

## **CHAPTER 4**

### **RETROSPECTIVE CLINICAL EXPERIENCES USING BILATERAL ART WITH INDIVIDUALS**

This chapter provides details of the experiences using bilateral art with individuals including one extensive case study (Case 1) and seven additional smaller case studies (Cases 2-8). In the extensive case study, bilateral art was the primary treatment modality, aside from the therapeutic relationship. For the remaining cases, bilateral art was not a primary treatment modality, but was used in conjunction with a variety of other treatments, including humanistic therapy, other forms of art therapy, cognitive behavior therapy, family and marital therapy, and Eye Movement Desensitization and Reprocessing (EMDR). Case 6 reflects a failure of the intervention to integrate although the experiences did have therapeutic value, although continued use of the intervention, as is often necessary in therapy, might have yielded success.

Consistent with the Code of Ethics of The American Association of Marriage and Family Therapy, the identities of the clients in these case studies have been disguised to ensure confidentiality. Care has been taken to reflect the essence of the therapeutic experiences within the scripted disguises. Consistent with the Code of Ethics of the American Art Therapy Association, each of the clients whose art is presented in this dissertation has agreed to the use of their productions for research/educational purposes as described in Chapter 3.

#### Extensive Case Study (Case 1)

Bowen (1978) described the task of differentiation as integrating and balancing the needs of self and others, to be able to concurrently maintain one's sense of self and be available to others. Bowen (1978), Kerr and Bowen (1988), and Cozolino (2002) all have argued that

anxiety and fear inhibit the process of differentiation. Additionally, Cozolino (2002) has posited that integration and balancing of cognition and affect facilitates the process of differentiation. The case study described in this section clearly illuminates the differentiation process of a woman at midlife who is struggling with the needs of self vs. others.

### *Case 1*

This case example describes experiences using bilateral art with a client who was in treatment for a year and a half and nearing termination. The client, “Elinore”, was a woman in her late thirties who presented with symptoms of depression related to difficulty differentiating from her family of origin. Married and with grown children, she was an hourly wage earner in the service industry and gave singing lessons to a few private students in her home. She had ceased working, complained of fatigue, and showed little attention to her personal appearance. The *Mind over Mood* Depression Inventory (Greenberger & Padesky, 1995) yielded a score of 51 out of a maximum of 57. She exhibited most of the inventory’s 19 symptoms of depression “most of the time.” Ten sessions into the process of therapy, I sensed that the process had reached a plateau and decided to introduce her to bilateral art. She had actively engaged in other uses of art in therapy and I felt she might be a good candidate for bilateral art as she often presented with polarized struggles. She clearly articulated what she was experiencing and what she would like to experience. I was hopeful that bilateral art might help Elinore integrate some of her polarized conflicts.

Her first bilateral drawing, shown in Figure 4.1, focused on opposing cognitions: “I look good” on the left and “I am fat and want to hide” on the right. Elinore had little to say about the exercise and I was not sure what, if any, impact it might have had, but I decided to persist with the technique at least for the short term.

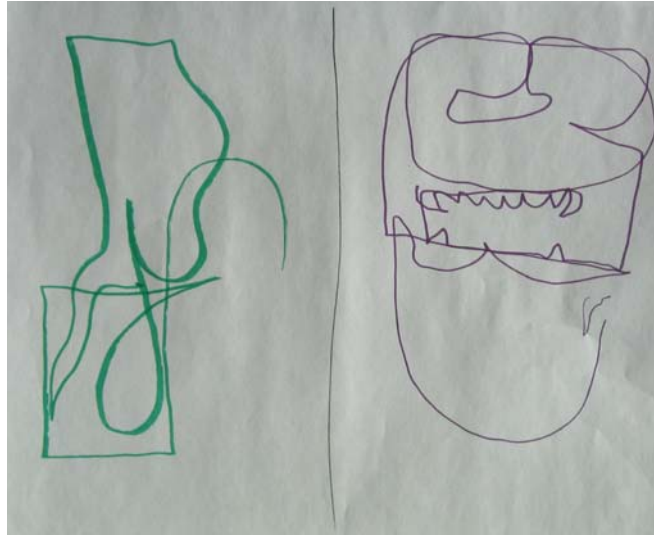


Figure 4.1 Elinore's first bilateral art drawing with positive element "I look good" on the left and opposing negative element "I am fat and want to hide" on the right.

Elinore's second bilateral art drawing, done three sessions later and shown in Figure 4.2, illustrates the internal tension between her need for self care on the left and the needs of others on the right. This time Elinore was quite engaged in the process and seemed quite pleased with her images. She still complained of fatigue but was more kempt than in previous weeks.



