

How art materials influence therapeutic alliance in psychodynamic art therapy with children in
elementary schools

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Abstract

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This research project examines how art materials in psychodynamic art therapy with elementary school children influence therapeutic alliance. The aim of this study is to underline possible uses of art materials that might help therapists in building, assessing, and sustaining the therapeutic alliance. The main topics of examination are: the use of art materials for building contact between client and therapist; art materials in relation to transference reactions and expression of affect; art materials as tools for interventions and establishment of the therapeutic environment in challenging educational settings; and the influence of the quality and quantity of art materials on the therapeutic alliance. The data gathered led to the conclusion that, while positive aspects of the relationship between these two components of therapy have the potential to provide possibilities for diagnosis, therapeutic interventions, movement towards the goals of therapy, channeling of affect, and the necessary safety of the therapeutic environment, those benefits could be offset by some challenges that are related to therapy in a school environment, the quantity and quality of art materials available, and the interpretation of transference and affective expression in relation to the psychodynamic theoretical approach. The findings provide a summary of points that could be considered by, and be beneficial to, art therapist who are doing practice in an educational environment.

Keywords: therapeutic alliance, therapeutic relationship, art materials, psychodynamic art therapy, children, schools.

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Introduction

I grew up in a small village, where it was customary for the family nurse Nina to pay home visits to people who fell sick. I remember she came to our house several times, and each time Nina would bring her small black suitcase full of glass bottles with weird tasting medicines, frightening sharp things and needles that had the great potential to hurt. When she would leave, I would experience tremendous relief and would get better the next day, just so that she would not have to come again. I did not like Nina, and always felt unease when I would meet her on the village paths. My next door neighbour, on other hand, was an art teacher, and I remember paying visits to her and feeling immersed in a mood of magic when I would watch her paintbrush bring to life flowering landscapes with fluid strokes of watercolour.

Both women I respected and watched from a distance, one out of fear and the other out of awe. Maybe my exposure to their way of relating to others through their profession led me to my career choices. After graduating from medical school – it was customary during the time of Soviet Union to assign placements to new graduates – I was going to be sent to a little village to practice, and would have had a small suitcase just like Nina did. However, life has its own way of directing itself, and now that I am on the threshold of graduating as an art therapist, I have begun to put together my own ‘black suitcase,’ and my instruments are: watercolours, tempera and acrylic paint, crayons, pastels, markers, Plasticine, clay, Play-Doh, scissors, coloured paper, magazine cut-outs, glue, beads, buttons, thread, and many more things that could be put together or torn apart. As I assemble my tools, I revisit the feeling of those mesmerising moments when I witnessed white paper surfaces coming to life under the paintbrush of my neighbour, who became my first art teacher. I bring art materials for my clients’ use, so that they could tell me and remind themselves about what ails them, in the hope that we might begin a healing journey

of creativity and exploration together.

It seems that therapeutic alliance, or relationship between client and therapist, is important for the outcome of therapy; it looks to me like a screen in the shadow theater where all the action of therapy is seen and against whose background the drama of healing appears possible. Scientific enquiry on the healing factors in caretaking professions (one of them being art therapy), confirm that the relationship between therapist and client is of the utmost significance for reaching a positive therapeutic outcome (Horvath & Symonds, 1991; Martin, Garske & Davis, 2000; Rubin, 2005). Although alliance-fostering techniques have been subjected to modest research investigations with some positive results (Crits-Christoph et al., 2010), I agree with Stiles (1999) when he wrote: “A therapist can’t decide to use more alliance in a session in the way he or she can decide to use more interpretations,” interventions or a technique (p. 8). Further on he added: “the alliance is an achievement that depends on appropriate responsiveness. That is, a strong alliance reflects the appropriate, mutually responsive use of process components by therapists and clients” (p. 9). If strong alliance helps the therapeutic process to come to its effectiveness, and if the presence and use of art materials is a vital component of an art therapy session, then the relationship between alliance and art materials must be important. That is why I think it would be interesting to see how these two components of art therapy could interact together for the mutual benefit of a client and therapist.

Personal Experience

Stiles (1999) wrote that “in psychotherapy research, our search is not so much for new discoveries as for clear ways to understand what we have already seen and heard” (p. 1) and, I might add, experienced. Therefore, I found it necessary to write through a personal frame of reference, and my most memorable and significant learning experience I received during an

internship at an elementary school; it is there that I encountered relationship challenges and often felt that my clients were confused on how to relate to me and to what was happening in the sessions. Also, I felt that no one (teachers, school staff and parents) really understood what I was doing, and I think that the presence of art materials somehow was related to those misunderstandings. Nevertheless, I often used art materials to connect with my clients, and saw how interaction with them helped to establish collaborative relationships, even if in some instances clients refused to use them.

As I reflect back on my experience, I think that art materials were very potent in establishing safety and continuity of experience in school settings where I did not have a designated space, and had to travel from office to office, always adjusting to the new environment. The establishment of a safe space appeared to be the most challenging, and the art materials always helped me to appropriate space for the needs of the clients. When I started my research on the role of art materials in the establishment of a therapeutic alliance, I realized that the above-mentioned challenges were associated with my psychodynamic training, where I have been taught by my teachers that the privacy of the therapeutic space is important because it allows clients to share experiences and access important events from the past that lie out of the reach of everyday awareness. For that reason, I looked at alliance-formation in art therapy through a psychoanalytic/psychodynamic theoretical lens, in order to identify challenges of application in a school environment, as discussed by Karkou & Sanderson (2006).

Methodology

My hope is that this research work will be a valuable addition to the body of knowledge that concerns itself with art therapy practices in schools. For, as Karkou (2010) wrote, there is an insufficient amount of information on the kind of “therapeutic approaches that are useful for arts

therapists working in this environment. [...] nor is there a compilation of studies that present research evidence and thus contribute towards well informed and appropriate therapeutic interventions” (p. 15). She also wrote that “completed research studies regarding work in schools are insufficiently and intermittently documented” (p. 15). For those reasons it was not really possible to do direct research on therapeutic alliance in psychodynamic art therapy in schools, but rather to gather information about pertinent aspects of art materials in relation to therapeutic alliance within a psychodynamic theoretical frame in relation to challenges in educational settings. As Cooper (1984) wrote: “[t]he pursuit of knowledge with the tools of science is a cooperative, interdependent process” (p. 9), though each study is characterized by its intrinsic value and what is most important is how it fits within bigger picture (Cooper, 1984). I used an *integrative literature review* as the method of inquiry for this theoretical research. It is written with the goal to gather material from relevant studies on therapeutic alliance and art materials in art therapy practice, available in academic literature, in order to synthesise it to form a plausible conclusions concerning the topic of investigation which is: *How do art materials influence the therapeutic relationship in psychodynamic art therapy with children in elementary schools?*

I would like to add here that my bias is that I believe the use of art materials in art therapy is not only psychologically healing, it also helps to establish and maintain a therapeutic alliance. Since I was aware of my bias, I was able to keep the neutrality which is necessary for looking and finding points that are important in proving and disproving my bias, making sure that found materials are critically assessed and exhaustively represented with an intent to provide validity and reliability of the theoretical conclusions.

Karkou (2010) wrote that “within arts therapies, and within other psychotherapeutic interventions, emphasis is placed upon client experiences and internal processes rather than overt

and quantifiable behavioural changes” (p. 15). For that reason, I looked for and utilized material from case studies in art therapy that illustrate the relationship between alliance and art materials, because, as Hesse-Biber and Leavy (2011) wrote, “[c]ase study allows for a highly complex and nuanced understanding of the subject of inquiry” (p. 256). This framework helped me to illustrate moments of therapeutic change related to the use of art materials and alliance.

This type of theoretical research allows a wide range of academic sources, such as scholarly journals, search engines, databases (PsychInfo, PubMed, Scopus, etc.), and books. I accessed peer-reviewed literature and articles in e-journals, using the Concordia library catalogue. In order to protect validity, Cooper (2010) suggests a broadening of the literature searches in order to enhance my findings (p. 245). In addition to the key search terms *therapeutic alliance*, *therapeutic relationship*, *art materials*, I also did searches on *psychodynamic art therapy*, *children*, and *educational settings*. I examined the procedures and outcomes, as given in peer review literature. I practiced transparency and sincerity by stating, citing and giving credits to all the contributors of my arguments, narrations, thought statements and processes.

