any further information.

The second story was of a "pink forest" (graphic representation of Lili's trees Fig. 21), where a family of four trees stood alone in a forest far away. Lili further linked the drawing to a little girl who was lost in the forest. She refused to depict her in the forest. Within that story, Lili expressed some ambiguity vis-a-vis who was it that was fearful of growing tall and fat: was it the trees, the lost girl, Lili herself or the pregnant "big mother"?

The third and last story was about a lonely pool that had been stained, and where no one was present. Someone dirtied the pool, said Lili to the intern. Who? She did not know. The child related the outline of the pool to the sea as she illustrated the inner form with schematized waves. She freely associated the sea with a plane trip she supposedly took during the Christmas break and where she talked

about her brother who vomited on her in the plane... After having said this she went on to say that her brother would "tickle" her stomach at night while she was asleep. Due to Lili's sexual "naivete", did Lili fear getting pregnant by her brother?

Individual Session #7

Lili locked the door upon entering the art room so that no one could enter. Did she lock the door to create a climate of security or intimacy? Her eyes gazed away from the intern. She immediately sat at the table and drew a "taxi driver" (Fig. 23). She wrote a few comments both framed and non-framed inside a balloon expressing her anger at the man depicted. Why? Lili expressed mixed feelings concerning her drawing and made a "fuss" around it while refusing to store it in her drawer within the art room. In fact, she wanted to keep it with her to show it to the driver. She held on to it desperately. Suddenly, she changed her mind and then wanted to hide it in her bedroom at home. This issue was handled according to the initial agreement between Lili and the intern (cf. rules of the art room). Again, limits were set which would help modify the child's agitated behaviour so that she may return to the drawing table. This attempt was unsuccessful.

Lili's next drawing was presented as a gift, she said to the intern. It portrayed the front view of a "little girl" who was named,

dressed and combed like herself. However, Lili insisted that the character depicted was not herself (i.e. a 10 year old girl), but rather an 8 year old "little girl". This prompted a question to be raised in the intern's mind. How old was Lili when her mother went away?

The last drawing produced in the session was the one of "the pool" (similar to the one previously made during individual session #6 Fig. 25) where she associated it to a water bed. Lili, who appeared curious and excitable, again wanted to know if the intern possessed such a bed. The intern did not specifically answer the child's question, but asked if she had such a bed, which she answered: "Yes I have four; one for my parents, another for my brother, one for myself and one in the basement". Due to a shortage of time, the session was terminated.

Individual Session #8

Lili arrived accompanied by her "Special Friend" (similar to the "Big Brother" and "Big Sister" movements) that day. She was afraid of the spider hanging from the ceiling of the corridor next to the art room. As she ran into the art room holding the arm of her "Big Sister", Lili closed the door. She told the intern that she wanted to show to her "Special Friend" the spider, the art room and the artwork she produced. The intern thanked the volunteer who escorted the child

and explained to her that she could not stay because the art therapy period was a time reserved for Lili alone and was not recreational in nature. On her way out, the "Special Friend" was told by the intern the time the session would be finished. The volunteer left, planning to meet with Lili later on. Lili did not protest against the volunteer's exit and seemed more preoccupied about her dirty art shirt.

Lili repeated her "little girl" character within two different stories. The first one displayed some concern about body image. "Fat? Is the girl fat?", she wondered with an anxious voice. Was there any relationship between being fat and being pregnant? Promptly, she switched to another topic, this time surrounding the character's emotional state, "the girl ~~is~~ mad", she said. "Why is it so", asked the trainee. Lili's answer came with a third drawing. In a monochromatic manner (Fig. 29) Lili drew a family portrait: a girl, a mother, a brother and a father. The father figure was stabbed in the face with a knife by the daughter (i.e. the "mad girl"). Lili told no more detail to the intern but insisted that she needed to keep secret the family drawing. Using the voice of the "little girl", Lili wrote in the balloon: "I don't like my family at all!". What was going on in the family which could spark such a comment: "I hate them."? What took place here seemed to indicate as a display of trust in the working alliance.

Before leaving the art room Lili commented on her satisfaction towards her "little girl" character which she wanted to explore further in future sessions.

Group Session #15 (after the Christmas break)

The "new formula" described previously (cf. art therapy group sessions) was set. Lili entered the room with a tooth brush in her hand so as to show to the intern that she passed a fluorine test in the morning. She went on and opened her mouth and pulled her tongue out. Due to the properties of the dental test, everything was pink including her tongue. Additional excitement was observed because of this.

The sub-group was composed of four members, three boys and one girl (Lili). Lili continued to ignore the boys. She acknowledged the presence of the intern as she asked her the permission to carry on with the depiction of the "stories" that she started to draw within the individual art therapy format. Notwithstanding her initial intents, even though supported by the intern, Lili started to smear using a pink colour pastel onto a sheet of paper where the scribble of the work "mole" was crossed out using the same colour of oil pastel. The intern postulated that the word "mole" as written on the paper could stand for "male". If these was a valid assumption, it could be stated that she was in fact crossing out the male presence from her environment.

Individual Session #10

Lili returned after a week of absence due to the flu. She again wanted to draw "her stories" as she told the intern. She also mentioned that she missed the school and the clinic because she was sick in bed with fever. She inquired to the intern if she could draw that condition which the intern agreed she could do.

In a series entitled "Lili sick at home", she depicted herself lying in a bed (i.e. a water bed). Her mother was standing at her side and "checking" [sic] her daughter's fever with a thermometer (Fig. 35). Shortly after the beginning of the session her behaviour shifted rapidly. She displayed some anxiety (i.e. eye enlargement, heavy breathing) soon after she mistakenly placed a beauty spot (or a mole) on her mother's cheek. Lili possessed such a mole on her face. As the felt pen medium did not permit the child to erase her mistake, she verbally corrected with great anxiety her error and resumed working on another scene.

In the next drawing, the child had a fever and the mother called the doctor to pay a visit at home (Fig. 39). In the presentation of her drawing to the intern, Lili showed some sexual confusion around the identity of the female character who was initially presented as the mother. Compared with Figure 35 as well as with the dialogue found within the balloons, the character portrayed appeared to be Lili

herself and not her mother, shouting at the doctor and yelling: "Just get out of here!". The doctor, a male figure, was presented from an unusual²³ perspective (i.e. back view) and described as being angry at the female figure and "farting". He also had a mole at the back of his head, similar to the character of the taxi driver seen earlier (Fig. 23). It should be noted that although Lili verbally presented both male figures (i.e. the taxi driver and the doctor) as different, their graphic representation was analogous.

Group Session #17

This time, contrary to previous group sessions, Lili expressed the wish to resume to "her stories", which she did. The child produced a drawing presenting the interior of a cab (Fig. 40). In it, one can observe a "back seat view" of the driver's mole. In addition, Lili drew a rear view mirror making it possible to observe the driver both from a front and back view possibly displaying paranoid ideation.

Within the group, Lili seemed to start to relate with one of the boys who was part of the sub-group (a loner himself). She chose to sit closer to this boy. No further exchanges were observed.

Individual Session #11

Lili was dressed in pink upon entering the art room and inquired:

"You did not bring the paint?". Immediately afterwards, she went on to talk about all of the artwork she produced as she wanted it to be reviewed. The intern granted her request. Lili sat on the art room's carpet with her art production. "Mole! Bees! Family! The little girl's stories! The taxi driver! Remember the doctor when I was sick?", said Lili to the intern. The child looked excited jumping from one drawing to the next with great interest. She wanted to do more, neglecting the pile on the floor and the intern's comment (i.e. "You did quite a lot").

Lili often wondered about the remaining time for the session while she produced a new series of drawings. In the story of "Lili and Serena" the two 8 year old girls argued with a Spanish man (Fig. 44). Again the child made use of balloons to express her anger towards the male figure: "A mole man".

In another scene of this series, "the girls dirtied their dresses" (Fig. 46), and were crying and repentant in front of the mother. The mother was ambivalent towards what punitive modality she should use towards the girls because they dirtied their dresses and insulted the Spanish man earlier with their comments. At first, Lili described the two girls as being naked in front of the mother, but quickly changed her mind and saw them as wearing pyjamas. Was the girls fear of staining their dresses related to vomit, menstruation or something of an unknown nature?

Later during the session she drew a front view picture of the mother wearing a ball gown (Fig. 50). She demanded that the girls apologize to the Spanish man for their previous insults. The mother and the man were talking a foreign language (gibberish in reality) so the children would not understand, explained Lili to the intern. The girls did not wish to apologize.

The next picture was the one of the Spanish man himself (Fig. 52). He gave Lili the impression that he was happy. She added that he had a scarred face.

It was at this point in time that the intern announced to Lili the soon to be expected termination of the individual art therapy sessions as well as the group sessions. Because of an extrinsic factor (i.e. end of internship), the intern was forced to cease the art therapeutic intervention. Moreover, the intern established a calendar for Lili so she could foresee the upcoming closure of art therapy. At the end of the session, Lili had some difficulty in leaving and wanted to continue to draw exhibiting anxiety as it coincided with the announcement of a forthcoming separation which could have been interpreted as being abandoned.

Group Session #20

Lili expressed her sadness that the termination would take place.

the following week. In this session, the boys were interested in using clay. Lili sat at a closer proximity to the same boy she sat close by earlier and decided to model his use of clay but soon felt disgusted and changed her mind despite the intern's encouragement to socialize with the boy. Instead she wanted to draw "her stories".

During the group, Lili drew "the mother at the hospital with father" (Fig. 61) where the mother figure was practically ready to give birth to her baby. In the picture, Lili presented the nurse as "checking the baby with a telescope" [sic]. She also brought to the intern's attention, the presence of the father figure who stood by the mother's side holding her hand. Within this series Lili schematically described the various phases of the baby's delivery.

In the following drawing, Lili depicted the "little girl" character as being left alone at home while the parents went to the hospital. The girl figure was sleeping in her bed as she dreamt of a bizarre figure (Fig. 69) with four arms and four legs displaying its hate to the dreamer, the girl character. At one point during Lili's presentation of the girl lying in her bed, she said that the father was holding her hand. "No! Not the girl's but the mother's", Lili anxiously corrected. Here her eyes enlarged. She went on to ask if she would have enough time to tell "her stories". The intern answered that she had few meetings left before termination of sessions.

At the end of the group session Lili exhibited a clinging behaviour towards the intern, as she did not want to leave the room. Did this have any relevance with the slip of the tongue she made earlier about an oedipal wish that she could not repress, or rather a possible incestuous relationship between her and her father?