Figure 4.2 Elinore's second bilateral art drawing with positive element "it is ok to take care of myself" on the left and negative element "I need to do it all" on the right.

A week later, Elinore produced the bilateral art shown in Figure 4.3. The left hand image was in response to “trying to measure up to the standards of others” and the opposing right hand image reflects “setting my own standards.” This week Elinore reported having joined the gym and working out. She appeared pleased with her progress and new found energy and was considering returning to work part time.



Figure 4.3 Elinore’s third bilateral art drawing with positive element “setting my own standards” on the right and opposing negative element “trying to measure up to other’s standards” on the left.

Several weeks later, Elinore was back at work and her struggle with self care resurfaced as shown in Figure 4.4. The left hand image reflects “it is ok to take care of [my] self” vs. the right hand reflection of “I must take care of others and put their needs first.” This was a continuing theme in Elinore’s work and she often commented on guilt associated with self-care.



Figure 4.4 Elinore’s fourth bilateral art drawing with positive element “it is ok to take care of myself” on the left and opposing negative element “I must take care of others and put their needs first.” on the right.

Elinore’s fifth bilateral art drawing, shown in Figure 4.5, returned to self image, the topic of her first drawing, with opposing cognitions “I am normal” on the right and “I am defective” on the left. By this time, I had decided to introduce scaling into the process. Recall from Chapter 3, the strength of belief scale from 1 to 7, where 1 means “the statement is not at all true of me”, and 7 means “the statement is very true of me”, Elinore assessed herself as a 5.5 for both cognitions before the bilateral art exercise. Following the exercise, her assessment of the positive cognition, “I am normal” remained the same; however, her assessment of the negative cognition, “I am defective” dropped to a 1, “not true at all for me.” Additionally, she reported that “defects are normal human characteristics.”



Figure 4.5 Elinore's fifth bilateral art drawing with positive element "I am normal" on the right and opposing negative element "I am defective" on the left.

In this particular session, Elinore deviated from the normal protocol and upon finishing her two drawings, she went back and added the shopping cart to the right hand "I am normal" image. She described herself as "pushing a cart full ... making [her] way to being normal." She articulated her journey toward accepting herself as normal. This struggle related to her difficulties as a young child keeping up with others at school.

Elinore's sixth bilateral art drawing, shown in Figure 4.6, reflects opposing cognitions "I need to be perfect" on the left and "I am beautiful the way I am." Elinore seemed pleased with her progress. She described wild things as beautiful, delicate, startling, brightly colored, not manicured. She was talking about herself. She was now back at work part-time, she continued her self-care regimen including exercise, and yoga, and she presented kempt, smiling, and with a sense of humor in therapy.



Figure 4.6 Elinore's sixth bilateral art drawing with positive element "I am beautiful the way I am" on the right and opposing negative element "I need to be perfect" on the left.

Our next bilateral art session was several months later. At this time, Elinore reported getting her "flow" back. She commented that she "was shut down for so long and was opening up again and felt like a different person," "it was like being in a desert." She was working seriously to recruit voice students once again. New to our sessions was her acknowledgement of anger toward her family of origin. Elinore's seventh bilateral art drawing, shown in Figure 4.7, and our subsequent discussion yielded an outcome that I had not intended and served to remind me of the importance of the determination of the initial cognitions. I include it to demonstrate a failure of the technique, although it may not have been a therapeutic failure. The opposing cognitions were "I had a happy childhood" on the left and "I didn't get what I needed" on the right. As we discussed the image on the left (drawn first) it became clear that the fantasy world that Elinore depicted in this drawing was a manifestation of her taking care of herself as a child and thus supportive of the opposing cognition "I didn't get what I needed" rather than "I had a

happy childhood.” The mistake here was in not ensuring a true polarity in the cognitions. Elinore and I discussed the results and we both agreed with the above explanation.



Figure 4.7 Elinore’s seventh bilateral art drawing with positive element “I had a happy childhood” on the left and opposing negative element “I didn’t get what I needed” on the right.

Elinore’s eighth bilateral art drawing, shown in Figure 4.8, reflects the positive element “I look wonderful” on the right and the opposing negative element “I look like crap” on the left. The strength of Elinore’s belief in the positive element increased from a 3.5 to a 5 and the strength of her belief in the negative element decreased from a 6 to a 2 following the intervention.