I organized the material gathered, considering the given size of the research text in order to fit the most relevant findings in relation to the topic. I found it useful to present data from meta-analytic reviews on therapeutic alliance, because, as Randolph (2009) wrote, it is “an often-used review technique in which the primary goal is to integrate quantitative outcomes across studies” (p. 3). This was especially necessary in connection with research on the therapeutic alliance, for it is vast, since it “has received a great deal of empirical attention over the past 40 years or so” (Muran & Barber, 2010, p. 1). The outcome-oriented reviews “deal with theories related to the phenomenon being investigated and introduce the practical applications of the knowledge” that could be gained from these research findings (Randolph, 2009, p. 3), which is

the aim of this research. Also it was necessary to look at how a therapeutic alliance develops, fluctuates and influences the therapeutic process in psychotherapy, (since there is very scarce art therapy research on that topic), in order to better relate alliance to the presence of art materials and to see how they (the art materials) could be used to build and sustain the therapeutic alliance.

It was important for my understanding of the research question to utilize the insights of practitioners with extensive experience in the field of art therapy with children, such as Rubin, Shore, and Case. As well, the works of such art therapists and researchers as Karcou, Sanderson, Regev, Snir, and Gilroy, who do practice and inquiry on art therapy in school environments, made it possible to have a wider view of its advantages and of the problems that practitioners could face in this field.

Literature Review

Alliance

Nucho (1981) says that “the skills that matter the most in psychotherapy are the skills of the relationship” (p. 65). Greenson (1967) wrote that the working alliance is a “rational relationship between patient and analyst which makes it possible for the patient to work purposefully [to] carry out various procedures” (p. 46) and to deal with painful insights that arise during the analytic process. The working alliance or therapeutic alliance is made of three necessary ingredients: “[t]he patient, the analyst, and the analytic setting” (Greenson, 1967, p. 46).

Goldstein (1980) said: “almost every approach to psychotherapy emphasizes the importance of the therapist-patient relationship for patient change” (p. 19). Many studies with adults, children and adolescents, have demonstrated that alliance is associated with the outcome of therapy (Hill, 2009; Horvath & Symonds, 1991; Kazdin et al., 1990; Martin et al., 2000;

McLeod, 2011).

A meta-analysis done on 79 adult studies by Martin and colleagues (2000) found that the overall alliance-outcome correlation is approximately 0.22. When disaggregated by alliance scale, the Penn scales ($r = .29, n = 24$), the Vanderbilt scales ($r = .25, n = 35$), the WAI (Working Alliance Inventory) ($r = .24, n = 80$), and the CALPAS (California Psychotherapy Alliance Scales) ($r = .17, n = 49$) were correlated with outcome. The TARS (Therapeutic Alliance Rating Scales), on the other hand, did not appear to be related to outcome ($r = .07, n = 11$). The results of the limited amount of research that has been conducted on the TBS (Therapeutic Bond Scales) seems promising ($r = .37, n = 4$), but this result was based on only four alliance-outcome correlations. Other miscellaneous alliance scales ($r = .21, n = 23$) seem to be moderately related to outcome.

A meta-analytical review on the alliance-outcome relation in therapy with children and adolescents, provided by McLeod (2011), found, from the collected sample of 38 studies, a mean weighted effect size of .14, although the methods of measurement and concept definition are varied across the studies. The extensive empirical review of Elvins and Green (2008), and of Shirk and Karver (2003), revealed that while alliance has influence on treatment outcome, the conceptual and methodological differences undermine the clarity of the impact, as for example what aspects of the alliance influence the outcome, or how reliable are the measurements that influenced results.

Stiles and Goldsmith (2010), who investigated alliance, stated that, although epistemologically alliance is partially observable, “it is usually considered as residing substantially within the private experience of the participants” (p. 45), and this might influence or undermine empirical findings, since assessment relies on self-reported instruments (Bedi et

al., 2005; Stiles & Goldsmith, 2010). Alliance is a multidimensional concept and investigation in this area is complicated by subtlety, privacy, and the subjectivity of the personal and therapeutic dimensions of the relationship (Bedi et al., 2005; Messer & Wolitzky, 2010; Stiles & Goldsmith, 2010).

Goldstein (1980) wrote that, while a positive relationship between helper and client is necessary, it is not sufficient on its own. Since it is difficult to establish causality between alliance and outcome, “perhaps it could be associated with good outcome in the sense that if the alliance is high, the therapy is going well” (Barber et al., 2010, p. 39). Researchers ask whether implementing alliance-fostering techniques could increase positive outcomes of the therapy. The research group of Crits-Christoph and associates (2010) conducted an empirical examination of whether alliance could be influenced by the behaviour of the therapists who were trained to implement alliance-fostering techniques. The client reports showed an increase in alliance and a possible increase in positive outcomes; however, since the research sample was rather modest (forty-five clients and five therapists) in this study, the results cannot be generalized.

Horvath and Symonds (1991) wrote that a working alliance in the beginning of a treatment predetermines the outcome of therapy with adults. With children, however, according to the research study of Shirk and Karver (2003), it is at the end of the therapy that the measures of the therapeutic alliance were more associated with the outcome: “It is possible that relationship formation evolves more slowly with children than adults and that late measures are more reliable indicators of the therapeutic relationship than early measures” (p. 461).

Kazdin and colleagues (1990) conducted a survey among 898 practicing psychologists and 264 psychiatrists, to identify for further empirical research, the types of treatments and techniques that brought therapeutic change in therapy with children and adolescents. They found

that therapeutic relationship is amongst the therapist factors that participants linked to client outcome. They also found that the majority of experienced practitioners' viewed the psychodynamic approach as a useful and effective approach.

The Therapeutic Alliance in Art Therapy Based on Psychodynamic Theory

Psychodynamic art therapy facilitates non-judgmental supportive environments for the creative process to take place, where a therapist takes the role of the substitute caregiver to repair early life traumatic experiences.

Object-relations theory (ORT) is part of the psychodynamic approach, and is based on the importance and the quality of human attachments established between individuals, especially between parents and children (Ryckman, 2007). Allen (1988), who examined the therapeutic alliance within art therapy practice based on ORT, compared it to a “conscious version of the implicit contact between parent and child, which recognizes that the child is impelled to grow and unfold, while the parent’s job is to make it safe and worthwhile for the child to do so” (p. 118). The therapist provides, holds and encourages the client’s experiments with an expanding sense of self, which is possible when the concerns with the outside world are temporarily suspended due to the provided psychological safety against the dangers of the external world (Greenson, 1967; Shore, 2013; Winnicott, 1990, 2005). As Shore (2013) stated, “Creating an atmosphere of psychological safety for both therapist and client is the first priority” (p. 181), where art acts as a bridge for building relational strength (p. 172), and art materials are the tools to build that bridge within the therapeutic space.

Karkou and Sanderson (2006), who have done extensive research on art therapy within a mainstream school environment, stated that the working environment often predetermines the choice of theoretical practice. They said that: “the current school philosophy favours knowledge

and skills and values cognitive models of human development” (p. 102), and also that short term therapy is more preferable to long-term work that is “closely affiliated with psychoanalytic/psychodynamic thinking” (p. 102). Karkou and Sanderson (2000) added that art therapists working in schools often get clients with learning disabilities; however, art therapy approaches will vary, since current art therapy practice encompass “children with emotional/behavioural difficulties and children with no apparent difficulties” (as cited in Karkou & Sanderson, 2006, pp. 102-103).

Transference

Psychoanalytic/psychodynamic therapies rely on transference reactions and their interpretations. Within a psychoanalytic situation, “[t]ransference occurs when the patient transfers strong, infantile feelings, that originate from childhood experiences or early relationships, on to the therapist” (Dalley, 1987, p. 16). Gabbard (2005) said that all contemporary views on transference maintain that the client’s “perception of the therapist is always a mixture of real characteristics of the therapist and aspects of figures from the past – in effect, a combination of old and new relationships” (p. 15).

Greenson (1967) says that transference reactions not only occur to people who perform special function, but also to inanimate objects and institutions, and analyses usually reveal that they are also connected to important people in childhood, such as parents, teachers and doctors. Hatcher (2010) said that the concept of alliance is closely intertwined with transference theory as part of a working/therapeutic/transference relationship. He stated: “anything that happens in the relationship can be evaluated from the alliance point of view” (p. 22). Benjamin and Critchfield (2010) stated that transference is one of the contributing aspects that effect alliance. Transference interpretation is a technique that is utilized in psychotherapy that could either help or hinder

alliance (Gaston & Marmar, 1994; Messer & Wolitzky, 2010). If alliance is weak, for example, transference interpretations either could improve or weaken it further, depending on the accuracy of, and the client's state to be able to receive, the interpretation as helpful (Gaston & Marmar, 1994).

Gaston and Marmar (1994) found that there is a circular relationship between alliance and transference, and they recommend research which implements a time series design that could clarify how transference and alliance interact throughout the therapy span and within the span of the session. Since variables are numerous and the relationship between alliance and transference is complex, it remains a fertile ground for further study.

