

The Visual Dialogue:
An Exploration of Parent–Child Attunement in Dyadic Art Therapy

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Abstract

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This phenomenological study systematically investigated, observed, and documented the “lived experiences” of the dyadic art therapy process with 4 mother–daughter dyads involving school-age children (ages 7–12) with basically secure attachments, all of whom sought out art therapy services to assist with problems related to moderate anxiety or adjustment. The term *dyadic art therapy* refers to the process of involving a one-to-one parent–child ratio in joint art-making sessions. The research objective for this study was grounded in the author’s clinical experience and practices with families and children in art therapy. Current research on dyadic approaches and parent involvement in art therapy is focused primarily on assessment and improvement of attachment-related issues with infants and younger children; there is a gap in the parenting and dyadic art therapy literature in terms of school-age children struggling with issues that are not attachment related. The study’s phenomenological methodology incorporated the process of video-stimulated recall and utilized a whole-parts-whole data analysis approach. Data that were coded and analyzed included analytic memos from video-stimulated recall sessions with parents, artworks made in the sessions, and therapist reflections based on the videos, therapy case notes, and expertise. Based on this analysis, the author identified 11 essential essences of dyadic art therapy and then integrated them with the existing literature. These essences reflect the overarching theme of attunement as it relates to the therapist, the dyadic connection, the artwork, and the therapeutic space.

Acknowledgements

This dissertation is dedicated to my husband Reuben and children, Evie and John. Without their support this would have been impossible. In focusing on the topic of parenting it helps me see what an attuned and loving parent and partner I have in my husband, and that the best thing in life I can do is work to be the best parent I can be to my children.

It is also dedicated to my parents, who always believe in my ability to achieve, and are constant supports of my academic goals. Thanks for being my basically secure attachments.

Lastly, thank you to Lynn, Bruce, and the rest of the MMU staff and Najji team. It is such joy to do what you love with people who love it as much as I do!

Also a special thanks to Alex; without your copyediting skills, only I could read this paper.

Dedication

Dedicated to my therapy clients—past, present, and future. Thank you for allowing me to bear witness to your strengths and courage and support you through challenges. Also dedicated to the dyads that took part in this study. You are the essence of this work—
THANK YOU!

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Preface: Setting Sail

Once there was a sailor. Brave and bold, the sailor was skilled at charting the stars and navigating the tides. However, even the best of sailors knows that you cannot always predict the weather and that a good boat will still need repairs from time to time and a solid crew to help sail.

It was the aim of my research to systematically explore and navigate the parent–child dyadic art-making process that I have termed *visual dialogue*. The process of visual dialogue reflects and is a part of a broader conceptual metaphor in which one can view the parent–child relationship as being like a sailboat in various waters. In my clinical practice most families that see me for help are parents and children wanting assistance and support with respect to a range of emotional and/or relational issues. They are competent and worthy sailors, but are going through rough waters and may be struggling with a leak in the boat or a hole in the sail. The holes and leaks may be any number of “problems”—a divorce, a learning disability, or a sensitive temperament. There are a multitude of reasons people ask for help, and there is never a one-size-fits-all answer. The parent–child relationship is a complex dynamic shaped and molded by many forces.

Seeing these parents and their children as competent sailors and their relationship as the vehicle that creates the scaffolding allows me to view these complex dynamics as a cohesive working unit. Although sailboats can vary in intricacy, the basic structure includes a *hull*, or base of the boat, a *rudder and tiller*, which steers the boat, a *keel* or *centerboard*, which keeps the boat balanced from underneath, and the *mast and main sail* that picks up the wind. I see these parts as corresponding with the various aspects of the parent–child relationship, and when placed together create a larger picture of the overall

structure and function of this system (Figure 1). As an art therapist, one of the primary ways that I enable my clients to see their sailboat, learn how to read their depths and shifting tides, and master how to sail better with the boat they have is through the process of having parent and child make art together; that is, engaging in visual dialogue.

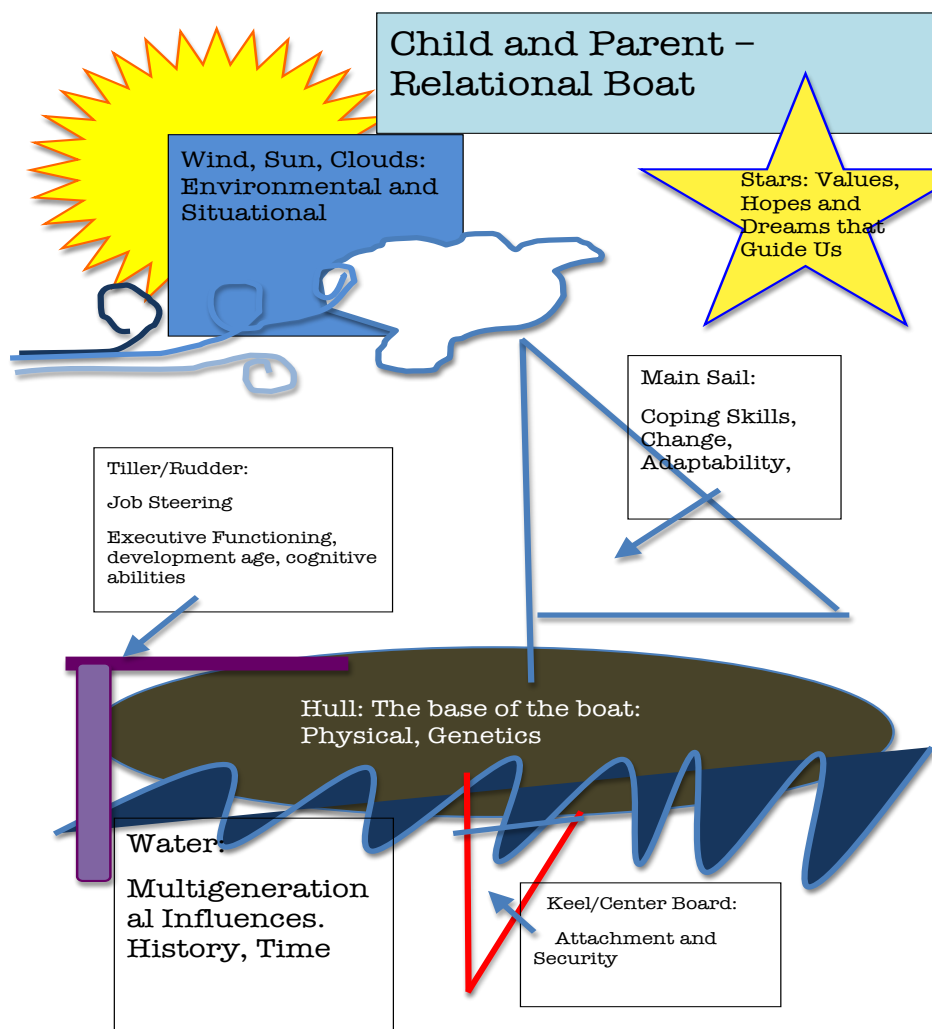


Figure 1. Parent-Child Boat

CHAPTER 1. INTRODUCTION

“I found I could say things with color and shapes that I couldn’t say any other way—
things I had no words for.” (O’Keeffe, as cited in Demakis, 2012, p. 24)

Visual Dialogue

As an art therapist working with parents and school-age children (ages 7–12) I often engage both child and parent in joint art-making sessions. Such a session is referred to as dyadic art therapy (Buck, Dent-Brown, & Parry, 2013; Buck, Dent-Brown, Parry, & Boote, 2014; Proulx, 2003). In the case of this research the term *dyadic art therapy* refers to one child and one parent making art together in the presence of an art therapist. The dyadic process can be seen as a subset of family therapy, an addition to traditional individual child therapy, or as the primary unit of treatment for the dyad. In working with these parent–child dyads, it is my belief that something magical and distinct happens in the art-making process that promotes change and understanding, or, as previously mentioned, awareness of the complexities of their boat and seas.

I call this dyadic art-making process *visual dialogue*. Dialogue refers to the ways in which we convey, exchange, and communicate information in order to create understanding and impart knowledge. Unique to art therapy is the process of visual dialogue. The term *visual dialogue* is not one specific intervention or assessment tool; rather, it refers to the process of art making that creates a unique format that promotes *attunement*, awareness of the feelings of each other and a sense of being understood (Cozolino, 2014; Erskine, 1998; Kossak, 2009; Siegel, 2007; Sonkin, 2005; Sterns, 2002; Tronick, 2007), and *communication*, the ability to share and convey ideas, within the parent–child dyad.

It was the aim of my research to systematically observe, document, and investigate the visual dialogue by examining the lived experiences of what is actually occurring in this visual dialogue process with school-age children and their parents so that it can be further conceptualized and utilized to strengthen parent–child relationships. Research shows that most communication happens at the nonverbal level (Sonkin, 2005), and art has long been cited as a natural language for children that reflects their developmental stages and needs (Ferrara, 1991; Goodman, Williams, Agell, & Gnatt, 1998; Klorer, 2000; Lowenfeld & Brittain, 1987; Malchiodi, 1998).

Cultural Context

We live in a relational world where both the nature and nurture of our family relationships shape a foundation and a scaffold from which future relationships are built. According to attachment research, emotionally secure and healthy children become emotionally secure adults, which is a critical part of creating emotionally healthy and secure societies (Ainsworth, 1968; Bowlby, 1969; Main, 1990; Main & Solomon, 1990). However, along that journey of attachments the parent–child relationship may have many ups and downs, and even the most secure attachments do not create total immunity from life's challenges (Borelli et al., 2010; Kerns, 2008). There are also many other factors in addition to the stability of the attachment that impact the parent–child relationship, such as personality and temperament of both child and parent, developmental phases and abilities, situational concerns, cultural forces, and genetics (Bailey & Sori, 2005; DeKlyen & Greenberg, 2008). These factors combined weave together the complex tapestry known as the parent–child relationship.

The role of culture as it relates to parenting creates many invisible forces that shape the parent–child dynamic (Bigner & Gerhardt, 2014; Bornstein & Cheah, 2006). Despite the complexity of forces that shape familial relationships, current Western society bombards us at every turn about the importance of parenting, through often myopic and linear points of view. By myopic and linear I mean that it often seems that Western approaches to parenting are trying to boil issues down to one thing or series of steps, rather than exploring the multifaceted reality of these dynamics. This may be due to Western culture’s high regard for scientific reasoning and the quest for cause and effect. However, the reality is that when it comes to the question of how to best parent, the answer is often, “Well, that depends.” Thus, parents are often left wondering: Should we be more lenient? Should we be stricter? Should we hold our children all day long or let them roam free? How can we foster resiliency? How can we learn not to hover, but still not neglect? What and how can we understand what is as Winnicott (1971) would say, a “good enough mother” or parent, or caregiver?

From “helicopter parents” (Bayless, 2013) to “tiger moms” (Chua, 2011), there is a barrage of images associated with what a parent should be, and all of these factors often leave parents with their heads spinning, unsure which approach is best. Although using a singular focus may be helpful to gain clarity around specific issues, how can we also address and work with the complexity of the issues rather than chopping them up into discrete parts? The deep analysis of parts offers clues to the complexity of the whole; however, as Aristotle argued, the whole is more than the sum of its parts. What is also needed is a way to look more at the gestalt of the parent–child relationship and how it functions to promote connectedness and assistance with the complex task of parenting

and how parents might learn to best assist their children in a way that is tailored to the specific needs of both child and parent.

The Unique Perspective of Art

One possible answer is to turn toward a more arts-based approach to explore the dynamics that shape and influence the practices of parenting and the parent–child relationship. In the process of art making, artists are often exploring and trying to process and express in a visual or performance-based format the issues and complexities of life. In fact some (e.g., Dissanayake, 2000) have argued that the arts are biologically part of what has caused humanity to evolve and connect, a need as fundamental as shelter and love. In the profession of art therapy, one of the primary focuses of art therapists is assisting clients in the art-making process as a way to promote emotional healing and insight (American Art Therapy Association, 2013).

In my practice as an art therapist I am always interested in what the art-making process does that creates understanding and clarity for my child clients and their parents. It seem as if showing parents art and having parents make art with their children gives them a new lens through which to see their children. Although I create the container (Robbins, 1998), give guidance or suggestions for the art-based directives, or function as the “third hand” (Kramer, 1986), I believe that the art made in the context of this safe therapeutic container is what allows my clients to see, understand, and heal from their emotional struggles. As this relates specifically to the parent–child dyad, art making can create new, and possibly more attuned (Armstrong, 2013; Franklin, 2010; Kossak, 2009) ways for the dyad to engage, communicate, and literally see their relationship.

A Natural Fit

Given the unique gifts and skill sets that art therapists bring to the healing relationship, art therapy may be a natural fit to address the complexity of parenting. Perhaps it is not more words, but a few images that this conversation needs. One of the most important things missing from the discourse on parenting is the fact that families need tools that go beyond just words, and art therapists are uniquely suited to fill this gap. In providing families with the chance to make art, perhaps we can help them find the answers that are based on their own specific needs, hopes, and skills from an inside-out and bottom-up space, rather than having to accept a top-down paradigm of parenting based on how one “should” parent.

Unweaving “Shoulds”

In order to identify this bottom-up space I often turn toward a more anthropological, narrative, and phenomenological viewpoint that helps parents exit the land of *should*, that is, “this is how I should parent my child,” and enter a space of *could*, “this is how I could parent my child.” Anthropologist Clifford Greetz (1973) wrote,

Man is an animal suspended in webs of significance he himself has spun. I take culture to be those webs and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning. (p. 5)

This quote has always resonated with me, and my belief about life and good therapy. When working with clients I see it as my primary agenda to make visible these often invisible webs in which my clients often find themselves trapped. Once made visible I view the next step to be to assist clients in asking, “now that I see these webs, how might I reweave, trim, and edit these silken threads in a way that supports my clients’ *preferred ways of being*?” (White, 2007). *Preferred way of being* is a narrative therapy term that

refers not to what one should do, but rather to the honoring of the preferences and personal choices we all have. In trying to excavate and support my clients' preferred ways of being as parents and as children it is important to assist them in seeing anew their relationship so that they might come to know it deeper, and in knowing it deeper find new ways to communicate and understand. The visual dialogue becomes a reflective lens helping parents, child, and therapist see in a new light, yet each person who looks is viewing the situations from their own perspective. Thus paradoxically the visual dialogue is universal, but never exactly the same.

Relevance and Significance

This work is important to the fields of art therapy, child psychology, and parenting because it will contribute to our understanding of why and how art making may function to strengthen dyadic connections. It is also important because it will add to the emerging subfield of dyadic art therapy, in particular the underdeveloped branch of dyadic work with school-age children with basically secure attachments. Although it is deeply rooted in the practices of family therapy (Landgarten, 1975) and child therapy (Rubin, 2005), the dyadic process is a distinct subset of art therapy work still in its earliest stages. This work is also important because it may create new possibilities for communication between parent and child in a therapeutic context. Lastly, it will further clarify and validate why and what art therapy brings that is distinct and unique in the broader field of mental health. The visual dialogue not only highlights the role that art plays in expressing the relationship between parents, but also illuminates how art may hold a key to re-attune and expand the parent–child relationship.

Background

In working with parents and children using art I have found that the art making opens up a new and different conversation. When we sit at the art table instead of on the couch the dynamic in the room shifts. It seems as if suddenly children have more of a voice, and the parents begin looking not only at their children, but also at the art (theirs and the children's). It is my observation that something distinct and different is happening that allows parent and child to see their dynamic and solutions to life's challenges in a different light; as if art making holds up a mirror to see things from a new angle. It seems to me that it disrupts the normal exchange of information in a way that is less threatening and creates curiosity. Although this process is not a magical solution, it does appear to be doing something different.

This difference is what led me to want to explore and understand what is really going on in dyadic parent-child art therapy. What is the essence of this process? Could this change the way we involve parents in art therapy? How might this knowledge work to better not only my work as an art therapist, but also expand what we know about working with school-age children in art therapy? This research is situated within the literature and is relevant to expanding findings on parental involvement in art therapy, dyadic approaches to art therapy, and the roles of attachment, attunement, and communication in parent-child dynamics.

Current outpatient therapeutic work with elementary school-aged children (ages 7–12) generally involves some level of inclusion of the parents as part of the therapeutic process (Buck et al., 2013; Taylor & Adelman, 2001). Children are often treated as the primary unit of treatment, and parents typically attend children's sessions. Children may also attend therapy as a part of family therapy. Current research on the role of parents in

therapy has been investigated in terms of the importance of parental involvement and support (Shore, 2000; Taylor & Adelman, 2001), how to work with parents in child therapy (Bailey & Sori, 2005; Klorer, 2000; Novick & Novick, 2005; Siskind, 1997; Shore, 2000, 2013) and the advantages to including parents (Kazdin & Wassell, 1999; Regev, Kedem, & Guttman, 2012). There are also several therapeutic treatment modalities that involve a more overt dyadic-based approach, for example, filial therapy (McCarley, 2008; VanFleet, 1994).

The art therapy literature includes a wealth of information around the use of art therapy in a family systems context (e.g., Arrington, 2001; Hoshino, 2008; Kwiatkowska, 1978, 2001; Landgarten, 1987; Riley, 1993, 2004). In the last decade there has been a newly emerging field of dyadic art therapy (Buck, 2012; Buck et al., 2013; Buck et al., 2014; Gavron, 2013; Hall, 2008; Hosea, 2006; Proulx, 2003; Regev et al., 2012; Regev & Snir, 2014, 2015). However, the process of working with dyads in the context of art therapy has long been reported (e.g., Landgarten, 1975; Rubin, 2005; Wix, 1997).

A strong theme running through the literature is that current practices related to working therapeutically with parents and children often utilize attachment theory to assess and conceptualize parent–child dynamics (e.g., Proulx, 2003). Theories of attachment have also become the basis for various theories about parenting practices and styles (e.g., Sears & Sears, 2001). The use of attachment theory has most often been applied to art therapy as it relates to looking more diagnostically at themes of attachment patterns (Fury, Carlson, & Sroufe, 1997; Goldner & Scharf, 2011, 2012; Kaiser & Deaver, 2009; Leon, Wallace, & Rudy, 2007; Madigan, Ladd, & Goldberg, 2003) and in terms of repairing disrupted attachments (Armstrong, 2013; Buck, 2012; Henley, 2005).

Understanding attachment theory has also been identified as a core competency for dyadic work (Buck et al., 2014). Also related to attachment are findings on the attachment needs of school-age children, which point to the importance of availability over proximity (Kerns, 2008).

Although clearly attachment is a key concept in parent–child relationships, there is currently little focus on the use of dyadic art therapy approaches when the primary focus is not attachment, as may be the case with problems of attention, learning challenges, obsessive compulsive issues, and so forth. Although attachment does play a foundational role in parent–child dynamics, in times of stress and struggle even securely attached dyads will often still need to focus on attunement, meaning a rejoining or realigning between parent and child. In these cases, where there may be basic security, the primary concern becomes how dyadic art therapy can be used to promote attunement and communication, that is, a sense of being heard and understood. In many ways attachment is like the “melody” of the parent–child dynamics, meaning the tune or center of the relationship, whereas attunement is the “harmony,” meaning the notes that accompany and complement the melody by adding complexity, depth, and flow. At times the parent–child relationship needs some fine-tuning. In other words, in times of struggle, parent and child may need to sail to safe harbors for repairs and readjustments. I often view art therapy as one of those safe harbors to which they can navigate.

In the larger field of psychology and child development there has also been much research on the developmental tasks, both physical and mental, associated with school-age children (e.g., Erikson, 1963 Piaget, 1969). Much of this knowledge has informed the field of child art therapy and the understanding of children’s art (Ferrara, 1991; Goodman

et al., 1998; Lowenfeld & Brittain, 1987; Malchiodi, 1998). Art therapy in many ways seeks to offer emotional healing that naturally coincides with the creative language and abilities of the child. Also related to the field of child development is the growing field of neuroscience, and child brain development in particular (Hughes & Baylin, 2012; Siegel & Bryson, 2011). The clinical application of neuroscience is an important piece because it helps connect the theories of attachment and attunement (that is, how parents and children communicate and connect) with the neurological process of what is actually happening in the brains of parents and children (e.g. Cozolino, 2014; Siegel & Bryson, 2011). Overall, the awareness of the developmental and emotional abilities of school-age children has historically been the basis for case conceptualization, treatment planning, and intervention development. For the purposes of this research I will focus on a review of development during middle or latency age children as a way to lay the foundation for the needs and abilities of this population.

There is clearly a wide and overwhelming amount of information and research on child development and attachment theory, and many of these concepts have been applied to child and family art therapy. The last decade has also seen a small but growing body of research looking specifically at dyadic (parent–child) approaches to therapy and dyadic art therapy. However, most of this work remains focused on young children (preschool age and younger). Currently there is very little research exploring what is happening when parents and school-age children make art together that may promote attunement and communication within the dyad, particularly in cases when problems of attachment disruption are not the primary focus.

In summation, there is little focus, research, or guidelines on how art therapy and the art-making process using a dyadic format can be specifically used to foster communication and promote attunement between parents and their school-age children. It is my belief that the process of having dyads make art, which I call *visual dialogue*, creates new space for both caregiver and child to attune and join in a way that works with the developmental tasks and needs of school-age children. My work examines, as proponents of phenomenology would say, *the things themselves* (van Manen, 1990), which in the case of the dyad art experience is an attempt to more deeply understand the essence of this work. In knowing the essence, art therapists can then see anew what art therapy, and the visual dialogue, shows us about the work that is authentic and grounded in the work itself.

CHAPTER 2. LITERATURE REVIEW

“No man is an island, entire of itself; every man is a piece of the continent, a part of the main.” (Donne, 1624/1923, p. 98)

Introduction

This research study weaves together information from several different domains within the fields of art therapy, child psychology, child art therapy, family art therapy, attachment theory, attunement research, and the more recently emerging field of dyadic art therapy. I found it important to review the literature with an eye toward childhood, parenting, the bond between parent and child (attachment attunement), attachment and attunement in art therapy, and the specific approach of dyadic art therapy.

Understanding the School-Age Child

Cultural and Historical Context of Childhood

The term *school-age*, or *middle childhood*, refers to the period of time between ages 7 and 12. This term primarily developed in the 20th century in Western countries due to the changing role of children in society. Prior to the 20th century, and continuing in many less industrialized nations today, middle childhood was seen as a time for children to become working members of the family. However, currently in the United States middle childhood is seen as time to focus on play, leisure, education, and social activities (Fass & Mason, 2000). Thus when talking about many of the changes and tasks of this age it is important to remember that much of what is taken as “truth” is also a cultural and historical construct that may or may not hold true in all groups in all societies. There are also many differences between various “Western groups”; for example, in a comparative study between six Western countries parents used a wide

range of descriptors describing the child (Harkness & Super, 2006). American and Australian parents focused on cognitive abilities whereas Dutch and Swedish parents focused more on children being well-balanced (Harkness & Super, 2006).

Currently the fields of anthropology, developmental psychology, and pediatrics have joined up to create the emerging field of *ethnopediatrics* that takes into account culture and “a more holistic and realistic look at parental care” (Small, 1999, p. 57). The scope of my research is primarily focused on North American nuclear families; therefore it is important to outline the norms of Western culture with respect to tasks and changes that occur during this developmental stage. These norms also influence, at times invisibly, approaches to parenting and expectations of children at this time. Thus it is also useful to help parents deconstruct and create awareness around parenting culture.

School-Age Child Development Tasks

School-age (ages 7–12 years old), also defined as latency or middle childhood, is a distinct developmental phase. Once thought to be a less active or more of a plateau stage than is found in infancy, early childhood, and adolescence, school-age children actually go through many very active and involved stages of development (Eccles, 1999).

Physically during this period children go from being very underdeveloped in size to, in some cases, achieving their adult size and beginning the onset of puberty. During this time period the majority of children begin attending school and spending large portions of their days with peers (Eccles, 1999; Kerns, 2008). According to Kerns (2008), “Entrance to formal schooling places new demands on children and provides an important context for mastery or failure experiences” (p. 267). This movement toward mastery coincides with the *industry versus inferiority* stage of Erikson’s (1963) theory of

psychosocial development. Children who struggle with gaining various social, emotional, or educational competencies may also struggle during this time with problems such as anxiety or depression that stem from a sense of inferiority or challenge in accomplishing mastery.

Another major development during this time is a child's ability to master more complex and evolving cognitive skills. According to Eccles (1999),

Almost all developmental theorists point to age 6 [the onset of middle childhood] as the time when children begin to actually "reason" in the commonsense meaning of the word. All cultures that provide formal schooling begin between ages of 5 and 7. (p. 32)

However, the expectation within these school settings still varies a great deal. Well-known child developmental theorist Piaget (as cited in Ferrara, 1991) termed this stage of cognitive development *concrete operational*, meaning that children "develop the ability to apply logical thought to concrete problems" and make "judgments based on reasoning" (p. 48). Other important cognitive abilities that develop during this stage are the ability to evaluate tasks and performance, self-awareness and self-reflection, and understanding others' perspectives or viewpoints (Eccles, 1999; Kerns, 2008). All of these changes mark a critical shift in the parent-child dyad because of the child's emerging ability to participate more consciously in the relationship (Ferrara, 1991; Kerns, 2008). However, despite gaining these abilities, children are still far from developing and being able to express and utilize the cognitive and abstract skills of adults.