In our discussion following the intervention, Elinore described herself as a young child on the left and as a mature woman on the right. She described her little girl self as “grubby, dragging myself home from school” with all the other little girls with their “perfect pigtails, and even hair cuts, I saw them getting love and recognition that I didn’t get.” On the right hand side, Elinore saw herself as youthful, and desirable and commented that “others look old, they look



nice but I look younger.” Elinore did appear youthful for her age. She reported “I don’t envy them anymore.”



Figure 4.8 Elinore’s eighth bilateral art drawing with positive element “I look wonderful” on the right and opposing negative element “I look like crap” on the left.

Elinore wanted to focus on guilt in her last bilateral art drawing, shown in Figure 4.9. The left image reflects the cognition “I feel guilty for taking care of myself” and the right image reflects the cognition “It is good to take of myself.” Before we began these drawings, Elinore expressed her opinion on the process for the first time. She commented “these exercises demand that I take hold of a little bit of reason and today is like ... I am so unreasonable and prickly ... it’s like you kind of have to deal with the part that hurts the most ...and I don’t want to be reasonable.” We scaled her belief in the cognitions and it became clear what was causing her distress --- guilt over not visiting her parents over a recent holiday. On a scale of 1 to 7 her feeling of guilt for taking care of herself was an 8 and she was not willing to place it within the scale. Her belief that it was good to take care of herself was a 5. Upon completion of the bilateral art exercise, the 8 dropped to a 6 and the second scale remain unchanged at 5. It

appeared that the issue of guilt had not been fully addressed or resolved at that point although her symptoms of depression had all but disappeared.

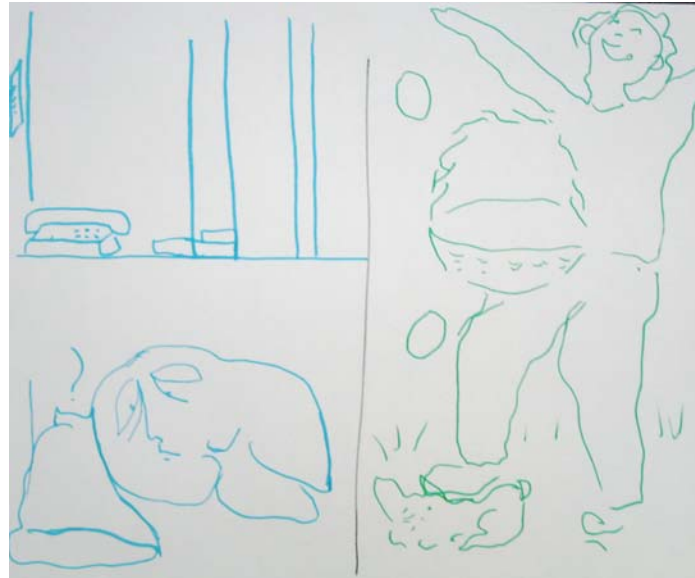


Figure 4.9 Elinore’s last bilateral art drawing with positive element “it is good to take care of myself” on the right and opposing negative element “I feel guilty for taking care of myself” on the left.

Elinore was nearing the end of her treatment and the *Mind over Mood* Depression Inventory (Greenberger & Padesky, 1995) yielded a score of 15, markedly reduced from the score of 51 at the beginning of treatment.

#### Additional Case Examples (Cases 2-8)

This section provides evidence of the effectiveness of the bilateral art protocol with seven additional clients reflecting a range of presenting problems. Case 2 is “Barbara,” a woman in her early thirties struggling with chronic post traumatic stress disorder, a result of early life threatening experiences. Case 3 is “Allen” who was experiencing acute post traumatic stress disorder, a result of experiences with the events of September 11, 2001. Case 4 is “Cathy” who struggled with depression, anxiety, and panic attacks. Case 5 is “Ellen” who had experienced

major loss and struggled with its effect on her parenting of her young children. Case 6 is “Georgia” who struggled with the tension between self-care and the care of her disabled spouse. Case 7 is “Dorothy” who was addressing the effect of early experiences on current behaviors that she wished to change. And finally, Case 8 is “Frances” who was interested in personal growth.

### *Case 2*

Barbara, a woman in her mid thirties, presented with symptoms of chronic post traumatic stress disorder. She had experienced extended periods of time during her childhood where her life was threatened by her father. Separated from her family of origin, she had a successful career and social life. Current experiences that were reuniting her with her family of origin were bringing the early trauma to attention and caused her to seek therapy. Her treatment included 28 sessions over a period of seven months.