Individual Session #14

Between the announcement of the cessation of the art therapy sessions to its actual termination, Lili repeated extensively through her artwork the theme of "the mother having a baby". Lili pictured the expecting parents together during labour and the baby's delivery itself. She kept drawing the labour's scenes at the hospital or the pregnancy, even though the baby's delivery took place in earlier drawings. Lili's flashbacks portrayed "the father playing with the mother's belly" (Fig. 75). This time the couple was lying on their bed at home, and Lili specified that the mother was 8 months pregnant. Considering that Lili explicitly insisted on the number "8" on many occasions during her sessions, it seemed reasonable to speculate that there may have been a significant event which took place in her life at the age of 8. This, however, would have to be further investigated

Wishing to have time to tell "her story", Lili drew in pencil the mother figure in a flashforward situation where she held her newborn

in her arms (Fig. 77). Within the written comments, the mother answered the father, who was leaving for work, that she would never hurt her baby. Lili called the baby "Francine" (which happened to be the intern's name). Then still pressured by the notion of time, Lili wrote on another sheet of paper: "The End". She then asked if she might continue to draw. The intern answered her that five minutes remained to the session. Lili looked pleased and produced one last drawing before the termination of the session per se. This time she hurriedly drew the "mole man" character in "the hurtness" [sic] (Fig. 80) where "the girl knocked on the man's head with a hammer" as Lili described to the intern, "so he got the hurtness [sic] back to him" she concluded. This implied that someone was hurt previous to her revenge. Referring to her drawing, the main character inflicted pain ("hurtness") to the aggressor (the mole man), at the genital level.

The recurring aggressive and sexual themes often observed in either Lili's drawings or comments triggered the intern to inquire if Lili had as part of her curriculum a sexual education program. The intern consulted the team with the above question and it was found that no such program existed. The consensus within the team was, contrary to the parents opinion, that sex education was not the sole responsibility of the parents.

Termination of the Art Therapy Sessions

It was because trainee's internship was ending that the sessions terminated, regardless of the fact that the art therapeutic objectives had not been fully met (cf. Art Therapy objectives). What was achieved was mainly the reinforcement of Lili's expressive behaviour which was allowed to be shared between the multidisciplinary team.

The manner in which the closure of the sessions was handled, was to provide Lili with sufficient time so that the intern could supply therapeutic assistance vis-a-vis the child's experience of the separation. In addition, the multidisciplinary team acted as a support network in presenting Lili with a healthy and positive message. It should be mentioned that the separation involved the intern only. The other practitioners remained within the setting until the end of the school year. This way the milieu therapy would gradually permit a weakening of the bondings of attachment between Lili and the intern. Here the therapeutic rapport was not solely relying on one person (the intern), but rather it was integrated into a supportive milieu. It was believed that a milieu intervention could help limit Lili's sense of being abandoned by the intern and/or her experience of a loss which was crucial for Lili to not undergo.

Within the art therapy group setting where termination occurred first, the two sub-groups were presented independently the same task

oriented in sustaining their acknowledgement towards any separation issues: the making of a "good-bye picture". The use of typing-stencils to draw on rendered possible the reproduction of the children's drawings so that they may be grouped together in a "good-bye picture album".

Under the coordination of their Special Education teacher, the group was reunited as a whole (i.e. the two sub-groups) to print, organize and finalize the album. The teacher was mainly involved so as to act as a "transition bridge" before the intern's departure. Meanwhile, the intern individually met with each child so that they may review and select the artwork they wished to bring home. Lili was permitted to take home any drawing where, in the intern's opinion, no "threat to the mother" could be perceived.

At the end of the session, the intern shared the album with the children. This provided each child with a "collective sharing" of the art therapy experience. The intern observed that the group was proud of their album.

In her "good-bye" drawing, Lili portrayed herself and the intern (Fig. 81) exchanging best wishes for their future endeavours. It led the intern to conclude that Lili may not have negatively experienced the separation towards the intern and this, despite the length of the therapeutic relationship. The observation of the last drawing

revealed more about the "superficial nature" of the child's attachment to the intern. This was reminiscent of Geleerd (1958) "as if" quality.

Within the individual format, Lili was involved in the "closing process". The intern asked her how she would want to end the individual sessions. Lili chose not to draw her "stories", but expressed the wish to do an Easter related drawing ("bunny rabbits jumping around in their beds") and to review her artwork. For treatment issues, the intern had already discussed with her that the artwork produced during the individual sessions should be kept at the clinic because of the explicit nature of some material produced (e.g. Fig. 23, 29, 44, 50, 75, 77, 80). It was felt that the mother might strongly object to having such material in her home and as a result she might destroy it. Unless it could be assured that this would not take place, it may be called for that Lili's artwork be kept at the clinic. Lili agreed with the intern that her artwork should be safely kept at the clinic for her to review and/or share (if she wished) with her psychotherapist.

To demonstrate her appreciation of the efforts invested in the artwork, the intern brought an art folder as a "transitional object" to offer to Lili, with which she may protect and store her artwork which was to be left at the clinic.

A week later, Lili returned to her Social Skills group (Thursday). The children with the help of the clinical staff, invited the art therapy intern to attend a party in her honour to celebrate her passage among them. Emotions, cakes and farewells were exchanged. Moreover, the physical presence of the intern to the Social Skills group acted as a facilitator for a positive separation experience and as a means to reinsert Lili with the other children of the group.

3.4.2 Observed Idiosyncrasies Within the Art Therapy Sessions

A photograph of the Social Skills group taken from their winter newsletter, revealed Lili's physical appearance to be rather peculiar. From this picture, her age was difficult to assess. This peculiarity may be due to her cross-cultural inherited features. Furthermore, her dark yellowish complexion with her big black eyes arrested our attention. She was reluctant to establish eye contact with the trainee. In addition, her black, straight and well groomed hair, usually twisted in a "chignon" and the prominent beauty spot (or mole) on the right side of her nose on her elongated face, contributed to make her look older than her stated age. But above all, it was the lack of expression on her face, (as though she was wearing a mask) that had a marked effect on the intern. Lili's bodily gestures and motions are objectively rigid. Finally, her dresses were watered down in colour, frilly and too short in length for her medium height. Her voice was low in pitch and monotonous.

From her behaviours (both in individual and in group sessions), one may draw various psychological hypotheses. At times in group sessions Lili was severely withdrawn and close to a "catatonic" state. Occasionally in individual sessions, she exhibited paranoid features suspecting people's attitude towards her. For example, under such circumstances, Lili threw abrupt, unpredictable and untrustworthy eye glances towards the intern who was observing the child as she drew; Lili seemed suspicious of being either observed or of not being paid attention to while working. This situation was reminiscent of a Catch-22. Also she stared in fear (as a phobic person would) with her bulging eyes when, for example, she saw a spider web nearby the artroom. Now and then, she would throw herself literally at people's necks, whether or not these people were strangers. At times, possibly triggered by the use of the art material itself (e.g. liquid paint, pastels, etc.), she giggled inappropriately, losing her physical balance, running around the art room and becoming more and more agitated and unmanageable (e.g. smearing paints onto herself and on the intern; wanting to undress herself and go inside the water dish container to take a bath; once in a while, she would precipitately lock the door of the art room in a hurry). At first, all these shifts in behaviour left little ground for the intern to begin understanding Lili's underlying psychodynamics. However, during the course of treatment, these shifts were perceived, as Kohut and Wolfe (1978) wrote, the schizoid, paranoid or aggressive manifestations could be interpreted as an indication that the child felt the need for protection.

When the child spoke, her remarks were now and again uncanny. In the first individual session, Lili entered the art room by saying to the female intern: "I only like art!". This was followed by a running down of questions such as: "Do you have a water bed? Do you like bees? Are you a man?"... The intern's initial reaction was one of disconcertment. In light of Kohut and Wolfe (1978) this disconcertment could be explained by the fact that the child's ego had suffered serious and sustained damage. The confusion surrounding the gender identity of the trainee denoted a possible ambivalence concerning Lili's own gender identity; or was it simply to test the limits of the intern; or in the absence of a trusting relationship at the onset of the therapeutic sessions? Could the intern be regarded as "all-bad" in the same way Lili regarded all male figures to be "all bad"? These were some of the working hypotheses with which the intern began to build an understanding of Lili's psychodynamics.

3.4.3 The Child's Visual Imagery: As to Form, Content and Themes

Her idiosyncrasies were also transmitted through her artwork, produced in both individual and in group sessions. More than eighty (80) drawings were produced within these sessions. Only twenty-one of them were selected for illustrative purposes for this thesis. The numbers appearing for reference follow according to the chronological order of the art production; they were not altered in any way. Needless to say that the selections were difficult to make, but the chosen

material wanted to be representative of her total artwork production within these sessions.

Lili seemed to have a narrow "repertoire" (cf. the content and themes of Lili's artwork in the following pages - sections "b" and "c" respectively) when it came down to the selection of themes, colours, and of media that she could accept to use for the sessions. The same would apply with regards to the way she approached the making of art. Her refusals to try a new medium or to try different media than the one she usually manipulated (i.e. drawing and painting), or her reluctance to explore different media as clay or plasticene, or different sizes of brushes etc., was perceived by the intern as a way of demonstrating her rigidity but, her autonomy of choice as well. It may be a way of guarding herself against the anxiety provoked by changed by either the aforementioned changes or by the stimulation of the art materials per se, or possibly by both of these. Having observed this reluctance to explore new media which may have possibly been linked to her fear of the unknown, the intern decided that confronting her would create more anxiety while preventing further work on her drawing. As Smith et al. (1982) suggested, such confrontation would be contraindicated in the initial therapeutic stage they called "anxiety and alliance". Therefore, the intern followed Lili through her perseveration and compulsion, thinking that it may be important for the child to ventilate through repetition (possibly for mastering purposes), while at the same time thinking it

was important to establish a trustful relationship through the supporting of the child's initiatives and choices.

The "strangeness" of Lili's visual imagery was unveiled through her drawings both in form and in content as well as the written and verbal comments attached to the artwork.

a) Some Specific Manifestations Taken from the Form of the Artwork:

- The form (Rose, 1980) itself went from a controlled schematic shape (Lowenfeld, 1957) (Fig. II and graphic Fig. 4, 7) to its own explosion and destruction (Kramer, 1971) (Fig. 1, 13, 19, 46 and graphic Fig. 12).
- Within bizarre distortions (Hammer, 1958) exhibited in the pictures, presumably believed to translate the child's affect (Fig. 13, 23, 25).
- While witnessing the disorganization (Kwiatkowska, 1972) into space (Fig. 1, 13, 19, 23, 46), floating trees in the sky (graphic Fig. 1, 8).
- Disturbed spatial organization (Wadeson, 1980) between the form and the background (Fig. 12, 15, 33).