Socially during this time peer groups and other outside influences, such as teachers or coaches, become increasingly important and involved in the child's everyday

life. This more multidimensional social life coupled with increased cognitive skills allows children to compare and contrast various people in their lives. Socially in a peer-to-peer world, children engage in time spent away from the external structure of adults—for example, recess and other forms of free play. During this phase they may struggle against the goals proposed by their peers versus the goals of the adults in their life, a task that requires much complex thinking and reasoning skills. As Eccles (1999) states, “In middle childhood, their roles in school, programs, and friendship groups reflect their personal qualities and achievements” (p. 35).

Art, Art Therapy, and the School-Age Child

Another interesting and important lens with which to view the development of school-age children is in their art. Over time, art can offer an individualized and unique perspective on the changing mental and physical landscape of the school-age child (Ferrara, 1991; Goodman et al., 1998; Klorer, 2000; Kramer, 1971; Lowenfeld & Brittain, 1987; Malchiodi, 1998; Rubin, 2005; Shore, 2013). Although historically (particularly in psychology) art has been used to assess developmental level and cognitive abilities, art made by children at this age is much more than an assessment to be translated by adults. Even art therapy’s earliest pioneers, Edith Kramer and Margaret Naumburg, felt that art created by children went beyond assessment and into the use of expressive art making to promote therapeutic healing. Naumburg was primarily interested in art as a representation of the child’s unconscious, as well as the connection between emotions and art making (Malchiodi, 1998). Kramer (1971), whose focus was on a more “art as therapy” approach, felt that art with children functioned as “a means of supporting ego, fostering development of a sense of identity, and promoting maturation in general”

(p. xiii). Winnicott (1971), also an early pioneer in the field of therapy with children, used art as a form of symbolic communication and a way to help children develop a connection with the therapist. According to Baumann (as cited in Goodman et al., 1998), children are the experts on their art making, and the meaning of its content, and their perspectives should not be minimized.

In many ways for this age, as well as other ages, art can be an opportunity for children to show what they may not verbally be able to express. Creating art is a chance to practice flexing their muscles and testing the waters of their emerging cognitive development (Lowenfeld & Brittain, 1987). The art of school-age children, referred to by Lowenfeld and Brittain (1987) as Schematic Stage/the Achievement of a Form Concept (ages 7–9) and the Gang Age or Dawning Realism (ages 9–11), reflects certain traits and qualities unique to each stage of development. Rubin (2005) outlined similar developmental categories: “consolidating” (ages 6–9), which is characterized by “expanding creative horizons” (p. 43) and developing schema and symbols, and “naturalization” (ages 9–12), which is characterized by increased sophistication and more spatial and proportional recognition. Also of interest is that Rubin (2005) noted that during the naturalization phase children can become more critical of their art, which can lead to frustration and anxiety. Also, according to Malchiodi (1998), children are able to draw from memory, imagination, and life; some children prefer more direction and guidance, whereas others may need less. As children develop more complex thinking skills and awareness of their feelings, their art making shifts to “greater awareness of color” such as “more awareness of color and the nuances between shades of the same color” (Klorer, 2000, p. 102). Despite overall development levels, what is important in

understanding the art of this age is that there is not always one clear answer or meaning, and the interpretive role of the child is critically important to understanding their art (Malchiodi, 1998).

The Role of Parents

The role and expectation of the parent has changed greatly throughout history and varies cross-culturally. As therapeutic practices with children evolve, so too has the level of involvement of parents in therapy. Over the last few decades various parent–child approaches have been developed, such as filial therapy (VanFleet, 1994), and in conjunction with these changes so too has the art therapy field’s approach to work with children developed. Thus prior to understanding the more dyad-specific approaches to art therapy it is also critical to review the work of authors such as Rubin (2005), Klorer (2000), Shore (2000, 2013), and McCarley (2008), as they all reflect on the role that parents play in child art therapy. Additionally, although it is beyond the scope of this review, family art therapy has a long history of working with both parent and child in art therapy in conjunction with the larger family system (e.g., Kwiakowska, 1978, 2001; Landgarten, 1975, 1987; Riley, 1993, 2004). However, in the case of family therapy the primary unit of treatment is thought to be the larger system. Additionally, although family art therapy has been adopted into many practices and theories of family therapy, historically art in and of itself was the theoretical lens through which family stories, dynamics, and structural characteristics came to life (Kerr, 2008).

Historical Role of Parenting

In many ways parenting is at its heart a biologically and socioculturally driven attachment between caregiver and child. Parenting (i.e., being in the role of primary

caregiver) and the parent/caregiver–child relationship are terms that can be defined both as a biological relationship and as a sociocultural construct. The word *parent* is a noun and a verb. The noun form generally refers to a mother or father, who may or may not be biologically related to the child. The verb form more directly refers to the process of caring for children. In a biological sense human babies, more so than most other mammalian species, are born dependent upon others for survival (a state called “altricial”). Human babies come equipped with the reflexes to connect or attach, such as the grasping reflex in babies (Small, 1999). This survival need for care continues for an extended period of time because humans’ physical and cognitive abilities continue to develop. After birth parenting relationships continue throughout our developmental life span and beyond (Bigner and Gerhardt, 2014).

There are many beliefs and customs about what the best child-rearing practices are. These practices have evolved in conjunction with the changing social constructs of childhood, which in Western cultures include a shift toward a nuclear family as sole or primary caregivers. It is only somewhat recently that modern psychology and cultural practices have begun to understand childhood as a neurologically and a developmentally distinct period of time. However, it is important to acknowledge that this lens is coming from a Western, somewhat ethnocentric perspective, meaning that childhood and defining childhood vary across various cultures (Rubin & Chung, 2006). Of course, all cultures have constructs around the care of children and child caregiver dynamics. In looking at childhood as a distinct developmental time, there are many practices or beliefs about how one should raise children that stem from this relatively new stage in human knowledge of development. Interestingly, in the Western world the 20th century was deemed the

Century of the Child and 1919 was named the Year of the Child. This time period created a boom in the field of child psychology and modern belief systems about child-rearing practices and recommendations (Safford & Safford, 2012).

Parenting School-Age Children

During the phase of school-age childhood, the parent–child relationship also undergoes many changes. One such change is the shift from parent-controlled dynamics to more “parent and child co-regulation” (Kerns, 2008, p. 367). For example, at this age children can begin to communicate their needs and plans, such as homework responsibilities, to their parents. They can also begin to take into account their parents’ needs or possible responses to a situation, such as “mom does not like me to go there,” or “I will wait until dad gets home to ask if I can go.” Children during this phase generally become more independent and start taking on more responsibilities both at home and at school. It is during this phase that children also transition to spending less time with parents and more time focused on play and learning with peers. However, despite these changes, even by the end of this period children, when confronted with a need for help or support, still show a preference for their attachment figures (Kerns, 2008). Although they are important, peers are not seen as primary attachment figures at this stage of life (Kerns, 2008).

Parenting and Therapy

In more recent times the fields of child psychology and art therapy, and beliefs about the importance and roles of caregivers, have extended and expanded well beyond their early practices in the 20th century. Since this time period the pendulum has swung in many different directions related to what parents should or should not do to most

effectively care for children. In fact psychotherapy guidelines as written in the *Diagnostic and Statistical Manual of Mental Disorders*, fifth edition (American Psychiatric Association, 2013), used to label and bill mental health challenges, proposed specific diagnoses related to the defining and categorizing of mental health issues as they particularly pertain to children. The labels and codes range from physical neglect and abuse of children to relational problems, such as parent–child relational problem (V61.20), upbringing away from parents (V61.8), or child affected by parent relational stress (V61.29).

Given that our culture and therapy practices currently place a heavy emphasis on the role of parents and the tasks of parenting, it is increasingly important to systematically explore parent–child dynamics related to therapy, and in particular a dyadic approach. Art therapy is not alone in its exploration and need to understand how to incorporate working in a dyadic framework with children and parents or primary caregivers. Many researchers in the fields of child therapy, family therapy, play therapy, and other expressive therapies have taken a look at what it means to involve parents in therapy, and when and how much to use a dyadic approach (e.g., Bailey & Sori, 2005; Jacobs & Wachs, 2002; Novick & Novick, 2005; Siskind, 1997; Taylor & Adelman, 2001). According to Siskind (1997), when it comes to treating children, parents or caregivers are not always the clients, but they are also not not the clients. There are a variety of theories about the involvement and inclusion or exclusion of parents in therapy, such as filial therapy (Johnson, 1995; Landreth, 1991; VanFleet, 1994), parent–child interaction therapy (Eyberg, 1988; Eyberg & Boggs, 1998), and various models of family play therapy (Kraft & Landreth, 1998).

Although there is not a one-size-fits-all model, when treating a child as the identified patient, the parent or some primary caregiver is almost always involved on some level (Taylor & Adelman, 2001). This involvement can range from informed consent and bringing the child to therapy to exclusive therapy with both the parent and child or the inclusion of parenting sessions as part of treatment. In my clinical practice the level of involvement differs depending on family dynamics and clinical issues. However, in the treatment of minors, caregiver dynamics always play a role in the therapeutic process. It is also important to note that although children's problems can stem from issues of dysfunction in the family dynamics, "research in both the child development and family fields give strong evidence that children's problems are determined by many factors" (Bailey & Sori, 2005, p. 476). Additionally, Taylor and Adelman's (2001) work on enlisting appropriate parental involvement and support showed that family members may also struggle emotionally in response to a child's struggles. When working with children, even if the problem is not based on conflict in the system, involving parents may be useful to create a network of support and communication that strengthens a child's ability to cope as well as the parent's ability to support the child in a way that is developmentally appropriate.

An Exploration of the Role of Parents in Art Therapy

Several art therapists have overtly discussed the role of parents in art therapy practice. Particularly pertinent to this research is the work of Rubin (2005), Landgarten (1975), Shore (2000, 2013), Klorer (2000), and McCarley (2008). Although all of these authors focused on the involvement of parents in therapy, Rubin's lifetime of work in child art therapy has reflected a wide array of ways that art therapy might involve parents

in art therapy in a variety of situations. Examples of her work with parents include groups of mothers, groups of mothers and children, individual parenting, family groups, and even what she called “Parenting Play groups” in which a parent plays and makes art as a way to share and understand the experience of the child. Rubin’s work as an art therapist has also involved various clinical and nonclinical settings, and at one time included being the “art lady” on the “Mr. Rogers” TV show. Thus Rubin’s role and influence on parents through art has cast a wide and diverse net.

Longtime family art therapist Landgarten (1975) worked with a mother–daughter art therapy group that involved a combination of therapist-directed art making and self-directed/spontaneous art-making experiences. The group format consisted of primarily eight 90-minute sessions with the addition of two 30-minutes sessions for the girls only and two 30-minute sessions for the mothers only. In her 1975 article Landgarten focused on one particular dyad in which the daughter, age 10, and her mother were able, via the group art therapy process, to improve their level of “understanding and cooperation” (p. 35) and connect and understand in a way that had not previously occurred via individual therapy with the daughter. Landgarten discussed how the art making provided a tangible way for all of the mothers and daughters to communicate in a way that was both nonthreatening and cathartic.

Like Rubin (2005) and Landgarten (1975), art therapists Shore (2000, 2013) and Klorer (2000) have primarily worked with children in various clinical settings, and in their writings and teachings they have overtly addressed the issues of including parents or caregivers in child-based art therapy. In both Klorer’s (2000) and Shore’s (2000, 2013) cases the primary unit of treatment is the child, but parent/caregiver involvement is still a

critical part of the process. Both Klorer and Shore have expressed in their writings and in my e-mail correspondences with them that involvement of the parents or primary caregiver is a critical component of child therapy. Rubin (2005) noted similar themes, writing that “while the diagnostic value of joint art sessions for the treatment team is obvious, what is less apparent, but perhaps more important for therapy, is the educational potential of such meetings for both mother and child” (p. 209).

According to Klorer, “I cannot imagine working with children and not working with the caretaker in some way” (G. Klorer, personal communication, November 20, 2013). In *Expressive Therapy With Troubled Children* (Klorer, 2000) she devoted Chapter 8 to outlining how to involve parents and other family members in therapy in various clinical contexts. She also outlined how to work with parents in various situations, such as court order therapy or therapy where an abusive parent might be involved. Although it is preferable to have parent involvement, Klorer noted that the involvement of a primary caregiver may be challenging or in some cases not possible. The primary structure of Klorer’s work is based on using developmental differences as a way to scaffold appropriate interventions and interactions.

In “Child Art Therapy and Parent Consultation,” Shore (2000) outlined a theoretical framework and gave two case examples of parent consultation in child-based therapy. Her approach method was based primarily on the work of Winnicott (1971), who saw the goal of parent inclusion in therapy as a way to empower parents and assist with the child’s therapeutic work. Shore (2000) wrote: “I like to think of parent(s) as the soil in which the child grows. Within this metaphor the therapist can be viewed as the cultivator who understands and addresses the unique needs of the soil and the plants” (p.

16). Similar sentiments are also expressed in Shore's (2013) most recent book on children and art therapy, *A Practitioner's Guide to Child Art Therapy*, in which she devoted a chapter to the involvement of parents in art therapy.

Although their theoretical frameworks and approaches seem somewhat different, both Klorer (2000) and Shore (2000, 2013) expressed a strong need to support and to assist parents and children in seeing how the relationship between child and therapist is not meant to undermine or replace the parent. "If the therapist is working individually with the child, the more the therapist can tell the parent about the process of therapy the better . . . without compromising the child's confidentiality" (Klorer, 2000, pp. 143–144). A similar sentiment has been echoed in other writings regarding a sense of threat over the bond between child and therapist (Taylor & Adelman, 2001). Both Klorer and Shore also have promoted the idea that despite some parents operating from a less than ideal level of health, impacted by such things as divorce or other stressors, it remains critical that the therapist work to empower and assist the parent as much as is beneficial for the child (obviously this would not be the case in potentially harmful situations). However, neither Klorer nor Shore discussed the process of joint art making as a way to mitigate these stressors, nor did they discuss the use of collaborative parent–child sessions, instead focusing on more parent consultation-based sessions.

McCarley's (2008) research, which was presented as Chapter 8 in *Family Art Therapy: Foundations and Theory in Practice* (Kerr, Hoshino, Sutherland, Parashak, & McCarley, 2008), also addressed the issues of parents and art therapy. McCarley outlined a very specific approach known as *filial art therapy*. In her writing, she defined and gave examples of the filial art therapy model, an adaptation of art therapy into practices of

filial therapy. In this model, although the child may have been referred to therapy, the primary unit of treatment is seen as both the child and the parent/caregiver, also known as the dyad. According to McCarley, the process of filial therapy is a Rogerian-based approach where the primary aim is to enhance the parent–child relationship and teach the parent to gradually take on the role of therapist. For this goal to be realized the art therapist is actively engaged in modeling and coaching parents. In McCarley’s approach she created a home-based art studio and used 30-minute sessions. McCarley also outlined eight specific principles and particular techniques that are based on filial therapy and adapted into an art therapy model. Overall, although McCarley is clearly helping the child, the filial model appears to focus more on partnering with the parent/caregiver.

The Role of Relationships: Attachment and Attunement

“Oh...you’ll sing a song and I’ll sing a song / and we’ll sing a song together. / You’ll sing a song and I’ll sing a song / in warm or wintry weather...in warm or wintry weather.”

(Raffi, 1996)

In addition to understanding the roles of parent and child in both developmental and therapeutic contexts, this research study is also strongly grounded in the concepts of how the parent–child bond is formed and sustained, known as attachment and attunement. Attachment theory (Ainsworth, 1968; Bowlby, 1969; Main, 2000; Main & Solomon, 1990) describes the various types of parent–child connections, and attunement (Erskine, 1998; Sterns, 2002; Tronick, 2007) is a more fluid concept describing the interactive patterns between parent and child. In many ways the relationship between parent and child is like a song sung between the dyad, or as the above quote states, “you’ll sing a song, and I’ll sing a song, and we’ll sing a song together” (Raffi, 1996). The attachment

serves as the melody or base, and attunement allows the harmonies to blend. In my research study, I wanted to build the case that although attachment is clearly fundamental to working with parent–child dyads, in my work as an art therapy clinician I am more interested in exploring how art making together creates more dyadic attunement for relationships with basically secure attachments. According to Hughes and Baylin (2012), “when parents are attuned to their children’s emotional states, they are very likely to communicate and want to share . . . [their intersubjective] experiences with their children” (p. 147).

Attachment: The Theory of Primal Connection

One of the primary dynamics of the relationship between caregiver and child is *attachment*. Attachment from a relational standpoint means the process of connecting to or bonding with another. Many fields of science and the social sciences have explored and developed theories using attachment as a basis for understanding humans. Some of the most groundbreaking studies and developments about the relationship between caregiver and child are those done on attachment (Ainsworth, 1968; Bowlby, 1969; Main, 2000; Main & Solomon, 1990).

In particular the fields of neuroscience and interpersonal neurobiology (Siegel, 2007) have studied attachment at the brain level. Interpersonal neurobiology refers to the juxtaposition of neuroscience and attachment research. According to Siegel and Hartzell (2004), “an interpersonal neurobiology approach suggests that attachment relationships are likely to promote the development of the integrative capacities of the brain in enabling the acquisition of . . . emotional, cognitive, and interpersonal abilities” (p. 33). This understanding of the relational aspects of the brain and the period of childhood as a

time for wiring and growing synaptic connections creates a strong base for understanding the important—and often invisible—role that is parenting at a brain-based level (Hughes & Baylin, 2012; Siegel & Bryson, 2011).

According to attachment theorist founder Bowlby (1969), comfort and security are what motivates humans the most, and we are born with a strong need for a secure attachment figure to act as a home base. Bowlby's work was furthered in Ainsworth's (1968) famous strange situation involving toddlers and their parents—a scenario in which a child was left with an unknown caregiver after which the child's reaction to the parent's return was observed. From Ainsworth's experiment came the 3-model theory of attachment: secure, insecure anxious, and insecure avoidant. Later Main (2000) and others developed a fourth type of attachment: disorganized, which signifies an attachment where the child perceives the caregiver as dangerous or confusing. These four attachment styles have created exponentially growing ideas about parenting practices that promote security. Main (2000) also studied attachment patterns in adult relationships.

One of the more interesting challenges related to attachment theory is that the bulk of the research on attachment patterns and the study of attachment theory does not focus on the phase of middle childhood and attachments (Borelli et al., 2010; Kerns, 2008). As previously mentioned, unlike infancy and early childhood, middle childhood is generally an age when children begin spending less time with their primary attachment figures, mainly because of school and other social activities. According to Kerns (2008), in middle childhood children are less concerned with closeness and proximity of the parent, and more concerned with availability. Kerns pointed out, “at this point, a child is

better able to understand a parent's desire, communications and decisions and is able to take these into consideration when developing plans and goals.” (2008, p. 367).

Interestingly, if we were to look at attachment as it relates to common mental health-related issues of school-age children, particularly those involved in executive functioning problems, we might suggest that children can have basic security, but because of their cognitive functioning problems they may struggle to connect, communicate, and co-regulate. Because the research on school-age children and attachment also suggests that they continue to strongly need their parents to be available (Kerns, 2008), it appears that there may be more of a need for parents' involvement in therapy.

Attunement: The Feeling of Being Felt

A more broadly defined term, attunement is about reciprocal relationships (also known as tuning into each other) that create attachment, and can be found in several streams of literature in the fields of parenting, therapy, attachment, and neuroscience. Unlike attachment—which is about “Can I trust that you will be there?”—attunement is about “Are you understanding what I mean and how I feel?” Concepts related to attunement often appear in the literature combining neuroscience and attachment (Cozolino, 2014; Erskine, 1998; Gallese, 2003; Siegel, 2007; Sonkin, 2005; Sterns, 2004). These authors use attunement to describe the social orientation of the brain and the ability to focus one's attention on the feelings of another, or their felt experience, which in turn leads to greater understanding (Siegel, 2007). Often used to explain this concept is the brain's use of mirror neurons (Franklin, 2010; Gallese, 2003), which explain how observing another person engaged in an activity, such as eating or throwing a ball,

activates a similar neural-circuitry in one's own head. Studies of attunement have often been conducted with mothers and young children, to explore the micro-communication that occurs between parent and child (Tronick, 2007). One of the most seminal studies of attunement is Tronick's (2007) "still face" experiment in which the mother's lack of affect when looking at her infant—that is, not attuning—caused great distress to the infant. The "still face" upset all infants, but those with a more secure attachment were quicker to repair once the mother was smiling (Tronick, 2007).

Of particular importance to my research study is that attunement needs change across the life span, which is not to say that the need for attunement lessens, but it evolves as the child develops. This makes sense given the changing attachment needs for school-age children and caregiver availability (Kerns, 2008). According to Cozolino (2014):

Sensitive caretakers learn to respond to their children's response and synchronized engagement and disengagement. As children and caretakers move in and out of attunement the cycle of joining and separating and reuniting becomes the central aspect of developing psychobiological regulations. (p. 64)

Thus attunement paves the way for school-age children to begin to spread their wings and practice leaving and returning to the nest.

In a therapeutic context, the term *emotional attunement* often appears in literature or studies of attachment and children, and refers to "the ability to hear, see, sense, interpret, and respond" to a child's verbal and nonverbal cues in ways that communicate to the child a sense of being "genuinely seen, felt, and understood" (Wylie & Turner, 2014, p. 9). Another term often used to relate back to emotional attunement is *affect*

regulation (Franklin, 2010; Schore, 2003; Stern, 2002), which refers to a person's ability to regulate emotions and expressions. The process of affect regulation also develops in infancy with the child "borrowing" the affect of the parent to regulate their internal world, hence the damaging effects of maternal depression or other childhood trauma (Cozolino, 2014). Additionally the term *affective attunement* (Erskine, 1998) refers to the interpersonal process of "resonating one person's affect to another affect" (p. 237). Another term that is associated with attunement is *metallization* (Fonagy, Gergely, Jurist, & Target, 2002; Or, 2010), which refers to one's ability to reflect or imagine the mental stages of others and self.

Attachment and Attunement in Therapy

Given the rich and evolving amount of information relating to attachment and attunement and its relationship to brain development, it makes sense that attachment studies and theories are being adapted and applied at the therapeutic level to promote emotional healing (Armstrong, 2013; Erskine, 1998; Kossak, 2009; Sonkin, 2005). In their research related to therapeutic attunement Armstrong (2013), Kossak (2009), Sonkin (2005), and Erskine (1998) all pointed to the role of therapist as being able to create attunement between therapist and client. Additionally attachment theory has become a common practice in cases of conceptualization and psychopathology (e.g., DeKlyen & Greenberg, 2008) and work with therapeutic issues such as trauma stemming from disorganized attachments (e.g., Lyons-Ruth & Jakobvitz, 2008). Attunement and attachment are also explored in the field of dance movement therapy as they relate to body movement, in particular with young children (Tortora, 2006).

Art Therapy: The Role of Art Making as it Relates to Attachment and Attunement

Given that art therapy is a distinct and unique branch of psychology it is important to identify the specific ways in which art therapy has integrated theories and practices related to attachment and attunement. Of particular interest to my research study are existing literature related to the assessment of attachment in art, the use of art therapy to repair attachment with parents, the role of art as a reflective process, and the role of the art therapist as attached and attuned.

Assessment of Attachment in Art

As with the broader field of counseling and psychology, the role of attachment and attunement echoes in many of the key concepts and fundamental practices of art therapy. One of the most obvious practices has been using art as an assessment tool for attachment pattern, in particular children's attachment. As previously mentioned, art is often used to assess the emotional content and developmental processes of the child, and offers many rich insights into the child's perspective (e.g., Kramer, 1971; Malchiodi, 1998; Silver, 2007). Art has also been used to assess attachment styles, for example Kaiser's (1996) bird's nest drawing, which is a projective drawing test grounded in attachment theory and used for assessment purposes in which the symbolic imagery of a bird's nest provides information about attachment security (Kaiser & Deaver, 2009).

Studies such as the one conducted by Fury et al. (1997) also contained specific directives given to children to assess attachment pattern, by denoting specific artistic characteristics associated with attachment styles, such as how grounded a figure appears on the page. Other studies, such as one by Leon et al. (2007), showed how art can represent the child's perspective of attachment patterns, specifically parent-child alliances, and then how those alliances might relate to pro-social behavior, thus showing

how the assessment of attachment could be used to indicate other needs in a child's life. Although they were not conducted to specifically address the specific dyadic dynamic, these studies provide good examples of how art offers a window into the relational dynamics of the family from the child's perspective.

Art Therapy With Parents: Promoting Attunement and Secure Attachment Formation

Another branch of attachment and attunement in art therapy are studies conducted with parents in a group context without their children present (Choi & Goo, 2012; Or, 2010; Ponteri, 2001)—these studies focused on perceived relational patterns, relational dynamics, and/or improvement of self-esteem. In a study conducted by Or (2010), mothers of young children (ages 2–4) were asked to sculpt themselves with their child or create a sculpture of the relationship between themselves and their child. According to Or, “Clay sculpting of mother and child figures was found as a task with the potential of enhancing parent mentalization, through several of its intrinsic qualities: visual reflectiveness, wondering, transformation, and implicit memories” (2010, p. 325).

