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# Family Assessment and Intervention Using an Interactive Art Exercise

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*The authors have developed a family-centered interactive art exercise from a synthesis of clinical tools used by attachment theory and family art therapists. The exercise aims to facilitate assessment and treatment of families with younger children (two to eight years) at a tertiary referral child and family psychiatric facility, by observing how a family collectively as well as individually sets about planning and completing an art task. Art exercises allow for both verbal and non-verbal communication. The exercises are deliberately kept simple in order to span a range of developmental abilities, and allow the therapist/s to observe from behind a one-way screen, so as to be less intrusive in the family dynamics. Although developed for assessment with a specific population, the exercise is likely to be useful in other clinical situations and has been used as a treatment tool by the authors.*

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## INTRODUCTION

Involving pre-school children (three to seven years) in multi-generational family sessions is difficult. Toddlers' demands for attention can be so constant that the therapist may be unable to engage the family in an uninterrupted conversation. Older preschool children may have limited verbal skills, an under-developed sense of past and future, of sequencing and causality; their concrete thought processes may not allow them to participate in the conversation or to conceptualise family issues using language. Children start to develop narrative memory from the age of about three, when they are able to construct meaningful phrases. Prior to this age narrative memories are absent, fragmentary or remembered visually (Terr, 1994). Thus the emphasis placed on language by most schools of family therapy becomes more and more inappropriate the younger the child and the less developed his/her verbal capacities. This often leads to therapists talking to parents, while the children are expected to play quietly in the corner; consequently children frequently disrupt in a bid to get attention. Although information gathered from such sessions may be useful, it lacks the richness of data about family interactions gathered in families with older children, who are more able to participate in sessions that use verbal com-

munication as a primary exploratory tool. When non-verbal communication is considered, young children's participation in sessions is four times greater than when only verbal communication is taken into account (Cederborg, 1997). Thus, the frequent pattern in family therapy of avoiding or readily dismissing young children almost as if they were not full members of the family group is problematic (Cederborg, 1997; Dowling and Jones, 1978).

There have been a number of techniques developed to engage, assess or treat younger children. Within the psychodynamic tradition, Melanie Klein, who saw children individually, developed her play technique in an attempt to understand children's inner worlds (Klein, 1959). Winnicott described various play techniques such as 'the squiggle game' which he used to engage and talk with children alone and when seeing them in the family context (Winnicott, 1971).

Attachment theorists (Bowlby, 1969, 1973, 1980) have also developed a number of techniques used in the assessment and treatment of infants, toddlers and preschoolers. Attachment theory has been particularly valuable in conceptualising the interactional patterns of very young children and their carers, arguing that the infant-parent relationship mediates the contributions to the infant's neurobiological development, and appears to operate as a template upon which the affective, cognitive and social development of the infant is organised (Perry, Pollard, Blackley, Baker and Vigilante, 1995; Schore, 1996). Three broad patterns of behaviour and associated caregiving styles (Types A, B, C) have been observed by one year of age (Ainsworth, Blehar, Waters and Wall, 1978). These correspond to three patterns of mentally integrating

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temporal and affective information, that is, integrating information about the world (Crittenden, 1995).

Assessment techniques such as Crittenden's Care Index, used in infancy (Crittenden, 1988), Ainsworth's Strange Situation, used for children of eleven to fifteen months (Ainsworth et al., 1978), and Cassidy and Marvin's pre-school assessment, used from two and a half to four and a half years of age (Cassidy and Marvin, 1992), examine and classify interactional patterns between a parent and a child. Therapeutic techniques such as Muir's 'Watch, Wait and Wonder' technique (1992), Lieberman and Pawl's Infant-Parents Psychotherapy (1993), and McDonough's Interactional Guidance technique (1993) are best suited to the treatment of relationship difficulties of parent(s) and infants up to the age of about two. These techniques focus on the interaction of parents with their babies in a play setting, i.e. a room with appropriate toys where the mother and infant interact on the floor. The therapist is also usually in the room but takes care not to interact with the baby. Intervention in these forms of psychotherapy includes making overt what is happening in the interaction. This is done by the use of interpretations, which link the mother's past experience with her behaviours towards and projections onto the infant (Muir, 1992; Lieberman and Pawl, 1993), or through videotaped feedback about parent-child interactions, which helps parents look at positive caregiving as well as behaviours which need to be modified (McDonough, 1993). These techniques are often used in demanding clinical work, e.g. with high-risk infants of abusing parents. Parent-infant psychotherapy is usually done with a dyad, but may be combined with casework to manage families, and to involve fathers (Wright, 1986).

Parent-Child Interaction Therapy was developed by McNeil, Eyberg, Eisenstadt, Newcombe and Funderburk (1991) to treat two to seven year old children with severe behavioural problems. It is conducted in the context of dyadic play situations, to train parents in play skills and relationship skills, as well as in techniques to manage the child's behaviour, using a bug-in-the ear microphone device from an observation room. Although both parents may sequentially take part in the program, this approach does not involve other children in the family or address other issues, such as marital conflict.