In our discussion of treatment options, we discussed EMDR, the use of art, journaling, and more traditional talk therapy. Barbara was not open to the use of EMDR but was flexible about the use of art and writing. Treatment alternated between talk therapy and art therapy throughout the seven months with 19 sessions focused on crisis intervention and supportive talk therapy, three sessions focused on bilateral art interventions, and six sessions of using more traditional art therapy interventions focused on relaxation and breathing techniques, safe places, containment of anxiety, her strengths, resources, and self-care.

The first use of bilateral art with Barbara occurred in session six --- in response to a crisis. Barbara reported an irrational fear had appeared several days after our previous session. She stated that she had spent the previous afternoon searching in panic for the ladder that she had needed as a child to provide an escape from her father. She stated that she knew that she no

longer needed the ladder but was nevertheless desperate to locate it. This was a situation where, intuitively, there seemed to be a lack of integration between her rational left brain and her emotions and I chose to use the bilateral art intervention. Barbara identified “I am safe” as her positive belief and “I am not safe, I need the ladder” as the opposing negative belief. She chose to respond to the positive belief first and the text reflects an earlier discussion of safe places (Figure 4.10). Barbara’s focus on the negative belief began to overwhelm her and she terminated the drawing abruptly. Eventually, she was able to continue with the protocol and traced over the two images. The following week she reported no concern at all with the missing ladder and was interested in focusing on new issues. The Beck Depression Inventory administered in session seven yielded a score of 17, markedly reduced from the score of 24 in session two. While this reduction can hardly be claimed to be the result of the bilateral art activity alone, I believe that it contributed to Barbara’s improvement.



Figure 4.10 Barbara’s first bilateral art drawing focused on positive element “I am safe” and opposing negative element “I am not safe.”

Barbara's second use of bilateral art occurred in session eight when she presented with extreme impatience with the therapeutic process or herself. She wanted to be "fixed now." Appealing to her highly developed intellect, we contrasted the lengthy duration of her trauma with the short amount of time she wanted her therapy to take. She acknowledged the truth of the situation, but was still intent upon wanting to be "done now" and I decided to use bilateral art with this issue to see if would help Barbara be more at peace with the process. Barbara identified "it is good to be patient, to give myself time" as her positive belief and "I want this done now" as her opposing negative element. The bilateral art drawing in Figure 4.11 shows Barbara's response to the negative element, drawn first, on the right and her response to the positive belief on the left. In our session the following week, Barbara reported that she could "appreciate giving [herself] time."



Figure 4.11 Barbara's second bilateral art drawing with positive element "it is good to be patient, to give myself time" on the left and negative element "I want this done no" on the right.

Barbara's third and final use of bilateral art occurred in session 22. She was no longer presenting in crisis and was focusing on the impact on her earlier trauma on current relationships. She was frustrated that others around her always seemed to rely upon her, failing to take responsibility for their own actions. We discussed Barbara's own role in this dynamic, and while she agreed that it was not her job to continue "bailing out" others, it was difficult not to do so. Barbara identified "it is not my job to fix other's messes, they are responsible for their own messes" as her positive element and "it is my job to fix other's messes" as her opposing negative element. Figure 4.12 shows Barbara's drawings, with the response to the negative element on the right and the response to the positive element on the left. It is worth noting that the image associated with the positive element has an appearance of skepticism or perhaps resignation (from the investigator's perception). Despite this marginally positive image, in the next session Barbara reported feeling "consistently good" and that she had had some "success in not rescuing others and letting them take responsibility."

By the time we had arrived at the 28<sup>th</sup> session, Barbara reported "doing fine" and that she had "done what [she] can for now." Barbara is not done, but she was right that she was "done for now."

Bilateral art played only a small part in Barbara's treatment; nevertheless I believe it contributed to her progress. It is worth noting that in all three of her drawings, Barbara used the same color for expression of positive and negative elements, twice black and once red. The selection of black and red even for the positive elements is not surprising given the nature of her prior trauma.



Figure 4.12 Barbara’s third bilateral art drawing with positive element “it is not my job to fix other’s messes, they are responsible for their own messes” on the left, and negative element “it is my job to fix other’s messes” on the right.

### *Case 3*

The third case example involves a young man who presented with symptoms of acute post traumatic stress disorder following his first-hand, eye-witness exposure to the events of September 11, 2001. “Allen’s” treatment consisted of ten sessions over three months: the first used bilateral art, the following five sessions involved EMDR, and the remaining four sessions were check-ins spaced out over two months.