- The oversimplification (Luquet, 1927) of the lines (Fig. 13, 25, 40).
- The perseveration (Prizhorn, 1972; Wilson, 1966) expressed in many ways:
 - . in her motions (Denner, 1967) (Fig. 2).
 - . in her written comments (Fig. 13, 23, 44, 50, 69).
 - . in the characters depicted (Fig. 44, 46, 50, 80).
 - . in the analogies of shapes, associated with bizarre "part-objects" (Segal, 1978) (e.g. the mole, the beauty spot, the navel, the bald head) (Fig. 13, 23, 35, 39, 40, 44, 50, 52, 61, 75, 80); or the associations with rectangles (e.g. bed, water bed, pool, room) (Fig. 13, 25, 35, 61, 75, 77).
 - . in the analogies of the composition, in the overall organization of space: schematic, outlined, structured or empty (Fig. 11, 25, 40, 75); chaotic, floating, regressed or disorganized (Fig. 1, 13, 19, 46). Patterns were also observed in the making: baseline, outlines of the shapes (filled or not) (Fig. 35).
- The use of colour (Lowenfeld, 1957) was mainly monochromatic throughout the entire period of production. For the intern the colourless pictures seemed to carry a strong emotional significance (Fig. 29, 75, 77, 80) for the depiction of

familial interactions. The colour could also have been used with realism (Fig. 11). In view of the content of her drawings, the "black series" seemed to express as well as contribute in reducing here anxiety level.

b) The Content of Lili's Artwork:

The content (Rubin, 1984) of the artwork produced within the art therapy context unveiled bizarre ideational preoccupations. For instance, the visual exploration around the same word (i.e. mole) which was attributed with different meanings; or the repetition around the theme of harassment; or the preoccupations surrounding a baby's delivery. It should be noted that there existed a discrepancy between her presented knowledge of sexuality and her objective knowledge. Perseveration was present within the themes which were incessantly drawn. They were selected around what she said were "her stories" (i.e. of the trees, the bees, the little girl), and appeared to be highly invested by her. Their content revealed the possibility of self-expression through the depiction of the splitting of her main character, a little girl named "Lili" and who was dressed like her. Here Lili insisted that "Lili" was not a self-representation, but only an 8 year old fictitious character (and not a 10 year old as she was). This "protective cover-up" was respected by the intern and was not challenged. Was it indicative of any trauma that could have occurred at that age (Mishne, 1983)? Lili's affect was expressed

through her pictures and through "her stories" was suspected to be associated with depression (Fig. 25, 29, 35) and with anger (Fig. 23, 29, 39, 40, 77, 80) by the intern (Masterson, 1972). The double thematic developed through her pictures contained the images describing prevalent issues that the girl had to face in her various relationships with significant others.

c) The Themes Seen in Lili's Artwork:

- Her self-perception: Through self-representation, through the embodiment of the "little girl, Lili", younger, lonely and sad (Fig. 25, 29, 35).
- The relationship with her family: "Lili" and "Lili" were both using the balloons as a vehicle to tell us the anger they felt against the family. The father figure was especially of concern here, as "Lili" stabbed him in the face with a knife. Lili wanted the intern to safeguard her drawings in the art room, especially the family drawing (Fig. 29). Here oral sadistic feelings were overtly directed towards the paternal figures (Fig. 11, 29).
- The relationship between mother and daughter: Lili appeared to be ambivalent as far as her relationship to the mother figure was concerned. In the drawings and the written

comments, she displayed mixed feelings of envy (toward mother's beauty, Fig. 35; mother's wardrobe, Fig. 50) as well as the expressed wish to take mother's place with father (oedipal slip of the tongue, Fig. 61). The fusion with mother's identity was observed when, for example, she faced the "Doctor" (Fig. 39); or guilt (Fig. 46); or fear over the terrifying mother figure (Fig. 35, 69, 77), all of which confronted "Lili" with the feelings of love she did not want to lose with mother (Fig. 46, 69). Nevertheless, the beginning of the feeling of resentment started to appear "in thoughts" with regards to the maternal figure (Fig. 50, 61, 77). So that she may be able to face mother, Lili created a friend, a look-alike drawing of "Lili", but with blond hair, who acted as a twin-sister and who was supportive of the other twin, the dark haired one (herself) (Fig. 44, 46, 50). This "ego-ideal" can be viewed as a symbolic representation of "not-mother" and "not-herself", yet a person that was somewhat different but still close (a twin). The "twin" could personify all the support system offered by the Program to enhance Lili's psychological growth to attain psychological separation and individuation from mother. The dark twin would need the blonde's supportive-ego to compensate for her own lack of ego-strength. This support was translated through mimicry, expression and action used to ventilate her anger against the "dumb" male figures (Fig. 44,

50) and also against the "stupid" mother figure (Fig. 50) drew in Individual Session #11.

- The relationship between the girl and the male figures: This relationship contained hostile and aggressive intents which took place through various acting-outs (Fig. 13, 23, 25, 80), through written and verbal comments (oral sadistic in nature) (Fig. 39, 44, 50). The relationship with her male peers in the art therapy group was a case in point. For example, she explicitly mentioned that she preferred working in individual art therapy sessions with the intern rather than being in group sessions with her male peers which she disliked very much. It was not surprising to see "Lili, the dark haired girl" who developed through introjection and support of the absent "blond twin sister" an inner strength to physically attack a male figure, adopting the "Talion Principle" to hurt back (Fig. 80) as a means of retaliation: All injury should be punished in kind (i.e. eye for an eye...).

- The relationship with her sibling: Basically this relationship could be omitted, were it not for Lili's picture of her real brother arguing with "Lili" in sibling rivalry for getting parental love; however no information was available to confirm or refute this phenomenon. This issue

was not pursued further, as Lili moved into the depiction of an "imaginary friend", a twin sister as an answer to her needs for support.

In the series "Mother's delivery", Lili was not once depicted with the newborn except maybe in a dream state where the dreamer "Lili" was "harassed and perhaps persecuted with anxiety" by an omnipotent figure with four arms and four legs (Fig. 69) possibly identified as a "Baby Monster". More specifically, in the picture of the mother holding her baby (Fig. 77), Lili told the intern that the baby was a female (so not a brother) denying the existence of Lili's real brother. Moreover, Lili named the baby "Francine" which is the trainee's given name.

- The relationship between the parents: In the series "Mother is having a baby", Lili revealed some of her preoccupations around sexual matters. In the picture describing mother as dominating and father as submissive, smaller than mother and bowing in front of her (Fig. 50), both were talking in a foreign language (gibberish) so that the children would not be able to understand. Lili's fantasies were portrayed through the united couple lying on a bed (primal scene) as they appeared to be both playful and "teethful", showing the child some ambivalence concerning these parental "games" (Fig. 75).

First, Lili explored themes (flowers, bees and rabbits) related to sexual education material. For example: "Inside the trees are hiding squirrels having babies" (Fig. 1 and graphic Fig. 4); "Bees could sting with a poison taken in the flowers" (Fig. 11); "Bunny rabbits jumping around in their beds". In the later series "They are having a baby", Lili displayed her preoccupations about mother's body, the father's role and possible the loss of her place in the family as a new baby arrived (Fig. 77).

3.4.4 The Child's Anxiety as Expressed through the Art Material

Lili went from an excessive neatness with compulsive features, (e.g. like working with the smallest paint brush she could possibly find in the art room; or being afraid of drawing off (exceeding the limits of) the sheet of paper she painted on; or, when she asked to wash her hands as soon as a colour stained them, which could happen many times during a session) to wondering what would happen if she indeed did let herself mess with the paint. Seemingly, this way provided Lili with a means to find out what were the limits of the intern's permissiveness. Lili was perhaps testing and comparing the trainee's threshold of tolerance and degree of acceptancy towards her messiness with her mother who would forbid this kind of behaviour: In fact, she may be testing if the trainee was what Masterson (1972) called a "better fit" than her mother who might be perceived as a "bad fit".

On another level, the child was observed to be anxious about any possible lack of material which could be experienced by Lili as a sort of deprivation of a nurturance quality. Although she feared a shortage of material, she profusely made use of one colour: pink. Pink for paint; pink for pastel; pink paper. As she said: "Pink is cute". When she was worried about running out of art supplies, Lili would start to either blink her eyes, or enlarge them in a strange manner, or would breathe heavily for a long period of time which would at times last for the whole sessions. For example, during one session, Lili was short of "ready-made-pink-liquid-paint". So the intern suggested that she take advantage of the situation and try other colours. She refused to do so and started to get agitated. The intern tried to calm her down by proposing that they conjointly prepare more pink colour. Lili disregarded the intern's help as she knew that "red and white gave pink" and so, she began to pour the colours together. In doing so, Lili started to associate the colour red as the "Devil's colour" (in Individual Session #5). Here the intern observed a sudden change in the child's behaviour. Lili seemed to be flooded with anxiety and apparently this made her "lose control over reality". The child's magical thinking with her association with the "Devil" seemed to have triggered a swing in her ego-functioning and in her display of affect. For instance, she giggled, laughed inappropriately, losing her physical balance (i.e. she banged herself on a wall, her eyes were wide open and bizarre looking). She was agitated and unmanageable, smearing paints on herself, on the art

therapist trainee's clothing, and pouring and smearing the paints onto the working area. Lili seemed to behave unrestrictedly under the pleasure principle which was akin to a micropsychotic state (Frijling-Schreuder, 1970). The intern tried to talk her out of doing this, but it was ineffective. Physical restraint had to be used to stop the child's acting-out. The intern believed that Lili longed for physical contact in her regressive state. Lili responded to physical intervention by again shifting her ego-functioning into the reality principle. Through transference, Lili seemed to "expect" both punishment and rejection from the intern. Consequently, the session time was shortened as the state of her anxiety was far too great and the boundaries and the media not structuring enough: Lili was overthrown by excessive stimulation. The intern's intention was here to lower the child's compulsive patterns of behaviour, by encouraging flexibility (i.e. vis-a-vis the colour used), playfulness and by allowing the child to try and risk with a more autonomous functioning (i.e. respecting the child's choice of media where, in this case the painting media which fostered a sense of autonomy; or with experimenting under the close observation of the trainee in making the colour "pink" without any assistance).

The intern was misled by the child's constricted behaviour and neurotic functioning (Ekstein and Wallerstein, 1956) and did not expect to witness the shiftings of her ego levels or to be confronted with her inappropriate behaviours such as the ones described above,

and this throughout the overall art therapy intervention, but specifically during the earlier phase of treatment. Lili seemed to have developed a defense system in order to master her environment (Chethik, 1979) where she could function within "reality". The equilibrium of such a system appeared to be precarious. The permissiveness of the intern was perhaps interpreted by the child as an invitation to act-out or to regress. The dimension of pleasure to be experienced in playing and manipulating the art material may be directly linked with the observed regression (cf. Appendix II - for possible influences of media and settings on the child's behaviour). But also, the intern's permissiveness was possibly sending to the child a "danger signal"; in the absence of permissiveness, a routine could provide a sense of security and the maintenance for her compulsive-like defensive system could present a "non-danger". For a child who was unable to rely on repression and reality testing, the "danger signal" had a tendency to escalate to a panic state where its reduction was only possible through a discharge of tension through various acting-outs, themselves leading to psychological disorganization and/or to massive regression. Because of her permissive attitude, the intern speculated that the use of liquid and unstructured media along with Lili's gesture (not forbidden) of pouring, verbalizing and free-associating, could have contributed to reactivate the her unconscious wish to play and smear her feces (a forbidden act related to the anal phase) while concurrently defying the maternal authority perceived as having a control over her

sphincter activities (i.e. the use and abuse of aversive rearing methods).