Thus attachment theory has strong theoretical roots embedded in the observation of mothers and their young children, and is particularly valuable in recognising relationship patterns and difficulties with young, often non-verbal children. However, its emphasis on relationship dyads is theoretically problematic and clinically limiting when children are being treated in the context of their families, and of the broader community and its cultures and institutions. Bowen (1978) emphasises that the functioning of any dyadic relationship is intricately related to the functioning of a larger emotional unit, or 'emotional field', that is, the family (Bowen, 1978; Kerr and Bowen, 1988).

The attachment process must include how one becomes emotionally 'wired' to the unit as a whole. The emotional

field ... emerges from the emotional functioning of both the mother and father ... the relationship that each has with his or her own families of origin and the ways those relationships get expressed by the couple (Donley, 1993: 10).

Thus whereas young children attach in preference to a primary caregiver, usually the mother, they may also attach to the larger emotional unit through that caregiver (Donley, 1993).

Furthermore, the assumption that the mother-child relationship is primary can be questioned. According to Bowen, the triangle, not the dyad, is the most basic building block of the emotional unit. The theoretical assumption is that any relationship between two individuals is inherently unstable and will involve others from the larger emotional unit, to stabilise it (1978: Kerr and Bowen, 1988). Thus viewing attachment patterns as part of the various triangles within the larger unit is essential.

Family art therapists, and more recently some family therapists, have in conjunction with their usual theoretical orientation, used drawings to facilitate their work (Chasin and White, 1989; Donnelly, 1992; Ford Sori, 1995; Kwiatkowska, 1978; Landgarten, 1981, 1987; Lantz and Alford, 1995; Linesch, 1993; Shearn and Russell, 1969; Riley, 1985, 1993, 1994; Rubin and Magnussen, 1974; Sherr and Hicks, 1973; Wadeson, 1976, 1980). Having concrete visual images may aid in the process of structural conceptualisation, in particular for younger children (Ford Sori, 1995). Thus a number of authors use art as an illustration to the story told in family therapy (Ford Sori, 1995; Riley, 1993) or utilise art works produced in family sessions as a source of information (Kwiatkowska, 1978; Landgarten, 1987). Riley (1985: 117) writes: 'Family art therapy provides tasks which serve to make the invisible visible'. The art work creates concrete illustrations of the family story, and can then be manipulated or reworked as part of the therapeutic process. However, despite her use of art, Riley continues to stress the verbal aspect of family therapy, that is, the role of the therapist as a 'master conversational artist' (Riley, 1993: 255).

A number of art therapists working with families have described the value of art for assessing process data, family interactions and dynamics (Kwiatkowska, 1978; Landgarten, 1987; Wadeson, 1980; Rubin and Magnussen, 1974; Riley, 1994). Kwiatkowska (1978) developed a six step process involving (1) a picture on any subject (2) individual pictures of family (3) individual abstract pictures of family (4) individual pictures started with the help of a scribble (5) a joint family picture developed from one of the individual scribbles (6) a free picture. We found these tasks too complex to span developmental abilities and not respectful of the short attention span of small children. Landgarten (1987) views the art exercise as an opportunity to look at family functioning: as a diagnostic, interrelational and rehearsal tool. Family members are asked; (1) to divide into two teams who work on a single piece of paper in silence (2) to create a joint family picture in silence (3) to work on an individual free picture. Because these tasks focus on non-verbal

communication, they fail to elicit family gossip, and the way family members customarily speak to one another. Wadeson (1980) similarly requests individual family members to draw a picture of the family. Rubin and Magnussen (1974), propose a three step process involving shared and individual tasks, for example, a portrait of the family drawn by each individual family member. Riley (1994) also uses both individual and shared tasks such as 'a group family drawing', to give the therapist opportunity '... to observe interaction, form a hypothesis about the family system and create interventions to alter dysfunctional sequences of behavior' (197). Collectively, the art tasks described in the literature have a number of deficits from our point of view: some focus primarily on the individual members of the family, which does not maximise data about family interactions; some place too great an emphasis on the interpretation of the art works, are too time consuming and complex, and require the therapist/s to be in the room.

### **ARNDELL CHILDREN'S UNIT: THE CONTEXT**

Our structured art exercise was developed at Arndell Children's Unit, Royal North Shore Hospital, Sydney, a tertiary child psychiatry treatment setting. The families referred to Arndell have usually failed to benefit from simpler interventions at a primary or secondary level, that is, treatment at the local community health centre, with their paediatrician or with other health professionals. The junior program, treating children two to eight years of age, offers the possibility for change using a systemic treatment framework, and includes a combination of interventions via family therapy, family admission, specific pharmacotherapeutic or other psychological approaches and involvement of some children in a day program.

### **THE DEVELOPMENT OF THE ART EXERCISE**

The structured art exercise described grew out of a number of difficulties regularly encountered by the authors. Firstly, there was a need to find a family-centred exercise that removed pressure and focus from the identified child, was experienced as non-confrontational by the family, and engaged the entire family in the verbal and non-verbal assessment of family interactions, regardless of age, language development, abstract thinking ability and ability to sequence temporal events. Secondly, the identified child patients often demonstrated either learning or speech difficulties (e.g. difficulty with expressive or receptive language skills, or difficulties with internal state language, that is, language about their feelings) or were from a non-English speaking background. Techniques which rely on normal language acquisition were not therefore always helpful.