Ponteri's (2001) study on group art therapy with depressed mothers was similar in that it focused on images created by the mothers about their parent–child relationship. In Ponteri's study the author worked with a group of mothers and found that creating art increased feelings of competence as parents. Choi and Goo (2012) utilized group art therapy with mothers to improve “material care and develop positive self regard” (p. 19). In this study the researchers found that art therapy conducted in a manner based on the concept of Winnicott's (1971) facilitating environment also aided a group of mothers in increasing care via the modeling of care experienced in the group art therapy

environment. Although a weakness of these studies is perhaps a lack of overt involvement or discussion from the perspective of the children, this research does indicate the role of art in facilitating an experiential and reparative process. It is also the assumption of these researchers that improved maternal health through confidence (Choi & Goo, 2012; Ponteri, 2001) and parent mentalization (Or, 2010) may lead to better care of children through strengthened attachments and deeper attunements.

Art and the Art Process as a Reflective Device

“Art is most often an expression from the self to the self.” (Moon, 2009, p. 142)

Beyond more specific approaches such as diagnostic assessment or working with a specific group to directly address issues of disrupted attachment, the process of making art and viewing art in the context of art therapy is a reflective process. More than just diagnostic, in this sense reflection connotes a broad understanding, or more holistic view of the person in context (also known as the gestalt). Art therapists have long observed a reparative process that enables clients to heal and communicate anew via the art making process, particularly in cases involving trauma (e.g., Klorer, 2000). It might also be argued that the art of art therapy is itself a gateway to both see and repair attachment via the promotion of attunement, in terms of holding a mirror with which to see oneself and others more clearly (Franklin, 2010; Robbins, 1998; Schaverien, 2008). Thus actual artworks themselves may serve to repair wounded attachments, speaking the needs that clients may be unable to voice. Art as the voice or reflection of the subconscious has appeared in the broader field of art therapy in terms of what Schaverien (1992) called “life in the picture” and “life of the picture.” As a statement on reflection the “life in”

aspect refers to what the imagery reveals, whereas “life of” refers to the physical quality of the picture itself as an object (Schavarien, 2008).

Examples of the role of art and the art making process as reflective, as well as the affect regulating process, can be found in Armstrong’s (2013) article on art therapy with children who have poor attachments, and in Franklin’s (2010) article on affect regulation and mirror neurons. Both of these authors cite the reflective nature of art making as a way to promote repair and connectedness via the artwork. Franklin (2010) referred to this process as “visual empathic response” (p. 163) and provided case examples of the use of his own art making as way to visually empathize with a group of adolescents. He pointed to how art therapy and the process of making art can assist in building attunement and deep empathy at a neurological level because of mirror neurons that allow for the “as if” experience in the mind. Franklin also cited historical references to art and empathy and discussed how the art may function to shift the “observer into an image” via the process of “emotional projection” (2010, p. 160).

Armstrong (2013) also commented on the reflective nature of the art process working in the art therapy space as a container for the relationship. According to Armstrong, “by having the scope to get up and move around the room, perhaps gather materials, the spatial qualities of attachment theory can be visual enacted” (2013, p. 277). Additionally Armstrong noted that art can create opportunities for self-regulation, meaning learning to balance and calm an emotional state, particularly in the selection of media. An example of this is giving an anxious client pastels, which can be messy but not too messy, as a way of providing a chance to explore control, but not over control. Thus

the art media can add additional dimensions of regulation in both the witness of images and the process of creating.

Another example of this reflective process is Isserow's (2008) work on joint attention in art therapy. The concept of joint attention—looking together, therapist and client, at the artwork—is very much an attachment- and attunement-building process, because it involves “the alternating of co-ordination of attention to the object and the parent” (Isserow, 2008) or the therapist. Although Isserow's research did not overly focus on attunement, the process of looking together at art was found to promote affective processing, which may indicate particular attunement-based properties distinct from talk therapy and inherent in art therapy.

The Role of the Art Therapist: Creating Security and Attunement

The examples of joint attention found in Isserow's (2008) work also highlight the role of the therapist as a secure base for creating an environment of secure attachment. In Isserow's work the process of looking at art together also required the therapist to be “sensitive and attuned” (2008, p. 42). Although not an art therapist, Winnicott (1971) expressed the need for the mother to create a holding environment, as well as to use play as way to attune and connect because playing required authenticity and presence. This playfulness often took the form of art making, such as the “Winnicott scribble” so often used in art therapy. Winnicott also saw one of his primary objectives to be bringing mothers to a place of playfulness and a sense of being “good enough,” so that they can be present to their child. A similar sentiment is expressed in the work of art therapists (e.g., Choi & Goo, 2012; Shore, 2013).

Also echoing the role of the art therapist in promoting attachment and attunement is the concept of therapeutic presence in art therapy (Robbins, 1998). Therapeutic presence emphasizes the role of the therapist in helping heal wounded past relationships by creating attuned relationship with the client and space in therapy. Additionally Robbins (1998) pointed to the need for therapists to be attuned to their own interpersonal dynamics as way to be present in the therapeutic relationship. He expressed a need for the therapist, much like an attuned parent, to be “open and receptive to both primary and secondary modes of communication” (Robbins, 1998, p.19).

Recently there have been several scholarly articles and writings published that overtly focus on therapeutic attunement and connect it to art therapy and the expressive arts therapies (Armstrong, 2013; Franklin, 2010; Kossak, 2009; Tortora, 2006). As previously mentioned both Franklin (2010) and Armstrong (2013) discussed the affect regulating and reflective nature of art and art making, but they also both highlight the role of the art therapist as being attuned. Like Franklin (2010) and Armstrong (2013), expressive arts therapist Kossak (2009) and dance movement therapist Tortora (2006) explored the need for the therapist to create an attuned relationship and environment.

Armstrong's (2013) work focused on exploring how art therapists are able to model attuned relationships for their child clients, particularly those with poor early attachments. Armstrong laid out examples of how art can be used to model the experience of an attuned relationship, to process affect, and develop narrative when working with children. According to Armstrong, “when making art there is a constant cycle of rupture and repair within the process as mistakes are made and corrected” (2013, p. 277).

Where Armstrong (2013) focused on the art therapist's relationship with child clients, Franklin's (2010) work echoed a similar theme in adult therapist–client relationships. Franklin integrated and explored the connection between art making, mirror neurons, and affect regulation. As it related more specifically to the role of the art therapist, Franklin cited Kramer's (1986) "third hand," which describes the art therapist's role in helping the client achieve artistic skills, as a way to be attuned and present to the client. In this way it seems that Franklin saw his role—as both artist and art therapist—as one that creates attunement.

Like Franklin (2010) and Armstrong (2012), Kossak (2009) addressed the complex and deep relationship of attunement and arts. Kossak joined Robbins (1998) in citing the need for therapeutic presence, or a "tuning in" with oneself before doing so with one's clients (Kossak, 2009, p. 16). Kossak perceived attunement as a rhythmic dance between client and therapist, which at its peak is similar to the process of "flow" (Csikszentmihályi, 1990) or "embodied transcendent attunement" where authentic connection occurs. According to Kossak, "When I use art materials it is usually as an improvisational act. I tune into the blank paper or canvas, and then the material, the paints or oil sticks, or pencil" (2009, p. 17). In this deep tuning the arts offer moments of transcendence and deeper knowing. Kossak also noted that missattunements, meaning moments of disconnect or decentering, are a useful part of the process in that they provide the chance for repair and acknowledgement of imperfection.

Lastly, the work of dance and movement therapist Tortora (2006), who focused on dance movement therapy with young children, addressed the need for attunement as part of the therapeutic relationship. According to Tortora (2006) attunement is about the

therapist's role in supporting the child, not via mirroring or copying, but through supportive movements such as "clap[ping] hands or nod[ding] his or her head to the rhythm of the child jump, rather than actually jumping with the child" (p. 259). Through engaging the client in attuned response the therapeutic relationship is built and change occurs.

Dyadic Approaches to Therapy

Having reviewed the primary streams of information relating to the practice of working with parents and children in art therapy and the role of attachment and attunement and their relationship to art therapy, I will now focus in on the work of art therapists and other mental health practitioners focused on specifically looking at therapy in a dyadic context. The practice of dyadic art therapy appears to be attracting the interest of art therapy researchers and clinicians in several parts of the world, in particularly Canada, England, and Israel. There are several contemporary art therapy and creative arts therapies theorists addressing issues of a dyadic approach or advocating for the inclusion of parents in art therapy and expressive arts therapies.

As previously mentioned, Klorer (2000) and Shore (2000, 2013) explored the involvement of parents in children's therapy, and Rubin (2005) provided a wide overview of the many applications of parental involvement in therapy, particularly in a dyadic context. Landgarten's (1975) article on a mother-daughter group also expressed the value of dyadic work as well as group therapy in creating dyadic connections and building awareness within the relationship. There have also been several studies addressing the parent-child relationship via working with parents (Choi & Goo, 2012; Or, 2010; Ponteri, 2001) or via the adapting of other practices, such as filial therapy (McCarley, 2008). Also

the practice and research of working with dyads dates back as early the 1970s with parent–child groups such as those conducted by Landgarten (1975) and Rubin (2005).

In England Buck et al. (2014) and Buck et al. (2013) examined the common practices, themes, and competencies of this work, as well as looking at trends and influences of art therapy. Similarly Israeli art therapists Regev and Snir (2014, 2015) conducted a broader study involving the input of 20 art therapists who work with parent–child dyads in an attempt to consolidate a parent–child art psychotherapy model. Proulx (2003), Hall (2008), Hosea (2006), and Arroyo & Fowler (2013) looked more specifically at the practice of dyad art therapy with parents and younger children, primarily in a group context. Regev et al. (2012) looked at the involvement of parents in child movement therapy groups. Gavron (2013) examined what she called the joint painting procedure, which is both an assessment and an intervention, and Wix (1997) reviewed the long-term on and off involvement of a mother in her daughter’s therapy. Although this may seem like a wealth of information, with the exception of Gavron (2013), Regev et al. (2012), and Wix (1997), work addressing the dyadic needs of school-age children without disrupted attachments is a less common focus thus far in the literature.

Overarching Themes of Dyadic Work

Several British and Israeli art therapists and mental health professionals have attempted to examine the “who” and “what” of dyad work in order to extrapolate and create more consensus about the process of dyadic art therapy. This trend of dyadic work and attachment focus therapy seems very prevalent in England. One possible reason the dyad approach is being examined in England may be that two prominent authors of attachment theory and psychotherapy are British: Peter Fonagy and Jeremy Holms

(Sonkin, 2005). The prevalence of dyadic work in Israel has been attributed to the work of Ben-Aaron and colleagues, which is based on metallization process with “a psychoanalytical-referential orientation as is used for the treatment of childhood relationship disturbances” (Regev & Snir, 2015, p. 50). It is unclear whether these practices correspond with practices in the United States, given that no formal study has been conducted on trends of a dyadic art approach with U.S. parents and children. It might also be possible that given the strong prevalence of marriage and family therapy in the United States, the need to designate and differentiate dyadic specific approaches appears less relevant, particularly in reading the works of art therapists such as Landgarten (1975) and Rubin (2005), who have frequently mentioned working specifically with dyads. Despite these differences, findings from both studies below suggest information that may be relevant and generalizable to this research project.

In a recent survey study conducted by Buck et al. (2013), the researchers sought to investigate and assess the frequency and influences of British art therapists’ use of a dyadic approach. Although the sample size was rather small (85 participants), and the study only looked at British art therapists, survey results clearly indicated that most (60%) of art therapists working with children frequently involved parents or caregivers. The researchers also noted that the inclusion of parents or caregivers had increased significantly since another study was published by Karkou in 1999 (as cited in Buck et al., 2013). Buck et al. (2013) suggested that this change might be due to the increased attention and focus on attachment theory and family systems approaches. Buck et al. (2013) also asked participants questions about various dyadic-based therapy approaches that most influenced and informed their ways of working dyadically. Of the 85

respondents, “represent[ing] 9.7% of the total population of art therapists working with this client group,” (p. 21) only 20 indicated that their approach was based on a particular model of dyadic therapy, such as filial therapy.

Following the initial survey (Buck et al., 2013), Buck et al. (2014) conducted a two-round Delphi study to identify key principles, practices, and core competencies related to the practice of utilizing parent–child dyads in art therapy with school-age children with attachment-related difficulties. Findings from the study indicated that consensus (in this case 80% or more) was reached on 10 principles, 5 practices, and 16 competences. The study’s participants consisted primarily of a small group of primarily British experts in the field. A criterion for expertise was based on evidence of authorship and “substantial experience working in specialist attachment treatment settings/and or clinical expertise in attachment” (Buck et al., 2013 p. 165). It was also the aim of this study to eventually create a foundation for more outcomes-based research. Interestingly several of the experts involved in the study are cited below (Hall, 2008; Hosea, 2006; Proulx, 2003). However, none of the Israeli or North American art therapists exploring working in a dyadic context were a part of the panel (Gavron, 2013; McCarley, 2008; Or, 2010; Ponteri, 2001; Regev et al., 2012; Rubin, 2005; Shore, 2000, 2013; Wix, 1997).

Given the attachment-based expertise of the panelists as well also the expressed agenda to focus on children with “attachment related difficulties,” the study cited attachment and the understanding of attachment theory as a core competence to dyadic art therapy work. Other core competences reported on by Buck et al. (2014) included knowledge, awareness, and an ability to address parental impact of the dyad based on parental history, provide parenting strategies, maintain a stance of intersubjectivity, and

“use within-session events to address carers affective responses and understandings of child’s behavior” (Buck et al., 2014, p. 168), as well as having a knowledge of child development and children’s artistic developmental stages, neurological response (fight, flight, freeze), and an understanding of the development of self (Buck et al., 2014). Interestingly it is many of these same competencies that are discussed in this literature review; for example, understanding child and parent development.

In addition to core competencies, Buck et al. (2014) identified core practices, that is, what the art therapist should be doing in session. These practices also reflected a focus on attachment and included helping carers recognize their expressions and affect, being the therapist of “the relationship” (i.e., not the child or adult), obtaining therapeutic supervision, and determining the emotional level of the child. These core practices highlight the need to treat the dyad as a unit and observe and assess the relationship, rather than a more child- or parent-focused approach.

Lastly, the core principles, or values and beliefs, reported on by Buck et al. (2014) focused on knowledge and awareness in the following areas: assisting the parent/carer’s capacity for reflective functioning; exploring the role of the carer’s history; enhancing the carer’s sensitivity to the emotions of the child; promoting connectedness and autonomy between carer and child; addressing issues of emotion regulation; being flexible in ways that respect “diversity of family history, culture, and individual experiences” (p. 168); creating a safe boundary to explore issues; using an in-the-moment context; and lastly “focusing on moments of attunement when warmth and playfulness emerge at the heart of the work” (p. 168). Many of these core principles resonate with my beliefs about working in a dyadic context. A key difference in my work related to core practices is that

although I view the dyad in a relational lens, my primary unit of treatment in my clinical practice is the child, and the primary treatment issues do not focus on problems of attachment; thus, there are also other factors and observations that are centralized in dyads that exhibit a basic level of security. One possible critique of Buck et al.'s (2014) work is that it only minimally addressed the role of art, which can be seen in the competency of "knowledge of stages of child's art development" (p. 168).

Like Buck et al. (2014), Regev and Snir (2014, 2015) have been working to investigate the core objectives and practices in a dyadic art therapy context by enlisting the expertise of other art therapists. Their recent publications (Regev & Snir, 2014, 2015) are a part of broader study involving the participation of 20 Israeli art therapists around the use of "a parent-child art psychotherapy model" (2014, p. 511). It is interesting that although British art therapists appear to be influenced by a range of dyadic models, Israeli art therapists seem more focused on one model. This model, according to Regev and Snir, is about helping both parent and child to understand their behaviors as they connect with "underlying mental states" (2014, p. 511), and it incorporates "inter-generational transferences of psychopathological parenting and their prevention" (2014, p. 511). The format of this process involves alternating weekly dyad appointments of the child with mothers and fathers, as well as meetings with just parents every 2 to 3 weeks.

The methodology for Regev and Snir's (2014, 2015) broader study included conducting semi-structured interviews with 15 of the 20 art therapists, which were selected via snowball sampling. These interviews were then transcribed and analyzed using grounded theory methodology to generate large themes and objectives. In their 2014 publication Regev and Snir presented the five main themes generated in their

interviews: Theme 1, parents' attitudes toward parent–child art psychotherapy; Theme 2, encouraging parents to participate in parent–child art psychotherapy; Theme 3, parent guidance; Theme 4, using art in parental guidance; and Theme 5, the parenting of the parent–child art therapist. In their 2015 publication Regev and Snir presented the four main objectives of parent–child art psychotherapy based on their interview data: (a) creating time and space for spending time together; (b) creating a play space within the therapy room, and a space where inner and interactive contexts can be expressed and new possibilities of coping can be created; (c) observing and learning from the interaction about the self, the other, and the relationship between them; and (d) providing the parent with information and support.

These themes and objectives reflected what actual art therapists in the field working with dyads observed and experienced. Of particular interest were that the five themes were heavily focused on parenting, not only in terms of how best to include, encourage, and guide parental participation, but also in terms of the more self-reflective need for therapists to reflect on their roles as a parent, or as not being a parent. The themes also contained a positive view of parents as “the agents of change” (Regev & Snir, 2014), and a focus on child's strengths.

There was also a strong focus on the fact that what happened in life between parent and child was recreated in the therapy room, and the need to be aware of the parents' feelings about their past as well as their feelings toward the therapist, such as jealousy. Art was discussed in terms of being a form of nonverbal communication, one that helps “develop mental processes that help [parents] observe both themselves and their relationship with their child” (Regev & Snir, 2014, p. 515). However, it was also

noted that some parents might feel anxious or critical of their art because they had not drawn in a while.

Regev and Snir's (2015) first objective focused on the space and how it enables parent and child to spend time together. Therapists noted that sometimes they would start with structured activities to create safety, or less messy materials. There was also some debate about leaving material or others' artwork out on display: some expressed a need to have a more empty space and others focused on inspiration and dialogue gleaned from others' work. The second objective, which therapists noted occurring once the dyad is more comfortable, was the objective of play "as a means of creating both intrapersonal and interpersonal encounters" (Winnicott, as cited in Regev & Snir, 2015, p. 53). The third objective was about learning, particularly via the client's interpretations of the art and the discussion of the art-making process. The fourth objective focused on providing support, which "defines the position of the therapist in relationship to the dyad" (Regev & Snir, 2015, p. 54). The theme of the therapist's parenting experience is a common one, and it is often used as a tool for understanding, but that should not deflect attention away from the dyad. It is also under this objective that the therapist provides the parent with information about development and other psychological or emotional challenges.

In summation, although they are in use, there has not yet been much work done on the overarching practices, themes, objectives, and beliefs about dyad work. Buck et al. (2013), Buck et al. (2014), and Regev and Snir (2014, 2015) have provided excellent examples of commonalities within the work, particularly as it relates to what actual therapists in the field are thinking about and doing. These studies can become the launch pad from which to begin to see how the results of my study, based on working with dyads

without attachment-based issues, may connect and diverge. An interesting difference is that all of the British therapists identified having an “attachment theory” focus, whereas there was a more “mentalization” focus for the Israeli art therapists, who identified their theoretical grounding as mostly being psychodynamic object relations, and eclectic.

Dyad Art Therapy for Early Childhood

An area of more intensive focus in the literature related to parent–child art therapy is work involving infants and young children. Several art therapists have studied parent–child dyad-based art therapy that involves joint art making with caregivers and young children, generally under 5 years of age (Arroyo & Fowler, 2013; Hall, 2008; Hosea, 2006; Proulx, 2003). The primary themes of these studies are based on theories of attachment. At this young age children are often in a sensitive window of time to develop attachment patterns with their primary caregiver, and these patterns may play out in later adult relationships. Children during this developmental stage also communicate primarily in nonverbal ways and the use of art may increase parent and child’s ability to be attuned (Hall, 2008).

British art therapists Hall (2008), Hosea (2006), and Arroyo and Fowler (2013) have written and actively work using a dyadic approach with parents and young children. In her writing Hall described her experiences with dyadic painting groups with young children and mothers in England. According to Hall, “the direct expression of feeling can be recognized through both the content and the manner of execution of the art works and this can help mother and child to know and understand each other better” (2008, p. 21). An interesting facet of Hall’s approach is that it is collaborative: Everyone, including facilitators, makes art, and everyone’s art is valued. According to Hall, “Joint art-making

brings equality, especially when everyone works on the floor together” (2008, p. 21).

This idea is an interesting contrast to dyadic work that is more concerned with modeling or teaching on the part of the therapist, such as filial therapy.

Like Hall (2008), Hosea (2006) focused on how a dyadic approach can be used to foster connections and positive feedback for both mother and child. Hosea began her research with the question, “What happens when mothers and children paint together?” (2006, p. 72), and studied a group of six mother–child dyads painting together over an 8-week period. In her publication she included video footage and interviews, and she also used a more ethnographic and participative approach. In using the approach she was interested in the parents’ thoughts and insights, and felt it critical that their voices be given equal, if not more, importance than the therapist’s. Hosea also stated that although she and Proulx (2003) both hold similar theoretical views, her work is “more open to individual creativity and far less structured” (2006, p. 72). Overall, both Hall (2008) and Hosea focused on empowerment of the parents and the process of art making as a natural fit for parent and child.

Working within the same clinical setting, Sure Start Children Centre in South Wales, England, mentioned in Hall (2008), Arroyo and Fowler (2013) conducted an investigation of the effects of a 20-week painting group for parents via a group case study of four parents. The painting group was structured around the “non-directive, integrative, and systemic approaches used by Penny Hall (2008) and Hilary Hosea (2006)” (Arroyo & Fowler, 2013, p. 98). The study involved comparative, pre- and post-session assessment of post-natal depression, self-esteem, and quality of parent–infant relationship. Based on statistical analysis, findings showed that there was a significant

improvement in self-esteem and parent–child relationships with infants, as well as a reduction of depression. Furthermore, these findings were also supported by group facilitators’ observations and notes. Thus this study adds a further level of validation and support to the painting groups for mother and young child, as described and developed by Hall (2008) and Hosea (2006).

Like Hall (2008) and Hosea (2006), Proulx (2003) focused on working with the parent–child dyad as a unit of treatment in a group context. Proulx is generally the most cited and well-known art therapist on the topic of dyadic art therapy with young children. Proulx’s book integrated various research and theories on how to work using a dyadic approach. According to Proulx, dyad work is based on using the art as a way to build stronger attachments, repair relationships, explore the dynamics of closeness and separation, and promote overall security between parent and child (Proulx, 2003; L. Proulx, personal communication, November 19, 2013). Her work and interest is strongly grounded in attachment theory and neuroscience work that exhibits the importance of the first 3 years of a child’s life as being a critical period for later life development and coping. The goal of Proulx’s (2003) parent–child dyad intervention is to help invite the parent into the child’s world.

In some ways the approaches and insights of Proulx (2003), Hall (2008), and Hosea (2006) seem similar to other dyad approaches such as filial art therapy (McCarley, 2008) and Watch, Wait, and Wonder, which has been adopted using art therapy by Buck (2012). The Watch, Wait, and Wonder approach as outlined by Buck (2012) involves the process of directing parents to actively reflect and observe their child’s behavior with the guidance of a therapist. Like both of these approaches, Proulx’s parent–child dyad

intervention involves some specific questions and ways of interacting. Proulx also prescribed, somewhat more loosely, specific ways of interacting and group dynamics, such as the practice of the parent and child carrying their art together and leaving it on the wall. One key difference with Proulx's work is that it was primarily structured to be used in a group setting, whereas filial art therapy (McCarley, 2008) and Watch, Wait, and Wonder (Buck, 2012) seem more geared toward individual dyad sessions. However, Proulx does feel that her method can be used in individual settings.

Despite the similarities, one of the primary facts really setting Proulx (2003), Hall (2008), and Hosea (2006) apart from others is that they have created a dyad approach based in art therapy, as opposed to other theories that were developed in fields, such as play therapy, and then adapted to include art therapy. However, a primary challenge of these works is that they relate to mostly young children, and some aspects of this work may not be applicable given the different developmental needs of school-age children.

Dyadic Art Therapy With School-Age Children

As outlined by Buck et al. (2014), one of the core competencies of dyadic work is the "ability to make broad assessment of an adult's and child's attachment style" (p. 168). One of the most popular ways that art therapy has been used with dyads is for assessment purposes, particularly in school-age children. Similar to the previously mentioned studies on art therapy as an assessment of attachment (Fury et al., 1997; Kaiser & Deaver, 2009; Leon et al., 2007), the dyad-specific works of Proulx (2003) and Wix (1997) also highlighted the use of art created by caregiver and child as an indication of dyadic attachment and interaction patterns.

In order to assess the relationship in school-age children, Israeli art therapist Gavron (2013) has been developing and outlining an approach and tool she calls the Joint Painting Procedure (JPP). Unlike the previously mentioned assessments (e.g., the bird's nest drawing) the JPP is designed to be conducted with parent and child together, which in and of itself is "a means for assessing the relationship" (Gavron, 2013, p. 12).

Additionally, the JPP does not result in themes related to the four styles of attachment. Its primary aim is to assess both the "parent's ability to monitor and supervise the child" (Gavron, 2013, p. 13) and the ability of parent and child to maintain a positive connection. According to Gavron, in addition to being an assessment tool the JPP is an intervention tool to create connectedness. Also, unlike many other dyadic processes, this tool is specifically designed to assess relationships of middle childhood.