Transference in Art Therapy

Transference is important in relation to art materials and the therapeutic alliance, because art materials can become transmitters of transference reactions that could reveal relational aspects between therapist and client. Allen (1988) said that the art process and product has a potential to become the holder of transference reactions rather than the therapist; and so the first task of the therapist is to establish an alliance, so that the therapist can rely on these transference interpretations.

Transference to art materials could help the therapist, because, as Rubin (2011) says, "behaviour with art materials [...] can defend against unwelcome transference reactions as easily as it can express them" (p. 57). Transference can also manifest itself subtly, as when, for example, the client uses materials sparingly in order to suppress a strong wish to use them wastefully (Rubin, 2011, p. 57).

Hilbuch and colleagues (2016) conducted a qualitative study, based on semi-structured interviews (which they analyzed according to Grounded Theory principals), with ten art

psychotherapists on the role that art materials play in transference relationships. Their finding “suggests that during the art making process, transference emerges in the way clients handle the art materials provided by the psychotherapist, and in the corresponding client-psychotherapist interaction” (p. 19). Clay, for example, can be caressed with affection or pounded with hostility: “it could be formed carefully or impulsively and can be lovingly decorated or angrily stabbed” (Rubin, 2011, p. 57). According to Kramer and colleagues (1979), clay brings out regression in children and they “are inclined to enact their oral, anal, phallic, or genital fantasies” (p. 250).

Materials as a way to act out and express frustration.

Dalley (2000) stated: “acting out can be expressed through the art materials” (p. 93). For example, when the client is upset with the therapist, or unable to contain feelings that rise up during the creative process, one of the ways to express anger, anxiety or frustration could be throwing out or splashing paints, eating clay, or destroying, breaking or wasting art materials. This could be upsetting for the art therapist, and has the potential to put a strain on the relationship if the therapist does not handle such acting-out wisely. In other words, the use of art materials could be a way to get ‘into’ the therapist: to make them forget about their role as healing agents and to start viewing a situation from a more personal stance. Consistent with Bion’s (1964) ideas of the container and the contained, cited in Dalley (2000), “when the infant feels assaulted by the feelings he cannot manage he has fantasies of evacuating them into his primary object, his mother” (p. 92), by analogy the client does that to the therapist. Instead of expressing him/herself through the art object, “patients attempt to arouse in the therapist feelings that they cannot tolerate in themselves but which they unconsciously wish to express” (Dalley, 2000, p. 93). So art materials have the potential of being tools of creation and/or destruction that could be harmful or beneficial to the therapeutic alliance, depending on the therapist’s ability and

practicing framework to address those episodes and utilize them for therapeutic purposes.

Karkou and Sanderson (2006) stated that, within the psychodynamic frame, “[t]he arts media and the therapist can function as a form of containment” where verbal interpretation, reintroduction of aggressive affect through art work, or prohibition in cases where safety of both parties are in jeopardy, are some of the possible interventions (p. 92).

Art materials symbolize food

Art materials help to bridge the inner world with the world of outer objects by way of projecting feeling states (Dinnage, 1978, p. 375), and that activity, according to Langer (1978) as cited in Dinnage (1978), is conducive of symbolization and awareness of those feelings. Symbolic behaviour happens on both sides, the client and the therapist. One of the manifestations of transference to art materials that is pertinent to alliance within psychodynamic theory is when the art materials are unconsciously seen by the client as food and the therapist as a nourishing mother. Rubin (2005), Wadeson (1987), and Schaverien (1995) write that sometimes the therapist is symbolically taken by a client as a feeding mother when she/he offers art materials and supplies. “Because art materials provide a tangible form of emotional substance, they can be viewed as a metaphor for food” (Moon, 2010, p. 53). At times, therapists succeed in giving ‘good food’ and sometimes they do not. So the therapist could be seen in transference issues as a benevolent parent who is providing plenitude, or as a stingy, withholding one. The therapist also could either provide good food (appropriate art materials) or give something undesirable or hard to ‘digest’ (Wadeson, 1987).

Art materials and alliance

If, in traditional psychoanalytic verbal therapy, aspects of self are projected or transferred onto the therapist and then retrieved back when already altered by the therapeutic process

(Johnson, 1998, p. 86; Dalley, 1987, p. 16), in art therapy this straight-line venue is altered by the presence of the art object creating a triangular relationship (Schaverien, 2000). Consider that before the art product is made, there are the art materials that are present as a third element in therapy, for they are the first thing that stands between therapist and client in the beginning of each session. I am using the word ‘between’ because art materials could either help or hinder the relationship between client and therapist. Rubin (1999) thinks art therapists have a greater possibility of harming as well as healing than in verbal therapies, because “a great deal of physical activity (with materials, tools, products) is a necessary component of the work” (p. 140). In another source she says that, because art therapists are offering art materials in addition to themselves, it puts them “in a rather favourable position on the establishment of therapeutic alliance” (Rubin, 2011, p. 55).

What are the challenges, advantages and implications that influence therapeutic alliance when such tangible objects such as art materials are present during therapy sessions, where the client is explicitly and implicitly expected to interact with them? The enumeration of obstacles and advantages, which will be provided further on to answer this question, concerns psychodynamic therapy with children in a school environment, and some of them with children (and in some instances with adults) in general, but is relevant and helpful to understand the relationship between alliance and art materials.

Difficulties in Establishing Alliance while Working with Art Materials in a School Environment

The presence of art materials in therapeutic sessions in school settings could be problematic in aiding the formation of a therapeutic alliance. Karkou (2010) stated that work with children in a school environment “is very different from working with children in health

service, within social services or the community” (p. 13). Because children spend a good portion of their day in school, it becomes in a way their second home, a home with its own ways and rules of interaction that are created by the educational processes. So, as art therapists step into the walls of school institutions, they have to be aware of how the children might perceive them and how art therapy could be viewed by them under this influence. Wengrower (2001), who researched on the relationship between two cultures of teachers and arts therapists, and the difference in objectives between therapy and educational systems, said that “[t]herapists who work in schools occasionally feel that they are expected to intervene as teachers of art, rather than therapists. They feel that the unique nature of their professional identity goes unrecognized”, and not only by children but teachers and school staff, so children get confirmations of their wrong perceptions of art therapist from others as well (Wengrower, 2001, p. 109).

The researchers Regev and colleagues (2015), who conducted qualitative research by interviewing 15 art therapist using CQR (consensual qualitative research) analysis to identify advantages, disadvantages, difficulties, and tools and approaches implemented by art therapy practitioners in educational systems, wrote that art therapists have to work in constantly changing conditions, where therapeutic space has to be established and re-established anew much more often than in places where sessions happen in designated room/office/studio spaces and where art materials are kept organized in a certain way, so the client knows where everything is. Some art therapists even had to establish a therapeutic space in a shared room where other people were present during therapy sessions, or where people are entering during sessions (Regev and colleagues, 2015; Wengrower, 2001). In such cases, art materials are essential in providing organization and scaffolding of the safe therapeutic space, and are the instruments with which

the therapist reaches out to the client while all other factors of safe space, such as constancy, for example, are absent or in flux. The therapist could help the client to feel safe by keeping a certain order of things, an “attractive arrangement of a variety of art media, with materials for drawing, painting, sculpting, and constructing. All of these should be kept as constant as possible, thereby creating a feeling of security as well as the possibility of independent functioning on the part of the client” (Rubin, 2011, p. 53).

Shore (2013) stated that art materials are part of the therapeutic scaffolding and have environmental, psychological and relational significance; they help to promote the ownership of the therapeutic environment (p. 179). This quality of the art materials used by the art therapist is important in a school environment where they have to change space often; the art materials act as an element of constancy.

Resistance to engaging with art materials

Snyder (1997) wrote that creating an art object is an egocentric process, and it may make the client’s pathology more visible, bringing more light on the conflicts, confrontations and uncomfortable material that was being kept out of the level of awareness. So not all children who enter art therapy will be open to explore what lies beneath the surface of the troubled behaviour or learning difficulties.

There are many reasons why children might not want to be engaged with art materials and the therapist. Shore (2013), who has extensive expertise working with children, listed a few: “dislike of art, feelings of inadequacy, perceiving a stigma in regard to therapy, distrust of ‘the system’, investment in maintaining a family secret (such as domestic violence or abuse), or depressive symptoms” (p. 104).