Thirdly, there was a need to find a way to engage families who had been unable to engage with other

agencies—and who would be classified as 'avoidant' or 'dismissive' on the Adult Attachment Interview (Main and Goldwyn, 1985–1993). Parents of such families displayed a style of interaction characterised by a tendency to speak in generalisations, to dismiss affective information and feelings, to minimise the importance of relationships, and to regard cognitive explanations for problems as sufficient, e.g. medical diagnoses such as Attention Deficit Hyperactivity Disorder. These families portrayed themselves as having nothing amiss with their relationships and social adjustment. However, information from referral agents, schools and other sources tended to describe them as significantly less well adjusted socially, as having less insight and more negative affect, and as being stuck in negative relationship sequences. The art exercise allowed for the exploration and identification of interactional patterns between family members, without the laborious task of doing so via verbal reconstruction. Furthermore it avoided an adult-influenced version of events.

Fourthly, the techniques developed by attachment clinicians were useful for dyads, but needed to be modified when seeing families, where there could be up to eight people in a room. Thus there was a need to find a vehicle to focus on and clarify interactional patterns in chaotic or large families in a concrete, here and now way which could be easily grasped and made sense of by adults, children and therapists. Finally, art is not subject to adult verbal editing and is the primary symbolic language of young children. Therefore many family issues and secrets are likely to emerge either via the art itself or in the process of its creation.

### **The Structured Art Exercise**

The exercise takes place in hour long sessions, one to three of which are set up as part of assessment. In this paper the technique will be discussed in the context of assessment; however, in reality the discussion of interactions mentioned by the family or observed by the therapist becomes in itself an intervention. Conceptually, the art exercise involves three main components: firstly, new information is gained by both the family and the therapists from the family's doing the art task; secondly, family information can be gained during discussion about the making of the art work and from the art work itself; thirdly, the strengths in the family can be emphasised. For example, positive interactions can be noted and negative interactions reframed so that they can be thought about in constructive or different ways.

In practice, the structured art exercise involves several phases.

#### **1. *Setting the exercise***

We explain to the clients that the art exercise will help us all understand how they work together as a family and that it will help the therapist/s understand some of the worries in the family. The art materials are deliberately chosen for their strength, efficiency and developmental suitability. For instance:

- The family is given a box of oil pastels, one stick of glue, a pair of adult scissors, a pair of scissors appropriate for children, an A3 size sheet of paper each and one A1 size sheet of paper. Family members are asked to draw a picture of themselves on the A3 sheet. When this is completed they are to cut out their self-portraits and, working together, to stick all their individual pictures onto the A1 sheet to create a family picture. No further instructions are offered.
- The family is given a lump of clay and asked as a family to create one of the following: a castle, a magic cave or a magic forest. No further instructions are offered.
- The family is given a box full of magazine cuttings, one glue stick, a pair of adult scissors, a pair of scissors appropriate for children, and one A1 size sheet. They are asked to create together a collage of a family day out. No further instructions are offered.

## 2. Observation

After the family have been briefed, the therapist/s leave the room and watch from behind a one way screen as the members complete the task. The one way screen has a number of functions. When very young children are present, it is difficult for therapists to remain in the room without the children attempting to engage them. Therapist absence also clearly indicates that it is the parents' task to supervise the children, and allows for no ambiguity about this. Using the one way screen allows the therapist/s a meta perspective on the family. The two observing therapists provide a richer source of information, as it is not easy for one therapist to focus on all the behaviours that occur during the exercise. Videotaping also allows the therapist/s or family to review the session. Data on multiple levels are sought:

- *Structural Data*: parenting skills, roles, hierarchies, boundaries, alliances and coalitions are observed. Such data are usually clear from how the family negotiate to start the exercise, who makes decisions, who helps whom, who works with whom, whose suggestions are used or ignored, whether the family works as a team, whether particular members are included or excluded with regard to verbal and non-verbal communication, the space each person uses, the atmosphere in the room, how the parents contain the children's behaviour and conflicts.
- *The children's developmental level*: gross and fine motor skills, language and speech development, regulation of affect, regulation of attention, and cognitive/symbolic development are evident from watching how each child attempts the task and deals with frustration.
- *Family interactions and individual style of interaction*: this includes observation of displayed affect and verbal and non-verbal interactions. What strategies do the children use to relate to their parents, to elicit nurturance, to ensure parental attention? Do they manifest any other attachment behaviours?
- *Other data* expressed either in the art work itself or in the interactions around the art work such as percep-

tions of self or others in the family. An example would be a child cutting himself out of the family picture.

## 3. Exploration and feedback

The therapists return to the room once the exercise is completed and discuss the art work with the family, beginning with questions like: 'Tell me something about the picture.' This open-ended questioning is useful for exploring the children's ability to use language. Later questions may be more concrete, e.g. 'How come this person has glued himself on top of this person?' 'I wonder how Mary felt when Robert scribbled all over her?' 'If you could choose to be anywhere in the picture, where would you be?' The therapist/s may ask about the interactions of different family members as represented in the art work (e.g. 'What is Dad saying to Mum?'), as a way of bringing new information into the family system. The family or therapist/s may notice a particular theme or something markedly distinct about the art work, which may be explored further. The art works may be coherent or unintegrated. Who is placed next to whom, who is isolated, who overlaps with whom, who is not included, are all sources of potentially useful information. Interpreting the art work is usually avoided, as interpretations may be premature or inaccurate.