In the first session, we discussed the possibility of EMDR as a treatment. Allen was open to its use and I felt it would be the best choice given the clarity of the presenting problem. Allen did report one situation that was particularly distressing to him that I felt would be a good candidate for treatment with bilateral art. He reported panicking every time his wife went out to run and did not come back when expected, imagining her the victim of an air attack. Allen acknowledged that his fears were irrational, but he felt powerless to manage them. We identified the fear as a negative belief and a corresponding positive belief was that his wife was fine, that

she had simply met some friends and was chatting or had stopped to admire the flowers. Figure 4.13 shows Allen’s use of the bilateral intervention. His response to the negative belief in green on the right was drawn first. His response to the positive belief in blue on the left was drawn second. While subsequent sessions using EMDR reprocessed significant trauma, this particular concern over his wife’s late return from running did not manifest again. It is my belief that the bilateral art intervention enabled this client to successfully integrate his positive rational beliefs with his more emotional fears. I have on several occasions met this client by chance at our local library and he consistently reports that he is doing well.

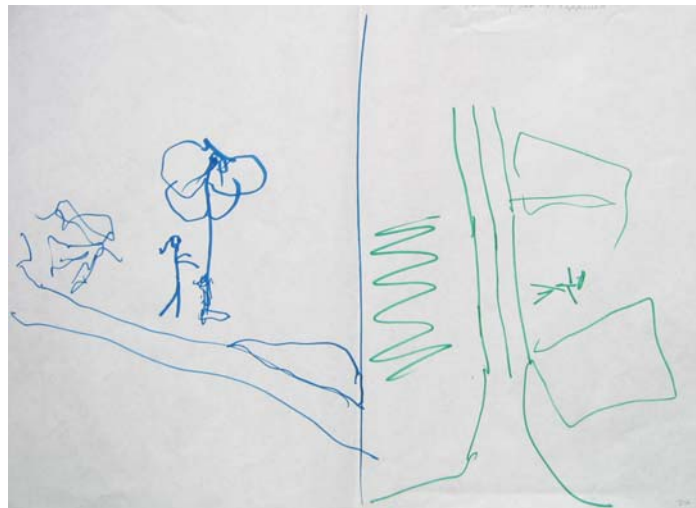


Figure 4.13 Allen’s bilateral art drawing with focus on the positive element “my wife is late because she has stopped to chat” on the left and the negative element “my wife is late because she was victim of air attack” on the right.

#### *Case 4*

Case 4 involves the treatment of a young woman “Cathy” who struggled with depression, anxiety, and panic attacks. She was unable to work, drive a car, or even use the telephone. She would leave her home only if accompanied by her entire family. The context for her struggles was complex and it was clear that interventions with the larger system were needed, but not



possible. Cathy's treatment spanned 34 sessions over eleven months and included cognitive behavior therapy, four sessions with EMDR, three sessions using bilateral art, fourteen sessions using other forms of art therapy, and three family sessions. The predominant art therapy intervention was the scribble drawing that Cathy used as a vehicle to tell me indirectly what she wanted me to know. Toward the end of our treatment, I began to see situations where bilateral art might be useful. In retrospect, it would have been useful in earlier sessions in which we addressed many of the cognitive distortions underlying Cathy's anxiety, but those sessions predated my use of the bilateral art intervention.

In our 23<sup>rd</sup> session, Cathy expressed hopelessness associated with her need for exercise. Figure 4.14 shows Cathy's responses to the positive element "something is better than nothing" on the right, and the negative element "I can't do enough, so I won't do it" on the left. In the following session, Cathy reported having had a good week and had contacted social services to explore options for support in looking for employment. One of the objects that manifested in her scribble drawing was a red flag that "reminded her to take it slow," that she didn't need to accomplish all at once. It is perhaps significant that the red flag carried a message similar to that in the bilateral art the week before.

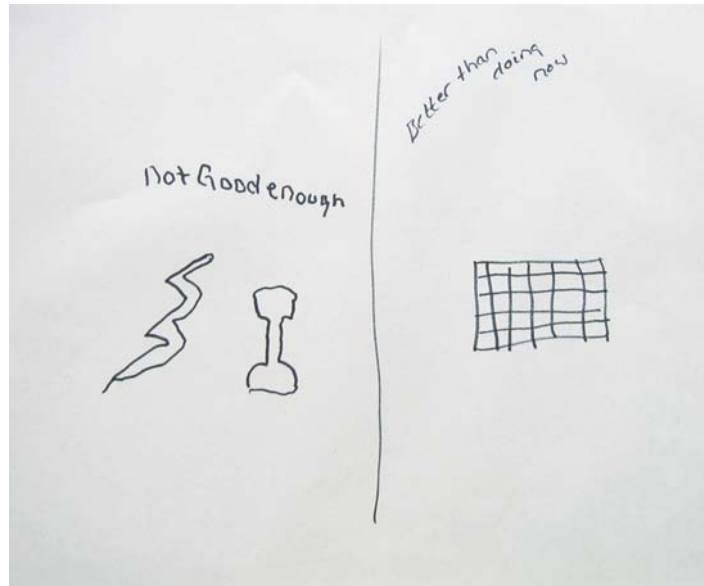


Figure 4.14 Cathy’s first bilateral art drawing with focus on the positive element “something is better than nothing” on the right, and the negative element “I can’t do enough, so I won’t do it” on the left.