Case (1987), who wrote from the experience of working in primary schools, stated that

for some children school is a 'safe heaven' from the struggles at home, very much like a job would be a way of distraction from personal problems with an adult. She gave an example of one child who 'signed out' of the art therapy on the pretext that he did not like any of the art materials that were offered to him, instead he wanted to do metal work. Case's interpretation of it was "he didn't want to work with me or with my method of working, [...] to delve into any difficult areas [...] he wanted to construct some 'manly' defences" (p. 54). So a client could perceive art materials as being an integral part of the therapy and therapist, and as potent agents to uncover what might be undesirable or hard to bear. However, it is not always that the art materials are the extension of the therapist; sometimes they could be perceived by the client as part of the institutional (school) equipment, or simply as art supplies independent of transference relationship (Wadeson, 1987, p. 53)

Introduction of art materials

Utilization of art materials for making art objects in art therapy is considered to be curative and a main feature (Hinz, 2009; Moon, 2010; Penzes et al., 2014; Rubin, 2011; Schaverien, 2000). However, reminiscence of previous experiences with art materials could have either positive or negative connotations that might affect its use and initial response to the art therapy settings and therapist: "Art and play sessions for children are rare moments, particularly within the education system when they are not being evaluated" (Case, 1987, p. 71). That is concerning in establishing a therapeutic alliance, because children might see the art materials and be reminded of a previous experience with them in the classroom where they were directed towards a certain goal and afterwards were evaluated on the results. Case (1987) also writes that "[m]any children have great difficulties with choice, with self-direction" (p. 71).

It is advisable for the therapist to consider the challenges that children might perceive in a

new situation, where they have an adult with them who introduces a new, unfamiliar way of relating to art materials. Therefore, it is significant how the therapist introduces the therapeutic space and the art materials, perhaps akin to the mother who introduces reality to her newborn. As Winnicott (2005) wrote, the way the mother introduces the object shapes all future interactions with outer reality or even the realization that there is outer reality. By analogy, the way the therapist introduces art materials and therapeutic settings would determine the future interaction in the therapeutic environment.

Art Media Related Challenges

Quantity of art materials

While some art therapists think it is best to offer as much art materials as possible without directing the client, others think that directed use of materials is the best approach, especially with certain clientele (Moon, 2010; Karkou & Sanderson, 2006). In some instances, as was illustrated in the study of Carr and Vandiver (2003) of children (ages 4-13 years old) who were undergoing stressful emotionally charged situations, a small quantity of art materials and less instructions can produce more positive outcomes than can more art materials and instructions. Too many art materials is found to be counterproductive to free exploration and creative expression (as a goal of the intervention) due to overwhelming chaotic effects. However, Carr and Vandiver's study was done in group therapy; the authors stated that for children in individual therapy it might be better to have more art materials with which to accomplish more complex tasks. Rozum (2001), as cited in Moon (2010), stated that, in order to lessen distraction and structure environment for children with behavioural problems, she introduced art materials slowly, and once the structure is established she suggested selectively introducing art materials which foster expansion and expression. Art therapists are able to implement art materials for

therapeutic effects so that clients are not overwhelmed by interventions and to adopt art materials for the best therapeutic results, which in turn could consolidate rapport and help to move toward therapy goals.

Working together as a point of contact: Alliance fostering

Knowing art materials is essential for an art therapist. Wadeson (1987) stated that therapists should not offer art materials that they don't know how to use themselves, because if the client chooses to use it, the therapist might need to offer professional assistance.

Nevertheless, if a client wants to use an art material that is unfamiliar to the therapist, learning together a new medium could help to find the right fit for expression (Moon, 2010), and could be strengthening for the therapeutic alliance. A study by Bedi and colleagues (2005), who interviewed a sample of 40 clients (using CIT – Critical Incident Technique), found that clients believed that collaborative, goal-oriented work was one of the factors that contributed positively to the quality of alliance, independently of the outcome of therapy.

Rubin (2005) says it is important to remember that “[w]hen the art therapist teaches a child about art medium or process, he or she may be experienced as giving, or, conversely, as getting in the way” (p. 361). The task of the therapist is not only to be sensitive to the client's condition, limitations and level of development, but also to be able to have emphatic discernment of what it is like to interact with art materials. Consider that certain mediums might bring reactions due to its use. Lusebrink (1990) says that it is especially important to keep in mind when working with children, for if the medium is too complex to use and to control, it might hinder cooperation or lead to the destruction of the art product due to dissatisfaction and the struggle involved in its making. Wadeson (1987), an art therapist and teacher, stated that for example “[c]oloring with pencil or pen can be tedious, and drawing with water paint can be

frustrating” (p. 37).

When the client is unfamiliar with a particular medium, or has either a positive or negative reaction to that medium, such instances could be potential points of contact. “An art therapist may wish to suggest a change in medium if a patient is having trouble drawing or colouring with materials unsuited to his purpose” and as a result could be perceived by the client as a helping and accommodating therapist, which could help to strengthen alliance (Wadeson 1987, p. 37). Wadeson (1987) stated that it is the clients who usually choose the art medium; however, with children, the therapist will have to be more sensitive, because they might choose an art medium without realizing their own limitations in using it, so they might need help from the therapist to make their choice.

Art materials could halt the therapeutic process and bring a strain on the therapeutic alliance due to their evocative nature. Bassin and colleagues (1980) write that the creative process is bound by limitations that are most likely to provoke the presence of tensions, resistances and conflicts, which in turn require resolution, and the process of resolution has a potential to energize the therapeutic bond (Bassin et al., 1980). The qualitative research of Hill (2010) also confirms that resolution of negative experiences could elicit positive growth in alliance.

Expectation to Interact with Art Materials

The art therapist offers art media, and they are requesting an art product to be made, thus it could be perceived by a client as demanding (Rubin, 2005), or too overwhelming, especially with children who experienced severe deprivation that resulted in fragmentation and lacking of the sense of self (Case, 2002; Prokofiev, 2011).

Case (1987) stated that sensitivity on the part of the therapist helps a child to feel secure

and independent enough to start engagement in the creative process. Sometimes it might require just sitting and talking, or helping to choose an activity, or whatever is needed for each particular client. Case (2002) described a case study with Collin who, due to the experience of intense affect, could not engage in the process of art making, which would exasperate his anxiety towards “any unknown outcome of a therapy session or school lesson” (p. 329). In the first sessions he would only take art materials out and put them back in their places. But even this engagement was used by the art therapist as the point of establishing contact (she would narrate his action while he was interacting with art materials).

Art Materials Help to Discern, Diagnose and Establish Treatment Goals in the Beginning of Therapy

Rubin (2011) says that “art media are probably useful in the establishment of an alliance because they are intrinsically pleasurable in a sensory/manipulative way. They may even minimize the pain involved at many stages of the therapeutic process, from assessment through treatment to termination” (pp. 55-56). Establishment of therapeutic alliance in the beginning of therapy is important for the outcome. Horvath and Symonds (1991) found that with adults a working alliance in the beginning of therapy predetermines the outcome of therapy; however, with children, according to the research study of Shirk and Karver (2003), the measures taken at the end of therapy are more congruent with the outcome of therapy. It could be that the building of the therapeutic alliance happens more slowly with children. Most children are not verbally adept and therapists have to rely on observations obtained from interactions with art materials and the art making process, especially in the beginning of therapy. The results of Penzes and colleagues’ study (2014), which were obtained from an analysis of the qualitative interviewing of nine art therapists, show that the properties and interaction with art materials helped them, first,

to assess their client's psychological state in the beginning of therapy, second, to determine the appropriateness of art therapy as a modality for treatment, and third, to formulate treatment goals and interventions.

Evocative qualities of art materials implemented as interventions

Different art media could be used to address different challenges. For example, tactile media are likely to stimulate emotional responses (Lusebrink, 2004), clay or any other similar media are considered to be conducive of relaxation (Hinz, 2009), and could be given to the child for that purpose, though in some instances clay and clay-like media can trigger negative responses and strong aversion as well (Kramer et al., 1979; Thompson, 1989, as cited in Moon, 2010). Paint (gouache) was found, in research on children between 7 and 9 years old, to reduce the parameters of aggression, in comparison to two other groups who used pencils and oil pastels. Researchers think this is due to the expressive quality of the paint medium (Pesso-Aviv et al., 2014).

Art Materials as Conductors of Emotional Expression are Interdependent with Alliance Formation

Often, the goal of psychodynamic therapy is to heal painful experiences and influences from the past which are stored as an emotional charge on the unconscious level, but have an influence on the present life (Johnson, 1998; Pearson & Wilson, 2009). The use of art materials for creative purposes “invites the emergence of unconscious images, emotions, thoughts, and memories,” which are implicit and are registered on a preverbal level, and are accessed through sensorimotor faculties (Hilbuch et al., 2016). So the interaction with art materials through the senses of touch, smell and vision, could activate unconscious material (Johnson, 1998). “As therapists, we are helping a child to work on material, to disclose emotionally areas that they

would not be able to explore on their own” (Case, 1987, p. 71), and one of the prerequisites for the exploration of emotional states which emerge during a therapeutic session is the building of a therapeutic alliance between therapist and client (Pearson & Wilson, 2009).

