

CHAPTER 2

REVIEW OF THE LITERATURE

This chapter reviews the origins of family art therapy, literature on the relationship between neuroscience and art therapy, and literature on the relationship between neuroscience and family therapy, as well as the origins of the bilateral art intervention.

Art Therapy and Family Therapy

While art has long been used for medicinal and/or spiritual healing across many cultures, art as a professional therapeutic modality only emerged in the 1940's, due largely to the efforts of art therapy pioneers Naumberg and Cane (Rubin, 2001). Viewed as a modality for individuals and/or those with mental illness, art therapy with families had accidental beginnings.

Kwiatkowska (1978) was frustrated with the responses of families to her schizophrenic patients' art products at the National Institute of Mental Health and invited the families to join the patients in the process of making art. What surprised Kwiatkowska about this strategy was what she learned about the relationships among family members through both the art making process and the product. Out of her work evolved a protocol for family art evaluation, family art therapy interventions used as adjuncts to family verbal therapy, and family art therapy interventions that were the primary treatment modality. It is interesting to note that family art therapy has origins similar to those that inspired the development of family systems theory (Bowen, 1978). Both Kwiatkowska's and Bowen's work emanated from their observations of and frustrations with the interactions within the families of their schizophrenic patients.

Since Kwiatkowska's original formulation of family art therapy, many others have contributed to the field. Landgarten (1987) provided the first guide for clinicians using art with families that included a brief theoretical integration of art and family therapy models, a family art

evaluation protocol similar to that of Kwiatkowska (1978), and several illustrative case studies. Linesch (1993) provided a conceptual model for families in crisis and for the role of art in the treatment of families in crisis, as well as several case studies demonstrating its use.

More recently Riley and Malchiodi (1994) and Arrington (2001) provided detailed discussions of family therapy models and the integration of art therapy interventions into these various models. Arrington's (2001) presentation is varied and began with a hierarchical psychoanalytic perspective on the meaning of art products. The therapist --- as expert --- interpreted the unconscious meaning of these products. This was followed by a more postmodern family systems approach in which therapist and client co-constructed meaning. Riley and Malchiodi (1994) reflected a more consistently postmodern approach to treatment. Clients' art products provided a lens or view into their individual realities.

Additional efforts that integrated art therapy with family therapy include the development of the Kinetic Family Drawing (KFD) and guidelines for evaluation of these drawings (Burns & Kaufman, 1970; Burns, 1987). These evaluation guidelines are very specific; for example, the presence of a lawnmower is associated with aggression. While many may view these guidelines at odds with current postmodern thinking that embraces multiple realities, the Kinetic Family Drawing remains a useful tool.

Kymissis & Khanna (1992) and Taylor, Kymissis & Pressman (1998) extended the notion of the Kinetic Family Drawing to the Prospective Kinetic Family Drawing (PKFD), which asks family members to draw their family involved in activity at some specific time in the future. Case studies were used to demonstrate the value of PKFD for both assessment and treatment. More recently, Fury, Carlson, & Sroufe (1997) reported significant relationships between family

drawings of third grade children and early attachment experiences. Part of a prospective longitudinal study, the participants, 171 children, had been followed since birth.

Additional efforts to integrate these two fields reflect the use of art therapy as treatment. Vajentic & Calovini (2001) described the use of art therapy interventions with support groups for the families of organ and tissue donors. The author's described the structure of "Family Night" sessions offered to families of donors three times a year. They reported positive responses from participants and claimed that the interventions provided unique opportunities for family members to interact and for the "family to grieve together in a supportive setting" (p.286).

Manicom & Boronska (2003) described the use of art therapy with families in crisis. A case study demonstrated the use of art therapy approaches with a family with a history of child abuse. The authors reported that art therapy provided new ways for this family to communicate and that it was this new form of communication that facilitated change.

Lantz & Raiz (2003) described the use of both play and art therapy approaches with traumatized children and their parents. The authors provided five case studies and reported that treatment using play and art, the "language of childhood," facilitated communication between parents and children.

Riley (1997) described the value of art therapy approaches for addressing the cultural and gender-bias dilemmas in the treatment of women and their families, showing how the use of art gave "voice" to a client from the non-dominant culture as she interfaced with larger systems and the dominant culture. In a second vignette, the author reported the use of art therapy with a family grieving the loss of a husband and father and the widow's difficulty adjusting to her new "unwanted" independent role in a culture that valued a woman's dependency. As in the first case, art provided a new way to communicate for this family.

Jordan (2001) described an art therapy technique, "The Joint Holiday Family Drawing," designed to facilitate discussion of individual family members responsibilities and roles. The author's present a single case study demonstrating a successful application of the technique.

Other efforts described the embedding of art therapy interventions into the larger theoretical framework of family therapy. Writing before her work on culture and art therapy, Riley (1990) described using art as a vehicle for strategic interventions, e.g. a paradoxical intervention that creates a double bind. Additionally, Ford Sori (1995) described the integration of art therapy and structural family therapy, using art interventions as both assessment of family structure, as well as for treatment.