Cathy’s second bilateral art drawing, created in session 26 and shown in Figure 4.15, focused on anxiety over a recent application for a job. Cathy identified the positive element “I am good enough,” shown on the left and the opposing negative element “I am not good enough,” shown on the right. In the subsequent session, Cathy reported that she was not offered the job and we continued to focus on the difference between not “being good enough” and not getting a job. This instance of the bilateral art intervention did not appear to be as overtly successful as some of the other instances, although the profound difficulty that this client experienced in her day-to-day existence made it difficult to determine what was helpful.

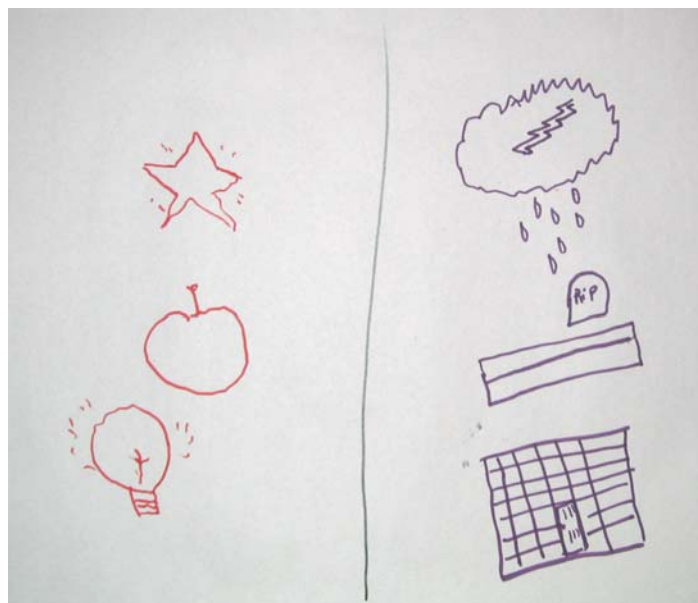


Figure 4.15 Cathy’s second bilateral art focused on positive element “I am good enough,” on the left and opposing negative element “I am not good enough,” on the right.

Cathy’s third bilateral art intervention (Figure 4.16) occurred in session 31 and focused on a familiar theme: Cathy’s sadness. She reported feeling sad and confused and was unable to integrate happier times or feelings into her present state. Cathy identified the positive belief was “I am happy” and the opposing negative element “I am sad and confused.” By this time, I had begun to ask clients to scale the strength of their belief in the positive and negative elements and Cathy’s scaled strength of belief in the positive element increased from a 4 to a 5 (on a scale of 1 to 7) and the strength of her belief in the negative element decreased from a 3 to a 2 following the intervention. In the next session, Cathy reported feeling “pretty good,” with low anxiety. She went out a few times and expressed interest in driving again, something that she had not done for some time.

Cathy’s treatment ended prematurely as she was dependent upon the dictates of a larger system --- her family, and most significantly, her parents --- who provided her transportation and

were not open to further treatment. My hope is that Cathy has a better understanding of herself and her environment as a result of our work together.

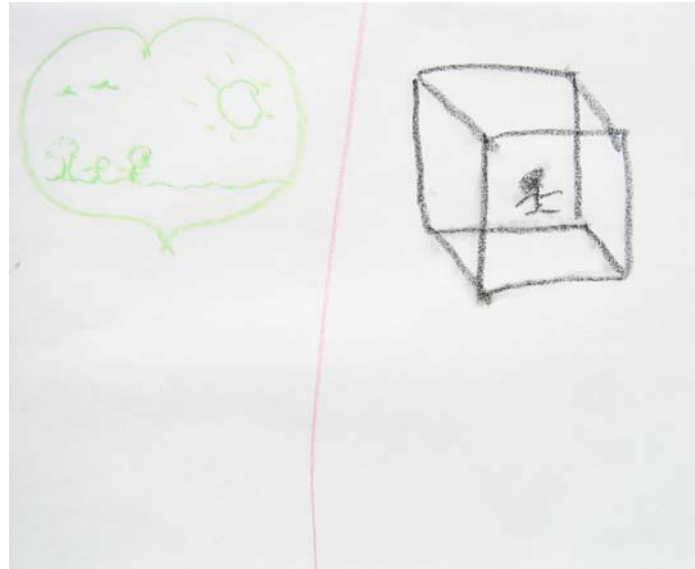


Figure 4.16 Cathy's third bilateral art drawing focused on positive element "I am happy" on the left and opposing negative element "I am sad and confused" on the right.