Procedurally, the JPP involves a 5-step process where both parent and child paint together in a shared space as well as side-by-side on the same paper (Gavron, 2013). Gavron (2013) also noted several relevant developmental tasks of school-age children and their parents. One such development is the need for the child to remain emotionally close to the parents while being physically more distant because of school. Gavron also expressed that the task of painting is well suited because this is an age where children are less interested in imaginative play yet imagination and emotion are still very much a part of the child's "inner world" (2013, p. 13). A final important note made by Gavron is that middle childhood is a time of great cognitive and emotional changes, and is also a time when children are in therapy due to challenges with learning, behavior, and social dynamics. This study is significant because unlike other works that focus on attachment

and younger children, its focus on school-age children without attachment issues bears a closer similarity to the conditions of my research.

Another article that addresses parent–child art therapy with an older child is Wix’s (1997) case study of a mother’s involvement in her daughter’s therapy. Wix’s primary objective was not to make a case for the use of dyad art therapy. However, the content and examples presented in this case show the valuable role that art played as the vehicle of connection and communication between mother and daughter. In the case study, a preadolescent child is in long term, 3.5-year therapy, and her mother occasionally attends sessions. According to Wix:

The goal of my art therapy work with Jasmine and her mother was to provide a place where they could make art together, examine the images, and listen for “metaphoric insights” (Hillman, 1979) rather than focus on diagnosing what was wrong with their relationship. (1997, p. 74)

Overall, Wix’s case study exemplified the role of the parent in child therapy, and how involvement of the parent can have therapeutic value to the child. Also relevant is that this work was not focused on finding the problems in the relationship, in this case the mother’s lack of availability, but focused instead on using art for connection.

Yet another example of dyadic work with school-age children is the research by Regev et al. (2012) on Israeli mothers’ participation in movement therapy. This study had a theoretical orientation that combined dyadic therapy and movement therapy. Although based primarily in movement therapy, the underlying theories and approaches seem congruent with other creative arts therapies theory. The researchers used a quantitative methodology and several assessment measures. They also utilized a comparison control

group. Findings from the study suggested that mothers' participation in children's movement groups lead to "greater improvement in children's behaviors than the control group" (Regev et al., 2012, p. 479). The researchers hypothesized that improvements in the children's behavior may have been related to the "here and now" approach of movement therapy, which allowed the child and parent to be present and engaged in the process. A problem identified with only marginal improvement in other areas as compared to the control was the fact that the mothers' "emotional baseline" (Regev et al., 2012, p. 486) was not assessed prior to the group, and it is possible that because the mothers did not see themselves as the patient they were less likely to see themselves in need of change. Overall, this study is an excellent example of the ways that parental involvement can assist school-age children in therapy. However, this study was also somewhat limited by its lack of investigation of the participants' experiences of the process.

Looking collectively at the available research on dyadic art and creative arts therapies, it seems clear that many are finding value in the involvement and inclusion of parents and children together in therapy. Many of these studies point to the critical role that attachment and attunement play in the art therapy process. Dyadic work is particularly beneficial for those struggling with relational issues, such as attachment disorders, and for young children and their mothers, who are naturally in a more physically dependent stage of development (Hall, 2008; Hosea, 2006; Proulx, 2003). Interestingly there appears to be a different benefit to conducting dyadic work with parents and school-age children without attachment issues. It seems that working dyadically with this population may address the normative attachment and developmental

changes the dyad is facing (Gavron, 2013), as well as offering possible improvements to the child's behavior (Regev et al., 2012). However, as many authors point out there currently remains a need to more deeply understand the dyadic art therapy process, particularly as it relates to school-age children (Buck et al., 2014).

Summary

In summation dyadic art therapy and the process of including parents is supported in both therapy and neuroscience research as a valuable enhancement of the child and parent attachment and therapy processes. Although it is deeply rooted in the practices of family therapy and child therapy, the dyadic process as a distinct subset of art therapy work is still in its earliest stages. It is the aim of my work to expand that literature and investigate and systematically observe what happens when parents and school-age children (ages 7–12), without difficulties related to attachment, make art together in the context of art therapy.

CHAPTER 3. METHODS

“What is a ‘lived experience?’ This is an important question because the phenomenological human science begins in lived experience and eventually turns back to it.” (van Manen, 1990, p. 35)

Introduction

Ellie is the 8-year-old daughter of 41-year-old Karen. Ellie is creative and intelligent, loves playing soccer and baking cupcakes, and thinks her little sister is annoying. She is in second grade and has begun to struggle in school. Referred for psychological testing for possible learning issues, Ellie was diagnosed with dyslexia and mild ADHD. Lately, Ellie whines more and often tries to avoid going to school. When it is time to go to school or tutoring, she reports stomachaches or headaches. At the recommendation of a friend whose daughter has similar issues, Karen calls me, a counselor and art therapist. Karen expresses frustration. Normally she and Ellie have a great relationship, but now she feels at a loss for how to help her daughter. “Nothing I do helps and we both just end up mad.”

Ellie’s is not a real case example; however, the above relationship and reason for therapy is very much typical of the clients I see in my private practice. Karen is not a bad parent. Ellie is not a bad kid. Theirs does not appear to be a deeply troubled relationship. This problem is a classic example of the struggle that many parents and children face. Although there may be several clinical diagnoses for this problem, at its core their challenge is how to communicate and connect in a way that effectively alleviates the stress on both parent and child; in other words, the system appears to have fallen out of

homeostasis. Many parents, like Karen, are experiencing a multifaceted life challenge, and may need some help getting back in tune with their children.

This research study is grounded in my clinical experience and practice with families and children in art therapy. The primary focus of my caseload, averaging 20 to 25 clients a week, is children struggling with a range of social and emotional issues. In these cases the client is generally the child; however, parents are still very much involved in the process. It is my belief that 1 hour a week with me (the therapist), pales in comparison to the many hours of the day a child spends with parents and other primary caregivers. I see parental involvement as a critical part of the child's emotional success in therapy, and believe it should be viewed via the lens of opportunity for attaining more loving, healthy support.

This research seeks to systematically investigate, observe, and document what occurs in the dyadic art therapy process with school-age children (ages 7–12) and their parent or primary caregiver. In order to get a realistic look at this process, the research and data collection were conducted with actual therapy clients who were already normally participating in the therapeutic process of joint art making. The purpose of this research is to develop a deeper understanding of the role and process that joint art making may play in strengthening parent–child relationships and communication dynamics. In order to do so I believe the first step is to first look for the essence, or nature, or “whatness”, as phenomenology founder Husserl called it, of what may be happening when joint art making occurs with parent and child, and how both parent and child interpret that experience.

In the fields of art therapy, psychology, and counseling there have been a range of research studies addressing the use of a dyadic approach focused on attachment-based issues and younger children (e.g. Armstrong, 2013; Proulx, 2003). However, there is little evidence to show what is actually occurring when parents and school-age children who appear to have basically secure attachments make art in a dyadic context. I see the first step in the process of dyadic art therapy with school-age children and their parents as a need to understand what the lived experiences are of my clients and myself engaged in this process.

Research Methodology

“To do research is always to question the way we experience the world, to want to know the world in which we live as human beings.” (van Manen, 1990, p. 5)

Phenomenology is as much a philosophy as a methodology, and has its roots in the works of philosophers: Husserl, Heidegger, Merleau-Ponty, and Sartre (Smith, Flowers, & Larkin, 2009). As summarized by Smith et al. (2009), the primary aim of phenomenology is to study and understand the complexity of an experience as it exists in the world, that is, the “lived experience” (van Manen, 1990). One of the key principles is to examine things on their own terms. According to founder of phenomenology Husserl, phenomenology is about finding the essential qualities or going “back to the things themselves” (as cited in Smith et al., 2009, p. 12). It is also about suspending one’s assumptions, or *bracketing*, and focusing on the experience of something. Heidegger, a former student of Husserl, expanded upon the philosophy by focusing on the ideas of modes of being or being itself, or the German *dasein*, meaning there-being or presence. He also stressed the importance of relatedness to the world, or what Heidegger refers to

as *intersubjectivity*, meaning the “shared, overlapping, and relational natures of our engagement in the world” (as cited in Smith et al., 2009, p. 17).

Like Husserl and Heidegger, Merleau-Ponty explored the philosophical meaning of being in the world, but his work added additional questions about the role of the body and perception as being part of the embodied experiences (Smith et al., 2009). What seems relevant about his work to art therapy is the role of the body as an interpreter and experiencer of the work, and how even when we experience another artwork, or attempt to look outside of ourselves at an experience, we can never fully separate it from own experience of it of it. Thus Merleau-Ponty expressed that a lived experience is not about merely looking at the object in the world, but about experiencing it in the context of being; much like the optical illusion drawing that to one person may look like a young woman in the mirror, but to another person is an old woman. Sartre was another foundational influence on phenomenological theory, particularly in the area of existential phenomenology. According to Smith et al. (2009), Sartre emphasized the developmental and processual aspects of human beings. His famous expression is “existence before essence.” (p. 19), putting emphasis on the role of *nothingness*, meaning what is not there is as important as what is there. In summation, these leading phenomenological philosophers laid the groundwork for the question of what it means to be being and how to conceptualize our lived experiences.

These philosophical ideas are the foundation upon which the qualitative methodologies of phenomenology were developed. However, the process and methods of conducting phenomenological research has no one set of agreed-upon procedures (van Manen, 1990). In general it is a methodology that avoids fixed guidelines in favor of

capturing the emergence of phenomena. However, that is not to say that there is no method; there are several methodological themes that are present in various phenomenological-based research studies. What is critical piece is the need for “scholarship,” meaning a “sensitive observer of the subtleties of everyday life, and an avid reader of relevant texts” (van Manen, 1990, p. 29). The methodological approach of doing phenomenological research is in many ways akin to doing therapy, in that it provides a theoretical framework, whereas the actual execution can differ greatly as the process is very dependent upon the reality of a situation.

In many ways the methodological process of phenomenology is a radical departure from classical scientific observations because unlike the detached and controlled objectives of the scientific method, phenomenological research is more about attaching and joining in the experiences, known as the principle of *intentionality*. Intentionality “indicates the inseparable connectedness of human beings in the world” (van Manen, 1990, p. 181). Another way that phenomenological methodology is different is that there is no search for a particular answer, proving a hypothesis, or creating artificial situations with which to generate and analyze data (van Manen, 1990). Instead the phenomenological methodology seeks to address phenomena “not as problems to be solved, but as a question to be inquired into” (van Manen, 1990, p. 24). This is why the process of bracketing is also important to the methodology because the acknowledgement and suspension of one’s thoughts and preconceived ideas is what allows the focus to be directed at meaning and essence rather than at proving or looking for a specific thing.

Although this methodology may appear to be a process without any moorings, there are also several thematic anchors within a proposed methodological outline

(Dahlberg, Dahlberg, & Nysrom, 2008; Giorgi, 2009; van Manen, 1990). First the inquiry focuses on staying with lived experiences and “is always a project of someone: a real person, who in the context of a particular individual, social, and historical life circumstances, sets out to make sense of a certain aspect of human existence” (van Manen, 1990, p. 31).

Another thematic methodological practice is looking at things anew or trying to look “afresh” (Hammond-Meires, 2012) at an original experience, in order to relearn or understand anew; it is under this theme that bracketing takes place. A third theme is deep reflection on the *essence*, meaning the core or the very nature of what makes a thing a thing, and examining from many angles. There is a commitment to description; this may take on the form of writing notes and analytic memos or clustering ideas. It is also important to look at information in a whole-parts-whole approach (Vagle, 2014), meaning to take a wide look at the body of work, then look at various parts, sometimes referred to as “meaning units” (Vagle, 2014), then look wide again. Lastly, there is an overarching approach to then take this depth-oriented process and balance findings to get back to the *whatness*, in order to avoid getting lost in the never-ending quagmire of possibility.

Phenomenological methodology was relevant to this research because it was the aim of this study to explore lived experiences (van Manen, 1990) of dyadic parent–child art therapy in order to extrapolate and work to encounter the essence (Husserl, 1927; Moustakas, 1994) of what happens in these sessions, so that the process can be viewed afresh and understood more deeply. It was my hope that the magnification of this essence

might enable me to know more deeply my clinical work, and aid in reflecting possibilities of future work of dyadic art therapy with school-age children and their parents.

One of the primary reasons I choose this methodology is because it echoes the process of therapy, in particular the understanding and development of the art process used. Much like art making, “phenomenology is concerned with the wholeness, with examining entities from any sides, angles, and perspectives until a unified vision . . . is achieved” (Moustakas, 1994, p. 58). When working with images in art therapy I often engage in a similar process to bracketing assumptions by trying to let go of what I think should be or is going to be in order to stay present to the process. When discussing art with clients I invite them to first suspend their assumptions about what we think their artwork might mean or represent, and start by looking at what the image is showing in terms of colors, shapes, and lines. Based on this way of looking at the image as it is, we can then develop questions or ideas from a more unconscious and authentic place, as opposed to what we think our images should or were supposed to represent. Thus the process of phenomenological investigating and critique fits within my normative art therapy process, as it is a process not of finding what you think, but rather of learning to see and listen to what is.

The process of conducting phenomenological-based research is also important because it offers methodological approaches and assumptions that are congruent and ethically aligned with my current therapeutic work as a private practice clinician with children and families. Much like the practice of therapy, raw data in phenomenology is only seen by therapist/researcher and client/subject/co-researcher, and consent is agreed upon and thoroughly explained prior to the process (Smith et al., 2009). Also similar to

therapy, the process of phenomenological-based research is conducted with great intentionality, as well as openness to the processes itself (van Manen, 1990).

The cornerstone of this research study aligns with phenomenological thought because it is all about looking deeply into the “taken-for granted ways of living” (Smith et al., 2009, p. 13), which in this case is the role that parents may play in child art therapy. Often as therapists we take the role that parents play, and the potential usefulness of parental involvement, for granted (Rubin, 2005; Shore, 2013; Taylor & Adelman, 2001). According to Taylor and Adelman (2001), even when parents are not the cause of a child’s problem, “family members suffer when their child is not doing well and may need some guidance and support” (p. 219). Rather than merely looking at how or when to include parents, this process is aimed at looking for the essence of what may be happening to the dyad when we involve parents in children’s art therapy, and how both parent and child interpret that experience. Thus this research seeks to address the question of what is happening in dyadic art therapy with parents and school age children, particularly when there is not a problem of attachment. How might parental involvement assist the child in overcoming challenges, and work to strengthen the parent–child relationship? Also, what specifically is art adding to the process that is distinct, and that other treatment modalities maybe not able to offer? How might these findings relate to the current theories of attachment and attunement? Lastly, how can knowing this more deeply enhance my practices and increase self-awareness, and add to the field of art therapy and benefits of working in a dyadic context?

Participants

Target Population and Sample

The target population for this research was school-age children (ages 7–11) and each child's primary caregiver/parent, who were also current therapy clients in my private practice in the Atlanta area. All of my clients attend therapy as a personal choice on the part of the parents, that is, no one was mandated or required to come by law or school to participate in therapy. The ideal sample for the study was intended to represent school-age children currently in therapy due to struggles with moderate mental health challenges (e.g., adjustment disorder, learning disorders, anxiety and depression, and other challenges of executive functioning) and their parents. This sample was also intended to represent parents and children with basically secure attachments, but who still wished to improve communication and support.

The characteristic concerns of this population include: struggles with parenting and discipline, such as homework challenges or following rules; struggles with emotional communications, such as appropriate expression of emotions and/or expressing feelings to parents; struggles with school, such as not wanting to go to school or problems communicating with teachers; struggles with peers or siblings, such as social confidence or getting along with siblings and peers; and struggles with identity development, such as trouble finding interest or trouble understanding oneself (e.g., wrestling with what it means to have a learning disability). The concerns that relate to these children in a therapeutic context include how and how much to involve the parent and how art can be used to address self-expression and communication within the dyad. At any given time my therapeutic caseload includes 10–15 dyads that fit this general description.

Participants for this study were recruited via nonrandom sampling, also known as purposive sampling or judgment sampling, meaning that subjects were specifically

chosen because they were thought to be representative of the study's objective. In the case of this study, current therapy clients already engaged in dyadic art therapy or for whom engaging in a dyadic session was deemed beneficial (see Selection Criteria below) were selected and invited to take part in the study. However it is important to note that clients were given permission to decline. Asking for participation included asking via e-mail or in person and providing parents with informed consent information, and answering any questions that they had.

Although I had intended to recruit between three and five dyads of male and female clients (ages 7–11) with varying types of moderate mental health struggles in my study, the actual sample included four female clients (ages 7–11) in second, fourth, and sixth grades. All participants were Caucasian and from middle- to upper-middle-class families. All clients participated with their mothers, over half of whom worked outside of the home in both full- and part-time capacity. Also interesting, and of possible significance, is that each of the participants came from households of three siblings, but represented various birth order positions (oldest, middle, and youngest).

Although all dyads experienced some typical parent–child conflict—for example, arguing about fairness between siblings—none of the dyads sought therapy to address issues of parent–child conflicts. Additionally, the sample included two clients with diagnosed learning disorders (diagnosed by an outside psychologist) and moderate levels of adjustment and separation-related anxiety, one client with mild separation anxiety, and one client with mild performance anxiety and very mild separation anxiety. One of the clients with a learning disorder also had a diagnosis of attention deficit disorder, for which she was medicated. None of the other participants were taking regular medication

for psychological issues. In addition, although not a DSM-V descriptor, three of the four child participants could be described as sensitive or big emotional feelers (Aron, 2002). All in all although it would have been preferable to engage more male participants, the participating sample did represent typical clinical issues and reasons for therapy.

Selection Criteria

When selecting clients to participate in this study my first criteria was that this research be an appropriate fit based on the client's therapeutic concerns and treatment goals. By appropriate I mean that this research fits within the flow of normative therapy process for that particular client, in that it might naturally occur in my practice anyway. I also considered whether engaging in the process might offer benefits that were aligned with the client's treatment goals and treatment objectives. For example, if a child and parent were struggling with how to effectively deal with communication around homework, might engaging in a dyadic session reveal underlying concerns that the dyad was struggling to articulate?

Clients with the following clinical issues were considered appropriate, meaning that the study fit within their treatment goals and objectives: learning disorders, executive functioning challenges, attention-based problems, moderate anxiety, moderate depression, or life adjustment disorders. Clients with major depressive disorder, high levels of anxiety, suicidal ideations, self-harm behaviors, or psychotic features were excluded from this study because these symptoms may indicate a need for safety planning and care to take precedence over a more direct focus on dyadic work. Additionally these diagnoses fall outside of the scope of moderate mental health concerns.

In summation, when selecting clients to participate as research subjects consideration was given to the therapeutic treatment goals of each client so that the therapeutic process of the client would not be derailed or disrupted. Additionally it was the primary agenda of the research for participation in the study to be therapeutic and therapeutically enhancing for the client.

Informed Consent and Confidentiality

Prior to the dyad session parents were provided with an electronic copy of an informed consent form. Signing of the informed consent form was obtained prior to the onset of filming of the dyadic session, and any questions were answered. Consent was explained to parents and children as well as the intention that the session would be a normal therapy session with the goal of working on therapeutic issues. Client consent consisted of signing the consent form (Appendix A), thus consenting to be filmed in a dyadic session with the child, where only the researcher and parents would view the footage; to having the session and follow-up parent session audio recorded; and to images of artwork being shown. Consent also included information from the initial client face sheet filled out at the onset of therapy, with the removal of any identifying information (see Appendix B). No names or significant identifying information is present as part of the research; all information remained separate from clients' regular therapy charts and were given a code, such as Dyad A, to further protect confidentiality. Also provided in the informed consent form was information specifying that at any time for any reason clients could request information to not be used in the study and could withdraw at any time prior to the submission of the dissertation. Participants may also request a copy of

the results and dissertation. The study design was reviewed and approved by the Mount Mary University Internal Review Board.

Procedures

“In research, we can never follow a method as we follow a path that has been staked out beforehand. Research means to discover new questions along the way.” (Dahlberg, 2006, p. 19)

Setting

This research was conducted in an outpatient private practice setting. My art therapy practice is located in a large office building in a fairly affluent and urban area of Atlanta. The art therapy practice is situated in a large private office setting shared with several psychological and therapeutic professionals who work with both adults and children. The art therapy office is structured in the design of an art room with accompanying sitting area. Most sessions with children and parents occur on or around the large art table and last about 50–60 minutes per session. All four 1-hour sessions in this study were filmed at the art table/studio area. In the studio, materials are easily accessible to clients. The room is fairly large and bright, and most clients seem to find it an inviting and nonclinical space. It was my aim to create a space that is both safe and exciting.

Art Therapy Materials and Interventions

I always provide a range of materials for client use. Most of the art materials are on display, in labeled areas, or placed on the table. However, some materials are stored away, such as more fragile items (e.g., tiles for cutting), which are stored in labeled areas, or dangerous items (e.g., scissors), which are stored in unlabeled areas. The artworks in

progress made by clients can be left out for others to see or put away for privacy at the client's request. Clients are also given a folder or drawer in which to keep ongoing works in progress. Often clients will spend several sessions working on the same project. Long-term projects are a typical occurrence in my practice. In addition to typical art materials one might expect to find in an art room such as paint, glue, pencils, markers, paper, and so on, I try to have a wide array of novel materials such as duct tape or found objects like old paper towel tubes or junk jewelry. I also try to obtain things I know carry special meaning or interest for the client; for example, one of the research clients enjoys painting tables or other found objects, so for her project in the study I found a free used Ikea table for her to paint. I also have found that many clients will bring in random material like old cardboard or magazines to donate for others to use. Additionally I often encourage clients to get a sketchbook to draw ideas in, or to bring in items like an old shoebox to turn into a house.

The art materials used in this study varied based on the directive and client interest. Typical interventions may center on the use of a material a client is interested in, such as making a duct-tape crown to represent emotions, or using junk jewelry to decorate a home house for feeling characters made out of Sculpy. In terms of parents who might be less familiar with art I try to have a range of choices. I also work to encourage clients by telling them that art making is not about good or bad art, but about the process; this is particularly important in the case of adults who may struggle to feel a sense of artistic identity. Additionally I frequently suggest abstract processes of art making to enable clients to work for a less conscious area, such as asking clients to create a scribble that can be turned into a character or scene, or asking clients to create abstract images of

feelings to assist in understanding and comparing meaning, which is particularly useful in the case of parents and children. My goal in doing art therapy is to help clients find their preferred art-making style that allows them to process problems and solutions. In general I find that the use of novel materials and a range of choices adds to the specialness of the process. Although I may have ideas or materials I think a client might enjoy, I rarely plan out directives or interventions before sessions because I think working in the moment allows things to unfold on the client's terms.

Video-Stimulated Recall

Based on the findings and benefits identified in several studies (Lee, 2013; Muir, 2010; Rosaen, Lundeberg, Cooper, Fritzen, & Terpstra, 2008; Rowe, 2009) I utilized the process of video-stimulated recall and filming of therapy sessions in the research data collection process. This process was used to help parents and therapists review their roles in the process of dyadic art therapy. The re-watching of sessions was also used to more deeply reflect on the dyadic session in a way that may enhance insights and awareness about the practices of dyad involvement in therapy and how best to help the child.

Although it is not a new process, video-stimulated recall and the practice of reviewing film footage have recently been gaining in popularity across multiple disciplines, particularly teaching, medicine, and psychology (Muir, 2010; Rosaen et al., 2008; Rowe, 2009), particularly as technology has advanced and become more accessible. The practice of video-stimulated recall involves the process of recording an activity, such as a therapy session, and then playing back the recording to participants for reflection and commentary (Rowe, 2009). For the purposes of this study, the video was played back to the parents in a post-session meeting 1–2 weeks after the dyadic session.

Research has shown that the process of re-watching video footage of an experience creates new and specific information that is distinct from just talking about the experience, or what is known as memory-based reflection (Rosaen et al., 2008). According to Rosaen et al. (2008), watching video footage created more “explicit noticing” (p. 357) of themselves and the teaching process in comparison to information collected from post-session memory-based discussion without video. Similar findings were supported in Muir’s (2010) use of video-stimulated recall. In this study video-stimulated recall was used to generate ideas that were not previously thought of, as well as gaining a more realistic idea of the experiences of the students. Of particular value to Muir’s (2010) study was that in the 1-month follow-up report, the math instructor acknowledged how the process had created sustainable and real-life changes in his teaching style. This finding points to an overarching theme of the use of video-stimulated recall to document actual teaching or therapeutic experiences in real-world conditions for real-world changes.

Another way in which video-stimulated recall may also be helpful as a data collection tool is that watching the video can act as a stimulus for remembering ideas and the deeper development of ideas (Lee, 2013; Rowe, 2009). Art therapist Lee (2013) used video-stimulated recall to collect data about the theory of flow in children’s art making. According to Lee, using video enabled the researcher to document the participants’ own “lived and felt experience.” Similarly to Lee, Rowe (2009) used video-stimulated recall for post-session interviews to act as a stimulus to gain information about teacher’s and student’s experiences in music lessons. In both of these cases the use of video-stimulated

recall offered practical ways for the researchers to gain information from participants' experiences.

Additionally the aim of using video-simulated recall is to create more equal involvement of participants, particularly in hierarchical relationships involving research participant, student teacher, and therapist. The use of video-stimulated recall can enable students and teacher to both have a sense of propriety about the process and their roles (Rowe, 2009). In the case of Rowe (2009), having students and teachers watch videos of their lessons acted as a launch pad to recall and process their lessons in a collaborative way that equalized the perspectives. Also in the examples of Muir (2010) and Rosaen et al. (2008), the use of video enabled researchers and participants to both have a voice in making meaning of the process.