Difficult behaviours often arise during this part of the session and the therapist/s may ask how the parents would like to handle the disruption. Therapists may support the parents or model setting appropriate limits on the children, to ensure that everyone gets a turn at talking and listens to the others.

## 4. Integrating the data

The therapist/s then inquire about the similarities and differences between the process of doing the exercise and how things are at home. This may include eliciting the meaning of behaviour and of the art work, or exploring specific sequences of behaviour, and at times linking these to family of origin sequences. These intergenerational links can be made by asking questions such as, 'Do you remember what it was like for you, when you were Mary's age?' 'When you were Mary's age who would you have placed yourself closest to?' 'Would you have been closer to your Dad or your Mum at Mary's age?'; 'If Grandma was in the picture, where would Grandma be?'

## 5. Developing goals

Issues that arise are verbalised as therapeutic goals. These goals are worked on in subsequent sessions and the family may be given a homework task, for example, noting how often a particular behavioural sequence occurs, or practising how to end a sequence differently, or experimenting with expressing a particular feeling differently.

## Difficulties Encountered in the Use of the Art Exercise

Although the one way screen aids therapists, some families have difficulty with the idea of being 'watched'

and the expectation that the therapists will make use of their activities. The authors' experience has been that these anxieties can usually be contained if the engagement process of the previous sessions has been successful. Families need to feel welcome and sense that the therapist/s are there to help solve problems in a collaborative fashion. Families must also feel that this tool will help them and their therapists find solutions to their difficulties. Thus, as with most types of therapy, the relationship between the family and therapists retains central importance. Despite their overall positive experience, the authors have encountered a small number of families (eight out of 100) who were unable to use the art exercise. For example, one family was at Arndell as a result of intense pressure from Community Services; one mother suffered from extreme performance anxiety; another mother refused to take part in any exercise with a child towards whom she experienced significant dislike and anger; one couple were disdainful of the process, which reflected their anger against health professionals in general. We would imagine that the exercise could also be unsuitable for families where a member was suffering from a psychotic illness characterised by paranoia about electronic listening devices. Most other families, despite initial anxiety, were able to participate in the exercises

for therapeutic gain, and were helped in doing so by their children, who tended to enjoy them immensely.

## CASE EXAMPLES

### Vignette 1

*The Sandos family was referred for assessment for family therapy due to concerns about five year old Rena. The school staff described her as 'feral' and uncontrollable at home and school and classed her as a child at risk due to unstable family functioning. Rena routinely hit, kicked, punched, bit, and swore at her family, peers and school staff. She continually disrupted the classroom by making noises, and rocking back and forth on her chair until she fell backwards. She had attacked a member of staff with a curtain rod.*

*The family, second generation Greek immigrants, consisted of Mrs. Sandos, fifteen year old Sylvia, ten year old Yianni, an eight year old girl Mira, and Rena. The family had recently experienced a conflictual and violent marital separation. The children had sporadic and unpredictable contact with the father, who had left the home. Although invited, the father refused to be involved in treatment.*

*On assessment Mrs. Sandos was distressed and overwhelmed and expressed difficulties related to sole parenting of four children. Family members were unable to take turns in speaking or listening to each other. Trying to take a history had resulted in Rena's attempted assault on the*