At the end of Individual Session #5, and before going home the same day, Lili came back knocking on the art room's door. The interpretation of this behaviour suggested that she was fearful of having destroyed the intern with her distorted magical thinking during the individual session where she profusely acted-out. Objectively, Lili appeared at that time very low-keyed and perhaps guilty. She was possibly struggling with some unresolved transference issues. For instance, by shortening the session time, was the intern proving to Lili that she acted in the same way her mother would? For example, mother would request that she not mess, and if she did she would be punished (here, shortening the time could be perceived by Lili as a punishment). Essentially, the child could not challenge in Mahler's terminology the "mother of symbiosis" (her symbiotic mother), without risking "maternal blackmail". In other words, the imminent danger of rejection or the reduction of "love-refueling supplies" deprived the child of emotional growth. Here, the child was caught in a double-bind. In Lili's developmental history, mother's rearing methods inflicted domination and frustration over her child (i.e. aversive/toilet training; tease and threat related to feeding). These experiences strongly suggested displeasure. On the other hand, art therapy tried to offer pleasurable experiences where the sessions provided a peculiar exhilaration which could also bring disorgani-

zation for the child. From this, it was the intern's opinion that the child had to learn to discriminate between what was a pleasurable experience from what was a non-pleasurable experience, and to teach the child how to behave accordingly. It was the task of the intern to function as an ego-auxiliary, and to develop and strengthen coping skills so as to provide the child with a greater ability in keeping her anxiety at the lowest possible level and abeyance; it was hoped that this could generalize to a larger number of frustrating events (Chethik, 1979).

The intern had to clarify for the child that her support and acceptance prevailed despite what happened in the art room earlier that day, and furthermore, that the art therapy sessions would take place as usual in the upcoming weeks.

Under such display of agitation and uncontrollable behaviour, the art therapeutic work was difficult if not impossible to pursue. The child's excessive anxiety had to be arrested at its onset by the intern. In the illustrative example described above, the art material was observed to be "feeding" both the child's acute state of exhilaration which turned into anxiety, and which combined with her fantasies (i.e. about "the Devil"), precipitated her into a psychological disorganization. This condition was manifest through the apparent disturbance of the child's reality testing. Moreover, this transient disturbance was followed by the depletion of the

child's self-esteem and probably served to cultivate more depressive ideation around affective loss (i.e. expectancy of rejection). It was the intern's opinion that something had to be done so as to provide outer-controls in the sessions for this child who had little inner control, and who could be spared from the negative aspects (i.e. guilt, depression, loss of self-esteem) produced by the disruption of her inner-control (Rosenfeld and Sprince, 1965).

The shiftings from secondary process thinking to primary process thinking triggered the child's energy and excitation in such a way that they disorganized the sessions. The art supplies were intended to invite the child's expression of emotions through its graphical expression, and not through acting-outs with the art material. The use of a more structured approach (i.e. the removing of liquid paints and of water; the offering of more structured media: dry media that enabled more control for the child; the limitation of the size of the art support) was attempted to facilitate the use of the child's symbolic graphic expression. The rationale for this was to provide the child, as much as possible, with a minimum of opportunities to disorganize. Furthermore, such problems (i.e. session interruption, physical restraint) related to behaviourally inappropriate conduct during the session, may be damaging for the maintenance of the therapeutic relationship between the intern and the child, and may also prevent the "raison-d'etre" of the art therapy modality to take place by inhibiting the child's ability to graphically depict her "inner-world".

CHAPTER IV

INTEGRATION OF LILI'S CLINICAL PORTRAIT TO
MAHLER'S DEVELOPMENTAL FRAMEWORK

Mahler (1972) entertained the notion that given a fixation, a borderline child would fail to adequately progress through what she coined the "Separation-Individuation" phase of development and more precisely through the third sub-phase - "rapprochement". Moreover, her view emphasized the importance of both the child's innate characteristics and the mother's capacity to appropriately respond to her child's multiform needs. Here Mahler brings to light the "nature-nurture" controversy (Masterson, 1972). In other words, Mahler does not in any way underestimate the importance that heredity and/or the environment plays on the shaping of the child's psychological profile. The crystallization of a severe form of psychological disorder such as the borderline phenomenon, would be the end result of a trauma experienced in the earlier stage of development (i.e. traumatic separation from Lili's mother experienced as a loss, or possible trauma induced by inappropriate parental conduct related to their own sexuality), and which would be caused by either a constitutional disturbance in the infant (nature), or an impaired care-taking (nurture), or possibly a combination of both (Mahler, 1971).

Based on Lili's developmental history and in conjunction with the odd "family system" (Smith et al., 1982) in which she evolved, it was believed that Mahler's theoretical formulation offered a framework within which Lili's psychological profile could be drawn and hopefully better understood. For example, was Lili's psychological state (i.e.

borderline) a reflection of some early maternal deprivation (e.g. poor care-taking, aversive training methods) or of some non-evident psycho-neurological impairment, or the result of child abuse (e.g. sexual misuse as her metaphoric images suggested), or the interaction of a constitutional factor(s) with specific environmental contingencies (e.g. father's unemployment, possible marital disparities)? From the available information gathered within the art therapy sessions, it was ventured that there was not one causal agent which could explain Lili's psychological disturbance, but rather there was as Mahler (1968) stated a "cumulation of pathogenic causes". Mahler's theoretical schema offers a multifaceted explanation which best addresses Lili's clinical portrait.

In the case material presented previously (cf. chapter III) Lili's mother was described as an immigrant woman living with her husband and who was without family, relatives or friends. With this in mind, it was reasonable to speculate that at the birth of her first child, Lili, the "mother model" was not available to her because of her social isolation. The new "mother model" was alien to her, and because she had no one from whom she could learn the "parenting" of a demanding newborn, a feeling of overwhelmingness could have crippled her "attunement" and her ability to appropriately care for her child. In the opinion of Masterson (1972), Smith et al. (1982) and Mishne (1983), the mother's inability to adequately care for her child could be a reflection of the mother's own borderline state.

The early period in Lili's life corresponded to the first two phases of Mahler's developmental sequence - "Autism and Symbiosis".

From the available information, there was no evidence which indicated that Lili's psychological development fixated at either the autistic or symbiotic phases.

In the third phase of development - the "Separation-Individuation", particularly in the first sub-phase - "differentiation", the presence of the father figure was seen as a determining factor in the opening of the dyadic relationship towards the "external reality". Lili's father presumably confined himself as the "breadwinner", leaving the home management and child rearing to his wife (his "source of pride").

The information gathered was not sufficient to clarify if his lack of involvement with his child was related to the stereotyped role model he adopted, or to the fact that his wife gave him a daughter and not a male heir. These were mere speculations and are open to evaluation. However, in light of the intern's clinical experience with the Lili, it was assumed that in the absence of a father image, Lili experienced the deprivation which could have contributed to the observed developmental arrest.

In the second sub-phase - "practicing", Lili mastered the upright locomotion within the normal limits. This could explain her capacity to walk away from her mother so as to explore the "other-than-mother world" (Mahler, 1975). From this newly acquired sense of autonomy, resulted a feeling of exhilaration and omnipotence which could rapidly deplete when facing what Mahler called a separation anxiety. It was hypothesized that the child's mother did not provide enough of a "gentle push" (through support and approval) needed to separate with her support and approval.

In the pivotal "Separation-Individuation" phase, the third sub-phase - "rapprochement" took place despite the optimal mothering conditions not having been met. It was at this specific point that the child was submitted to an increased vulnerability within what Mahler called the "normal rapprochement crisis" (1975). By this it is meant that within such a crisis there exists between a mother and her child an adjustment period which yields an "optimal distance" where both parties are "psychologically comfortable" and therefore "emotionally secured". In view of Lili's presenting diagnosis, it was safe to assume that she had not resolved the "normal rapprochement crisis", and because of this she remained fixated at this developmental stage. The vicissitudes encountered by Lili could have possibly exacerbated her early accumulated deficits in a developmental partnering. Lili's reliance on "excessive splitting and ambivalence" towards the love object (i.e. her mother) could have eventuated an

increase of the child's deviant development which was reinforced by her strong tendency to polarize reality (i.e. "all good - all bad"). It was at this third sub-phase that Lili's mother was pregnant once again.

Within the fourth and final sub-phase - "object constancy" and its consolidation of individuality. Lili seemed to have experienced the birth of her sibling as a stressful developmental event and this before she had achieved a sufficient degree of object constancy. Furthermore, it was at this point that mother inflicted upon Lili her aversive toilet training methods, which could have been experienced as aggressive especially when taking into consideration that it is at this specific phase of development (i.e. anal phase of psychosexual development) that a child experiences various bodily sensations. Mother's aversive training was in all probability internalized, as a "bad" introject for Lili, dismissing the "good" introject of the love object coupled with her "good" self-representation.

It was at the end of this phase that Lili was referred for a medical consultation followed by a psychiatric evaluation due to a marked delay in her speech. The language deferral was then seen as the expression of the affect of a perturbed child. In addition, Lili exhibited clinging behaviours and temper tantrums indicating a reaction to an excessive "danger signal" which could have been a result of her separation anxiety associated to the incapacity of

maintaining a symbolic representation of her mother. The evaluation of both her presenting problems and the overall treatment plan was difficult to assess.

Since no psychosocial information from her file was available at the time of the internship, no speculations can be safely formulated with regards to Lili's development between the ages of 4 and 10. What happened within the family system when mother left Canada to return to her former South-East Asian country? What were her motives in leaving her husband and children behind? How was father able to handle the children's management and Lili in particular? Did Lili experience mother's absence as a loss (Mishne, 1983) or as an early traumatic separation (Bradley, 1979)? Was Lili around 8 years old when that happened as she often referred within her metaphoric images to a fictitious 8 year old character named "Lili"? Was there any stressful situation (Ekstein and Wallerstein, 1956) in the relationship between Lili and her father at that time? Limitations came from the absence of important information in the hospital files.

The intern met Lili at age 10 and in view of her presenting gender identity confusion and poor superego, it may be postulated that the oedipal negotiation was not achieved.

At this stage, Lili was seen within the art therapeutic context. She was in the latency period of her psychosexual development and clinically exhibited problems in the following areas: Deficits in ego development, in defense development and in object relation.

CHAPTER V

DISCUSSION

The Development of the Relationship

In retrospect, it was the setting of a holding environment (i.e. through a structured approach) which provided Lili with the possibility of lowering the frequency of her shiftings in ego-functioning (Rosenfeld and Sprince, 1965). It also provided her with the needed boundaries which she lacked, while making it possible to establish a working relationship despite the strange nature of the art therapeutic encounters. In addition, it technically corresponded to the introduction of the metaphor as the privileged mode of intervention and communication (Ekstein, 1966).