Ball (2002) conducted participant observation research that examined the interaction between therapist and six-year-old client Sheila. Results were drawn on observation and interviewing. Ball (2002) wrote, “[t]his case showed that the mystery of change centered mainly around the emotional aspect of the therapeutic experience and the mutual influence of therapist and client” (p. 90). Ball’s research and observations are relevant, since she focused on interactions with art materials and the therapeutic relationship, where therapists used art materials as a containing and organizing agent for emotional reactions related to alliance formation.

Emotional expression and alliance during early stages of therapy

Karkou (2010) wrote, “In most school environments, addressing emotional or social needs is seen as a way of supporting learning, i.e. developing skills and achieving cognitive outcomes” (p. 14), and art therapy is seen as helpful in addressing these needs (Karkou, 2010). Schaverien (1989) says that in the beginning of the therapy clients are often unaware of the feelings they have, and art material help to make those feelings visible. Rubin (1999) and Allen (1988) referred to the great importance of the art therapist’s knowledge of art materials, so that he or she can match the material to the client and help the specific individual find the most suitable way for him or her to achieve maximum emotional expression with that medium. According to Corem and colleagues (2015), the early stages of therapy are not usually conducive of affective exploration since the relationship with the therapist is influenced by the client’s earlier relationships and attachment styles (which might get triggered through transference), so

art materials can help to express difficulties without the use of words. Pessó-Aviv and colleagues (2014) stated: “In fact, the materials used in art therapy are ‘the spoken language’ in the therapy room” (p. 293). If in verbal therapies, for example, clients are not comfortable talking about certain topics which are painful or affect laden, they could simply avoid it. In art therapy, the client might unknowingly choose an art medium that would provoke emotional expression. The medium of paint, for example, could facilitate emotional expression (Case, 1987; Hinz, 2009; Lusebrink, 2004; Robbins & Goffia-Girasek, 1987). Or the client might choose a medium that tells about affect without expressing it explicitly. It is well demonstrated in the case study of Avidar (1995), whose client (a ten-year-old boy) showed, through his visual expression, “a high level of anxiety, anger and desire for excessive control” (p. 14), while his behaviour with the therapist was polite and uplifting. The therapist was aghast at the discrepancy, which she felt coming from his art work and cheerful polite demeanour. Verbally the client was acting compliant and trying hard to please her, while his art work was affect laden. The child chose thin felt pens (markers) to have more control over what was happening. Kramer and colleagues (1979) stated that “the child who wants to represent an object clearly or tell a story fast will be inclined to” use drawing materials (p. 224). Spiegel and colleagues (2006), and Lusebrink (1990) find drawing materials suitable for the safe predictable expression of intense affect because it is easy to control. Markers are also difficult to undo and require commitment on the part of the user (Wadeson, 1987), so a child will choose them in order to make a statement, tell something important about themselves. Rubin (1999) says that visual expression becomes more successful when it is matched with an appropriate medium (p. 133). As demonstrated in Avidar’s (1995) case, therapists could understand clients better through their use of art materials, so it could help them to adopt an environment and develop strategies in addressing clients’ needs, and that in turn

could help to establish a positive therapeutic alliance.

Choice of art materials could be reflective of changes in a client's life

The qualitative research of Prokofiev (2010) reviews the case of a primary school child, Alistair, who took long-term art therapy (from age four to eight). Every major change in the child's life during the course of therapy was marked by a change of art medium. For example, in the first stage of the therapy, when Alistair still lived with his mother, he used the medium of paint in an experimental, spontaneous way. Prokofiev (2010) says that the art therapy provided Alistair with the possibility of repairing what was missed early in his development; during the second stage (when his mother loses her parental rights and Alistair moves to a hostel) the child switched from paint to felt tip pens, and his art work became more controlled and figurative. During the third phase, when he is starting a new year at school, he uses the same medium, but with more expression and spontaneity. During the intermediate period between the third and fourth phases, Alistair announced that he is moving to a foster family, and the paint medium helped him to express conflicting emotions. The study of Prokofiev (2010) illustrates how the use of art materials could give information on what is happening in a client's life, and that information could be utilized in the building of a therapeutic alliance.

The Therapist's Preference for Art Media Might Influence a Client

Rubin (1999) wrote: "an individual art therapist's enthusiasm for a particular medium or process is likely to stimulate interest in it for those with whom she works" (p. 132). McFarland, in Rubin (1999), said that "a child will develop positive feelings about any materials or activities that are especially valued by his mother (or surrogate)" (p. 132).

Usually the choice, the quantity, and the way art materials are offered have to do with the personality and beliefs of the therapist about what is necessary and appropriate, as well as the

limitations of the settings where the art therapy is happening (Rubin, 1999). The research of Nucho (1981) found that client-therapist pairs that were matched by aesthetic preferences had better therapeutic interaction and engagement in therapy than those who were randomly assigned (p. 65). It appears that art materials can be transmitters of an invisible affective climate that springs from the personal preferences or dislikes of both parties. For if the client has a medium of preference, the therapist would also be paying special attention to that medium and form associative links between that medium and the child, and that could help the therapeutic alliance.

Discussion

The investigation of the given topic through the literature review method provided a wider outlook on the subject of investigation, and that in turn allowed for better precision in making a compilation of the relevant points on how alliance and art materials could interact and influence each other for or against the benefits of therapy. The positive aspects of the relationship between these two components of therapy include: having the potential to provide clues for diagnosis, therapeutic interventions, assisting the movement towards the goals of therapy, and providing the necessary safety of the therapeutic environment. These benefits are offset somewhat by the challenges related to therapy in a school environment, the quantity and quality of the available art materials, and the interpretation of transference and affective expression in relation to the psychodynamic theoretical approach.

Safety Is Important and Art Materials Could Help

There are several factors that are particular to practice in schools that could hinder, halt, or even prevent alliance formation. Psychological safety is recommended as the first priority for both clients and therapists. Clients need to be able to trust that what they share within the walls of the therapy room is kept private by the therapist. It is therapists who provide the support

clients require, and it is achieved through alliance and art materials which are part of the therapeutic space. Art materials also allow art making that acts as a containing space as well, for it materializes and makes visible the happenings of the therapeutic hour.

Psychodynamic therapy deems the exploration of the unconscious contents of the psyche as a necessary component for a cure, and for that clients need to let go of everyday concerns and forget about the world outside, which is challenging in schools. The absence of a designated space that is free of interruptions from the outside is one of the factors that could be disruptive for the formation and sustaining of a therapeutic alliance.

Art materials could help to establish safety within the constantly shifting boundaries of a school environment, which it is often difficult to do by any other means. For example, when therapists bring the art materials into a new space because a session is suddenly relocated, they also bring with them the experiences from previous sessions. Art materials are tangible objects, and interaction with them is stored in the clients' memories, and that can help to establish a continuity of relationship with the therapist. An attractive arrangement, where each art material has its own place, also can help in providing organization, security and continuity; if children know where everything is, they can feel secure and function independently in making their selections. At the same time, the very presence of the art materials might trigger associations from past experiences that could affect the therapeutic alliance positively or negatively.

Art Teacher or Art Therapist, Pupil or Client

One of the associations that clients might have is of art therapy sessions being akin to art lessons, with the art therapist being like an art teacher who is there to direct activity and evaluate the pupil-client's artwork. However, therapeutic alliance within a psychodynamic frame advocates the development of a relationship of a parental nature. Also, an appropriate

psychodynamic use of art materials (that comes from object relations principals) is based on the formation of such a relationship between therapists, clients and the art process, where clients can explore feelings and mental states, and moreover are able to create and develop the ability to cope with stress and regulate affect. This is not the same as the interaction between teacher and pupil; that kind of interaction is built on principals of discipline, accomplishment and evaluation. If the art teachers' job is to instruct their students, the art therapists will do so with their clients only if "there is a clear psychological need" (Karkou, 2010, p. 11). Also, whereas the art teacher directs the pupil to use art materials to make a particular art project, the art therapist allows experimentation with art materials and the art product is usually freely made to the liking of the client.