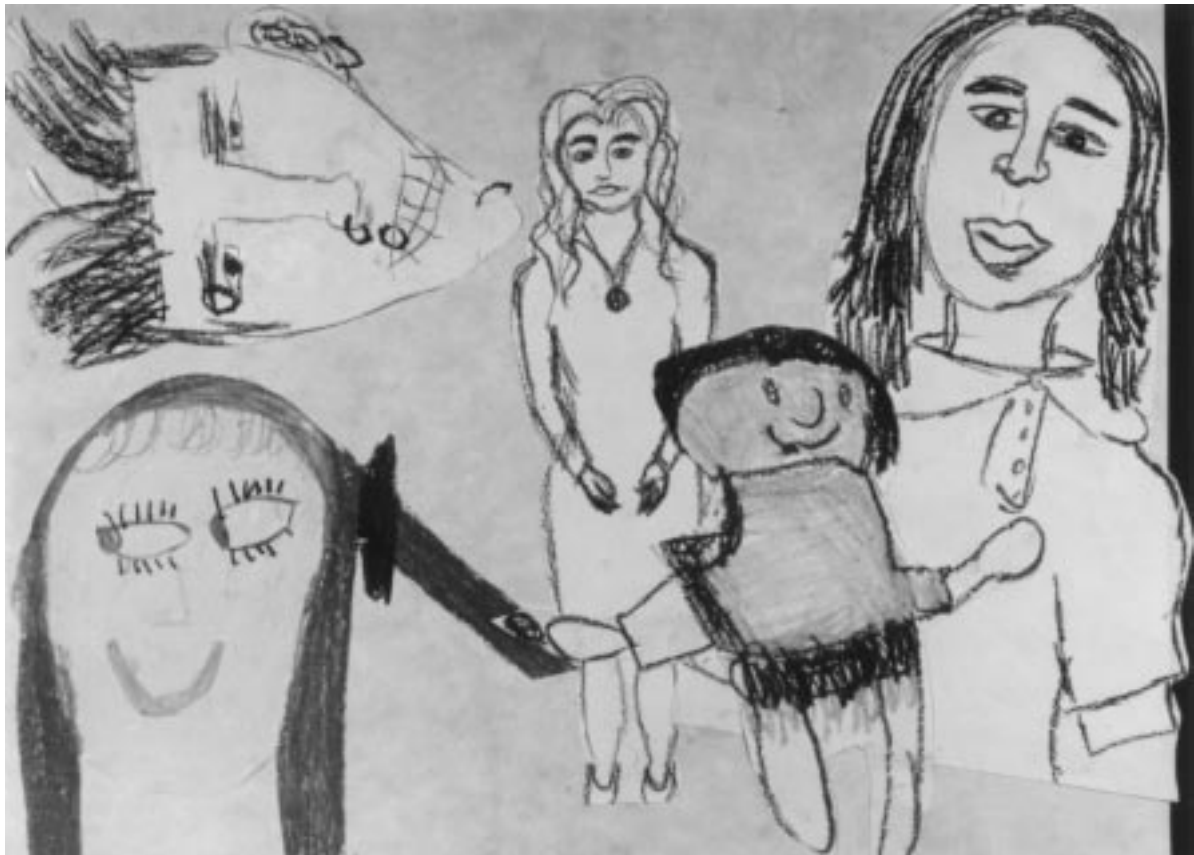


Figure 1.

therapist by kicking, punching or biting. Staff considered that the family would benefit from an art therapy assessment, allowing an alternative communication mode. In the second session the family was given instructions for the family picture as described previously.

### 1. Observation

Immediately the children began to fight over the art materials, complaining and pleading for Mrs. Sandos to intervene—demands which she ignored. She appeared totally oblivious to the children's chaotic reaction to the task. She immediately helped herself to the art materials and became involved in completing her drawing, whilst the older children, Sylvia and Yianni, attempted to organise and manage their siblings.

Sylvia was very strict and Yianni would undermine her authority, encouraging Rena to act out. Their competitive attempts at management resulted in verbal abuse between them. Mira helped herself to the art materials and withdrew into a corner of the room, turning her back on the family. Meanwhile Rena, encouraged by Yianni, attempted to disrupt the task by kicking Sylvia, throwing art materials at Mira, and scribbling on Mira's picture.

Mrs. Sandos tended not to set limits. However, when she did they were inappropriate, e.g. 'You're grounded for four weeks'. As the chaos continued, Mrs. Sandos would occasionally inject harsh statements like 'I've had enough', and 'If you don't shut up you can all go and live with your father'. The children would respond by dropping their heads and attending to the task. However, after a few minutes Rena's and Yianni's behaviours would escalate, returning to arguments about the distribution of art materials. They were very critical of each other's drawings and criticisms were met by counter accusations. Yianni made frequent loving comments to his mother, followed by rejecting comments such as 'You're a bitch, I'm going to live with my Dad'.

Rena's language disorder was evident. Her verbal reactions to what had been said to her were often inappropriate. She would quickly become frustrated when the family was slow to understand what she was attempting to say. Often family members spoke for her. Furthermore, Rena gained attention not through language, but via behaviour such as tantrums, punching, or kicking the table repetitively. Her fine motor skills were significantly delayed. For example, she struggled with holding the crayons and scissors. She was frustrated and unable to remain seated, demonstrating extremely poor attention and only negative affect.

### 2. Exploration

When the therapist discussed the art work with the family (see figure 1), Mrs. Sandos (who had placed herself in the centre of the picture) noted how little space her picture of herself occupied by contrast with the children's depictions of themselves. She was then able to talk about her feelings of helplessness in the face of chaos. Sylvia seemed to be slightly out of the picture. She said she wanted to be less involved with the family and to get on with her study. Yianni had placed himself at an angle to the rest of the family. He said that he felt uncomfortable as the only male in the family, that he missed his father, and wished to go and live with him. Mira had placed herself in the right hand corner, looking out of the picture. She explained her choice of position and sideways glance as her way of coping with the family noise. Rena had placed herself on top of Sylvia and Mrs. Sandos but was unable to comment. However, Sylvia remarked that Rena's position in the picture on top of Mrs. Sandos and herself symbolized the shared parenting role between mother and daughter. Once the therapists alluded to the father's absence from the family

picture, his leaving was discussed. Yianni reported his father's words: 'Now I am gone, it is your job to look after the women'.

During the discussion the therapist encouraged Mrs Sandos to set rules about listening to other people, taking turns. The therapist responded to inappropriate behaviour by labeling it as inappropriate and encouraged and supported Mrs. Sandos to intervene with the children's behaviour when required.

### 3. Integrating the Data and Feedback

When asked how the session had gone in relation to how things were at home, the family responded 'It's just like this at home'. Mrs. Sandos stated that the chaos often resulted in her withdrawal from her parental role.