At first the nature of the clinical material (i.e. Lili's drawings and stories) appeared odd and puzzled the intern. However as the weeks passed, the repetition of the same themes (i.e. surrounding depression, resistance sentiments or anger) and characters created a "thread" which enabled the intern to have access to the child's fantasy world (Chethik and Fast, 1970). Following what these authors advocated concerning the elaboration of the child's fantasies, the intern believed that the artwork produced was reflecting Lili's particular and profound fears (i.e. revolving around the possibility of having been abused by males).

In the individual sessions, and as Ekstein and Wallerstein (1954) described, Lili made use of different modes of relationships. When

the child wanted to soothe or to gratify her narcissistic/autistic-like needs, the intern became instrumental in supplying the paper and color she required. Later the child would demand another type of relationship. For example, she longed for attention which was reminiscent of a symbiotic mode of relation. Furthermore, she needed the intern's approval and setting of limits when "exploring" the art material. This was similar to the adjustment period within the "rapprochement crisis". In this case however, the "optimal distance" between the child and the intern was attained through the use of metaphor.

The Particularities of the Relationship

Within the individual sessions, Lili asked the intern to write on the back of her drawings the stories she would dictate. Many times afterwards she wanted the intern to read back what she previously said, this way verifying that every dictated word was written. Here the child used the intern as a developmental "partner" in her exploration of the therapeutic relationship and its particular mode of intervention: Art.

In contrast, during the group sessions, the presence of Lili's peers appeared to alter her mode of relationship with the intern where she unveiled isolated and regressive types of behaviours (cf. the art therapy group sessions description). Here, corrective socialization

with her peers was perhaps missed-out partly because of some unexpected behavioral problems that were raised by the children of the art therapy group who presented strong sibling rivalry that made it difficult for the group to work (Mishne, 1983). Furthermore, the male sex prevalence in the group composition made it an even more complex situation. In retrospect, it was believed that due to Lili's disrupting the homogeneity of the group, she should not have been integrated to the group until she had reached the stage of the "promotion of the ego development" (Smith et al., 1982) where the pursuit of gratifying age-appropriate activities could be prescribed only after a relatively secure alliance was established with the intern. Nevertheless, the double setting situation permitted the intern to observe more about Lili's specific behavioural manifestations (e.g. object relationship).

The Child's Use of Artwork

The use of metaphor is a common clinical mode of intervention with children (Landgarten, 1981). Within the presented case material, the integration of art (i.e. an activity Lili liked) with play (i.e. storytelling) seemed to be gratifying for her (i.e. "all-good" in contrast with "all-bad"). In addition it helped to gain the child's nascent trust while providing the embodiment of her ideation(s). Gradually, the art therapeutic objectives were being met.

It was not unusual for a latency-aged child to use metaphor as a channel for the expression of emotions. Lili succeeded in expressing her affect in two-dimensions: A vehicle (i.e. in drawing) and a voice (i.e. a character) through the use of written comments in balloons. Lili's use of the metaphor was perhaps more peculiar. For instance, was her vehement display and sustained expression of angry and hostile feelings as seen in her drawings fact or fantasy? Was the depicted-imagery related to fantastic, "archaic-phantasic", distorted or real life events? Could the an incorporation of her inner and outer reality be caused by diffuse ego-boundaries? The treatment team endorsed an unclear position where without investigation, it appeared, they opted to discard the child's fears and fantasies without any further explanation.

In closing, considering Lili's mode of relationships and knowing how "at-risk" she was of cutting herself off from the tenuous link established in the individual sessions; the intern limited any therapeutic interpretation by staying within the periphery of the metaphor (Ekstein, 1966). It was not appropriate to confront, to interpret "outside" the metaphor or to force the latent content of the conflictual stories to become overt (Ekstein and Wallerstein, 1956). Here, psychotic-like regression would have possibly resulted (Pine, 1974). Moreover, Lili's capacity for secondary process thinking and neurotic mode of object relation were too fragile to risk. The intern was aware of the lengthy process (Simon, 1984) necessary to achieve a

corrective developmental reconstitution and furthermore her practicum's duration commanded caution. The overall art therapeutic intervention corresponded to the period that Smith et al. (1982) referred to as the first stage of therapy with borderline children known as "anxiety and alliance".

At the end of her practicum, the intern was concerned about the child's preoccupations around oral/sadistic imagery. The intern informed the multidisciplinary team of this concern. What were her fantasies translating? Why the angry and hostile attacks? What was happening in the taxi? Why the color pink (skin)? Why the bed related scenes? Was the word "mole" with its homonyms (a beauty spot, the small mammal, hirsute discoloration of the skin) a symbolic representation or a symptomatical representation of a conflict? Was "mole" used for "male" as the intern speculated within the supervisory context from the drawing of the word "mole" written and crossed out in pink? Woolcott (1985) presented evidence suggesting a link between borderline children and sexual abuse. Bemporad, Smith, Hanson et al. (1982) reported a high frequency of physical abuse and familial disturbance in most of the families that have been studied. More recently, J. Briere's studies (personal communication, Spring 1987) reported a significant degree of overlap between sexually abused children and the ones who suffer from the borderline personality disorder (cited in Kohn, 1987). In view of these studies, it was imperative to rule out the possibility that Lili had been or was being

molested. Steps were taken to deal with this issue and are described as follows.

The intern scheduled an art therapy review with the overall treatment team, with the exception of Lili's psychotherapist who did not attend. As a direct result of the art therapeutic intervention, the psychiatric team decided to verify the issue of molestation by sending a homeworkeer to closely examine the familial network. The situation needed to be clarified. The intern believed that Lili was used as a scapegoat by her family (Simon, 1984) even though the precarious homeostasis of the familial system appeared to be pathological in nature (Rosenfeld and Sprince, 1965). Despite the fact that the parents discontinued the family therapy which was part of the criteria for admitting their daughter, Lili remained in the program due to the severity of her disorder. Furthermore, Lili's prognosis was poor if she remained in a chaotic environment (Bemporad et al., 1982). However a question remained; why did the treatment team accept that the family remove themselves from the treatment plan?

How much stress can Lili stand without deteriorating into a more overt psychotic state (Geleerd, 1958)? Using Pine's (1974) spatial continuum, the child's ego deviance showed a greater tendency to be on the "lower border" end of the continuum than on the "upper border" end, where an unclear demarcation existed between a borderline state

and a psychotic state. Masterson (1972) believed that adolescence would be imposing on children such as Lili a second Separation-Individuation experience which would be adding to her already present high level of stress. Furthermore, Simon (1984) underlined the fact that certain adolescents with borderline personality features were in fact "compensated schizophrenics" who would also need continuous supportive psychotherapy.

Lili's case triggered in the intern a lack of self-assurance frequently observed by trained clinicians (Rosenfeld and Sprince, 1965). The lack of theoretical knowledge of field work experience and exposure to such a difficult population, raised vicissitudes which were difficult to overcome (Gauthier, 1984). It is imperative that the potential splitting issues between team members who treat borderline children be promptly brought to light, discussed and resolved in order to cohesively implement effective treatment plans (Smith, Bemporad et al., 1982).

CONCLUSION

This thesis attempted to better depict the borderline childhood phenomenon. A literature review suggested that several authors could be encompassed within a shared theoretical model: The "Developmental Approach". This model viewed the therapist as a developing "partner" in order to correctly reconstruct the child's early object relation deficits. This conceptual framework endorsed the theory of Margaret Mahler on Separation-Individuation.

Moreover the clinical implications for the art therapy intern in dealing with this specific population were considered and discussed as well as their related vicissitudes. For illustrative purposes, the case material of Lili, a 10 year old girl seen in art therapy was examined. The art therapy individual and group sessions described the child's clinical profile and visual imagery with its specific manifestations were integrated and consolidated according to Malher's theoretical model. For Mahler the therapist acts as a developmental "partner" in the therapeutic alliance which was in this context facilitated and strengthened by the use of art and metaphoric storytelling.

Finally, the art therapy modality acted as a complementary and concurrent form of treatment inside a multidisciplinary team, and made the expressive nature of the art therapeutic intervention a particular contribution to the overall treatment plan.

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APPENDIX I

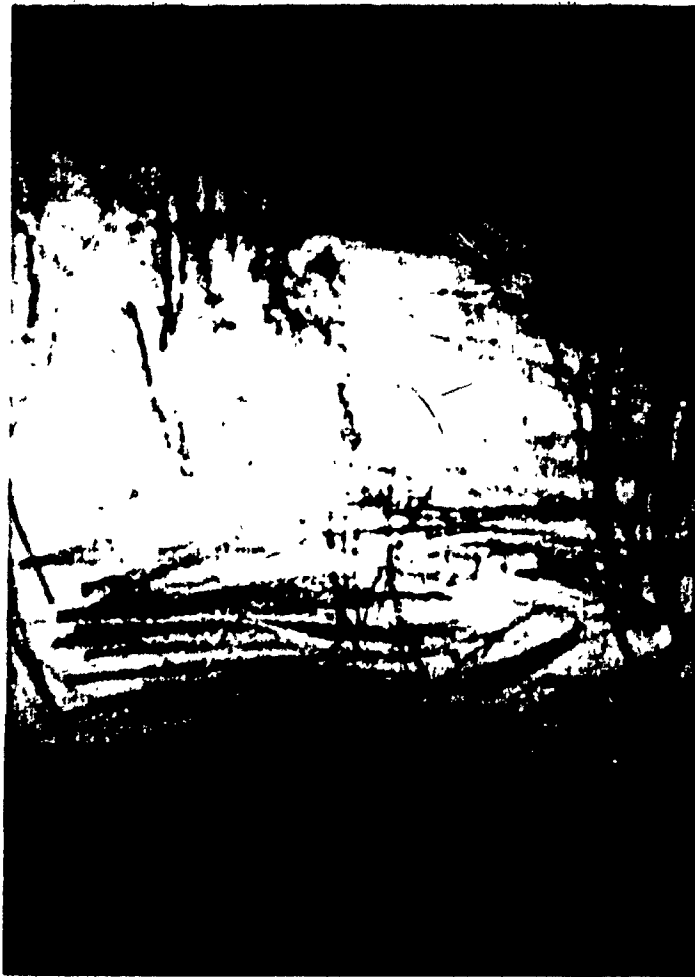


Fig. 1: A Tree (Art Folder's Cover).