#### *Case 5*

Case 5 involves the treatment of a mother with two young children. "Ellen," age 22, had experienced significant losses throughout her life including a father, a brother, a daughter, and a miscarriage. She struggled with separation from her children as well as setting limits with them. Ellen's treatment consisted of 24 sessions over a period of six months and included 14 individual sessions and 10 couple sessions. Individually, treatment focused on the relationship between her experiences of loss and her current fears of separation and abandonment, as well as parent education. Art therapy was integrated into much of the treatment, either directly in session or through homework. Of the 14 individual sessions, three used bilateral art, three used other forms of art therapy, two sessions involved the children and parent education, and the remaining six

sessions were verbal. Ellen was open to the use of art and cooperative. Among the case studies presented in this dissertation, Ellen was the only one who was left handed. Toward the end of our work, she presented with a few persistent problems: fear that her daughter would not love her if she disciplined her, an overwhelming need to handle all of the children's needs by herself without help from her spouse, and an inability to leave the children with anyone else even to go to the grocery store or take a walk. In all three cases, Ellen acknowledged that her fears/needs were not rational and that she wished to feel differently. In each case, the bilateral art intervention was applied with the hope of articulating and strengthening Ellen's more rational beliefs.

In session 11, in particular, Ellen's need to do everything for her children arose. Even when her spouse offered to help, she was unable to accept the offer feeling it was her duty to do it all. Ellen identified the positive element "it is not my duty to do everything for the children" and the opposing negative element "it is my duty to do everything for the children." The strength of Ellen's belief in the positive element increased from a 4.5 to a 6 and the strength of her belief in the negative element decreased from a 7 to a 6 following the intervention. Ellen's bilateral art drawing is shown in Figure 4.17.



Figure 4.17 Ellen’s first bilateral art drawing with positive element “it is not my duty to do everything for the children” on the right and the opposing negative element “it is my duty to do everything for the children” on the left.

In the following session, Ellen reported a very bad day with her younger daughter, age two, and her struggle to set limits with her. Ellen identified her negative element easily, “if I punish my daughter, she won’t love me.” The opposing positive element evolved, with some assistance, into “if I punish my daughter, she may get mad but she will still love me.” Figure 4.18 shows Ellen’s response to the positive element on the right and her response to the negative element on the left. The strength of Ellen’s belief in the positive element increased from a 1 to a 3.5 following the intervention. The strength of Ellen’s belief in the negative element decreased from a 7 to a 6 following the intervention.

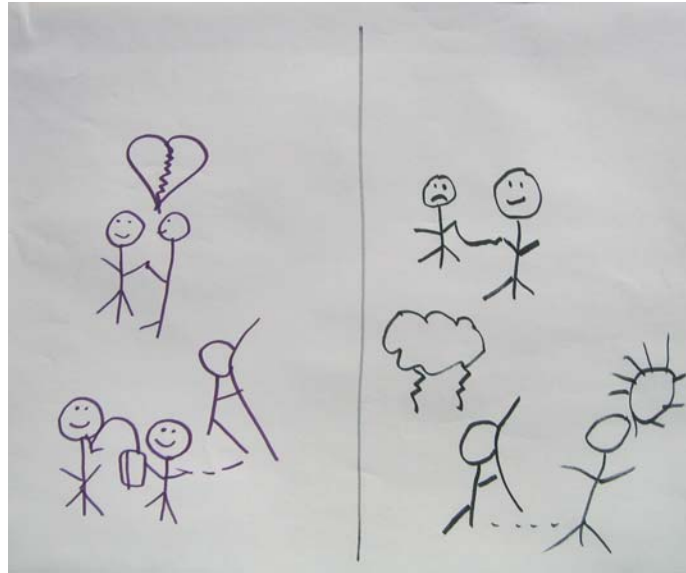


Figure 4.18 Ellen’s second bilateral art drawing with positive element “if I punish my daughter, she may get mad but she will still love me” on the right and the opposing negative element “if I punish my daughter, she won’t love me” on the left.