The therapist commented on how creative and expressive the family was, and that in the face of their recent difficulties they were still able to share a laugh and to express affection for each other. She acknowledged

- Mrs. Sandos' struggle to manage her responsibilities with some assertion and resourcefulness.
- The siblings' protectiveness towards each other, evidenced in Yianni's anger at the school's decision to suspend Rena, and Sylvia's and Yianni's attempts to manage Rena's behaviour.
- Sylvia's support of her mother and the responsibility she had undertaken in sharing the parental role, while striving for independence.
- The isolation and responsibility Yianni felt as the only boy in the family.
- Mira's helpful role as the quiet and co-operative child, attempting to place fewer demands on the family.
- Rena's liveliness and playfulness.

The therapist then commented on the negative interactions within the family: the conflict in role allocation, Sylvia's dilemma about wanting to help her mother but also wanting to get on with her own life, the question of who would be in charge in the family, and the difficulty of sharing Mum among four children.

### 4. Developing Goals

The following goals were set for the next session: all members of the family to practise listening to each other; Mrs Sandos to explore ways in which she could set limits on the children.

### 5. Therapeutic change

The art exercise highlighted for all family members patterns of interaction between them, elicited individual issues and helped them articulate therapeutic goals. The latter were subsequently practised at home and in weekly family therapy sessions where art continued to be used as a therapeutic tool due to Rena's difficulties with language, the different developmental stages of the children and the general degree of chaos within the family.

## Vignette 2

Joshua was a six year old boy referred jointly by the school counsellor and the local community health centre. Both agencies felt that they had tried to address Joshua's problems with his mother, but had been unable to do any meaningful work. They described Joshua as an extremely oppositional boy who would not follow teachers' instructions in class and refused either to read or write for his teacher or mother at home. It was also reported that he had poked other children with pins, had threatened to 'kill' staff, and had urinated on children in the playground.

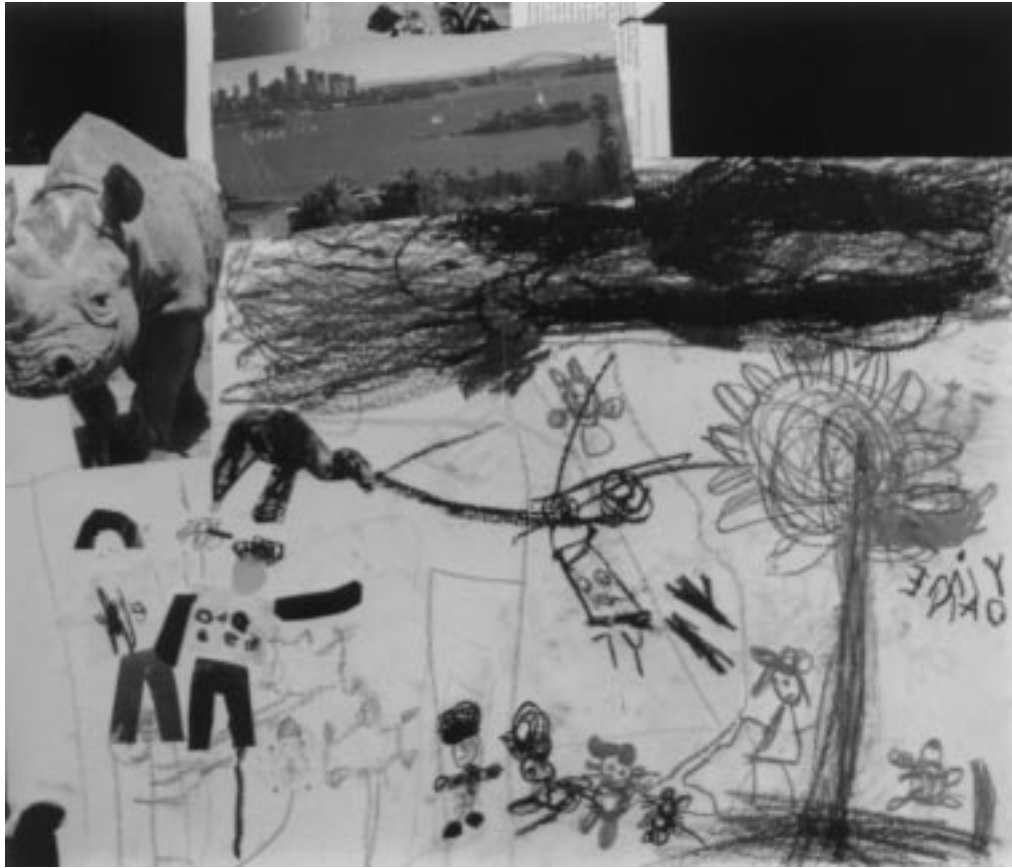


Figure 2.