Based on these findings video-stimulated recall was selected for use in this research project to document the process of dyadic art therapy and to assess and create clusters of meaning based on the re-watching of the video with parents. Furthermore, this practice appears to support the development of practice change, enhanced meaning making, and a deeper understanding of what may or may not be working when parent and child participate in dyadic art therapy sessions.

Data Collection Methods

The data collection was conducted in several phases. The collection process involved a systematic process of first selecting participants and getting consent, the actual act of recording and editing video, and the showing of the video and engaging in a non-structured video-stimulated recall interview with the parent.

Phase I: Selection. The first part of the data collection process involved participant selection via nonrandom sampling of inviting clients that fit the criteria to engage in research, completing the informed consent process, and collecting background information and eliminating identifying information.

Phase II: Video data collection. The second part involved video data collection via filming of the dyadic therapy session. Participants were reminded that this session would proceed like any regular therapy session. During this phase three separate GoPro video cameras attached to tripods were placed in the room. One camera was placed at an angle behind the parent and one was placed behind the child. There was also one camera placed on a smaller tripod on the table. The wide-angle shots of the GoPro allowed for maximum coverage. GoPro cameras were selected based on consultation with a videographer, who was not actually present during any of the filming. The small size of the cameras makes them less noticeable. Another positive is that GoPro cameras are fairly inexpensive and can be purchased at many major retailers, so additional parts are easy to obtain if needed. The drawback of the GoPro is that sound quality was rather poor. Thus a sound recording/collecting device, the Zoom H1 Handy Recorder, was used to obtain sound.

Video and sound footage of the dyadic art-making process was collected for an average of 45–65 minutes. Following the session video and audio footage were combined using the iTunes and iMovie programs. iMovie and iTunes were chosen because they were familiar to me and easy to use. The challenge was getting the sound and footage to sync. On two occasions there was a problem importing sounds and I had to use the Zoom H1 recorder to play back sound. However, the problem was resolved in upgrading to a

new version of iMovie. Additionally the iMovie program was selected because it had split screen and picture-in-picture capability. However, in editing the film it was found to be too challenging to watch two screens at once, and appeared too disruptive to the viewing process. Thus I chose to select the footage that best showed the dyadic interactions. In two of the four dyads the best angle proved to be the table camera. However, in the other two videos the camera located behind the child was used.

Phase III: Video stimulated recall. Once footage was created in iMovie the turnaround on footage was 1–3 weeks (also depending on parent availability). Parents then participated in a 90-minute therapy consultation. Ninety minutes was selected because on average it took 1 hour for parent and therapist to watch the video, followed by a 20–30 minute discussion. There was little discussion during the video watching, but following the viewing the parent–therapist discussion was recorded, again using the Zoom H1 recorder. The discussion was a non-structured therapy discussion, as similar to a normative parent update as possible, with a heavy focus on the process and what seemed to be working or not working as well. However, I did remind parents that the point of the video was not to analyze themselves, but to focus on their thoughts about the process and what they observed about art making. These goals were made clear as a way to remind the parent that the purpose of the video was not judge their parenting, but rather to engage them as co-researchers reflecting on the process.

Phase IV: Data analysis. Data collected included the art, the client narrative or observations (recorded), case notes from the session, intake information as outlined in the informed consent form, and video footage. For purposes of continuity the same video that was shown to the parents was the video that I used for reflection and coding.

Once the data were collected they were analyzed on several levels as is typical of phenomenological research. As previously noted there is not one particular way of coding in phenomenology (Vagle, 2014). However, the process of organizing and essencing is undertaken with much rigor and by looking at both the parts and the whole and the parts and the whole again and again until data saturation is reached (van Manen, 1990; Vagle, 2014). In many phenomenological studies the organizing of the data is a process of doing and undoing ideas. As van Manen (1990) stated, “things turn very fuzzy just when they seem to become so clear” (p. 41). Additionally Saldana’s (2009) work on coding qualitative data was used to help organize and conceptualize the coding process.

The first step of data analysis was to bracket out assumptions and make notes about what I thought was going on or what I thought might happen. This process occurred prior to the data collecting and is critical to the suspension of ideas. The process of writing the research proposal and literature review helped me further address the topics I felt needed to be bracketed out, such as attunement and attachment or concepts related to parenting “shoulds.” These types of notes or ideas are best kept in a journal or written down so that they can be circled back to as the process deepens.

Next, I applied *initial jotting* or note taking via just listening and then watching the videos. In this case some jotting occurred before, during, and after the video-stimulated recall session with the parents, as it was necessary to watch the video several times during the editing process.

The third step was *analytic memos writing*. Analytic memos as discussed by Saldana (2009) are similar to journal entries or field notes, the intention of which is “to document and reflect on: your coding process, code choices, how the process of inquiry is

taking shape, and the emergent patterns, categories, subcategories, themes and concepts.” (p. 32). Analytic memos were made of both the dyadic art session, audio data from the parent meeting, and the artwork and art-making process. Memos were typed so that they could be printed several times to collect themes and codes for each dyad.

Next, I *categorized* by taking the memo themes and organizing them on tables for each dyad, divided between parent, child, and therapist and between verbal and nonverbal action. Then each of the actions and words were given descriptive codes. For example, the action of a mother collecting tape was categorized as “support action,” a child’s action of jumping and grinning was categorized as “excitement,” and a big smile directed by a child toward her mother was given the categorical code, “shared positive emotion/excitement.” I then worked to generate more Meta Theme-based codes, a process known as clustering and minimizing.

Once data were given theme codes, data were clustered or “woven in” to show overlapping themes. These theme codes were subdivided into tables that reflected common elements in all four dyads, three out of four dyads, two out of three, and one out of three. For example, all four of the dyads exchanged knowing looks between parents and children, and in three out of four sessions parents referenced their own childhood. These themes captured categorical overlaps.

During the same phase of organizing the analytic memos on the video and session notes, I created separate notes on parent feedback based on the video-stimulated recall. These notes were clustered in 41–51 reflective blocks of information per dyad. These reflective blocks were then given thematic codes. For example, the reflective blocks “coming here is fun and helpful” and “this is like two birds with one stone” were given

the code *fun and deep*. In total I created 15 categorical codes, which reflected both content themes and process and role themes.

The next step in the data analysis was to examine the artwork made in the dyadic sessions. Reflective notes were also made on the art images. Notes encompassed the directive for the art, the materials used, client statements about meaning, and my observation of the process and reflection on the context. These notes were then also clustered for thematic meaning (12–15 units per dyad) and viewed comparatively between the dyads. The results were then clustered into six categorical themes.

The theme of session flow as a whole, meaning who was communicating and engaged at certain points in the conversation, was also reflected upon as a way to look for more overarching patterns in the work. During this phase I reflected specifically on what was happening when. These notes were made into a narrative timeline of the session so that flow could be examined comparatively between the dyads, with particular attention being focused on the art making.

Finally, I looked back to the whole and focused on essence development. Once themes were broken down and woven into meta-groupings to show overlapping themes I found that these units were more about categorical themes rather than essence. Thus I made new notes on the themes and then re-clustered the themes generated in the art, parent discussion, and other notes in order to resituate the themes, categories, and processes back into the context of the lived experience of the session in order to address the essence. The 11 resulting essences reflect the synthesis of the various streams of information into core identities of the process.

Once these essences were developed I engaged in peer review with another professional, Judy Simmermon. The purpose of peer review was “to cast a wide analytic net and provide a reality check” (Saldana, 2009, p. 26). This discussion was recorded and reflections and comments were noted in the results.

Ethical Considerations

As part of the systematic investigation process, parents and children participated in the data processing and evaluation using a collaborative approach. In this the knowledge of both the researcher and the parent–child dyad were brought to bear in a way that fit the working context of therapy and had therapeutic benefit. In many ways this collaborative approach fits with phenomenologist van Manen’s (1990) description of collaborative analysis, in which participants share insights as a group in the spirit of friendship, “aim[ing] to bring out strength[s]” (p. 100). Also according to child research authors Freeman and Mathison (2009), “Eliciting children’s perspectives and involving children in research is a necessary element of inclusive, empowering, and socially just research design.” (p. 165).

Risks

The primary risk involved in this study was that the research might impact the therapeutic relationship, in particular boundaries and issues of transference and countertransference. I needed to consider how clients would feel about this dual relationship, whether they would feel it was acceptable to decline, and how my clients or I might feel if they withdrew. It was necessary for me as the researcher to engage in outside supervision or consultation as these possible issues of countertransference arose. A final risk was that there was a great possibility of too much data. When doing any

qualitative work, particular phenomenology, it is important to realize when one reaches the point of data saturation (Lee, 2013).

Dual Relationship

Although using clients as research subjects creates a dual relationship, keeping that relationship within the normal bounds of the therapeutic process minimizes that duality. Including participants as assessors of the process also minimizes the duality, which further keeps the research tied into the therapeutic process and goals. In using a participatory process parents and children become co-researchers and are able to have an active voice in defining and exploring the values of a dyadic art process. However, unlike approaches such as Participatory Action Research, clients in my study did not bear the responsibility to disseminate information or take additional time outside of the normal relationship, as this would have been outside of the scope of normal therapy practices.

Role of Researcher and Possible Bias

My role as therapist–researcher created a dual relationship, much like the issue of client–participant. In doing this project it is possible that during the recording of the sessions I may have been more aware than usual of my roles as therapist–researcher, which may have caused me to act in ways that could have been different from how I might have acted otherwise. In my recordings it was important to consider my actions, both verbal and nonverbal, as they related to the dynamics of the dyadic session. In order to address this I included my role in the process. I also recorded my own interactions as a therapist working with the dyad because to not do so would omit a possible major influence of the role of therapist in the dyadic process. The very nature of phenomenology reflects the notion that, despite bracketing, the experience is always an

interpretative act channeled through the researcher. Therefore it was critical to examine my own impacts on the outcomes.

My strongest bias was my belief that the attunement created by art making will enhance the parent–child relationship, because I believed that art making offers a new line of communication that breaks out of typical parent–child discussion patterns. I believed that that the use of art elicits unique insights and information that using a solely talk-based approach does not. I was also biased in my role in working from a primarily narrative therapy framework, which involves a decentered but influential stance, and my belief that externalizing problems helps families promote their preferred ways of being in relationship to the problem (White, 2007). Lastly, I was biased in my assumption about attachment as a critical role in the healing process, and my strong belief that you can have basically secure attachment patterns that can go through episodes of disruption because of issues such as anxiety or depression. I think of these disruptions not as failure of attachment, but as moments of misattunement that can be corrected.

In order to manage these biases, I attempted to insert several levels of checks and balances. The first was supervision and consultation: Throughout the research process I engaged in peer consultation and outside supervision. In creating the research design I engaged in an in-depth analysis of existing work, as well as consultation and questions with the authors of dyadic art therapy texts to gain clarity about their beliefs and concerns. At the final stage of the work I engaged in peer review of the 11 essences I identified during my study with another professional.

The philosophical and methodical practice of phenomenology is at its core an attempt to reduce bias, as well as overtly address bias as part of the process. Inherent in

the phenomenological process is the very nature of the research question, which seeks to look at the experience without assumptions and ask the questions: What is the experience of? What is happening? Phenomenology is not concerned with proving a hypothesis, but is rather concerned with deep looking and analyzing a phenomenon. Also inherent in the phenomenological process is the practice of the *bracket*, or *epoche*, which involves the intentional examining of belief and ways of knowing and then setting those practices aside. According to Kapitan (2010), “A helpful explanation of this process is to imagine that you are a visitor from outer space, seeing a phenomenon for the first time” (p. 140). Lastly, to reduce bias and insure validity I engaged in a self-reflective post-essencing analysis based on Creswell’s (1989) questions about validity as described in Kapitan (2010). These questions invite the researcher to go back and reflect on influences, alternative conclusions, and connections between transcripts and results.

Expected Results

In describing the essence it was my hope that perhaps I could begin to address the gap in the literature with regards to dyadic art therapy and school-age children. It is clear that although many therapists and art therapists engage or involve parents in therapy there is little dictating or defining the process via the window of the actual lived experiences of those participating in the process. There is a need to get to what phenomenology refers to as “the things themselves” (Husserl as cited in Smith, flower and Larkin, 2009, p. 12), in this case to address the “whatness” (van Manen, 1990, p. 177) of the process. Entering into this research it was my belief that by looking with suspended and acknowledged assumptions (i.e., bracket or epoche), as well as great intentionality (i.e., awareness of the connectedness between subject and object), I could engage in a deeper exploration of this

process and bring to light the essence of this work. Looking at these essences may not only illuminate my own beliefs and practices as an art therapist, but also offer scaffolding for others to view “afresh” (Hammond-Meires, 2012, p. 225) their own work with this population.

CHAPTER 4. RESULTS

“A good interpretation of anything—a poem, a person, a history, a ritual, an institution, a society—takes us into the heart of that which is the interpretation.” (Geertz, 1973, p. 18)

“Did you agree with the codes? Did other words or phrases run through your mind as you read the data? It’s all right if your choices differ from mine. Coding is not a precise science; it’s primarily an interpretive act.” (Saldana, 2009, p. 4.)

Introduction

As eloquently explained by anthropologist Clifford Geertz (1973), “a good interpretation” is one that seeks to know what is at the heart of something, or in the case of phenomenology, the essence. My intention is not to offer solutions or prove the validity or effectiveness of the visual dialogue. Rather it is my aim to get to the heart of dyadic art therapy with school-age children and their parents by systematically documenting and investigating the process of what happens in the dyadic art process. It is then my goal to describe the essences of the practice so that I might come to know it more deeply and richly.

The results of my research study are organized in this chapter in three distinctive areas. First, I will describe the “process” results of the video-stimulated recall, collected from parent feedback, and of the art made in session. Second, I will present my own process of viewing the video data and reflecting on my core practices, as well as the overall flow of the sessions. Finally, I will present results described as phenomenological essences that emerged from my analysis of all of the data sets. Although results varied between dyads, the aim of this research was not to generate comparative case studies, but rather to excavate and connect the themes and processes in order to identify the essences.

Process Results

Video-Stimulated Recall With Parents Results

Video footage was shared with parents in the therapy room by me (the researcher). Following the viewing, I asked the parents via an unstructured interview to share their reflections on the process and the experience, for example, what felt helpful, what felt less helpful, how might this have related to meeting and supporting their child's emotional health needs, and how they saw their role in the process. Many parents reflected on not only the videotaped session, but also the art therapy process as a whole, discussing topics like seeing a change in overall behavior, such as decreased worry related to going to school.

The parents' reflections from viewing the session were analyzed and grouped into 41–51 “reflective” blocks of information per dyad. For example, reflections included statements such as: “[Art therapy] helps her verbalize” because “she can touch and feel.” Another parent noticed that during the art-making process her child was “easily able to jump into the conversation.” Many parents commented that overall this work “seems like a natural fit” for their child, but several parents also wondered if the same would work as well for “less artistic children.” These blocks were then given descriptive codes. For example, statements such as “I think it helps to know what tools there are so we can use them at home” and “we can bring what we do in therapy back to real life” were coded as *continuity-bridging*. “The confined space helps” was given the code *safe space/therapy room* and “I like how she plays with pieces” was coded as *playfulness*. Codes were then grouped into fourteen emerging thematic categories: *role of therapist*; *role of child*; *role of space*; *role of art and materials*; *natural fit/good for kids*; *maybe not for all children*;

challenges of parenting today; parent insights gained in the process; suggestions for improvements; bridging-continuity; fun and depth; role of siblings and differences in parenting; interaction between parent, child, and therapist; and reflections on therapeutic progress.

The above thematic codes generated by the parent interviews were integrated with other themes generated by both the art and my notes as researcher in order to extrapolate the large essences of the process. Several of the themes, such as *bridging-continuity* and *fun and depth* became reflected in the descriptive titles of the essences, whereas the themes about roles, such as *role of therapist* and *role of child*, were flushed out to identify what specifically about that role was at the core of the work. For example, the role of the child contains the essence of artistic director.

Art-Making Processing and Results

As mentioned earlier, the art-making process and artworks created were coded and organized by reviewing and looking at the images, directives, case notes, and observational notes on the process as it related to the art. I reflected on the question, “What was each dyad’s art process about, and what happened in the session as it related to art making?”

In each session directives, art materials, time of the art making, and approaches varied greatly, which is consistent with the varying treatment goals and needs, as well as session objectives for each dyad. Thus each dyad’s art-making process was unique and reflective of their therapeutic work and stage of therapy. As you can see from the images there was a wide array of materials and techniques.

Although art was made in all of the sessions, in two cases the artworks were not completed as both art pieces represented long-term projects, and a third was taken home for more work to be done. For example, in Figure 2, the duct tape table represents the start of a long-term project. In this project so



Figure 2. Dyad A, Untitled, Ikea Table With Duct Tape (top view)

much of the therapy time was spent organizing and planning how to cut duct tape petals that limited time was left to actually work on the arrangements. Figure 3, “Go With the Flow Fish,” was taken home with the intention of creating a poster so that the child could be reminded of the process. Figures 4, 5, and 6 were part of an ongoing project that the dyad had already worked on for a number of sessions prior to the recording in the research session. Figure 6, “Hamburger Home,” went home with the dyad each week so that the child could continue to play with it, whereas Figure 4, “Hotdog’s Prison,” remained in my office so that the “rascal,” who represented the child’s worries, could not stir up trouble. Thus the transportability of the art was an important theme for this client’s



Figure 3. Dyad B, “Go With the Flow Fish,”
Paint Sticks, Markers



Figure 4. Dyad C, “Hotdog’s Prison,” Mixed Media

work.

Additionally,
as discussed in
Chapter 3 and
similarly to the parent
interview analysis,
following the
completion of the
sessions, art was



Figure 5. Dyad C, "Game for Hamburger to Play," Mixed Media



Figure 6. Dyad C, "Hamburger Home," Mixed Media

clustered and coded to create thematic categories. For example, one thematic category had to do with the "source of the directive": In the case of Dyad A the directive was based on the child's desire to use duct tape, but with some input from the parent around the theme of confidence. In the case of Dyad D a more overt therapist directive was given to each member of the dyad to "abstractly draw how the child feels when she is upset"

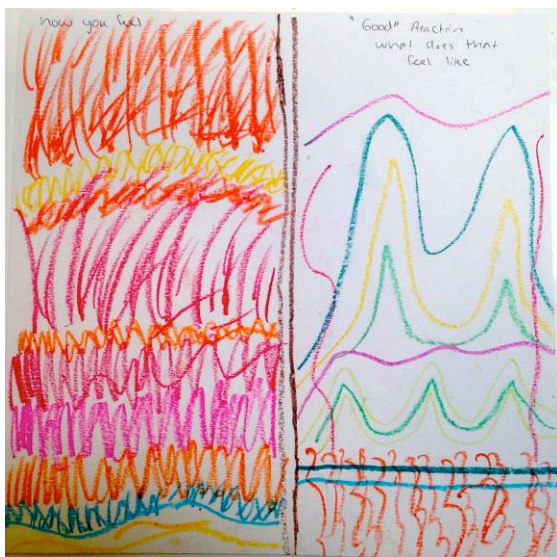


Figure 7. Dyad D, Images of Emotions: "How I feel When I am Upset" / "What a 'Good' Reaction Might Feel Like," Oil Pastels and Paint Sticks

(Figures 7 & 8); however, the planning and source of the directive that resulted in Figure 9 was a child-created idea to represent her worries, where she took the paper and said "here let me show you."

Also of interest was that Dyad C was in the middle of a project that the dyad had been working on for some weeks. What had started as a more overt therapist directive to

express worry had turned into a very client-led directive, which she then directed to the therapist and parent. Another interesting theme was the materials used; although there was some moderate overlap, for the most part each dyad used different media. Participation was also interesting, as in many roles the parent served as the assistant, for example, cutting duct tape (Figure 2) or building the table seen in the middle of Figure 6.



Figure 8. Dyad D, “What My Daughter Feels Like When She Is Upset,” Paint Sticks

However, in the case of Dyad D, which was also somewhat more of an assessment session as this was a first-time dyad session and also occurred in the early stages of therapy, the parent created her own autonomous image (Figure 9). This image contains a reflective quality to allow the client to see how her mother sees her.

These sources were then combined on a comparative chart divided between dyads with between 15–20 reflective thematic comments on each dyad. The emerging thematic categories were as follows: *Participation* (who and how: parent, child, therapist), *art directive process* (that is, who directed the project), *art materials, interactions while art making, descriptive qualities of the artwork* (what did it look like/what did dyad say), and *function or purpose*

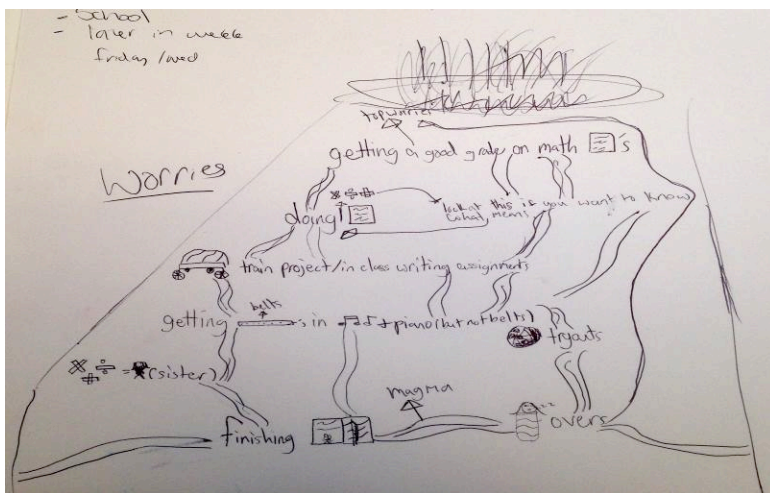


Figure 9. Dyad D, “What Is In My Worry Volcano,” Black Pen

of the art (was it a tool, an attempt to understand a problem, create self-awareness, etc.).

Video Data Reflections of the Researcher

The use of video enabled me as the researcher to watch, listen, re-watch, and listen again on several occasions to check and recheck assumptions and thematic observations. In this deep analysis, as described in detail in Chapter 3, themes were clustered based on both verbal and nonverbal actions and comments by the parent, therapist, and child. It was at this stage that a deeper analysis of the therapist's actions emerged; for example, it was noted that despite different approaches and timing of the therapeutic relationship, my comments and actions were relatively consistent between all four sessions.

Once data were organized, rather than viewing information comparatively between dyads, charts were made to extract overlapping themes. For example, one chart grouped together themes in verbal communication that occurred in all four sessions (Table 1). Other charts grouped together themes that occurred in three out of four sessions, half of the sessions, or only one session.

The overall result of these charts and coding methods were useful categorical themes, particularly content themes, such as topics like "discussion of siblings." It also allowed me as the researcher to make notes about the overall consistency of my therapeutic approach and stance, causing me to reflect on some of the core practices of therapy, such as reflective listening. However, there was also a danger in over-coding to the point of over-extraction of the messages from being situated in the live experience of the session.

Table 1

Sample of Overlapping Themes in Verbal Communication Found in 4/4 Dyads

Member		Overlapping themes				
Parent	Questions about child's experience	Pointing out achievements /skills	Discussing sibling differences	Sharing personal belief about child's challenges, e.g., "I think it is hard for [child] to do _____"	Mildly corrective comment, e.g., "don't do _____"	Asking questions about artwork or art process
Child	Asking for clarification from parent; "what do you mean?"	Explaining thought process	Sharing personal point of view; "that's not what I think"	Discussion of siblings	Expressing a concern	Explaining their artistic meaning or function
Therapist	Reflective comments	Clarification/ translation	Direct questions to both parent and child	Questions to child	Questions to parent	Encouraging remarks

View of Session Flow and the Gestalt

Given the overwhelming volume of coding information, it also felt important to look more broadly at the overall process. Of particular importance seemed to be the overall flow of leadership and engagement in the session. In watching the videos, I noted that certain patterns of engagement and session leadership, such as talking or directing, occurred throughout the session and in many ways seemed to connect and shift with the process of making art.

In sessions that began with art making there was more of an immediate child engagement in the discussion. However, in sessions that involved a 10–15-minute period of talking there was more fidgeting and slightly less engagement in the session on the part of the children. Once these children were making art they appeared more engaged, and even began leading the conversations. The most profound example of this occurred in Dyad D. During times of talking the child was fidgety, checking her watch and looking off away from conversations. However, once an art task was given she appeared much more involved, and once she decided to create her own image, engaging in a more client-led directive, she was able to occupy a more leading stance. Thus it seemed that creating art appeared to have the effect of increasing child engagement in the session.

In most sessions parents did most of the talking at the onset of the session, providing feedback and informational updates, such as discussing the past week's challenges and achievements with comments like "well this week has been pretty good, we only had one melt down!" and prompting the child to share information. However, during one session in which the child immediately took the lead, it was only once the art making occurred that the mother was able to communicate and express her thoughts. Another facet of parent flow was their engagement during art-making times. When making art parents were generally quieter, with the exception of the above-mentioned parent, and often asked children questions, such as "does this look good?" or "what do you think of this?" However, even the parent who spoke more during the art making shared in a manner that reflected more on her personal childhood experiences and less about her child's successes or challenges. Additionally as the mom was sharing the child appeared to be genuinely listening and curious, often chiming in to the conversation.