Since therapeutic alliance is a cumulative process that changes and fluctuates throughout time, children most likely notice that the experiences in art therapy differ from regular lessons and teachers with whom they spend a significant portion of the day, teachers who could be viewed in a way as surrogate mothers/caretakers for many children at once. What is different about the status of art therapists is that usually (except in group therapy) they see each child individually, and in that way they differ from regular teachers who interact with a whole class. Because of that, the attachment to the art therapist might be different, and children could entertain the notion of exclusivity, although this may be more difficult in schools because they do know that the therapist sees other classmates and schoolmates as well. Wengrower (2001) stated that: "Random meetings in the corridor or schoolyard, between the therapist and her young clients, can undermine the fantasies of exclusivity that children often create and long for" (p. 111). Unfortunately, it is not possible to stay invisible while doing practice in schools. At my practicum site in an elementary school, I had to go and fetch the children from their classrooms

in order to notify the teachers of their absence, and then walk with them to the therapy room through the corridors. Not only their classmates, but also children from other classes could see us together. This kind of arrangement could disturb the transference reaction to the therapist as a parental figure.

Transference Interpretations Help or Hinder the Appraisal of Alliance

The transference phenomenon is important because it helps the appraisal of alliance, for it allows the therapist to see the ‘status’ of the relationship. Transference could serve alliance in revealing its affective nature. Practicing art therapists confirm that transference emerges through the handling of art materials and the corresponding client-therapist interaction, and practicing psychotherapists and theoreticians tell us that transference interpretations could be useful and accurate only when alliance is sufficiently established. But what about alliance with children, for the research implies that it may develop slower than with adults? Since we don’t really know how alliance fluctuates during the course of therapy with children, or even during the course of a single session, who could tell if alliance is strong enough for transference interpretations to be useful? The privacy of the experience complicates the appraisal of alliance, and it is much more complicated with children, for they usually are not as prone to self-reflection and verbal expression as adults are, especially when they are immersed in the making of an art object. Their ‘good’ behaviour could be deceptive as well, as was mentioned in the case of Avidar (1995), whose client could not express his negative emotions through interactions with her, but could only do so symbolically through his artwork and art materials. The example of Ball (2002) also demonstrates how the client’s (Sheila’s) perspective of the therapist (Ann) changed within the hour of the session. She expressed it verbally by first calling her “boss”, then “secretary”, then “worker”, then “friend”. Hill (2009) stated that clients “often learn as young children not to show

negative reactions for fear of evoking displeasure or being punished”, and the presence of a positive outward reaction does not necessarily indicate the absence of negative internal reactions (p. 51). Hill (2009) also stated that therapists have difficulty handling negative reactions directed at them, and this is where art materials could help. In the example of Ball (2002), we see how art materials helped the client to channel emotions related to the therapist’s authority through a combination of actions, play and words. They not only helped to ‘see’ transference reactions, which in verbal therapy would be directed to the therapist, they also help to protect the therapist from direct expression of aggression, and thus preserve the therapeutic relationship. Affective expression through art materials is especially useful in school environments, where children might feel unsafe to express their emotions towards adults who are in a position of authority, to expose themselves and their families in the culture of an educational institution.

Giving Assistance or Helping to Move Toward the Goals of Therapy

Art therapists are experts in two worlds at once: art and psychotherapy, so teaching or assisting how to use art materials is part of being an artist-therapist. Sometimes “the process of working with materials requires close attention and careful control” (Rubin, 2011, p. 20); children with low hand dexterity could hurt themselves with scissors or a hot glue gun, or smear paint on their school clothes. Consider this: the therapeutic alliance is the feature of relationship that collaborates towards therapy goals; and the making of an art object is one of the curative elements in art therapy, and thus could be seen as one of its main goals. In that case we could say that, if it is needed, the therapist aims to assist a client in making an art object in order to fulfil the goal of therapy. Besides, the interaction with art materials could help to form a relationship between client and therapist. However, if the therapist wishes and finds it necessary to practice a psychodynamic approach, then this could be difficult to do with a child who is participating on

an active/directive bases (where the therapist directs the actions of the child by showing how to use the art materials, etc.). Perhaps for that reason, the researchers Karkou and Sanderson (2006), who investigate art therapy within schools, write that, even if art therapy based on a psychoanalytic/psychodynamic approach is one of the most practiced approaches in mental health fields, the developmental and active/directive approaches seem to fit more with the culture of education, although this has not been statistically proven.

In order to ensure that art therapy is not mistaken for private art lessons, and whenever therapists find themselves in the predicament of taking the role of teacher, what could help in bringing the relationship back to a therapeutic level is a reframing of the relationship into one that fosters more independence. So therapists need to discern when clients need to function independently or with their assistance.

Art Materials as Tools of Interventions Interdependent with Theoretical Approach

Interaction with art materials helps the therapist to direct the client's actions and make interventions. The nature of the interventions would be determined by the therapeutic approach. In an example provided by Ball (2002), when the therapist (Ann) intervenes by restricting the client (Sheila) from taking more paper than she has already used, Sheila reacts to that restriction with strong affect, which she expressed through the use of art materials and verbal interaction with therapist. Sheila's affect could be considered by the therapist who uses a psychodynamic approach as a transference reaction that reflected relationships with significant others. At the same time, it is important to note that Ann acted from an authoritative position by restricting Sheila's free choice. So, therapists who utilize other theoretical perspectives could see the situation as free of transference reactions, or they might have allowed Sheila to use more paper, and that would have produced a quite different therapeutic situation where Sheila might have

stayed free of the resulting affect, because her request would have been granted. And maybe if the therapist would have allowed the client to act freely, it would have solidified the alliance, but not necessarily produced the therapeutic effect related to the release of affective charge.

Goals of Therapy and Therapeutic Alliance

So it seems that there is a difference in what constitutes therapeutic alliance, and that the difference would be dependent on the goals of therapy, or the goals of the session as perceived by a therapist who practices a particular theoretical approach. There are maybe points in the time of the therapy when it is necessary to solidify alliance by giving more permission in order to move towards the goals of the therapy in the future. Practitioners' opinions are divided on the subject of how much art materials are sufficient for effective therapy, or how fast or slow they should be introduced. Situational dynamics determine the course of actions on the part of a therapist. For example, when Ann decided to restrict Sheila, it created a conflict; perhaps she perceived the therapist through transference as a punitive or stingy mother (although she calls Ann a boss), or as a real person who is stronger than her. After all, transference is based on a combination of previous experiences with significant others and new aspects in the relationship between therapist and client, and it might be difficult to differentiate which is which.

Theoreticians advise us that everything that happens in therapy could be evaluated from the alliance point of view (Hatcher, 2010). So when Sheila had a strong reaction to Ann's intervention, what remains important for the investigation of how art materials influence alliance, is that Sheila was able to regulate her emotions, establish deeper bond with the therapist, and achieve a significant positive shift through interaction with art materials and therapist.

Ball (2002) noted that every positive change in alliance occurred as a result of a resolution of strong affect through the use of art materials. Researches confirm that therapeutic

interventions and resolution of conflicts could have a positive influence on alliance (Bassin et al., 1980; Hill, 2010). When Ann intervened by making the restriction, it created a conflict, the resolution of which solidified the relationship by helping the client to go through a series of emotions that were related to her real life experiences.

Researchers say that collaboration towards goals and resolution of difficulties that appear during therapy could consolidate the therapeutic rapport between the two parties (Bassin et al., 1980; Bedi et al., 2005; Hill, 2010). However, what remains unclear is which aspects of alliance influence the outcome, for there seems to be a combination of them in verbal psychotherapies. In art therapy, art materials give clients the possibility to go through challenging emotions without fear of being punished for being upset at the therapists, and that could have a positive effect on alliance because the client might also start trusting an art therapist who accommodates this process. Consider how Sheila expresses herself when she sings the chant which was very expressive of her realization of how art making and the therapist “helped her to tolerate painful experiences and sustain the creative process: We work, we work, we work. If we are upset, we work, we work. If we are afraid, we work, we work” (Ball, 2002, p. 85).

Difficulties in Alliance Appraisal

Some researchers suggest simplifying the complicated task of alliance appraisal by proposing that if alliance is high then therapy is going well, and thus a positive outcome could be reached (Barber et al., 2010). In art therapy, appraisal of the alliance is even more complex; if clients are making art objects and interacting with art materials, are they just making art object because there is a strong alliance, or because they like art-making, or because they are ‘framed’ by the situation to do so? After all, children in schools are conditioned to listen to teachers and other adults. So if children are simply complying in making art objects because they are

conditioned, then appraisal of alliance could be difficult and the outcome of the session, if not of the whole therapy, is undermined, especially when the therapist sees the situation through a psychodynamic lens framed by transference phenomena. When a client, for example, resists engagement with art materials, and thus refuses to make an art object, does it mean that the therapeutic bond got weak, or there is a transference reaction to the therapist, or some other reasons? There are many reasons why a client might refuse to be engaged in therapy through the use of art materials, so it seems that their presence could complicate the formation and appraisal of alliance within a psychodynamic frame of therapy.