For the initial family interview, the parents arrived with all three of their children: Mitchell, an eight year old boy, Joshua, and Rebecca who was four. The family lived in an upper middle class suburb of Sydney, and both Mr. and Mrs. Goj had professional careers. The family was from an Eastern European background. Both parents were reluctant to be involved with Arndell, expressed the belief that the school was exaggerating the events, and said they did not believe that the reported behaviours were actually happening. They stated that they had few complaints about Joshua at home and were reluctant to talk about the battles involved to get him to read and write. Both parents stated that, as children themselves growing up in Australia, they too had had difficulties at school which had been overcome by their respective parents' paying no attention to the negative feedback from the schools but rather having faith in their abilities. In fact they claimed to have more difficulties with their elder son Mitchell than with Joshua. They were, in the initial interview, reluctant to specify what these could be. Mitchell did seem to be very depressed; he spent the interview sitting in a corner and did not interact with the rest of the family. When he became anxious after being mentioned by his parents, he displayed coercive behavior such as standing up on the table and chairs in an attempt to deflect the conversation. It was not till many sessions later that Mr. and Mrs. Goj disclosed that Mitchell frequently became suicidal and had tried to throw himself down the stairs at home, and would hit his head against the bathroom wall saying he had a 'bad brain'. Joshua seemed to be a cute little boy, using coy behaviour to engage his father, who treated him

preferentially. Rebecca engaged both parents by assuming a baby role. All the children called their parents by their first names, rather than 'Mum' and 'Dad', something that seemed highly unusual for their cultural background.

Permission was obtained for our teacher to observe Joshua at his home school. Our teacher confirmed the difficulties reported in the referral, and was also told by the home school principal that the school was 'desperate' and was no longer able to manage Joshua. This information was discussed with both parents, who agreed to go ahead with an assessment. They now admitted that Joshua was at times hard to handle at home, would not do his homework, and had in the past refused to eat and had been taken to hospital. They continued, however, to minimise these problems and insisted that overall, everything was 'fine'. They denied any tensions in their own relationship.

### 1. The task

The family agreed to a series of structured art tasks including: a collage of a family outing, a family picture, and a secret forest made of clay. The first of these tasks, the collage, is described here.

The family took five minutes to decide on the theme of the collage. Mrs. Goj in particular was anxious that they get on with the task at hand, led the discussion, and tried to take up the children's suggestions. Since both boys mentioned animals, Mrs. Goj suggested a trip to the Zoo, to which there was general agreement. Mr. Goj did not participate in

the discussion but non-verbally, both in gaze and physical contact, was extremely attentive to Joshua to the exclusion of the other children.

Mrs. Goj took charge of the box of cuttings, bringing one out at a time and asking the children if they wanted to use it. One cutting was agreed on. Both boys wanted to cut it and stick it on. Joshua grabbed the adult scissors. 'You can have the bad scissors', he said to both his parents. Mitchell began laughing and making fun of his parents in a high pitched, silly, taunting way. 'You're the kids, you're the kids, you're the kids.' Mr. Goj replied, 'Okay' in a soft, gentle voice. Mrs. Goj agreed non-verbally. Neither seemed able to set a limit at this time.

Joshua cut the picture and glued it. The picture depicted Sydney Harbour and was the backdrop for the Zoo (see figure 2). Joshua's cutting skills were extremely poor for his age and his father leaned over him and finished the task for him. Mitchell, who was clearly distressed that Joshua had had first preference, grabbed a scene of a desert, and glued it on the back of the Harbour view on the other side of the paper. Mrs. Goj continued to bring out one cutting at a time. Joshua grabbed a rhinoceros and camel and cut and glued both. The other two children were left out. They soon lost interest in the cuttings and began to draw.

There were no negotiations as to where each child would draw. Mitchell drew a nocturnal house full of feather gliders, which were stated to be his favourite animals. Joshua subsequently glued two figures which Mr. Goj had cut out, on top of Mitchell's nocturnal house. Mitchell then cut some paper from the corner of the page and stuck a spider between the two figures while Mr. Goj and Joshua glued them on.

Mitchell moved to the side of the page, and drew frantically. He seemed to be fighting Joshua for space on the paper. He drew a tree with a nest and put a feather glider in it. He drew possums on the side of the tree.

Meanwhile, Joshua had finished gluing with the help of his father and drew the cable chair that runs above the Zoo. He had difficulty holding the crayons and his drawing skills were clearly delayed for his age. His sister Rebecca, who engaged her mother throughout the session by using a baby voice, drew figures at the bottom of the page and obviously possessed better fine motor skills than her brother. She would frequently remind him of this by saying, 'I'm a better drawer than you'. Joshua then began to scribble green crayon on the top of the page. He put his whole body on top of the paper. The paper was turned by Mrs. Goj to allow Rebecca to finish her figures. Joshua then scribbled black over the green and it appeared that he would scribble over the whole picture. He was restrained by his mother. He put beads on the black scribble and said these were 'crocodiles'.

Joshua sat next to his father with a coy look on his face, snuggled and rubbed against him. While the children were drawing, Rebecca attempted to approach her father by moving closer to Joshua. Joshua pushed Rebecca away with his leg and foot and later pinched her under the table when she again came closer. Rebecca did not protest, but moved away and did not again try to approach her father, allowing her mother to help her instead. Mr. Goj continued to focus on Joshua throughout the session and excluded Mrs. Goj and the other two children. When needing to set a limit on Joshua, Mr. Goj would get involved in long arguments with him, which were precipitated by Joshua looking his father defiantly in the eye and asking, 'Why can't I draw over here?'