Thus in general when making art with their children parents adopted a more inquisitive and reflective stance as opposed to reporting on their child's behavior and expressing their concerns.

Lastly I also noted that the overall flow of the my engagement and leadership as the therapist remained relatively stable throughout the sessions. My role of providing directives did appear to bookend the sessions: At the beginning and end of sessions I, the therapist, seemed to speak and direct more. In two of the four sessions I also engaged in art making with the children. In both sessions this art making occurred at the request or direction of the children, who made comments such as, "Megan, you help cut the petals" or "Megan can you make a surveillance camera for hamburger's house?" When I engaged in art making I noticed that I could take a more reflective as well as supportive role. In the two sessions where I did not make art directly, I did take some notes as well as draw reflective doodles, which I shared directly with the clients. One example of this included a timeline chart, in which I drew the client's spike of emotion and where she felt that mom "loses her cool." This overall view via the lens of flow through time and how it relates to art is important because it allows for a more collective view of the process and how art making may impact the therapy process in a dyadic context.

Essences

Based on the results of combining data from video-stimulated recall interviews, artwork, and thematic and categorical descriptions generated by watching the videos; reflective maps on the flow of sessions; and my experience of participating in and observing the dyadic art therapy process as a researcher/therapist, I have generated a list

of 11 descriptive essences that seem to most accurately reflect the heart and marrow of this work.

Essence 1: Sacred Time and Space—Setting the Stage for Work to Begin

The first essence is the practice of creating sacred time and space, meaning that planning the time and being in a comfortable environment were two key elements to setting the stage for this work. Making the time communicates a sense that *you matter* and *this is important*. Creating the space connotes that this is not just an art class, nor is it a clinical environment. As several parents mentioned following the video-stimulated recall interviews, “the work we do here is just not something we could do at home,” or “it would be less purposeful at home,” meaning that setting aside the time and space is not something that can exist in the family home. This specialness or sacredness of time and space connotes a sense of liminality (Turner, 1969; Van Genneup, 1909), meaning “betwixt and between” time, that stands outside of the everyday life of the dyad. The liminal nature is important, as this concept relates to ritual processes and rites of passage, thus providing a sense of otherness or, as parents expressed, just not something we do at home.

It’s time for art therapy. The process of coming to art therapy is a planned event, and in the case of the busy families in my study, not always an easy to thing to make time for. For many of these dyads it involved getting a babysitter, or taking time out from normal activities. However, perhaps it is that ritual of making the time special that sets a tone of important work. Before the work can even begin, the tone of therapy is set that *this is something that we make time for, this is important*. Additionally this is a rare time for the child and parent to be together alone because in many cases time must be shared

with siblings and other family members. Thus the practice of setting aside time is the first important ritual in the process of dyadic therapy.

In addition to making the time sacred is also the role of creating, inviting, and safe space. In all of the sessions the work was done at the art table as opposed to sitting on the couch and moving to the table. As one parent mentioned, “art is better than just sitting in a chair.” In the space there are many art materials, displayed with the intention of being a feast for the eyes. In the art room the space is very light and open, but also very contained and private. The space contains a paradoxical message of being both open and contained. In watching the videos, I noted that in two of the cases the child appeared very comfortable, as indicated by the removal of shoes or movement about the room collecting supplies. One mother commented when watching the video, “wow she is really so comfortable here” or “she is really in her element.” Parents and children often commented that the art room was a special space, or one of which “my sisters are so jealous.” One parent stated, “I wish we could just hang out and make art all day!”

The creation of space and the setting aside of time elicits the tone of both specialness and time outside of the normal routines of family life in which the dyad can then begin the process of work together. By containing the process in this way it sets the stage for therapeutic work to begin.

Essence 2: The Therapist/Hostess

In addition to the role of time and space is the role of the therapist as host/hostess who was/is both decentered and influential. I have chosen the term *host* to describe the role of therapist because it alludes to the role of someone who occupies both leader and service position. The term *decentered and influential* is one that is borrowed from

Narrative Therapy, in particular the practices of Michael White (2005). This therapeutic stance states that to be decentered means to place the parent's and child's authorship and expertise at the center of the work, and to be influential means to create a scaffolding and support via reflection and questioning. In the case of my research study the essence of the therapist as a decentered and influential hostess emerged in several ways.

In the parent's discussion the theme of "a good fit for my child" emerged as an important factor for most. Parents made comments like, "I think you get her" or "she trusts you now and can really open up." This type of comment suggests that the essence of the therapist as an influential factor is critical.

The role of therapist often showed up in the scaffolding of directives. In sessions that seemed most effective and were most positively received, as indicated by a high level of involvement of the child or by positive reflections by the parent, as the therapist I was able to provide, much like a hostess, a range of choices that spoke to the child's interests but let the child direct the process of the art making. Also related to the art I often got up to get out new materials to bring to the table, e.g. scissors or glue, as well as acting as a third hand in moments such as cutting or helping the client soften clay for sculpting figures.

However, there were several moments when I attempted to become overly centered and non-influential (e.g., talking too much or going off on a tangent); this behavior created the effect of the child being less engaged, as exhibited by looking at the time or not making eye contact.

Another way in which this therapeutic essence evolved was seen in mapping the flow of sessions. There was a high degree of continuity in the therapeutic role in all

sessions; my involvement as the therapist remained stable throughout most of the sessions. In this way I was able to remain engaged but not overly centered, yet still playing an influencing and active role in the process.

Throughout the session I was able to stay decentered by engaging another essence of this process, which functioned like a Greek chorus (see Essence 4), echoing and supporting both parent and child, which again connects to the supportive and influential role of the therapist. This role was also commented on in parent discussions in statements like “You can act as mediator or translator,” as well as reflecting on my therapeutic statements, such as “I think what [child] is thinking is _____” Or “What I think [parent] means when she does that is_____.”

Lastly, an important facet related to the essence of therapist as the decentered and influential hostess that appeared in all sessions was the role of opening and closing the sessions. In each of the four dyads’ sessions I made both opening, preparatory comments and closing, planning, and next step comments, which bookended the session. Thus as the host it is important to create a level of containment that set boundaries and limits, as well as outlines therapeutic time.

In summation it is important to address the essence of the therapist in this process. Not unlike therapeutic stances in individual or family therapy, in dyadic work with this population there was a need to be a good host, providing some structure but also cultivating an environment that was inviting and comfortable for the dyad to use for connection and support. In this way the therapist is serving not only the parent or child, but acting too as the therapist to the relationship, creating a space in which the dyad can communicate. In individual parent sessions, as indicated by parent feedback, there was

more over-providing of tools, recommendations, and information, which suggest that in non-dyad work there may be a slightly more centered and overtly influential stance occurring.

Essence 3: Systemic Awareness and Influence—Family Always in the Background

If the space and time set the stage and the therapist hosts the event, then the role of the family system is often like the stage crew, invisibly moving and pulling strings behind the stage. The essence of systemic awareness (both in terms of the immediate family and the parent's family of origin) was a prominent theme in all sessions, particularly in parent feedback and in video analysis. However, beyond just a content theme, this essence has to do with the idea that the dyad is a subset of the system, not quite the family and yet not quite the individual either. Paradoxically the child in therapy is the parent's central focus at that time, yet the reality is that the child in therapy can never be the sole focus of the parent's attention because there are always invisible strings connecting the parent to their other children and the parent's family of origin.

Artistically, the subject of family also showed up in the artwork of Dyad D (Figure 9), depicting a volcano of worries that contained many stressors, including siblings. Many of the dyads discussed and compared siblings' artistic talents as weaker or greater than their own; even the label of the "artistic one in the family" brings the family system into the room. Examples of such statements include "my middle sister and I both like art, but my older sister is terrible at art!!" or one dyad's reference to both children as the artistic ones in the family.

Given the context that each of the dyads in my study came from families with three siblings, it is logical that siblings came up. During sessions children often raised the

question of fairness between siblings or curiosity about the emotional life of siblings, in statements like, “How come you let [sibling] do whatever he wants but not me!?”

Another aspect of this essence is the parents’ handling and use of sibling talk. In the sessions it often appeared that parents tried to choose carefully what was said about siblings, as a way to connect with the child or point out skills that differ between siblings, such as: “You know you make mistakes the same amount as your sisters” (alluding to the fact that she was not the bad one, but just felt things more intensely), or “there are lots of things you are good at that your sister can’t do” (in response to the child’s comparative remark), or “your brother is insecure, you know your brother has a hard time making friends” (in response to the child’s complaints about her brother leaving her out). These mentions of siblings often seemed to guide children back to reflect on their own challenges as exhibited in verbal responses like, “well that’s hard for me too” or a responsive smile in acknowledgement of the parent’s positive comparison. Additionally parent and child often connected over light-hearted joking statements about siblings, such as “oh you know your sister, she is in sixth grade now and we know what that means” or “well your sister is a bit of a drama queen” (said with a laugh).

The mention of siblings also came up in parent feedback related to whether therapy was a good fit. Some parents expressed that the process was very good for the child in therapy, but were not sure if would work for the child’s siblings because of differences in personality or interest, which again alludes to the comparative and multifaceted dynamic of the ever-present system.

The topic of the other parent (in this study all of the children came from two-parent households, all of the parents engaging in the dyadic art therapy were mothers, and

all of the second parents were fathers) came up in all of the dyads, some briefly and some in great detail. In some cases mothers brought up fathers in terms of co-parenting or being a unit, as in, “your dad and I were trying to stay really calm.” There was also mention of fathers’ participation in therapy too, as in, “hmm, maybe your dad should come here with you sometime?” Parents also discussed challenges of different parenting styles, such as dad being “more laid back” than mom. In one session plans were made to invite the father to a session sometime in the near future, which occurred 3 weeks following filming. Thus dyadic work with one parent may create a platform to engage in dyad work with the other parents or primary caregivers. Related to the art there were discussions of plans to show artwork to the father or inviting the other parent to add something to the image; for example, one dyad thought the father might want to add something to the house they were making (Figure 6).

Lastly was the theme of parents discussing how their parents had treated them when they were children. This alludes to the multigenerational dimension of the essence of systemic influences. Two of the parents in the study brought up the subject of losing their parents, both at the age of 11. In the case of the dyad involving a child in sixth grade, the child seemed particularly attuned and interested in her mother’s childhood and experience of being a “latchkey kid.” In this case the child expressed concern for her mother in that her grandparents were not as kind or caring to her mom as they should have been, saying, “my grandparents did not always treat my mom that well . . . they were kind of cheap.”

Based on these statements, interactions, and observations, it seems that the essence of systemic influences reflects the fact that other family members’ influences and

roles are inextricably linked to the dyad. This essence suggests that the nature of the dyad as a subset of the system is a critical part of the dyadic process and cannot be neglected in the work. To pretend that the dyad is the sole focus is a false and artificial assumption; the reality is that the dyad is suspended within many layers of the family system.

Essence 4: The Greek Chorus

The metaphor of a Greek chorus is used here as a descriptive metaphor to represent the role of the therapist, the parent, and also the art. The Greek chorus dates back thousands of years, to playwrights such as Sophocles and Euripides (“Greek chorus,” n.d.). It has also evolved and changed over time, and adapted in a modern context. However, at its core the Greek chorus functions to echo, translate, and narrate the play. The function of the chorus was not merely to sing, but to use song and movement to communicate to the audience. At times the Greek chorus acted as a go-between for the characters and the audience. Another one of the primary functions of the chorus was telling the audience what the character could not say, or providing insight and guidance. Additionally, the Greek chorus would set the emotional tone by “projecting and emphasizing the current emotional state of the piece” (Delcayre, n.d., p. 2). However, in other plays the chorus had direct interaction with the characters, or was viewed as its own character. For me this concept of the Greek chorus as narrator, translator, and voice of emotion, accurately reflects the roles of therapist, artwork, and parents in the dyad session.

In coding the data and drawing out themes, I was reminded of the some of the basic skills of therapy, such as reflective listening, paraphrasing, and clarifying. In digging deeper and looking back at the codes and other notes, it appeared that this task of

echoing and reflecting played a very deep and critical role in the process of dyadic therapy, as seen in the essence of the Greek chorus. I often made reflective statements such as, “Oh so you want to use duct tape,” or “Remember your last art piece we spoke a lot about spirituality,” or “I think what [child] is thinking is that she wants to create a pattern that looks like this.” In many of these cases the speech was joined by hand movements or even reflective gestures that mirrored the child’s or parent’s own. A similar clarifying process happened with parents, reflected by statements such as, “Oh so I think your mom was thinking we could cut it this way.” Additionally there were many times when as a therapist I could make comments about emotions and events that would be too touchy for the parents to say, such as “Well [child], I think you were feeling pretty upset, that was hard for you I think.” Had the parent made this comment it might have glossed over in a sort of “yeah right mom” kind of way.

In addition to comments made only by me as the therapist, there were times that the parent joined into the chorus with me. In one instance the child was discussing a struggle and both parent and therapist echoed back, “Wow! That would be really hard.” Additionally there were moments when parent and therapist engaged in side conversations about the child knowing that the child was listening, much like the role of the Greek chorus to narrate or express what the character cannot always say. One good example of this was a conversation about how much the child had grown more confident since changing schools. “Wow, I can see how much [child] has grown; it used to be so hard to speak in class and now it is not,” followed by, “Yes I can really see that change. For example at the bake sale she took the lead.”

These side conversations often created the effect of the child listening, but being less on the spot with feedback. This phenomenon was often noted in the parent's update, with comments such as, "It's like we are talking, but I know she is listening." Often in these cases the child would give a nod of agreement or look up and smile, or even occasionally interject, "No it's not like that." A similar phenomenon happened where therapist and child would engage in side conversations that, although seeming less deliberate on the child's part, often created a chance for the parent to sit back and listen. In the parent feedback one parent commented on this, explaining how much she enjoyed watching her daughter and I discuss creative ideas together. Lastly, although it appears less purposeful, there were times when parent and child would engage in dyadic conversation, where the primary function of the therapist was to sit back and listen to the chorus.

One of the other ways that parents seemed to function as the chorus was at the beginning of the sessions. All sessions began with a check-in and update. During this time the parent often commented more than the child about recent successes and challenges, such as "tell Megan about the game!" or "we need to tell her about the thing with your sister and the gum." In these cases the parent played the role of the chorus, setting the stage of starting the narration that allowed the child to jump in.

Lastly the artwork itself functions as a chorus in that it becomes the expression of emotions that the child and parent could often not voice. For example, in one dyad the child struggled with worries, but in order to be able to discuss this she created a character that enabled her to speak about her concerns regarding school and negative thoughts (Figure 4). Also deeply emotional was one child asking in reference to the use of gold at

the center of an image, “well mom what do you think is at the very center of me?” to which the mom looked at the art and responded, “the [child]’s goldness” (Figure 2). The topic snowballed into a deeper conversation about the emotional layers of the client.

Another example of the artwork doing the emotional talking was when one child was able to create a volcano of her worries and say “look this is what I feel,” holding it up and pointing things out to her mother (Figure 9). Similarly in that case the mother was able to create an image of what she thought her daughter was feeling and share it back to her, saying, “well this is how I see you” (Figure 8). In a later session with only me the child expressed that she felt the session had helped her mother understand her. The mother also confirmed that in watching this she realized how much her daughter has always used art to share her feelings, stating “I did not realize her art went that deep.”

Ultimately the essence of the Greek chorus extends well beyond basic therapy techniques of repeating back, becoming a much deeper vessel of communication and witness. It is as if the chorus is able to say, “I see you, I feel you, please let me explain.” Although a similar process may be happening in individual art sessions, the multiple voices of parent, child, art, and therapist appear to have the effect of creating a distinct and unique quartet.

Essence 5: Physical/Kinesthetic Quality of Art

I, the therapist, hold up the artwork. It is a brightly colored fish, born out of a scribble (Figure 3). The mother then holds it to admire it and passes to the child, who holds it for all to see. “Does it need a mouth?” she asks her mother. In reviewing the data it was observed that frequently the physicality of the art was an important factor in creating more engagement in the process, as well as prompting more communication. In

each of the four sessions different media were used, each with their own kinesthetic properties and values. Each session involved moments of touching, stepping back, and passing the art between participants.

This occurs most frequently in collaborative art making, in which mother and child worked on the same project. In one case the mother and child worked together to build furniture for the house they were making. Several times the mother would hold up her work and make comments such as, “Look, what do you think? I think I will make a duct tape tablecloth.” Or the child would respond, “I will make a stool so they can sit at the table” (Figure 6). Often in the same dyad the child would act out how her art functioned, such as demonstrating how to use a board game (Figure 5) she had created to keep her characters from getting distracted by worry. This session also involved the use of Sculpey, which created many moments of passing colors or tools, as well as helping to soften the clay for the child.

This same level of connection also appeared strongly in the session involving the very challenging process of cutting duct tape. In this session, parent, child, and therapist were all involved in physically working to cut tape, two people holding while one person cut, which involved a lot of passing and physical movement. This session involved decorating a large tabletop upon which the child attempted to stand and frequently drummed (Figure 2). This large and three-dimensional quality seemed to elicit the greatest amount of movement and touching of the art.

There was somewhat less physical movement overall related to the more two-dimensional artworks; however even in those sessions art was physically held up and shared between members. Thus it seems that not merely the imaginal qualities of the art

but also the actual physical and kinesthetic nature of the art create another layer of connectedness and communication that is distinct and critical to the phenomenon of dyadic art making with school-age children and parents.

Essence 6: Child as Artistic Director

The essence of child as artistic director refers to a reoccurring phenomenon that in all four dyads art making enabled the children to take on the role of session leader, dictating things such as what the parent and therapist should do or at the minimum becoming more vocal and direct about their experiences and challenges. This shift seemed to reflect on one of the essential qualities of the art, which is that it serves to shift the power in the room. In general the children were much more comfortable with art making than talking, reflecting the idea that art is a natural language for many children. Additionally, three out of four parents commented about their own lack of artistic skill, which further placed the art expertise in the child's hand.

This essence was more pronounced in the dyads with the children who had been previously engaged in dyad sessions, both of whom had learning and moderate processing issues. Additionally the members of both of these dyads almost immediately began creating art at the beginning of the session, whereas the other two did not begin art making until around 20 minutes into the session. In one case the child brought in a lump of Sculpey from home that she played with at the onset of the session, and the other child immediately expressed a wish to plan the art before any discussion or updating occurred. Although these two cases seemed more pronounced, in the case of the other two dyads there was a marked shift in participation and engagement once art making began.

When it came to the art-making process, the children seemed to assume a more expert role, and gave requests for what they would like for the parent and therapist to do. For example, in Dyad A the child struggled to identify the best way to make duct tape petals, but politely ignored suggestions from her mother and me, ultimately coming up with her own solutions. This event was later discussed with the mother who reflected in the parent session, “well she sure showed us up” with a laugh. Another example of the child taking the lead through art was the child in Dyad D explaining her volcano. The bulk of this session was dominated by parent and therapist, however when the child requested her own paper to express her worries, there was a palpable shift in the room as she very clearly expressed her concerns (Figure 9).

A critical facet of this essence is that it appears that the more the child creates the idea for the art the better the child is able to become the director. However, it may take time in therapy, as well as comfort with the room and therapist, for this artistic identity to evolve. This sentiment of child-led art was expressed by two of the four dyads in the parent session. One mother noted a previous session that had felt less successful because “that time it was too much pushing our [mother and therapist’s] idea. She always does better if she comes up with the idea, that way she is more involved.”

Also, although two of the dyads’ art directives were more therapist-driven, it still seemed to be helpful and more engaging when the children were given a choice and encouraged to get more abstract as a way to make it their own. This feeling was also echoed by the parent in statements such as, “I think the abstract really made it better.” It should also be noted that both of these sessions were the first time a dyad session had

occurred in the therapy process, and so as the therapist I felt a greater need for scaffolding.

Not only does this essence suggest the power shift that can happen when using art, which may often be a more comfortable and child-centered language, but also that the more chances a child has to direct the art the more engaging and possibly helpful the intervention becomes. Additionally this may be where it is also important to consider artistic interests and comfort zones, such as drawing versus duct tape, to further invite the expertise of the child to arise. It also may be unreasonable to expect the first dyad session to immediately switch to being child-led, as any change often takes an adjustment and a period of time for the comfort level to build.

Essence 7: The Play of Playfulness and Serious Fun

“Well this is like two birds with one stone,” remarked a parent during a parent update, referring to the fact that she and her daughter got to work on problems and have fun doing it. This concept of fun was a reoccurring theme in all of the parent feedback sessions. In fact it was generally the first thing parents mentioned in the feedback. One parent even remarked, “It kind of feels like we are tricking her into talking, which I know sounds bad, but if things are too literal it is not going to work.” All of the parents reflected on “fun” as being a big part of effectiveness. Parent feedback about the sessions included phrases like: “less scary”; “they can let their guard down”; “it’s great for kids!”; “her sisters want to come too!”; “she is just thrilled to be doing something”; and “she really looks forward to coming.” Additionally, several of the children and parents had previously been in therapy, but many of the experiences were uncomfortable or at times scary. Or, as one mother put it, “when we see the psychiatrist she tells him what she think

he wants to hear.” Two parents also mentioned having to go to therapy as children and that the experience was far from fun. As one mother related, “As a kid I did therapy with a man who just stared at me.” Thus the fun factor of the art, in particular the fact that I have a lot of “cool stuff,” was significant.

In addition to the art being fun and novel, the tone of many of the sessions, although serious at times, also had a playful and fun attitude. All of the sessions involved some joking and laughter on the part of the parent, the child, and me, the therapist. The child, who seemed most comfortable in the space, also exhibited the most amount of joking around. The jokes seemed to express not defensiveness, but more of a comfortableness and lightheartedness. Jokes involved over-reactive siblings, boogers, one child’s humorous impersonation of herself as an old lady, or another child’s imitation of a character threatening, “I will get you next time you scoundrel.” The need for humor is also a part of the essence of playfulness.

More than just being fun, it was clear to parents and children that there was more purpose to the nature of these sessions. One parent noted that it was easier for her to open up during sessions, as opposed to just talking at home. Others made comments about improvements in goals; for example, it was now much easier to do things like spending the night out. One parent also noted that even what she called the “pre-process” of selecting art material had a more serious processing side. Another noted that the fun of art helped with the more serious challenge of being able to express and make sense of worries. In observing the children’s actions it was also noticed that even though there was laughter there were also more serious looks or statements, such as, “yes that’s really hard for me,” or, “I did really miss you this weekend I just did not tell you.”

This essence of fun and playfulness, combined with understanding the seriousness of the work, pointed to the need for children's work to be conducted from the child-centered place of playfulness.

Essence 8: Connection and Disconnection in the Dyad

The essence of connection and disconnection refers to the process of coming together then shifting apart, between the parent and child. These types of connections occurred at the meta-level, meaning the overall feeling of connectedness of the session, and at the more micro-levels of smaller moments within the session, such as looks of annoyance or smiles toward the parent. In general these sessions seemed to have positive meta-level interactions, that is, they reflected feelings of comfort, support, and connection, as one might expect between people with generally secure attachments. Prior to the onset of the study, child clients were asked to participate, and those who ended up participating had all agreed without hesitation. There also appeared to be an agreeableness on the side of the parents, with the general response being, "sure, happy to help!" This agreeableness may have set a tone of excitement or positivity that enabled connectedness to occur.

Feelings of connectedness on the meta-level were seen in a general overall level of comfort in sharing information. Parents and children often checked in with each other, with statements like, "do you want to tell Megan about the game this weekend?" (parent) or "you tell her about what happened to the trip" (child). On the nonverbal level the overall sense of the exchanges were also positive and playful, and there were more nonverbal glances and looks between parent and child than between therapist and child or parent.

The one seeming exception to this process was in one dyad in which the meta-level connection, which was generally positive, seemed a bit more anxious and the overall engagement of the child, particularly at the beginning, was less. This dyad was engaging for the first time in a dyad session, which may have had the effect of making the child more anxious. This session was also not conducted during regular therapy hours, to accommodate finding childcare for the siblings. In this session the child often appeared worried or looked more dejected in response to remarks made by the parent that did not appear to be overly critical. In this case it seemed that the parent made many attempts to connect with the child, but the child was less reciprocal, glancing away. Toward the end of this session the child seemed more engaged and expressed worries about putting pressure on herself at school to be “perfect” and having “high personal standards,” which may have been why she was more sensitive to even slight negative feedback. In the parent feedback session the mother expressed that her daughter often “gets like this” (i.e., looking more anxious and sad) if the two of them are talking about “hard stuff.” However, the mother mentioned, “but don’t worry I know she loves coming here . . . she is always excited to come, even if it is hard.” In the end the child seemed happy with the session, saying, “we are digging for dinosaur bones” to which I replied, “and what do you think we found today?” The child’s response was, “the head and the neck.” Thus it is important to realize that connection may not always look the same for every child.

On the micro-level in all four dyads there were many of moments of understanding and connection, as well as moments of disconnect and mismatch. Clearly no parent or child is perfectly connected at all times, and there will always be moments of

disconnection, such as attempts to join that are met with resistance or are not picked up on. On the verbal level the connections were often seen in reflective comments by the parent, or affirming comments by the child. However, in general the child appeared most likely to affirm in nonverbal actions, such as eye contact, smiling, and nodding.

Nonverbal action of the parents included a gentle touch, such as brushing the child's hairs with their fingers. These types of nonverbal exchanges or physical touch occurred more often in the sessions where there was more physical movement.