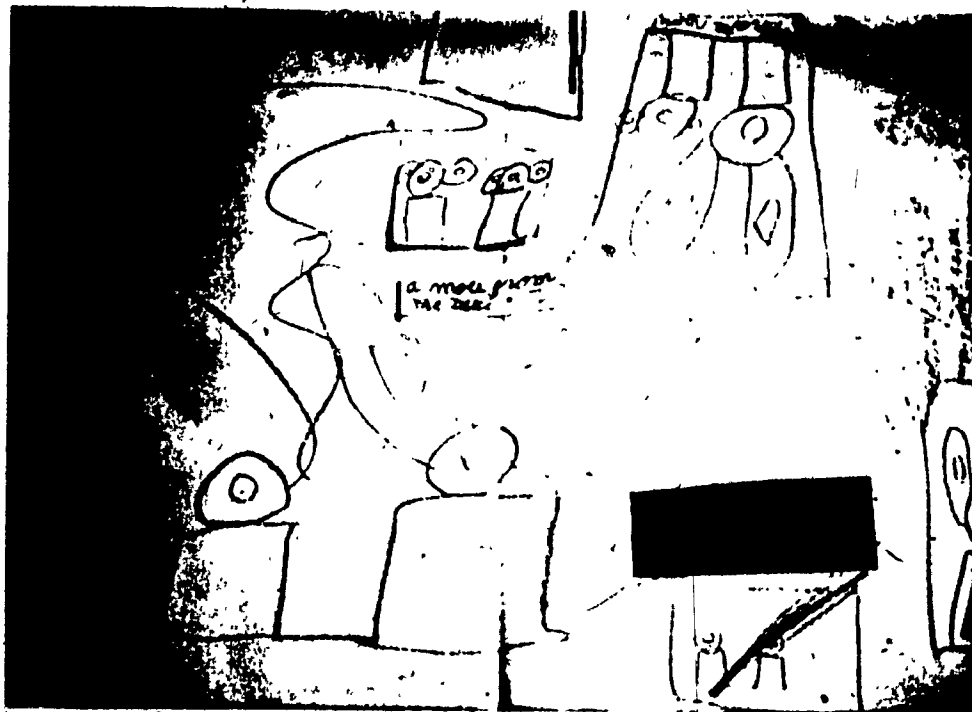


Fig. 13: A Mole from the Taxi.



Fig. 2: The Bumblebee Mask (3-D).

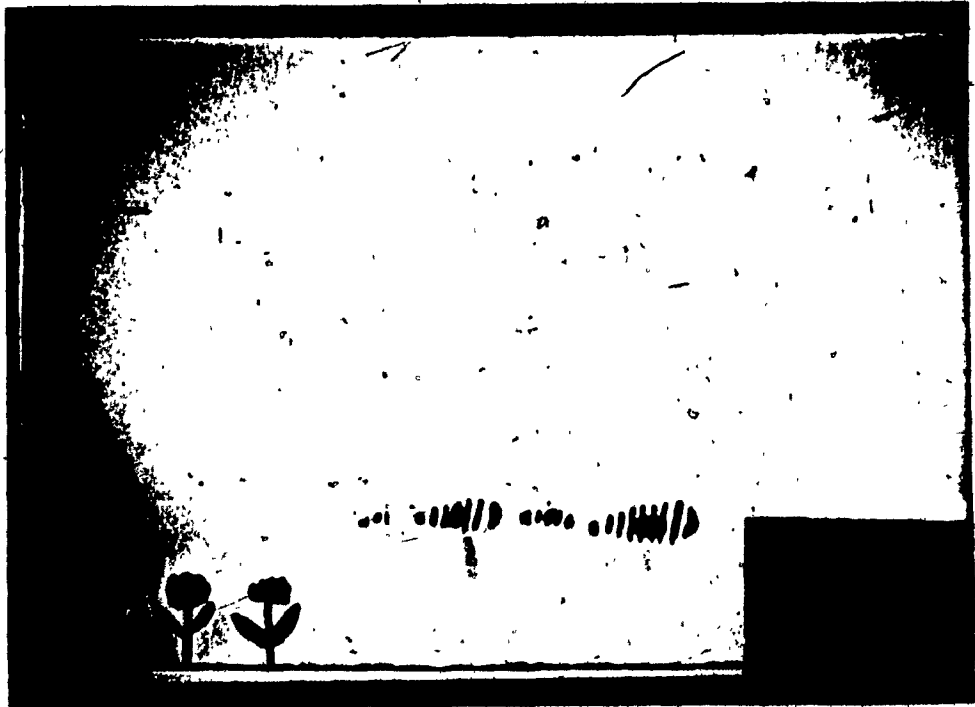


Fig. II: A Family of Bees.

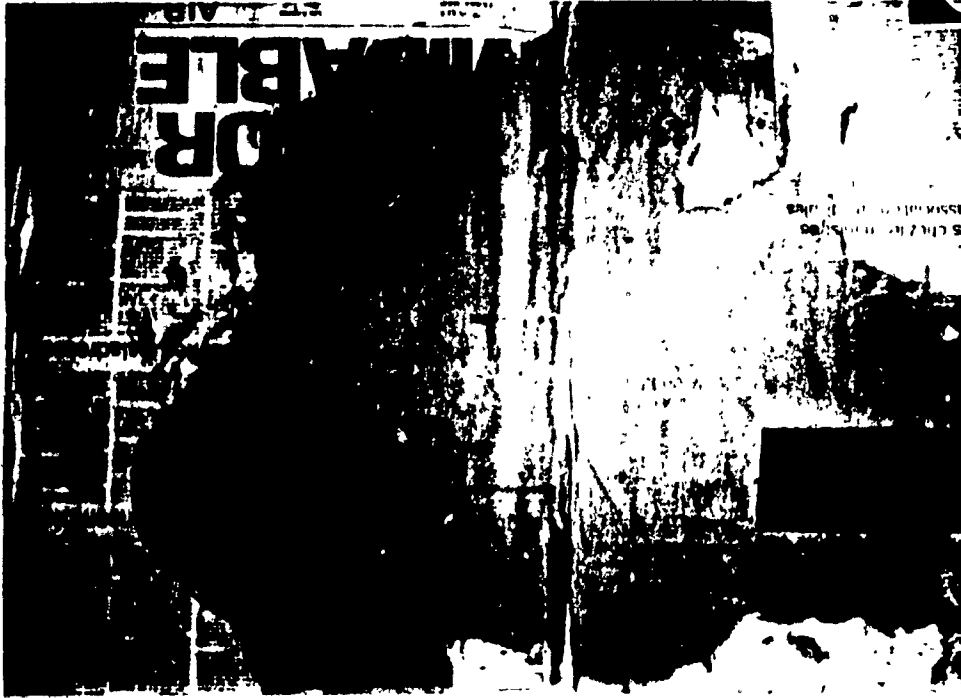


Fig. 19: A Pink Scribble.

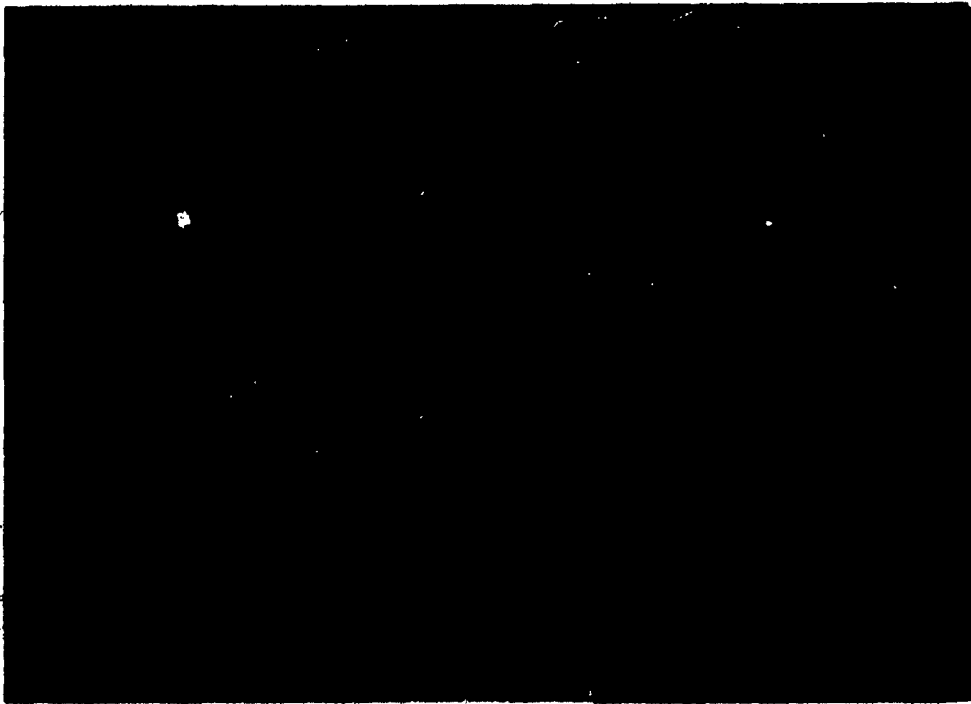


Fig. 25: The Pool.

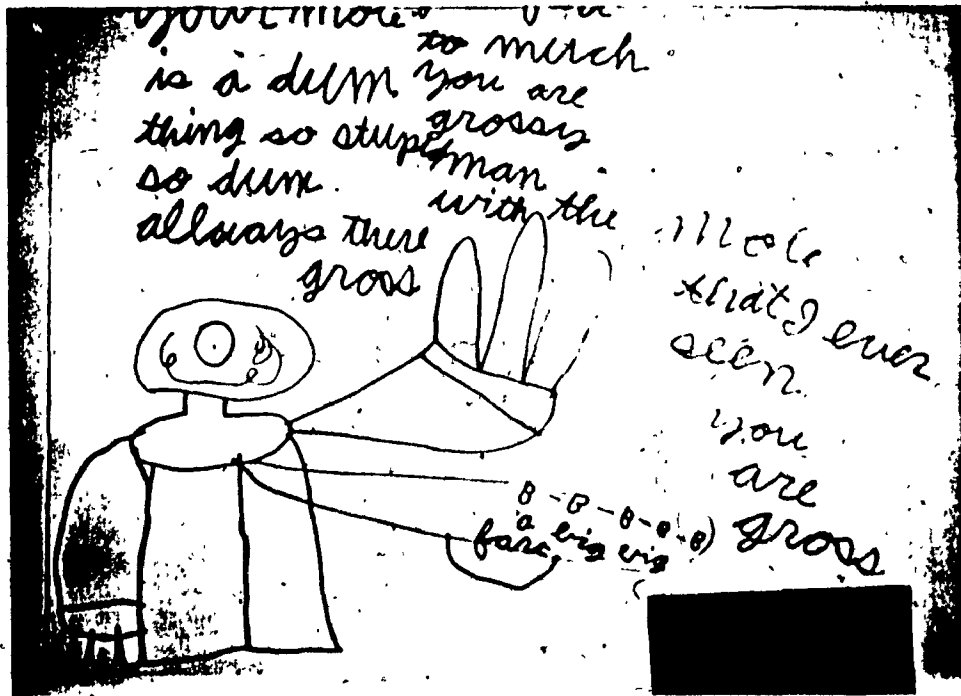


Fig. 23: The Taxi Driver.