All the children chatted about what they were doing and began to make up stories about their pictures. For example, Joshua suggested putting his dinosaurs near the water. Mrs. Goj replied promptly, 'No, they don't live there'. When Mitchell wanted to include a pink elephant, Mrs. Goj cut him off, saying, 'Elephants aren't pink'. She seemed unable to accept the imaginative suggestions that the children offered, intent on making the picture 'right' and 'correct'. It seemed

difficult for the family to have fun. Doing the task was 'not fun' because it had to be 'right', and the children were not allowed to follow their own creative ideas. The atmosphere was relatively tense. Neither parent seemed to give any of the children positive feedback about their ideas, appropriate behaviours or good drawing. Comments tended to be about negative issues and difficulties.

Throughout these interchanges Joshua stayed glued to his father, Mrs. Goj helped Rebecca, but Mitchell seemed to be alone within the family. He soon became distressed and began running around the room, yelling. Mrs. Goj stood up and attempted to contain Mitchell. She looked pleadingly at her husband who did not notice her, but remained focused on the work which he and Joshua were completing. Rebecca began to copy Mitchell, repeating what he yelled and mimicking his actions. Mrs. Goj ran around the room trying to catch Mitchell. In a curt and angry voice she asked for help from her husband. He agreed to help her, but was diverted by Joshua who asked something about the drawing they were doing. Mr. Goj turned back to the task with Joshua, seemingly blocking out Mitchell's screaming and taunting his mother, and Mrs. Goj's distress.

Mrs. Goj eventually caught Mitchell and restrained him. He settled, as did Rebecca. The family was back around the table. Attention was diverted from Joshua as the others discussed Mitchell's feather glider. Joshua picked up the scissors and sliced through the middle of the cutting of Sydney Harbour without anyone noticing. He did this while maintaining a cute, innocent smile.

## 2. Exploration

When the therapists returned to the room, they spent the first ten minutes talking to each child about his or her part of the picture, and setting limits on the other children, ensuring they listened. Mitchell glowed when given space to talk about what he had done. Joshua identified himself as being with his father in the picture. Mitchell said he was the feather glider alone in the tree and Rebecca showed the whole family the cat she had drawn under Mitchell's tree. In Rebecca's family figures, Joshua had been placed next to his parents, while she and Mitchell were under the tree, Mitchell at a distance from the others.

## 3. Integrating the data and feedback

Mr. and Mrs. Goj were asked how they felt about the task, and whether or not it reflected how things were at home. Mrs. Goj angrily answered, 'Yes, it's like this at home. I'm doing all the work'.

This opened up a discussion with the parents about what had happened during the task. Mr. Goj admitted that he had failed to notice his wife's signals of distress and that he tended to block out mentally from the family scene because he was unable to bear it. He said that because of the stressful family situation he tended to come home later and later. Mrs. Goj told him that she was unable to bear the situation any more. She said that she was unable to go out anywhere with the children because of the humiliation she felt as a result of their behaviour. Both the parents agreed they had become house-bound. Mrs. Goj implied that she had thought of leaving the family unless Mr. Goj was prepared to become more active.

The therapists also asked the parents if they had noticed Joshua kicking and pinching Rebecca to keep her away from her father. Neither parent had. The therapists also asked the parents if anyone in the family had noticed who had cut through the middle of the picture of Sydney Harbour. The family looked at the evidence of the cut collage before them. With a smile, Joshua looked directly at the therapists and said, 'I didn't do it', while cuddling up to his father. The therapists described what they

had seen. Mr. and Mrs. Goj admitted that they often found things cut or broken in the house: the video cable, wires, a button broken from the television. They said they had never been able to clarify how this damage had taken place.

The therapists complimented Mrs. Goj for the way in which she had contained Mitchell and how she had worked hard to keep all the children focused on the task at hand. The therapists also empathised with Mr. and Mrs. Goj about how difficult it was to manage three children at once and thanked them for being so honest about some of their worries. They also thanked the children for their lovely picture and for helping them understand how things were at home.

#### 4. Developing goals

It was agreed that in the next session an art exercise would be used therapeutically and Mr. Goj would attempt to be more active in helping Mrs. Goj with the containment of the children. Other potential goals that had emerged from the session were not yet discussed so as not to overwhelm the family.

#### 5. Therapeutic change

The art exercise enabled the family to acknowledge and articulate difficulties as they happened in the room, difficulties they had previously denied. Use of art exercises as a subsequent treatment tool allowed the family to work on issues in the 'here and now', that is, actively practise change.

### CONCLUSION

The family-centered interactive art exercise was developed by the authors to overcome difficulties encountered in assessing and treating families with younger children within a tertiary referral population. Art activities can be useful in family therapy to engage and ongoingly involve young children; do not depend on verbal skills and cognitive ability; maximise information about the children's level of development and about verbal and non-verbal interactive patterns in the family; avoid the problems of censoring information and the difficulties of working with dismissive families; and are usually enjoyable for the family, especially the children. The exercise is likely to be useful for clinicians working in different settings, and varying theoretical orientations.

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