On the micro-level disconnects occurred in cases where parents mentioned something that did not go so well, such a failure to listen or follow rules. Some children seemed to connect with the parent via arguing or attempts to explain their side, with comments such as, "No mom that's not exactly what happened." Others responded to these types of situations by checking out, looking away, or ignoring the parent altogether. These topics generally seemed more uncomfortable to the child, and also caused more fidgeting, like hair twirling or looking off into space. These sorts of nervous behaviors seemed to be mitigated when they occurred while child and parent were making art. For example, in dyads where art did not immediately occur, and challenging situations were discussed, the children located an object on the table to play with or distract their attention, such as a pastel box or an eraser. When these challenges were discussed while art was occurring the children often diverted their attention to the art. This was most prominent in Dyad D's volcano (Figure 9).

Also in Dyad D, the parent made an image of the child's emotion (Figure 8), and her explanation seemed to have a calming and reparative effect, because it enabled the child to see how her mother saw her. The making of joint art in Dyad A also seemed to

enable the mother to express her feelings about her child in a positive way that offered corrective micro-connections. For example, the child was joking about having “an old woman side,” relating to a particular pattern of tape; however, in that moment the mother was about to say, “Well actually I think you have a very nurturing and maternal side.”

Thus the overall essence of connection and disconnection reflects the fact that dyad work provides not only a window into the relational patterns of communication, but also chances to repair and see that not all connections are perfect all of the time. This type of work can be seen when looking at the meta-level of overall connection, but also in the micro-level of moment-by-moment connections. Additionally, the chances to repair connections were enhanced in the art-making process. Parent feedback also supported the idea that art making allowed connections to be increased, as it enabled more self-expression. Parents who had attended more than one dyadic session saw their involvement as a chance to connect and help their child express themselves more; as one mother expressed, “At first I was worried I would be a crutch, but now I see how much more I get to support and be a part of things.”

Essence 9: Bridging Back to Real Life

The essence of bridging back to real life reflects the idea that work done in the dyadic art therapy context offers more continuity to bring tools, insights, and topics back into the everyday life of the dyad. Additionally this bridging effect seems to be created by the combination of the parents’ involvement in the sessions, which provides them with tools and understanding, and by the role of the art as a transportable medium.

The dyads that had participated in more than one dyadic session expressed the phenomenon that once topics or ideas come up in a therapy session this acted as a bridge

for further discussion outside of therapy. According to one mother, this process “builds continuity; I can mention ‘Oh Megan said [this or that],’” or “once we talk about it here, we can bring it up later in the week.” This “continuity” the mother stated is much better than previous home attempts to communicate, where the mother felt like she was engaging in “the Spanish inquisition.”

Another parent who participated in multiple dyadic sessions expressed how much the art made around the child’s challenges, and bringing that artwork home, allowed not only the mother but also the father and sisters to discuss and assist the child with her challenges. In this case, each week the child brought home parts of her sculpture and played with them. The transportability of the art also showed up in Dyad B’s creation of the “Go With the Flow Fish” (Figure 3), which the mother and child discussed working on outside of the session and hanging up in the child’s room.

When discussing the role of the parent during parent feedback one mother expressed, “I think it helps that I know what tools [we can use], that way we can use them at home,” and, “if I was not here we might need a 30-minute catch-up every week!” Parents who had only participated in one dyadic session and viewed the footage of that session felt that being a part of the session had offered them a lot more insights into the specific needs of their child. “I think she needs more attention and quality time, we are always moving so fast. I need to give her more alone time,” commented one parent. The session also offered them personal insights, as one parent said, “watching helped me confirm and realize a lot of what I know.” This parent also brought up the idea that it would help to have more information for parents, “maybe something written down, like a

handout.” This expressed need pointed to the desire by parents to have more information in order to be more effective outside of therapy, which is related to bridging.

The overall concept of bridging is an important cornerstone of the work because it enables therapy to extend beyond the 1-hour-a-week session. It also empowers parents to see their children and their children’s needs in a new light, creating new bridges of possibility to cross. Lastly, the artwork itself serves as visual cue of the bridge and a tool to remind parents and children of the work they are doing. The essence of the bridge is to connect the work of therapy with the work of the parent and child in a growth-promoting and tangible manner. “I saw you here, and I will continue to see you outside of here.”

Essence 10: The Wish for Better

Much like the bridge, the wish for better reflects the essence of what the parents appear to be bringing and taking from the process, which is a hope or expectation that by doing therapy now they can help their child avoid pitfalls later. Similarly this wish for better connects to the essence of systemic awareness, in particular the parent’s own childhood experiences. In both the actual sessions and in parent feedback sessions there was an expressed wish for life to be better or easier for the child, particularly better than it had been for the parents. In three of the four sessions parents mentioned their own childhood at some point, and how their parents had been less available or less focused on them. In one of the dyads the mother talked about her challenges as a “latchkey kid.” Two of the other parents mentioned the loss of their own mothers at age 11, a fact that was not mentioned in either of the intake sessions.

In addition to the wish for their child’s life to be better or easier than their own had been, there was the wish for life to be better or easier for their child in general. All of

the dyads had come to therapy of their own free choice, and with the expectation from the parents that it would help improve their child's emotional life and/or problem-solving skills. Sample goals from the initial intake sessions included desires to: "help her articulate and work through feelings and any issues in a positive way"; "cope with fear, not be so worried"; and "express herself." Thus this wish for better reflects hopefulness on the part of the parents, and a genuine desire to make life easier.

Essence 11: Art is the Language for Most Kids

This last essence is one that as an art therapist is a bit tricky, and has required more bracketing out of assumptions, in particular the notion that everyone can be an artist. However, stepping outside of that assumption required embracing the idea that not everyone wants to be an artist and taking a wide-angle view of art beyond just fine art. In the parent feedback all parents noted that this process seemed "like a natural fit" or that "all my girls want to come" or "it helps her verbalize if she can touch it and feel it." There were also many reflective comments that art is better for kids, such as, "art is better than just a chair" or "kids need different stuff than adults." Other comments were made about art therapy in general, and how it had improved the challenges that brought them to therapy, such as, "I think she is benefiting so much" or "now spending the night out is not a problem" or "she has grown so much in her communication skills, way better than last year!" Additionally many parents felt that their child was a "visual learner" or "very creative and artistic" and thus the process of art therapy was a good fit.

However, nearly all of the parents noted that art may not be for everyone, making statements such as, "this might be harder for my less artistic daughter, she would need more direction," or, "she is a bright girl so the abstract is great . . . my other daughter

might be more confused,” or, “I think worksheets would be good too.” Although most of the dyads seemed to feel that the actual art media and creative process was at the heart of the work, one parent did feel like novel items were nice, but not exactly necessary to the process. Thus although parents saw a great deal of value in the art therapy, in particular the process of making art, they also identified the fact that art may not be for all kids. However, it is interesting to note that this particular study included participants with a range of emotional challenges, and most seemed to benefit and enjoy the art of art therapy. Also, in reflecting on the flow of sessions as seen in the charts, the creative process of art coincides with more engagement and leadership in the session. Thus this essence also highlights the need to distinguish and identify how art therapy differs from fine art and artistic skills.

Professional Feedback

Following the writing and developing of these essences I engaged in a professional feedback session with child psychologist Judy Simmermon, who has over 25 years of experience providing therapy and psychological services to children and families. In this feedback session I discussed the 11 essential essences as well as the process of creating them. In Dr. Simmermon’s feedback, which was audio recorded, she expressed that many of these essences reflect practices of “good therapy” and the need for experiential growth, in this case via the art making. She also reflected that the processing of using video feedback was in and of itself an interesting and therapeutic tool. Perhaps that might also be an important part of the dyadic art therapy process.

However, the final essence about “art is the language for most kids” Dr. Simmermon felt needed more “fleshing out.” She stated, “I am not sure that is exactly

what you mean here . . . [it] seems to have more depth than ‘art therapy is good for most kids.’” She went on to say, “There is healing power for the parents as they watch the sessions and get messages at so many levels” and concluded, “I’m not sure how to write that in a synthesized essence . . . [it] just seemed to be a good place to describe the ‘essence’ of art therapy.” Thus it may be that this last essence is more of a theme that came up, but the essential nature of this theme is more about understanding the power and depth of the art, and my role as art therapist. This had led me to wonder how important it is that parents understand “what is art therapy”—is that more of a personal agenda, or is it part of what is necessary for treatment? Is it essential that parents understand the process or is it enough that they benefit either way? As a therapist it often seems like the things that really stand out with the client are not always the things that stood out to me.

CHAPTER 5. DISCUSSION

“When I look I am seen, so I exist / I can now afford to look and see.” (Winnicott, 1971, p. 154)

Introduction

“Two heads are better than one” is an idiom that often surfaces when thinking about what brings people to therapy. The courage to ask for help is the bold first step that brings clients to my office. As a parent it is always scary to ask for help and admit that you are struggling to provide your children with what they need to work through challenges. Questions inevitably arise: “Isn’t that supposed to be the job of a parent? Am I somehow failing if I cannot help my child?” I believe the answer is no. In fact, more than no, I believe that part of therapy is and should be about helping these parents join in the process of therapy as a way to help their children, and bring the parent–child dyad closer.

This study was born out of need to more deeply understand how parents might be included in the therapeutic process of art therapy with children in a manner that benefits and enhances both child and parent. In the therapy sessions conducted as part of this study parents and children were asked to be filmed and later parents were asked to provide video-stimulated feedback on dyadic art therapy in order to witness and look afresh at the essence of this process. The results of the process were the development of 11 essential essences, which offer a deep and reflective lens through which to view the practices of dyadic art therapy with parents and school-age children who have basically secure attachments. So in the case of dyadic parent–child art therapy, maybe three heads and some art are even better still.

The aim of this study was to deeply and systematically explore the process of what happens when parent and child make art together in the context of art therapy. This study was grounded in the core of phenomenology, which is to return to the “things themselves,” which in this case were actual clients engaged in dyadic art therapy, and listen and watch anew the process of what is happening. Additionally it was noted in reviewing the literature that there was a lack of exploration of this topic, dyadic art therapy, with school-age children (ages 7–12) with basically secure parent–child attachments. In the studies and research that did include a discussion or participation of school-age children, there was an expressed need by all for future studies with this developmental age (Buck et al., 2014; Gavron, 2013; Kerns, 2008; Regev et al., 2012).

Dyadic work has long been a part of the art therapy process, in particular with art therapy groups (Rubin, 2005) and in the context of systemic family therapy (e.g., Kwiatkowska, 1978, Landgarten, 1975), and it is often used with parents and young children (e.g., Hall, 2008; Hosea, 2006; Proulx, 2003) and those struggling with attachment-based issues (e.g., Armstrong, 2013; Klorer, 2000). The parent–child dyad is a subset of the family system, not quite the same as an individual and also not the same as a family unit; thus this work occupies a between space that remains minimally navigated in the field of art, particularly as it relates to school-age children with secure attachments. The use of a dyadic approach can be the primary unit of treatment or incorporated into family or individual child therapy.

In order to look more deeply at this process in the context of real therapeutic work, four parent–child dyads of mothers and their daughters, ranging in ages between 7–11, consented to participate in this study via the filming of dyadic sessions and follow-up

parent interviews involving the process of video-stimulated recall. Following the coding and organizing of the data using phenomenological methodology, 11 essential essences were identified as being at the core of the work. I will review these essences as they relate to themes and concepts in the literature as well as findings from other dyad art therapy-based studies, note a few limitations of the process, and identify future implications to expand this this work.

The Session Itself: Space and Time

The art therapy “session” can be defined by its location and time. Prior to the onset of this work, it was critical to set the stage, or create the container in which therapy could occur. This stage setting is reflective of Essence 1: sacred time and space, which connotes, “you matter and this time is important.” This sacredness of space evolved out of parents’ and children’s expressed need that this was “not something we can just do at home” and that art therapy was “more than just sitting in a chair talking.” Comments on the environmental factors of the studio, which included phrases like “I can just stay here all day” or “she just seems really comfortable here—look she has her shoes off!” also communicated a sense of safety and comfort. In relating it to the literature, the space reflected Winnicott’s (1971) “facilitating environment,” which provides containment, safety, and playfulness and allows for growth and change. Additionally this specialness or sacredness in the studio is reflective of works on studio art therapy and sacredness (Allen, 1992, 1995 2005; McNiff, 1992, 2004). According to McNiff (2004), “Within the studio the expressive qualities of the environment act upon us” and the space itself acts as “vessel of creative transformation” (pp. 18–19). Prior to the session, physical materials were displayed and cameras were arranged. Time had been prearranged and childcare for

siblings confirmed. In essence this process is much like the ritualistic process of preparing for a sacred event. Thus the time and space of the session represent a special time for only the child and parent to be together. For some this was a first dyadic session, for others it was something that was already part of their ongoing therapy work on a regular or semi-regular basis.

This specialness of place was also noted in the literature as it pertained to setting the stage for dyadic work. For example, Choi and Goo's (2012) work focused on the benefit of art therapy for mothers when a facilitating environment (Winnicott, 1971) was created where the mothers could "reexperience skills of maternal care." A similar need for a holding environment was expressed related to work with mothers and young children, with particular attention to designing the space intentionally for younger children (Arroyo & Fowler, 2013; Hall, 2008; Hosea, 2006; Proulx, 2003). Hosea's (2006) work with groups of mothers and young children expressed the need for a "safe holding environment" (p. 70). Regev and Snir (2015) also noted that "creating time and space" (p. 52) was one of the first objectives of dyadic art therapy work with parents and children. They discussed the need for this space to create quality time in the dyad that was "often missing in Western life styles" (Regev & Snir, 2015, p. 52) Also, in surveying other art therapists, Regev and Snir noted that the art therapists they interviewed as a part of their data collection explicitly expressed the intentionality of space in terms of the arrangement of materials, be it a more blank slate or providing the stimulus of others' artworks.

Finally, authors such as Armstrong (2013) and Klorer (2000) expressed the role of space and having an environment that is safe but also fluid so that it allows the child to

get up and move. This more dynamic environment may also create a sense of the session as being structured or attuned to the needs of the child. As expressed by Armstrong, “both the materials and therapy provided boundaries and a safe, transformative container of affect” (2013, p. 277). Thus, beyond just being a place that is special, the specialness or sacredness of the space evolved out of the very essence of the room as being tuned in toward the needs of the child and the parent.

The Therapist Herself: Attuned? Hosting and Reflecting/Greek Chorus

The role of the therapist shows up the essences of therapist as host/hostess, who is both decentered but influential (White, 2005), and the essence of the Greek chorus, narrating, reflecting, and at times translating the work of the session. In session my role as therapist was to scaffold and co-regulate the session with the dyad by guiding and feeding the flow of the session. This guiding or feeding the flow occurred via reflective statements, as in the Greek chorus, as well as providing tools and resources the client needed, as in therapist as hostess. In relating this to the literature both of these essences point to the role of therapeutic attunement and the need for the therapist’s actions to be in sync and present to the work of the dyad.

Therapeutic attunement is often described by the larger therapeutic and neuroscience community (e.g Erskine, 1998; Schore, 2003; Siegel, 2007 Sonkin, 2005; Stern, 2002) as the process that “goes beyond empathy” (Erskine, 1998, p. 235) and reflects the deep sensing and awareness of both the verbal and nonverbal cues of the client. Erskine (1998) noted that attunement can be enhanced when the therapist “de-centers” in order to place the client’s needs at the center of the work. At the same time Robbins (1987) expressed that before this can occur therapists must be able to connect

with their center. Self-centering and self-awareness was expressed as a core theme of Regev and Snir (2014) as it related to the need for therapists to be aware of their personal experiences related to parenting. Combining these two perspectives seems to create a sense of deep attunement and a presence that is decentered of personal needs, but influential via self-awareness, or intrapersonal attunement, and in focusing on the needs of the client.

These practices have also been adapted and reflected upon within the expressive arts and art therapy community in examples such as Kossak's (2009) therapeutic attunement, Armstrong's (2013) modeling of attunement, Franklin's (2010) visual empathy, and Robbins's (1998) therapeutic presence. In many ways my role as attuned hostess was similar to Armstrong's description of "the attuned therapist" who "might offer materials that gave them enough control to feel safe but with which it was possible to introduce some fluidity" (2013, p. 277). This provisioning on the part of the therapist reflects the attuned hostess discerning the needs of the client. In this vein of being attuned to the needs of the client in the moment, none of the interventions in this study were pre-planned; instead, they required tuning in to the needs of the dyad. However, it should be noted that all dyads in this study had previously been attending therapy, and there was an awareness on the part of the therapist of their emotional and developmental history and their therapeutic needs. At the onset of each session a brief check-in occurred, and it was during this time that I as the therapist was able to discern their needs and develop and provide appropriate interventions, which reflects the idea of setting the stage. In the case of Dyad A, there was an expressed need to use duct tape, which proved to be rich in expressiveness, but also challenging in terms of construction. Another example was the

use of slightly more controlled media—oil pastels and paint sticks—with the dyad that were first-time participants in a dyadic context.

This role of attuned hostess was also expressed in other work specifically focused on dyadic therapy. Proulx (2003) described the therapist as a “facilitator” and in particular discussed the need for the therapist to appropriately scaffold and be aware of the needs of child and parent, while also being focused on the dyadic relationship. This type of multi-awareness is related to the need to be attuned on multiple levels, that is, to the parent, child, relationship, and even the therapist’s own knowledge. Both Hosea (2006) and Regev and Snir (2014) expressed the role of the therapist as “the good grandmother,” meaning “empathetic, supportive, and non-judgmental” (Regev & Snir, 2014, p. 54). Shore’s (2000) work on parent consultation reflected a more Greek chorus stance in terms of the role of the art therapist as the translator and narrator, which “requires skill at converting raw elusive data and covert messages into coherent data which can be digested by the parents” (p. 16). However, in addition to seeing my role as the translator, I also see my role as facilitating the process of helping parents to find and voice their expertise, creating a situation of co-experts.

The Parents Themselves: Bridges and Songs

As previously stated, the evolution of this study came from a desire to understand how to include parents in therapy in a way that helps both child and parent, via providing a chance to have a more visual dialogue. As Kerns (2008) stated in her work on the attachment needs of school-age children, this time is one of increased co-regulation between parent and child, separation due to school, and also a time where children still very much prefer and primarily seek out their parents when they need support. Based on

this naturally occurring need and seeking out of parents during this age it seems appropriate that parents are involved in the therapeutic process. Parent involvement in therapy, as long as it does not pose any danger to the child, can enhance therapy for the child (Bailey & Sori, 2005; Shore, 2000; Siskind, 1997; Taylor & Adelman, 2001). The findings of my study indicate that parental involvement in art therapy most often shows up the essence of bridging and the essence of the Greek chorus, which indicate the role that parents play of providing continuity outside of the session as well as feedback and support within the session.

In most of my background research there was great concern for the role parents play in specific capacities, such as informed consent and consultations (Shore, 2000; Siskind, 1997; Taylor & Adelman, 2001). There is also an emphasis on parental involvement as a way to alleviate parental fear, jealousy, or suspicion of the therapeutic relationship between child and therapist (Klorer, 2000; Regev & Snir, 2014; Shore, 2000, 2013). These findings support the notion, which was a premise of this study, that parental involvement is useful, and at times necessary, in child art therapy. Although it did not appear that any of the parent participants in this study were overly suspicious or fearful, several parents commented that it was “nice to know what is going on in therapy” and “fun to be a part of the process,” which indicated a sense of curiosity and confirmed the idea that parents often felt positively about therapy when included in the process.

These comments about witnessing the process of therapy, and knowing “what’s going on” relate to Essence 9: bridging back to real life. This essence reflects the idea that work done in dyadic art therapy helps bring ideas, tools, and awareness back to the everyday life of the parent and child by enabling the parent to bring topics back up or use

tools outside of therapy. An example of this transition to everyday life was “Go With the Flow Fish” (Figure 3) created by Dyad B, and post-session plans made by parent and child to hang up the fish in the child’s room and make a poster. This bridge effect was noted by all parents in feedback sessions, in comments such as “once we talk about it here, we can bring it up later in the week” or “seeing her work here helps me understand more of what she is telling me when she makes art at home.” The essence of bridging is similar to practices such as McCarley’s (2008) filial art therapy, which involves teaching and inclusion of the parents using a specific format of art therapy with the goal of then having parents continue the work at home. However, unlike filial therapy, the intention of this dyadic work was to join with the parent more as partner and co-learner and less as “coach” or “educator” (McCarley, 2008, p. 191).

The work done in this study was also not intended to express a particular model of working with dyads. Interestingly, although parents in feedback sessions expressed that they felt I was “a good fit” for their child, no parents made comments such as, “Oh Megan I learned so much from watching you.” It seems that most of parents’ learning came from being aware of their own involvement with their child and/or the information that their child presented. For example, one mother commented, “I love watching her progress and how she expresses things, it helps me get it,” and “I really learned a lot about how much her art expresses her feelings, I did not get that before.” In these cases of basic security it seems that parents need less teaching and more opportunities to reflect and see their child anew via the dyadic art-making process. Thus this may point to a difference when working with this population versus those with attachment issues. As most work on dyads often describes teaching, parental guidance, and modeling how to

parent (Buck et al, 2014; McCarley, 2008; Regev & Snir, 2014), it seems that art therapy with dyads is less overly about that, and more about experiential learning and synthesis on the part of the parent. The most overt learning occurred in the form of normalizing about development ages issues and emotional sensitivity. Thus in this case my role was more about creating an environment that allowed learning to occur.

Other scholarly works have implied the sense of bridging, or involvement of parents in therapy that allows work to cross over into everyday life. One such example is Proulx's (2003) work with very young children and mothers, in which she noted that making art together helps parents connect and continue the connection process outside of sessions, particularly in regard to understanding their children developmentally and enhancing their parental self-esteem and competence. A similar agenda was expressed in other dyadic groups with mothers and young children (Hall, 2008; Hosea, 2006). Although not referred to as bridging, examples of this phenomenon occurred in Hall's (2008) case example of a mother and child artwork being brought home and hung up in the doorway as a positive reminder of the relationship between mother and child. In fact one might argue that the aim of most dyadic work is to promote a connection between parent and child within the safe space of the session that continues or bridges outside of the therapy session (Buck et al., 2014).

Art therapy groups with parents (Choi & Goo, 2012; Or, 2010; Ponteri, 2001) also appear to bridge over onto their relationship with children by providing mothers with the emotional support and healing that enables them in turn to be more available as parents. Thus it seems that having parents participate in a dyadic context creates more supports to expand the bridge outside of the therapy work. In the context of school-age children with

basically secure attachments the parent–child bridge may be strong, but by witnessing and participating in the work the parent may be better able to assist the child outside of therapy; in essence, the parent acts as a toll keeper or operator, guiding the flow outside of the session.

In addition to the parents' role in creating a bridge is the parents' role in the Greek chorus. The Greek chorus encompasses the role of the parents, therapist, and art, and it is the job of the chorus to narrate, translate, and echo the dyadic art therapy session. Parents often used their role in the chorus to bring up topics in therapy that the child might not have otherwise mentioned, or to provide background information on the child. In some ways this is similar to parent consultation (Shore, 2000), but with the added benefit of having the child witness and participate in the consultation. This was particularly prevalent at the onset of sessions in comments such as, "Have you told Megan about the overnight party?" which connoted a sense of parent updating. This updating seemed to have the effect of setting the stage, or offered scaffolding for the child to build upon or the therapist to ask further questions. This type of communication allowed the parent to have an active and supportive role in the process.

In reflecting this back to the literature most publications on dyadic work offer some description of specifics regarding what parents do in session, particularly as it may relate to the making of art. For example, Hosea (2006) and Proulx (2003) both discussed the role of parents in the process as working with and alongside their children. Rubin (2003) mentioned a similar more fluid relationship. In the Joint Painting Procedure (Gavron, 2013) parents are given a specific task and there are more step-by-step specifics. Overall, there is much acknowledgement of the fact that the process of working

with dyads is helpful at enhancing attachment (Hall, 2008; Henley, 2005; Hosea, 2006; Proulx, 2003) or improving the child's behavior, in the case of mother participation in movement therapy (Regev et al., 2012). However, there is less emphasis on the parents' more chorused role of translating, updating, and reflecting. This role may be less visible as most previous work has been focused on younger children or attachment, whereas the sessions in this study were focused on helping parents and children facilitate and support the children's emotional and developmental needs, such as worries about school or peer relationships. Also, the more one-to-one context may enable more opportunities for the parent to reflect and comment about the art or other influences related to the child. This may also point to the role of parents of school-age children being distinct from the role dictated by the needs of early childhood.

The Children Themselves

The secure but struggling school-age child. At the beginning of this study, I sought to identify the developmental, emotional, social, and attachment needs of school-age children. I viewed this first step as critical to looking anew at the process and deeply asking the question of what the needs of school-age children are, and why they might be different than those of children at other developmental ages and stages. This difference seems particularly important given that much dyadic work focuses on younger children (e.g., Proulx, 2003), which developmentally is a time when the child is more dependent on the parent both physically and emotionally. Thus the needs of young children, particularly those needs that are related to attachment, are different. This may imply that the dyadic art therapy needs of this population are different as well.

Although infancy and early childhood are a time for much critical brain development, the brain continues to develop across the lifespan (Cozolino, 2014). In school-age children brain development allows them to engage in more complex mental tasks, reflect on achievements and failures, and compare themselves to their peers (Eccles, 1999). Some of the primary differences in school-age children stem from the life change of going to school (Eccles, 1999; Kerns, 2008), that is, separation from their family, and the beginnings of developing a sense of emotional, intellectual, physical, and social competence, or as Erikson (1963) would say, “industry.”