Fig. 29: The Family Portrait.

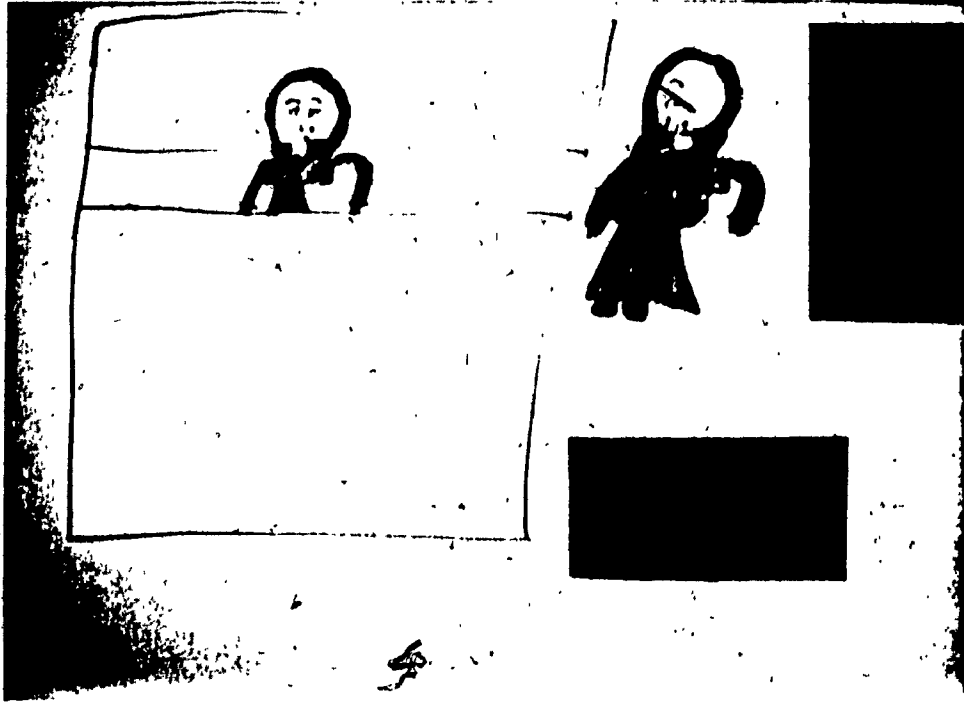


Fig. 35: Lili, Sick at Home.

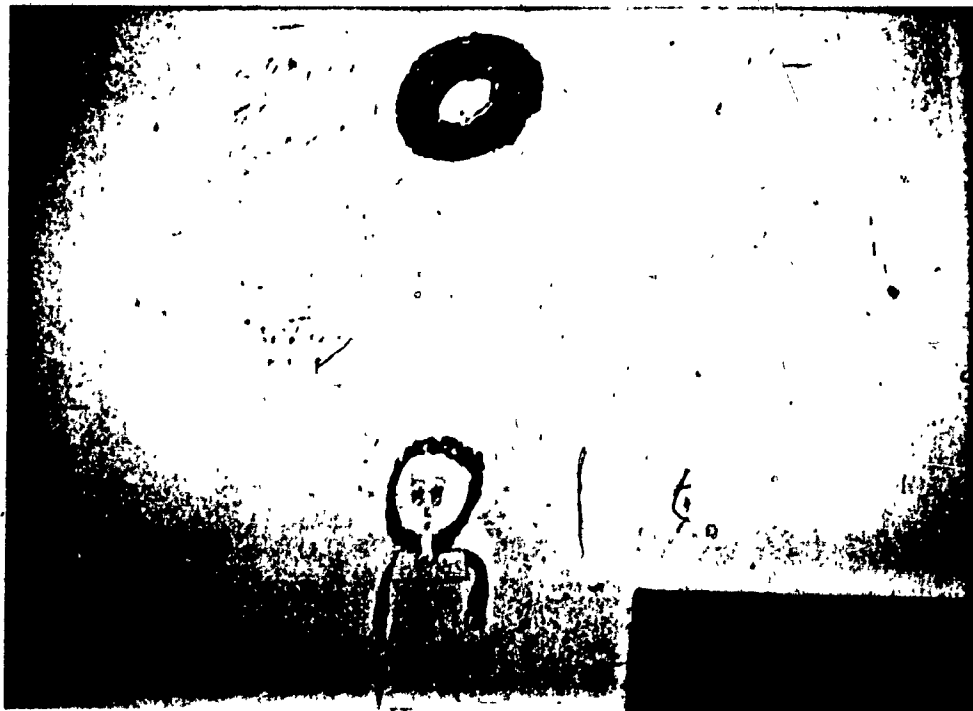


Fig. 39: The Dr.'s House Call.



Fig. 46: The Two Girls with Mother.

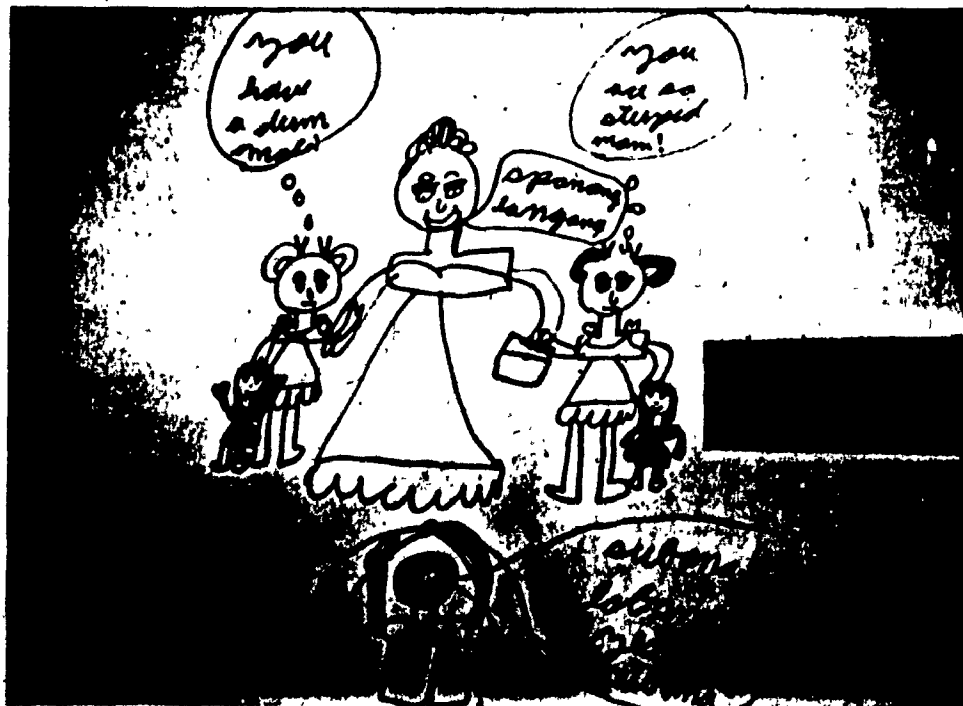


Fig. 50: The Use of a Foreign Language.

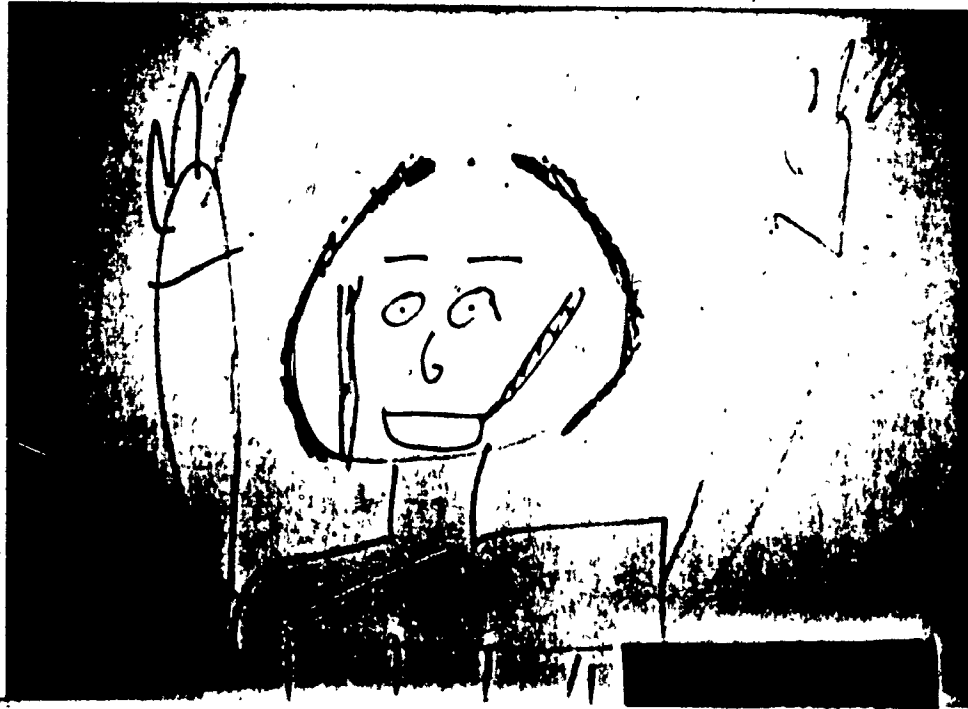


Fig. 52: A Front View of the Spanish Man.

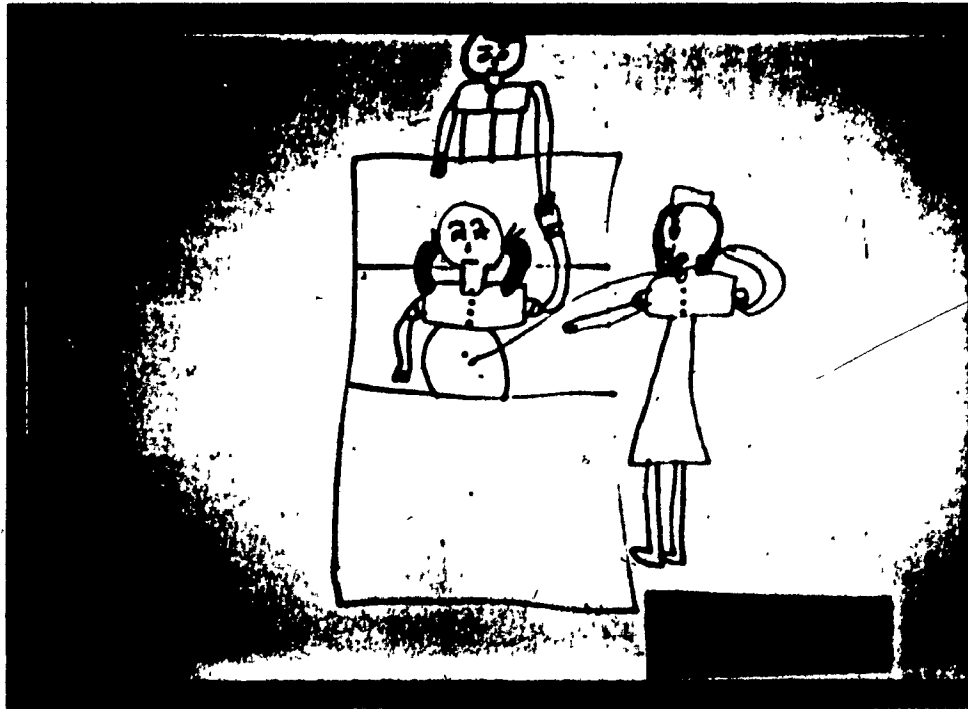


Fig. 61: The Mother in the Hospital with Father.