Quantity of Art Materials

Although some clientele could profit from a small rather than a large amount of art materials, it is somewhat different than to be limited by an insufficient variety. When the therapists are not able to offer the necessary supplies, it could put strain on the relationships. In school systems, therapists are allotted insufficient budgets for purchasing art materials, resulting in meagre or poor quality art supplies and room equipment that often doesn't arrive on time. Some therapists bring their own art materials, and that could produce feelings of possessiveness and make it difficult for a therapist to be impartial, which in turn might hinder their ability to make accurate transference interpretations.

The Quantity of Art Materials and the Quality of Alliance

While it is true that meagre amounts and poor quality of art materials might have an effect on the therapeutic relationship, it is also true that each medium, no matter how simple, could be used by a client in more than one way. Ball (2002) demonstrates how Sheila interacted and used the same medium of paper in three different ways, from cutting, to stapling, to making and writing a book. That somewhat relates to the opinion of art therapy practitioners that it is not

necessary to have adequate art materials, that the quality of the therapeutic relationship is more important than adequate art supplies, for Ann already had a positive relationship with Sheila, so she was able to have a meaningful interaction with just one simple art medium.

Variety Is Still Preferable

There is another point to consider: art therapists in schools might get children who like to make art, and also those who dislike it, for the reason that they did not have enough positive experiences or sufficient choices in art materials in their previous art making. In that case, the variety of art materials could give clients a chance to be engaged and to discover their preferences, so insufficient supplies might halt participation in art therapy. It seems that even resistance or unwillingness to interact with art materials could serve alliance formation, because those reasons could be explored through the utilization of counselling skills on the part of art therapist.

The Therapist's Preferences for Art Materials

If artistic preferences helped to consolidate the therapeutic bond (Nacho, 1981), then maybe the shared affinity to a particular art material could do so as well. For example, could a love for pottery on the part of the therapist ignite an interest in using clay on the part of the client, in the wish to share that love with the therapist/mother, or to relate to the therapist better? Consider Rubin's (1999) example of a preschool teacher who "noticed that her pupils must have known how much she liked easel painting, because there was so much activity in that corner when she led the group" (p. 132); in turn, the same group of children switched their interest to clay work with another teacher, who preferred modelling (Rubin, 1999). Thinking back on my practicum experience, I saw how my love for yarn and knitting sprung an interest and wish to learn knitting in clients, and that definitely added an air of enthusiasm into the session. I

remember enjoying myself while teaching them, maybe even more than the clients enjoyed learning. When art therapists are introducing their preferred mediums, I think it is advisable to be aware of who is being served, for the clients might be acting out on the wish to please the therapist, rather than finding a meaningful creative engagement themselves. But these kinds of points of contact could also be beneficial for alliance formation. As Moon (2010) writes, therapists' enthusiasm for a preferred medium could ignite the clients' interest in discovering their own preferred medium, thus enhancing their art making.

Conclusion

To conclude, art materials could serve as a common denominator that joins and divides at the same time. Such activities as choosing appropriate mediums together, going through resistances, or looking for the ways to make art objects with unfamiliar mediums, art materials offer a variety of possibilities to establish contact between client and therapist. Art materials also could help to see the client's challenges when they become visible through a transference content, which is valuable to see for the therapist because it could give clues for choosing an appropriate intervention. Art materials help to protect the therapist against challenging emotions related to transference reactions, by taking them upon themselves. They also help to regulate affect by giving the possibility for it to be expressed and worked through the artwork. Art materials are not only tools that could help therapeutic relationship, their evocative qualities are able to incite young clients into visual expression and explore the world of creativity for healing and extending sense of self.

References

- Allen, P. B. (1988). Consideration of transference in art therapy. *The American Journal of Art Therapy, 26*, 113-118.
- Avidar, A. (1995). Art therapy and pervasive trauma: Working with children in violent communities. *Pratt Institute Creative Arts Therapy Review, 16*, 10-22.
- Ball, B. (2002) Moments of change in the art therapy process. *The Arts in Psychotherapy, 29*(2), 79-92. doi:10.1016/S0197-4556(02)00138-7
- Barber, J. P., Khalsa, S-R., & Sharpless, B. A. (2010) The validity of the alliance as a predictor of psychotherapy outcome. In J. C. Muran & J. P. Barber (Eds.), *The Therapeutic Alliance: An Evidence-Based Approach to Practice* (pp. 29-43). New York, NY: Guilford Press.
- Benjamin, L. S., & Critchfield, K. L. (2010). An interpersonal perspective on therapy alliances and techniques. In J. C. Muran & J. P. Barber (Eds.), *The Therapeutic Alliance: An Evidence-Based Approach to Practice & Training* (pp. 123-149). New York, NY: Guilford Press.
- Bassin, D., Lyshak, M. P. S., & Robbins, A. (1980). The creative as a means of overcoming resistance in treatment. In A. Robbins, *Expressive therapy: A creative approach to depth-oriented treatment* (pp. 42-57). New York, NY: Humanistic Sciences Press, Inc.
- Bedi, R. P., Davis, M. D., & Williams, M. (2005). Critical Incidents in the Formation of the Therapeutic Alliance from the Client's Perspective. *Psychotherapy: Theory, Research, Practice, Training, 42*(3), 311-323.
<http://0-dx.doi.org.mercury.concordia.ca/10.1037/0033-3204.42.3.311>
- Carr, M. B., & Vandiver, T. R. (2003). Effects of Instructional Art Projects on Children's

- Behavioural Responses and Creativity Within an Emergency Shelter. *Art Therapy*, 20(3), 157-162. doi: 10.1080/07421656.2003.10129576
- Case, C. (1987). A search for meaning: loss and transition in art therapy with children. In T. Dalley, C. Case, J. Schaverien, F. Weir, D. Halliday, P. Nowell Hall & D. Waller, *Images of art therapy: New developments in theory and practice* (pp. 36-73). New York, NY: Tavistock Publications.
- Case, C. (2002) Animation and the location of beauty. *Journal of Child Psychotherapy*, 28(3), 327-343. doi: 10.1080/0075417021000022702
- Corem, S., Snir, S., Regev, D. (2015). Patients' attachment to therapists in art therapy simulation and their reactions to the experience of using art materials. *The Arts in Psychotherapy*, 45, 11-17.
- Cooper, H. M. (1984). *The integrative research review: A systematic approach*. Beverly Hills, CA: Sage Publications, Inc.
- Cooper, H. M. (2010). *Research synthesis and meta-analysis: A step-by-step approach (4th ed.)*. Los Angeles, CA: Sage Publications, Inc.
- Crits-Christoph, P., Crits-Christoph, K., & Gibbons, M. B. C. (2010). Training in alliance-fostering techniques. In J. C. Muran & J. P. Barber (Eds.), *The therapeutic alliance: An evidence-based guide to practice* (pp. 304-319). New York, NY: Guilford Press.
- Dalley, T. (1987). Art as therapy: Some new perspectives. In T. Dalley, C. Case, J. Schaverien, F. Weir, D. Halliday, P. Nowell Hall & D. Waller, *Images of art therapy: New developments in theory and practice* (1-36). New York, NY: Tavistock Publications.
- Dalley, T. (2000). Back to the future: Thinking about theoretical developments in art therapy. In A. Gilroy & G. McNeilly (Eds.), *The changing shape of art therapy: New*

- developments in theory and practice.* (pp. 84-98). Philadelphia, PA: Jessica Kingsley Publishers, 2000.
- Dinnage, R. (1978). A bit of light. In S. A. Grolnik, L. Barkin & W. Muensterberger (Eds.), *Between reality and fantasy: Transitional objects and phenomena* (pp. 365-378). New York, NY: Jason Aronson.
- Elvins, R., & Green, J. (2008). The conceptualization and measurement of therapeutic alliance: An empirical review. *Clinical Psychology Review*, 28, 1167-1187.
- Gabbard, G.O. (2005) *Psychodynamic psychiatry in clinical practice* (4th ed.). Washington D.C.: American psychiatric press.
- Gaston, L., & Marmar, C. R. (1994). California psychotherapy alliance scales. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: theory research and practice* (pp. 85-108). New York, NY: John Wiley and Sons, Inc.: New York
- Goldstein, A. P. (1980). Relationship-enhancement methods. In F.H. Kanfer & A. P. Goldstein (Eds.), *Helping people change: Textbook of methods* (2nd ed.). Toronto: Pergamon Press.
- Greenson, R. R. (1967). *The technique and practice of psychoanalysis*. New York, NY: International Universities Press, Inc.
- Hatcher, R. L. (2010). Alliance theory and measurement. In J. C. Muran & J. P. Barber (Eds.). *The therapeutic alliance: An evidence-based guide to practice* (pp. 7-28). New York, NY: Guilford Press.
- Hesse-Biber, S. N., & Leavy, P. (2011). *The practice of qualitative research*. Los Angeles, CA: SAGE Publications.
- Hill, C. E. (2009). *Helping skills: Facilitating exploration, insight, and action* (3rd ed.).