Relating these general developmental tasks and changes to the children in this study, it can clearly be seen that nearly all participants were struggling with some degree of the normative challenges of school-age children. However, these struggles were causing enough life challenges that the parent felt the need to enlist the support of therapy. Examples of the normative struggles of the participants included: separation of going to school and fear about being a slow reader, struggling with decision making, feeling overwhelmed by schoolwork, homework challenges, making friends, and identity development. All participants engaged in comparisons to peers and siblings, a common occurrence in this stage of childhood (Bigner & Gerhardt, 2014; Kerns, 2008). An example of this can be seen in one child’s worry over the fact that her sister got better grades and comparing herself to peers in academic achievement, despite the fact that she was an excellent student herself. Additionally, all children in the study expressed concern with competence, as seen in challenges such as one child’s struggle with the decision to attend a reading bowl competition or another child and parent struggling to navigate a school project and stress about grades. Thus it seems that the participants in this study

were very much struggling with the challenges inherent in this developmental age, which are distinct from the tasks of both earlier and later childhood.

Reflections on art as a natural language. The essence of art as a natural language for most children is very much present in the literature of art therapy. In the art therapy literature art making is seen as a reflection of development, and a natural expressive modality for children (Ferrara, 1991; Goodman et al., 1998; Klorer, 2000; Kramer, 1971; Lowenfeld & Brittain, 1987; Malchiodi, 1998; Rubin, 2005, Shore, 2013). According to Rubin (2005), “art enables children to look with open eyes, to encounter the world without fear, to acquire a perceptual vocabulary that helps them organize their experiences” (p. 312). The artwork of the children in this study reflected these concepts. For example, the oldest child in the study, age 11, was concerned more with organizing color and structure, which her mother called “pre-process,” reflecting more of her advanced developmental abilities to conceptualize and engage in complex art making. Using art as an expressive modality was seen in the ability to use abstract art to convey emotions as well as turn abstract images into more recognizable symbols. Additionally, the acknowledgement of art as a natural expressive modality was expressed by all of the parents as a natural fit for their child, and as a natural fit for most children.

Child as the artistic director. In addition to this work reflecting the notion that art is a language for most children is Essence 6: child as artistic director. This essence describes the ability of the art making to allow the child to take on more of a leadership role within the dyadic session. This idea, although not described in the dyadic art therapy literature specifically, reflects a basic belief that in art therapy “children know what they need. . . . Therapists should not try to know too much about what they *think* the child

needs, but rather be receptive to following the child's lead" (Klorer, 2000 p. 27). In all of the dyads in my study art making enabled the child to increase communication skills and take on more of a leadership role, directing others in what to make and leading the conversations.

This phenomenon was particularly enhanced in the dyads that had previously participated in dyadic sessions, which may suggest that increased comfort with the dyadic process may lead more to child directorship. It was also enhanced in cases where the child was given more choice to scaffold the directives. Several parents also expressed that the art "leveled the playing field" and caused the child to participate more easily. This essence of artistic director also ties into the developmental need for the child to develop competence, in that the needs and skills of the child can be exercised through their art making in a way that empowers the child to take on the expertise that is critical to this stage of development (Rubin, 2005). Thus art as the language of the child combined with the natural developmental and cognitive changes of school-age children allows the child to emerge as artistic director.

Other works in the literature discuss the role of art as providing a chance for children to lead and balance the power in the therapy session. With younger children art making allowed work to occur in the natural language of the child, as seen in Proulx's (2003) examples of expressive and non-intimidating media like cornstarch and glue. Also, Hall (2008) and Hosea (2006) both utilized paint as a natural media for young children and mothers. Landgarten (1975) noted that, "Children are often disadvantaged in the verbal exchange; art therapy can provide an equal opportunity to both mother and daughter for self-expression" (p. 35). However, on the flip side, Regev and Snir (2014)

described that parents often have more anxiety about art making, and need more support. Thus the children themselves reflect not only the norms of middle childhood and artistic develop, but also the way that art, because it is such a natural fit for most children, creates the chance for the children to become the artistic directors of the session.

The Relationship Itself

Systems and hope. The parent–child dyad is a subsystem of the larger family system. The relationship between parent and child is composed of both the core of attachment and meta-connections, as well as the many micro-connections, some of which are positive and some of which are negative (as seen in Essence 8: connection and disconnection). These lines of connection, joining parent to child, also connote Essence 3, systemic awareness and influence. Attachment does not exist in a vacuum, it is a relationship suspended in the threads of many relationships and attachments. Thus the process of attachment and attunement is firstly related to Essence 3, systemic awareness and influence. In the sessions in this study topics such as siblings, fathers, or the parent’s own childhood constantly surfaced in the room. Thus although sessions highlighted the dyadic connection, they also created awareness of the other attachments in the dyads’ lives.

This presence of family systems speaks to the important task of understanding family therapy (e.g., Riley, 1994), as well as understanding multigenerational influences on the systems (Buck et al., 2014; Fraiberg, Adelson, & Shapiro, 1975). Additionally the role of siblings connects with family systems literature that focuses on the importance of birth order and parenting styles, and the role of the sibling as a secondary attachment (McGoldrick, Watson, & Benton, 2005). A similar observation of systemic awareness

was made in Hosea's (2006) post-session discussion with parents who referenced the time with just one child as unique in a family with many children.

The dyadic studies that related to very young children (Hall, 2008; Hosea, 2006; Proulx, 2003) all cited and made reference to some of the early pioneer work on infant mental health, which was not explicitly reviewed for this study given that the primary focus was not on this population. However, one particular study of infant mental health by Fraiberg et al. (1975) explored the concept of there being a "ghost in the nursery" (p. 388). This concept describes how the parent's past sneaks into the present, thus causing parents to unknowingly repeat mistakes of generations past, and that these parents need assistance in "banishing the ghost" (Fraiberg et al., 1975, p. 388). The world of school-age children no longer resides in the nursery, yet it seems that at times there still remain some shadows of the past that need to be shown the light, as seen in parents' need to discuss their own childhood experiences.

This importance of the parents' childhood experiences also connects to Essence 10, the wish for better. In all of the dyadic sessions or during parent interview sessions parents brought up a wish for a better connection with their children than they had experienced with their own parents. In two of the dyads, parents had lost their parent at a young age, 11, which in essence was a disrupted attachment. All parents discussed the wish to do better for their children, and to have a more open and close relationship. One example of this was one parent's expressed concern that she and her husband had moved away from their families of origin, and that this had created a rift in the family and their nuclear family had been labeled the black sheep. This discussion was then followed by

the parent sharing a wish that she could always be closer to her daughter so that she feels supported, saying, “I would hate to not be close.”

Parents also discussed how becoming a parent had caused them to become more cognizant of their childhood experiences and think about things, such as sibling relationships and fairness, differently. There was a hopefulness that parents brought to improve the attachment and relational foundations laid down by previous generations. This hopefulness was also cited by Hosea (2006) when she described the idea that paintings “embodied the parents’ hopes for the future happiness of themselves and their children and the growth of their relationship” (p. 77). Parental hopefulness was also expressed as a theme of dyadic work in the study by Regev and Snir (2014), particularly as it related to “parents who approach therapeutic work with a desire and commitment to change often succeed in creating a different reality both with respect to themselves and their children” (p. 513). Additionally, in many of the writings and studies of dyadic work, there is a general sense of hopefulness and a belief in positive efforts, although not always perfect, that result from parents wanting what is best for their children and themselves (Hall, 2008; Klorer, 2002; Proulx, 2003; Regev & Snir, 2014; Rubin, 2005; Shore, 2000).

Attachment and attunement; connection and disconnection. The parent–child relationship is built of many layers, and the primary fiber that holds it together is the parent–child attachment. However, as we have seen, the attachment is not a one-stop shop, but a process of attunement, which involves the building, repairing, and strengthening of these connections across the lifespan of the parent–child relationship. These processes are happening not only at a behavioral level but also at a neurological

level (Cozolino, 2014). As examined in Chapter 2, the attachment patterns and process of repair are a much reflected-on part of the therapeutic work (e.g., Erskine, 1998; Kossak, 2009; Schore, 2003; Siegel, 2007) and a critical part of therapeutic work with children and parents (e.g., Armstrong, 2013; Cozolino, 2014; Siegel & Bryson, 2011). In the case of this research study, dyads were chosen that exhibited a basic level of secure attachment; however, there were still many moments of misattunement.

The developmental stage of school-age children is one of changes in the dyadic relationship, which consists of many moments of connection and disconnection. The essence of connection and disconnection reflects the process of coming together then shifting apart between the parent and child, and occurs on the meta-level, meaning overall, and the micro-level, meaning in small moments. Of particular interest is that school-age children's attachment needs shift and change in terms of their need for availability over proximity (Kerns, 2008). This new relational need for availability showed up frequently in many of the children's expressed need for help, in questions such as, "Mom, what should I do?" In nearly all of the dyads, children were faced with struggles related to school where the parent's physical proximity could no longer aid the child; that is, parents could not as easily physically insert themselves into conflicts. However, there was a great need for emotional support and availability. For example, many of the children expressed challenges with social dynamics, such as a bossy girl on the basketball team, a question of where to sit at lunch, or how to ask a teacher for help. Thus in this time the attachment need was very much a need to help scaffold and support on an emotional level, providing help with decision making.

Although well intended, not all of these questions and requests for guidance and support were met with a desirable response on the parents' and children's end. Many parents responded with answers that did not appear to meet their child's needs, or questions were sometimes minimized or ignored. Parents often responded with statements like, "well, that's not a big deal" or looks of irritation. Also the children did not always like their parents' solutions and would roll their eyes, saying, "I can't do that, that's embarrassing!" or "you are like 100 years old" or "you don't get it do you!"

These annoyances and mismatched moments represented moments of misattunement (Kossak, 2009), or mismatched needs. Although on the surface they are seemingly negative, these misattuned moments can be chances for repair, as seen in projects like Tronick's (2007) "still face" experiments or Schore's (2003) disruption and repair. Healthy attachment does not mean perfect attunement, it means rupture with repair (Armstrong, 2013).

Also impacting the attunement process is the changing landscape of parent-child interaction patterns. School-age children enter into a more co-regulatory time, meaning that the exchange of information goes two ways and the child can now relay information to the parents (Kerns, 2008). This process of more co-regulation highlights the role that attunement now plays in maintaining the relationship. In this study, all parents were finding it difficult to communicate, or co-regulate, with their children, in particular those with learning and attention-based challenges, and those who struggled with being more emotionally sensitive (Aron, 2002). Thus the dyadic art process reflects the essence of connection and disconnection as a normative part of the process, but also as part of the need for therapy.

The Art Itself: Kinesthetic Serious Fun

Given that the parent–child relationship is often in a flux of connection and disconnection, as well as being constantly entangled in family systems, the parent’s projected dreams, the child’s changing cognitive and developmental landscapes, and other life challenges, such as learning changes or sensitive temperaments, it is little wonder that sometimes more than just talking might be needed to navigate these rough waters. I have experienced that sitting down to try to talk and articulate this complicated puzzle with parents and children has left me with a feeling of failure, boredom, and overall drain. Thus began the quest to explore the world of dyadic art therapy, which at its heart is about art making as a way to connect and communicate.

The role of art and art making appeared in nearly all essences of this process. However, one of the most critical roles it played was in setting a tone of fun and playfulness. The phrase “this is fun” showed up in all sessions from either children, parents, or both. In every parent interview one of the first things the parents all shared after watching the video had something to do with the concept of “fun.” Examples include “this is fun,” “your office is so fun,” “this is not scary and she thinks it is fun,” “this whole thing works because it is fun,” and “I have fun watching the things my daughter comes up with.” In some ways in scholarly efforts it seems that the art therapy field has forgotten one of its best qualities: that playing and making art is fun! As noted in Rubin’s (2005) work with families at an elementary school, “The most striking thing was the obvious enjoyment on the part of all participants. . . . Parents seemed to have as much fun as the children” (p. 333). Additionally the concepts of playfulness and “warmth” were noted as being one of the core principals of dyadic work with school-age

children with attachment-related difficulties (Buck et al., 2014). Fun and playfulness were also noted in the parent feedback in Hosea's (2006) study, as well as the art therapist feedback in Regev and Snir's (2015) study.

In addition to just being fun is the concept of serious fun (Essence 7). This concept of serious fun is also one that emerges at the core of play therapy, or as Winnicott (1971) stated, "play itself is a therapy." Hall (2008) and Hosea (2006) also cited the seriousness of play in their discussions of groups with mothers and young children and how sessions were both enjoyable and deep, particularly related to material child connectedness. According to Hosea, "The free play and improvisation of painting with each other, which the mothers describe as 'fun together,' create a fertile place for this kind of co-creation". (2006, p. 77).

One of the most serious aspects of playfulness and fun is that it allows for the very serious work of attachment and attunement to occur. The serious and deep component of this work emerged in acknowledging the fact that serious work was being done. All parents expressed an improvement in their child's therapy goals, such as an increased ability to cope with changes, or an increased ability to reel in and prevent melt downs. Children were also able to connect with the seriousness of the fun when they explained their art, by expressing with great care and attention the meanings of their artwork and its importance. One example of this is that I learned in one parent session that the child had framed her drawings from a previous session and placed them in her room to look at every day. The mother noted, "She saves everything we do here and hangs it up. I know it is really important to her." This pride in the work exemplifies the fact that fun and messy scribbles are also deep and seriously important to the child.

This also reflects an overarching essence that for most children art is a natural language of communication.

This framing of the art and the transitional nature of the art object also relates to another key essence associated with the art, which is the physical and kinesthetic quality of the art itself. The fact that art can be brought home and shared created an added layer of visibility to the process. In all sessions art was held up, touched, and passed between therapist and dyad. Furthermore, having parent and child work together on a project caused the art materials to literally bring them together, such as the complex duct tape-cutting challenge of Dyad A causing child, parent, and therapist to physically work together.

In the literature on dyadic art therapy there are several examples of the physical and kinesthetic ways that the dyads utilized art making. Projects such as Gavron's (2013) Joint Painting Procedure outline specific materials, and Proulx (2003) suggested many possible interventions and the importance of sensory and tactile materials when working with young children. Additionally, Rubin (2005) and Malchiodi (1998) highlighted the need to think about materials as they relate to the needs, both physical and emotional, of the child. Hall (2008) also expressed the fact that the physical act of making art and the essence of the art in saying "this is our picture" connotes attachment between very young children and mothers. According to Proulx (2003), the art "becomes the transitional object that includes elements of both the parents and the child" (p. 40), and for Isserow (2008) the idea of art as object creates another voice in the room: the voice of the image. Likewise Schaverien (1987), notes a similar fact of art as a talisman that the dyad can carry forward to continue the creation of hope.

Thus when making art in the context of dyadic art therapy the kinesthetic quality combined with the playfulness and depth of the art plays a key role in aiding the child and parent with communication and expressive skills. It is in this vein that art relates back to the role of attunement and attachment. “Mothers and children playing together with art materials are practicing attunement and discovering different ways of relating to one another” (Hall, 2008, p. 21).

Limitations

There were several limitations to this study. The first was the small sample size of four dyads: although it was appropriate for a phenomenological research design, this sample size as well as the approach itself somewhat limits the generalizability of the data to a broader population. However, it does suggest questions and thematic essences that may be applicable to a broad group. The fact that all dyads were composed of only mother–daughter dyads also limits the possible generalizability of the findings. Given that this study was conducted within my practice setting, there was a somewhat limited pool of participants of a relatively homogenous group of middle- and upper-middle-class Caucasian families. Another limit was that the study reviewed only one dyadic session per dyad, and might have been made richer by the recording of multiple sessions with the same dyads. However, given the limited time of the parents it appeared to be too time consuming to ask parents to view more than one hour’s worth of footage in the video stimulated recall context. Additionally it is important to note that although small is scale, this study was aimed at looking deeply at the essence of what is happening, not trying to extract more general finding from a large group. Thus although it provided a narrow view into this topic, the results offer a rich and deep amount of findings.

Another limitation of this study are the inherent limits of phenomenology as a descriptive research approach, meaning that the goal is not to answer questions or develop theory, but to create a rich inquiry into the meaning and essence of an experience. In the case of this study, the objective was to systematically investigate the practice of dyadic art therapy with parents and school-age children via a deep investigation through the observation, discussion, and reflection of the process using a whole-parts-whole analysis (van Manen, 1990). The practice of phenomenological research is in general limited by the fact that it is deep but also narrow. The generation of this descriptive account offers a window into the process through which others might review and reflect on their interpretations of it. Thus this process is limited in that it shines light on the experience, but does not seek to direct it. Another limit of phenomenology is that it is inherently biased. Despite bracketing and peer review of the essences with another expert in the field, at its heart this work is located within the lived experience of the researcher/therapist and as such it contains bias. It is possible that another researcher might create completely different essential descriptions when viewing the same data.

Recommendations for Future Studies

Given the limits of phenomenology, next steps might be to conduct a second round of data collection using the 11 essences I identified as possible hypotheses or launch points, thus moving toward grounded theory. Another possible next step would be to conduct a similar study involving dyad art therapy conducted by a different art therapist, resulting in collaborative coding, to “cast a wider analytic net and provide a ‘reality check’ for each other” (Saldana, 2009, p. 27). It also might be interesting to

conduct multiple rounds of recording with the same dyad, to see how essences might evolve over time in the therapeutic relationship as it progresses through the beginning, middle, and end stages of therapy.

Based on my observations I also recommend that dyadic art therapy continue to be researched as it relates to the normative development concerns of school-age children so that deeper knowledge of this population and their needs can be identified. Also, given that there is a range of approaches to dyad art therapy and its everyday applications, it might be useful to conduct a more global analysis of art therapy and the dyad, via a lens of the cultural influences.

Conclusion

“The parents exist to teach the child, but also they must learn what the child has to teach them; and the child has a very great deal to teach them” (Bennett, as cited in Frank, 2000, p. 113)

As the above quote states, parents and children learn from each other, and in therapy we also must realize that they have “a very great deal to teach” us too. This study began as a question of how to better assist my school-age clients (ages 7–12) and their parents in navigating their emotional and developmental challenges. Although children are my primary unit of treatment, their parents also play a critical role in the child’s life, both in and out of therapy. During this stage of development parents most often serve as the primary attachment figure and the person that children most often turn to when they need help (Kerns, 2008). Therefore, although I hold the expertise of art therapist, it is the clients themselves that hold the expertise of their experiences, and it is to the clients themselves that I look to for the co-creation of solutions. Thus it was the aim of this

project to investigate how I as art therapist might engage parent and child in a visual dialogue as a way to promote connectedness, support, and understanding.

This study is grounded in real therapeutic work happening with real art therapy clients, who like all other parents are trying their best to parent their children in a world of mixed messages, and may have a few multigenerational “ghosts” to exorcise (Fraiberg et al., 1975). What occurred was an in-depth investigation of four dyads of mothers and daughters who sought my help as an art therapist because the mothers, and fathers, wanted to better help and understand the needs of their children and learn how best to support them as parents. As part of the investigation I enlisted the expertise of the parents through the process of filming and reviewing sessions to deepen my own descriptive and reflective process. This deep reflection allowed me to see anew this process, and develop 11 essences based on the lived experience of dyadic art therapy.

Given that these 11 essences are descriptors based on the experience of these four dyads in combination with my own personal therapeutic lens, which despite bracketing can never fully be eliminated, they are not generalizable to a broader audience. However, in integrating them into the findings from other dyadic research, there are clearly thematic similarities and core practices that emerge. The overarching theme is the focus of dyadic work as relationally centered, and as such it is based in theories of attachment. However, beyond just attachment, identifications and repair contribute to the more complex process of attunement. The attunement process consists of the small ways in which attachment is built and reinforced over time. The attunement process pervades the roles of the therapy space, the therapist, the art itself, the art-making process, and the relationship between the dyad.

It is my suggestion that the essences and observations from this study, in conjunction with other scholarly works, point toward the distinct ways in which visual dialogues between parent, child, and art therapist conducted in the context of art therapy can play a critical role in the therapeutic process. These visual dialogues say more than words, and provide experiential learning that is one of the many distinct and original gifts that art therapy brings to the helping profession.

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Appendix A

Permission Letter for Parents and Child to Participate in Art Therapy Doctoral Research

November 1, 2014

Dear Parent or Guardian:

As some of you may know, I am currently a doctoral student in the Art Therapy Department at Mount Mary University. As part of my doctorate work I am conducting a research project on the use of art therapy with children (7-12) and their parents. The following is a request for permission for you and your child to participate in my study.

The study consists of two art therapy sessions both of which will be recording for data collection purposes. Session one will include both you and your child. Session two will involve only you, the parent. The session(s) will occur much like a normal therapy sessions of fifty to sixty minutes. In the first session, you and your child will be making art related to the context of your normal therapy work. In the second session, you, the parent, will be watching the video of session one and discussing your thoughts and feeling regarding the process of joint art making. In addition to the video data, I will be collecting basic demographic information from the following sources:

1. **Under 18 Face Sheet** filled out at onset of therapy, which will include your answers to the following: your child's age, grade in school, symptom check sheet, and your answers to the questions: Please briefly describe your presenting concerns? What are your goals for therapy? How would you describe your relationship with your child? How would you describe your parenting style? . If you would like to review your answer or obtain a copy please let me know.
2. **Case notes collected during the two sessions:** which will contain information about what occurred in the session verbally, behaviorally, and artistically.
3. **Video Footage:** I will be using video to record the session in order to review and process session events. However, the video will **not** be shared or shown or used in by any one other than the research, Margaret McSwain Mann and a third expert in the field (bound by the same limits of confidentiality) in order to validate findings and observation.
4. **Art Work:** I will also be using the art created in the session to collect information. In order to do so I will would like to keep either the original or photograph of the artwork. Images of the artwork may be included in final research documents and future presentations.

Also I will NOT include any primary or secondary identify information such as names, address, school, etc.

Also all information will be kept separate from your regular Protected Health Information (PHI). All research records will be kept in locked file cabinet *and* locked room.

Data Processing and Coding:

- This study will involve the synthesis of the above mentioned data in combination with the above mentioned data collected from other participants.
- Findings will be grouped and clustered around themes.
- Final themes and finding will be grouped to look for patterns and to infer possible benefits and challenge for the process of engaging parents and school age children in art therapy as a dyad.
- This work may also further suggest implications for future research and possible findings that may benefit and help future families.

Risks/Benefits:

The following are possible risks and discomforts what may be reasonable to expect:

- Participants who are unaccustomed to creating artworks with another person may feel embarrassed, uncomfortable, or frustrated.
- Some imagery or questions remind people of memories that may stir up strong or unpleasant feelings.

The following are possible benefits that may occur:

- This work is intended to fit within the context of your normal therapy process with Margaret McSwain Mann, and as such is intend to offer therapeutic benefits in the same why you might feeling following regular therapy sessions with Margaret McSwain Mann.
- Gaining deep understanding between about yourself, your child, and or your relationship with your child,
- The development of coping skills insights, or tools related to your relationship with your child and/or their mental health needs.

The project will be explained in terms that your child can understand, and your child will participate only if he or she is willing to do so. Only I will have access to information from your child. At the conclusion of the study, children's responses will be reported as group results only. Following this study, scholarly articles may be written and submitted for publication regarding findings and theory collected for the combined data of several sets of parent-child (dyad) art sessions. If you would like a copy once work has been approved and published please contact the research Margaret McSwain Mann, LPC ATR

redacted

Participation in this study is voluntary. Your decision whether or not to allow yourself and your child to participate will not affect the services normally provided to your child by Margaret McSwain Mann. You and your child's participation in this study will not lead to the loss of any benefits to which he or she is otherwise entitled. Even if you give your permission for you and your child to participate, you and/or your child are free to refuse to participate at anytime. If you or your child agrees to participate, either of you

are free to end participation at any time. You and your child are not waiving any legal claims, rights, or remedies because of your child's participation in this research study.

Should you have any questions or desire further information, please call me or email me

redacted or my faculty advisor, Lynn Kapitan

redacted You will be given a copy of this letter to keep for your personal files and records.

If you have any questions about your rights as a research subject, you may contact Mount University office of IRB: 414-258-4810.

Sincerely,

Margaret McSwain Mann, MA LPC ATR DAT (Candidate)

Please indicate whether or not you wish to allow yourself and your child to participate in this project by checking one of the statements below, signing your name and returning the form to Margaret McSwain Mann. Sign both copies and keep one for your records.

_____ I grant permission for myself and my child to participate in Margaret McSwain Mann's study on the use of art therapy with child and children (Dyad Art Therapy)

_____ I do **not** grant permission for myself and my child to participate in Margaret McSwain Mann's study on the use of art therapy with child and children (Dyad Art Therapy)

Signature of Parent/Guardian

Printed Parent/Guardian Name

(if there is more than one legal guardian please sign indicated that you have primary physical and legal custody) Please Circle YES NO I do have primary Physical and Legal Custody to consent to allow much child to participate in this study. Initial here _____

Printed Name of Child

Date

Appendix B

Information Included in the Study From Intake Information

[Note: Client “Facesheet” information included as part of the study; the rest was deleted.]

Please briefly describe your presenting concern(s):

What are your goals for therapy?

How would you describe your relationship with your child?

How would you describe your parenting style?