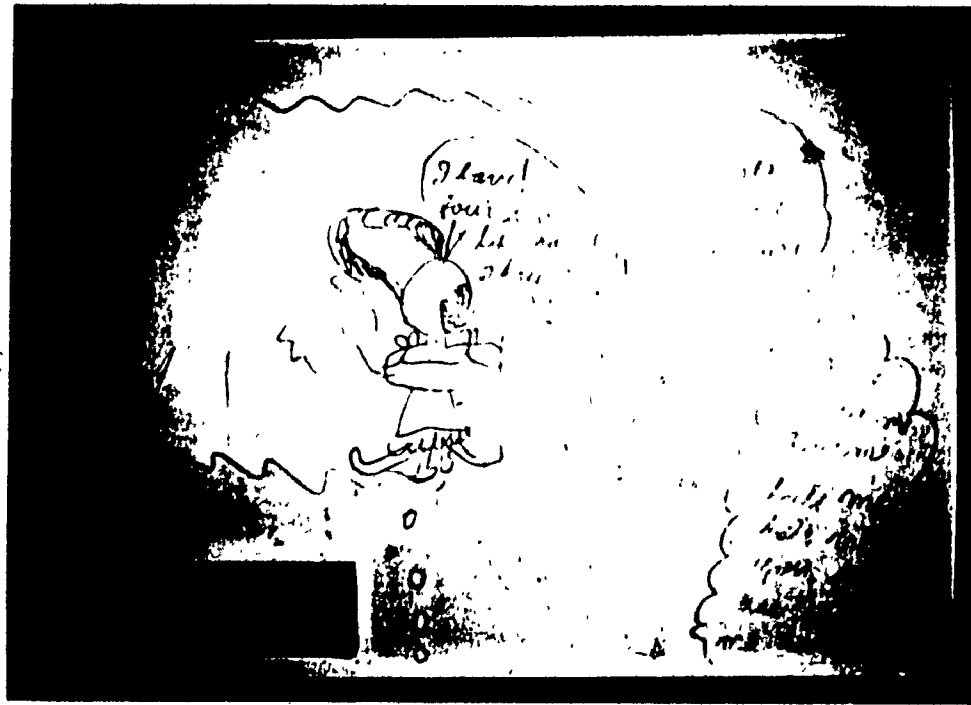


Fig. 69: The Dreamer's Dream.

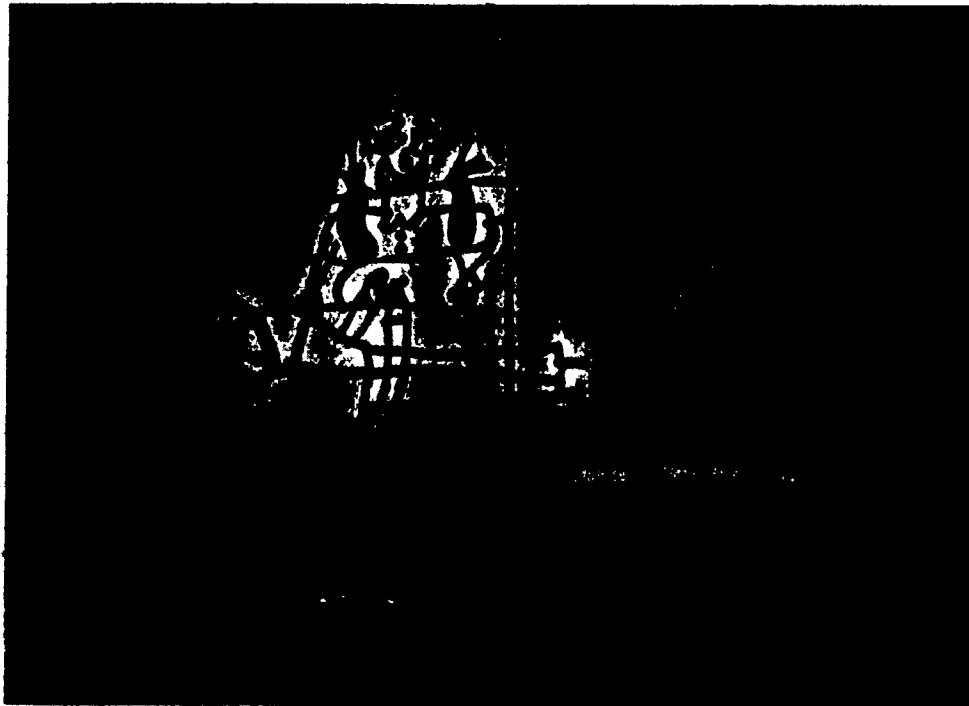


Fig. 75: The Father Playing with Mother's Belly.

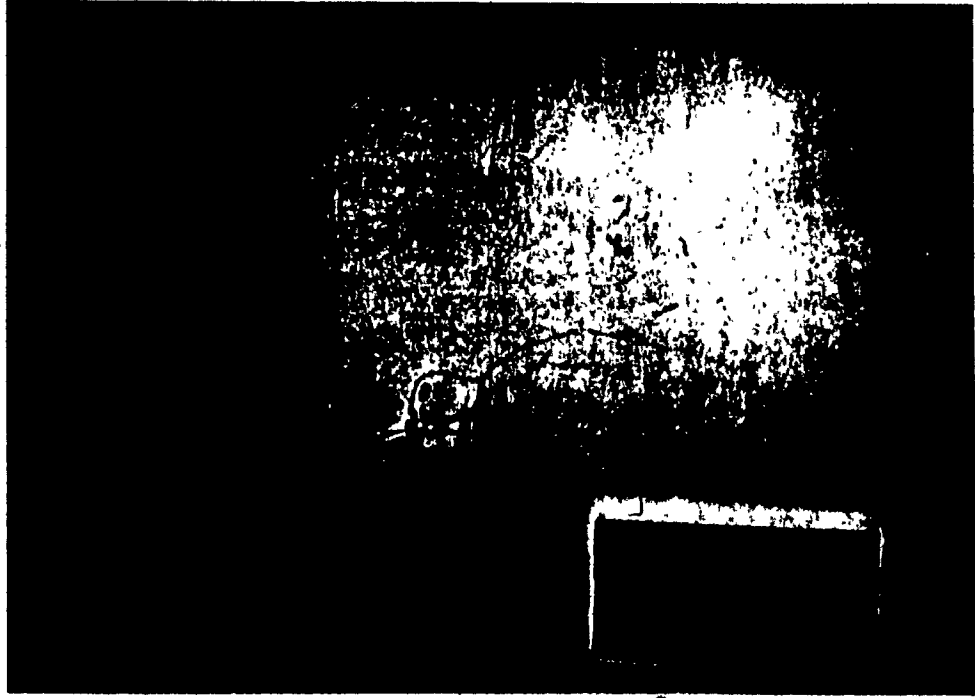


Fig. 77: The Mother Holding the Baby.

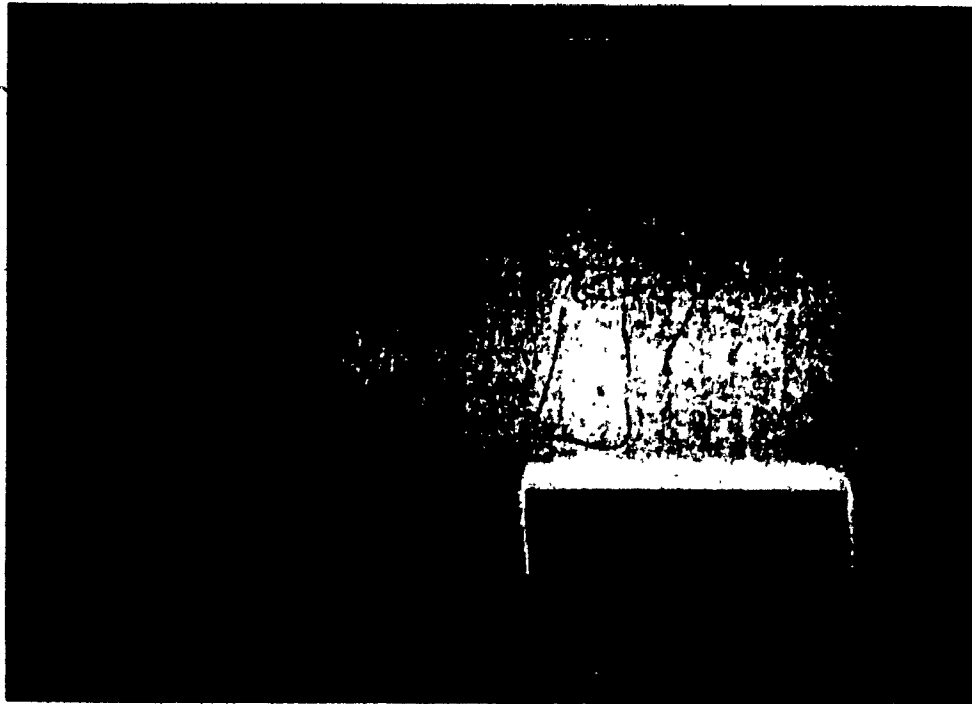












Fig. 80: The "Hurtness" [sic].



Fig. 8I: The Good-Bye Picture.

APPENDIX II

Figure	Media Used	Group vs. Individual Session (presented chronologically)	Comments
	Pastel	Gr. #1	Start of Gr. A.T. Observation of withdrawal behavior.
	Paint	Ind. #1	Start of Ind. A.T.
	Paint	Ind. #1	Observation of obsessive-compulsions.
	Pastel	Gr. #2	Realism vs.
	Pastel	Gr. #8	Floating trees, shiftings in the child's behavior.
	Pastel	Gr. #10	Confusion form and background, the use of delimitation of the paper, after a school break.
	Paint	Ind. #5	Observed regression follows announcement of X-Mas break.
	Felt pens	Ind. #6	Return after the X-Mas break, A.T. rules were again stated.
	Felt pens	Ind. #6	Child's use of storytelling.
	Pastel	Gr. #14	New group format. After the child's week of absence; observation of inappropriate behaviors.

End of three