- Washington, DC: American Psychological Association.
- Hill, C. E. (2010). Qualitative studies of negative experience in psychotherapy. In J. C. Muran & J. P. Barber (Eds.). *The therapeutic alliance: An evidence-based guide to practice* (pp. 63-73). New York, NY: Guilford Press.
- Hilbuch, A., Snir, S., Regev, D., & Orkibi, H. (2016). The role of art materials in transference relationship: Art psychotherapists' perspective. *The Arts in Psychotherapy, 49*, 19-26.
doi:10.1016/j.aip.2016.05.011
- Hinz, L. D. (2009). *Expressive therapies continuum: A framework for using art in therapy*. New York, NY: Rutledge.
- Horvath, A., & Symonds, R. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology, 38*, 139-149
- Johnson, D. R. (1998). On the therapeutic action of the creative arts therapies: The psychodynamic model. *The Arts in Psychotherapy, 25*(2), 85-99.
- Karkou, V. (2010). Introduction. In V. Karkou (Ed.), *Arts therapies in schools: Research and practice* (pp. 9-23). Philadelphia, PA: Jessica Kinsley Publishers.
- Karkou, V., & Sanderson, P. (2006). *Arts Therapies: A research based map of the field*. Toronto: Elsevier Churchill Livingstone.
- Kazdin, A. E., Siegel, T. C., & Bass, D. (1990). Drawing on clinical practice to inform research on child and adolescent psychotherapy: Survey of practitioners. *Professional Psychology: Research and Practice, 21*(3), 189-198.
<http://0-dx.doi.org/mercury.concordia.ca/10.1037/0735-7028.21.3.189>
- Kramer, E., Wilson, L., & Bernard, V. W., (1979). *Childhood and art therapy: Notes on theory and application*. New York, NY: Schoken Books.

- Lusebrink, V. B. (1990). *Imagery and visual expression in therapy*. New York, NY: Plenum Press.
- Lusebrink, V. B., (2004). Art Therapy and the Brain: An Attempt to Understand the Underlying Processes of Art Expression in Therapy. *Art Therapy, 21*(3), 125-135.
doi: 10.1080/07421656.2004.10129496
- Martin, D. J., Graskie, J. P., & Davis, M. K. (2000). Relation of the therapeutic alliance with outcome and other variables: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 68*, 438–450.
- McLeod, B. (2011). Relation of the alliance with outcomes in youth psychotherapy: A meta-analysis. *Clinical Psychology Review, 31*(4), 603–616. doi:10.1016/j.cpr.2011.02.001
- Messer, S. B., & Wolitzky, D. L. (2010). A psychodynamic perspective on the therapeutic alliance: Theory research and practice. In J. C. Muran & J. P. Barber (Eds.), *The therapeutic alliance: An evidence-based guide to practice* (pp. 97-123). New York, NY: Guilford Press.
- Moon, C. H. (2010). *Materials and media in art therapy*. New York, NY: Routledge, Taylor and Francis Group.
- Muran, J. C. & Barber, J. P. (2010). An introduction: Establishing the context and rationale. In J. C. Muran & J. P. Barber (Eds.), *The therapeutic alliance: An evidence-based guide to practice* (pp. 1-6). New York, NY: Guilford Press.
- Nucho, A. (1981). Aesthetic preferences as a means of attaining an optimal therapist-patient match. In I. Jakab (Ed.) *International congress of psychopathology of expression: The personality of the therapist* (pp. 65-86). Boston, Ma: American Society of Psychopathology of Expression.

- Pearson, M., & Wilson, H. (2009). *Using expressive arts to work with mind, body and emotions: Theory and practice*. Philadelphia, PA: Jessica Kingsley Publishers.
- Penzes, I., Van Hooren, S., Dokter, D., Smeijsters, H., & Hutschemaekers, G. (2014). Material interaction in art therapy assessment. *The Arts in Psychotherapy, 41*(5), 484–492. doi:10.1016/j.aip.2014.08.003
- Pesso-Aviv, T., Regev, D., & Guttman, J. (2014). The unique therapeutic effect of different art materials on psychological aspects of 7- to 9-year-old children. *The Arts in Psychotherapy, 41*(3), 293–301. doi:10.1016/j.aip.2014.04.005
- Prokofiev, F. (2010). ‘Give me some paper’: The role of the image-making as a stabilizing force for a child in transition. In V. Karcou (Ed.), *Arts therapies in schools: Research and practice* (pp. 161-176). Philadelphia, PA: Jessica Kinsley Publishers.
- Prokofiev, F. (2011). ‘I’ve been longing for more and more of this’: Researching art therapy in the treatment of children with developmental deficits. In A. Gilroy (Ed.) *Art therapy research and practice* (pp. 19-39). New York, NY: Peter Lang.
- Randolph, J. J. (2009). A Guide to Writing the Dissertation Literature Review. *Practical Assessment, Research & Evaluation: A peer-reviewed electronic journal, 14*(13). Accessed 22 November 2014 from <http://pareonline.net/pdf/v14n13.pdf>
- Regev, D., Green-Orlovich, A., & Snir, S. (2015) Art therapy in schools – The therapist's perspective. *The Arts in Psychotherapy, 45*, 47–55.
- Robbins, A., Goffia-Girasek, D.(1987). Materials as an extension of holding environment.. In A. Robbins (Ed.) *The artist as therapist* (p.104-115). New York, NY: Human Sciences Press Inc.
- Rubin, J. A. (1999). *The art therapy: An introduction*. Philadelphia, PA: Brunner/Mazel

- Rubin, J. A. (2005). *Child art therapy*. New York, NY: John Wiley & Sons, Inc.
- Rubin, J. A. (2011). *The art of art therapy: What every art therapist needs to know*. New York, NY: Routledge. <http://0-dx.doi.org.mercury.concordia.ca/10.1016/j.aip.2015.07.004>
- Ryckman, R. M. (2007). *Theories of personality* (9th ed.). Belmont, CA: Wadsworth/Thomson Learning.
- Schaverien, J. (1989). Transference and the picture: Art therapy in the treatment of anorexia. *Inscape: The Journal of the British Association of Art Therapists*, Spring: 14-17.
- Schaverien, J. (1995). The picture as transitional object in the treatment of anorexia. In D. Dokter (Ed.), *Arts therapies and clients with eating disorders: Fragile board* (pp. 31-47). Philadelphia, PA: Jessica Kingsley Publishers.
- Schaverien, J. (2000). The triangular relationship and the aesthetic countertransference in analytical art psychotherapy. In A. Gilroy & G. McNeilly (Eds.), *The changing shape of art therapy: New developments in theory and practice*. Philadelphia, PA: Jessica Kingsley Publishers.
- Shirk, S. R., & Karver, M. (2003). Prediction of treatment outcome from relationship variables in child and adolescent therapy: A meta-analytic review. *Journal of Consulting and Clinical Psychology*, 71(3), 452-464. doi:10.1037/0022-006X.71.3.452
- Shore, A. (2013). *The practitioner's guide to child art therapy: Fostering creativity and relational growth*. New York, NY: Rutledge.
- Spiegel, D., Malchiodi, C., Backos, A., & Collie, K. (2006). Art Therapy for Combat-Related PTSD: Recommendations for Research and Practice. *Art Therapy*, 23(4), 157-164. doi: 10.1080/07421656.2006.10129335
- Stiles, W. (1999). Signs and Voices in Psychotherapy, *Psychotherapy Research*, 9(1), 1-21.

doi:10.1080/10503309912331332561

Stiles, W. B., & Goldsmith, J. Z. (2010). The alliance over time. In J. C. Muran & J. P. Barber (Eds.), *The therapeutic alliance: An evidence-based guide to practice* (pp. 44-62).

New York, NY: Guilford Press.

Synder, B. A., (1997). Expressive art therapy techniques: Healing the soul through creativity.

Journal of Humanistic Education and Development, 36(2), 74-82.

Wadeson, H. (1987). *The dynamics of art psychotherapy*. New York: Wiley.

Wengrower, H. (2001). Arts therapies in educational settings: An intercultural encounter. *The*

Arts in Psychotherapy, 28(2), 109-115.

Winnicott, D. W. (1990). *The maturational process and the facilitating environment: Studies in*

the theory of emotional development. New York, NY: Karnac Books, Ltd.

Winnicott, D. W. (2005). *Playing and reality*. London, UK: Routledge Classics