Art Therapy and Neuroscience

Art therapy as a discipline has been more interested in the relevance of neuroscience to art than vice versa. There is a wealth of neurological literature that describes the use of drawing activities for purposes of neurological evaluation and identification of specific brain dysfunction. However, there is a dearth of literature in the neurosciences that describes the use of art in treatment. The purpose of this dissertation is to explore the use of art in treatment and thus the literature of interest emanates largely from the discipline of art therapy.

Zamierowski (1980) described a neurophysiological approach to the use of art therapy with learning disabled children, i.e., children with "two right hemispheres and none left" (p.33). Expressive and creative activities were postulated to increase the flow of information into the left hemisphere. A case study demonstrated the application of this approach with a 14 year-old boy who was unable to read. While the paper described the treatment of this young boy, it did not provide explicit evidence of improvements in left brain functioning. More recently, Klager (1992) provided case studies that demonstrate the use of art to access the intuitive right brain

when treating people with developmental disabilities. He provided several case studies demonstrating the increased voice afforded four different clients with Down's syndrome through the use of art.

Tinnin (1990) provided a conceptual overview of biological processes associated with nonverbal communication and their implications for the therapeutic use of art. He argued that verbal processing of emotion typically, and perhaps necessarily, results in confabulation. In contrast, nonverbal art processes "rescue" messages that would otherwise be censored or confabulated. He also urged that care be taken when translating the nonverbal messages in art products into words. A therapist's own verbal censorship or interpretation can distort the meaning of a client's art product.

Extending the use of art from its use with disabled populations, James & Burrows (1981) employed drawing as a means to access innate, yet increasingly underutilized intuitive right brain self-healing skills. They described "whole brain medicine" as the integration of left brain logic and right brain intuition. Cappachione (2001) described the use of the non-dominant hand as a mechanism for accessing the increasingly undereducated and undervalued right brain along with activities designed to facilitate such access. Numerous vignettes served to illustrate the effectiveness of these non-dominant hand activities.

Nucho (1987) described a psychocybernetic protocol for the use of art in psychotherapy that involved participation in right-brain art activities followed by left-brain verbal reflection on the products of the right-brain activities. Nucho (1987) also reported extensive studies with elders living in long-term care facilities who were struggling with depression.

More recently, McNamee (in press) described the integration of right-brain scribble drawings with left-brain talk therapy with an instrumental case study. The outputs of the right-

brain art activities facilitated and directed the content of the verbal therapy. And finally, McNamee (2003) argued for the use of bilateral art and demonstrated the use of bilateral art with a single extensive case study.

Neuroscience and Family Therapy

Literature reflecting an integration of neuroscience and family therapy is relatively rare and the following summaries reflect this paucity.

From a Bowenian perspective, Rauseo (1995) described the relationship between an individual's context within a relationship system and the individual's physiology. Rauseo summarized the relationship between levels of differentiation of self and anxiety and argued the need to consider larger systems in the treatment of physiological ailments. From a similar perspective, Jones (1994, 1996) described the influence of levels of differentiation on levels of anxiety and provided detailed descriptions of the physiological processes and damage that result from chronic anxiety.

While Bowen theory typically speaks of the individual as part of a larger system, e.g., a family, Tootle (2003) extended the family therapy systemic model to include units internal to the individual, e.g. parts of the brain. This extended model also included interactions between neural networks, mind-body systems, and the relationship between experience and neural development. Brain-based family therapy interventions involved both music and movement.

Shapiro & Applegate (2000) considered the impact of advances in neuroscience upon the treatment of families at risk for affective dysregulation. The authors described a process of transformation via empathic resonance and clinician mirroring.

Perhaps the most compelling work in this area, that on the neurobiology of attachment (Siegel (2001a, 2001b), Schore (1997, 2000)) is yet to be truly integrated into the field of family therapy.

Origins of Bilateral Art

The first known reference to bilateral art as an intervention appeared in (Cartwright, 1999). Cartwright described the evolution of his protocol as he was experimenting with personal use of EMDR for the treatment of anxiety. He became intrigued by EMDR's use of bilateral stimulation and began an exploration of left and right brain function. Coincidentally he enrolled in a course in the theories of art therapy and the bilateral art protocol emerged out of his own creative process. His protocol is described in detail in the next chapter. Cartwright reported successful use of the protocol with clients in his spiritual healing practice, although no details were provided. He reported no use of the intervention with clinical populations, but recommended his approach to the art therapy community. This dissertation reflects attention to his approach.

Summary

This chapter provides summaries of work in the intersections of three distinct areas: art therapy, family therapy, and neuroscience. It presents findings that integrate art therapy and family therapy, art therapy and neuroscience, and finally family therapy and neuroscience. In addition, it describes the serendipitous origins of the bilateral art protocol.

The next chapter provides a description of the retrospective case study methodology used to demonstrate the use of bilateral art. In addition, it details the specific bilateral art protocols used with individuals and dyads.