In the following session, Ellen reported having two good weeks, and that she had been able to set some limits with her daughter and her behavior was improving. She indicated that she wanted to focus on the difficulty she had leaving her children. She was unable to go to the grocery store or even take a walk without her children being with her. She acknowledged that she trusted her spouse to take care of the children while she was gone, but she still couldn’t allow herself to be away from them. Ellen identified “it is ok to leave the children with my spouse, they will be safe” as her positive element. Her opposing negative element was “it is not ok to leave the children, something bad will happen.” Figure 4.19 shows Ellen’s response to the positive element on the left and her response to the negative element on the right. The strength of Ellen’s belief in the positive element increased from a 6 to a 7 and the strength of her belief in the negative element decreased from a 7 to a 4 following the bilateral art intervention.

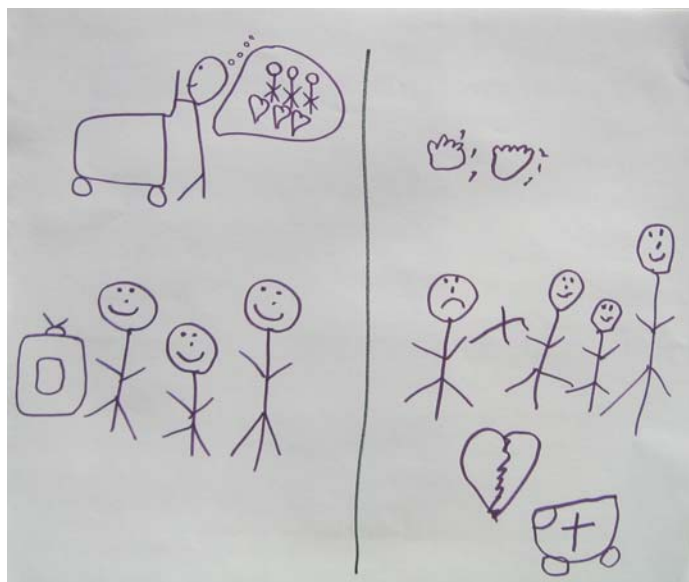


Figure 4.19 Ellen’s third bilateral art drawing with positive element “it is ok to leave the children with my spouse, they will be safe” on the left and opposing negative element “it is not ok to leave the children, something bad will happen” on the right.

In Ellen’s 14<sup>th</sup> and final session, she reported “doing well” and subsequent telephone check-ins over two months yielded similar reports. Again, bilateral art represented only a part of Ellen’s treatment, but I believe that it had a significant impact on the problems to which it was directed.

#### *Case 6*

Case 6 details the bilateral art interventions used with “Georgeanna” who presented with depression and anxiety over her relationship with her newly disabled spouse. His leg had been damaged in an accident and a surgical procedure that was to have repaired the damaged resulted in a permanent disability. She additionally reported that she and her spouse were not communicating at all well and that she struggled with self-esteem and numerous medical problems of her own. She and her spouse were in couples therapy with another therapist. A highly successful professional, she consistently tried to juggle more than she could handle.



Georgeanna's treatment included 14 sessions over eight months. Of these, three sessions used bilateral art and the remaining eleven relied upon traditional verbal therapies. It is important to note that Georgeanna's experience with bilateral art reflects a failure of the technique, although it was not a therapeutic failure. While the technique yielded insights into some of Georgeanna's difficulties, I do not believe that it succeeded in the integrating the polarized elements that were addressed in the drawings. It has been suggested that perhaps I gave up too soon and repeated application of the intervention, as is often necessary in therapy, might readily yield the results that I hoped for.

Georgeanna's introduction to bilateral art occurred in the second session. She presented with significant evidence of over-functioning related to her spouse and his disability. She identified a positive element "my spouse is responsible for his own well-being" and an opposing negative element "I must help my spouse be better at dealing with his pain." Figure 4.20 shows her response to the positive element on the left and her response to the negative element on the right. The strength of her belief in the positive element increased from a 3.5 to a 5.5 and the strength of her belief in the opposing negative element decreased from a 4.5 to a 2.5 following the bilateral art intervention. Additionally, she pointed to the right hand negative side of the drawing and commented "my commitment to put up with anything." Georgeanna's drawings contained far more text than any of the previous clients and I wondered if not feeling heard was one of her concerns. Additionally, I was concerned about what appeared to be a digression in her response to the positive element. The content appeared to become increasingly negative in appearance. I asked her about the writing and expressed my concern that she did not feel heard and she began to cry stating that "her spouse did not hear her at all." I did not pursue the seemingly negative content of her positive response but held it for discussion at a later time.

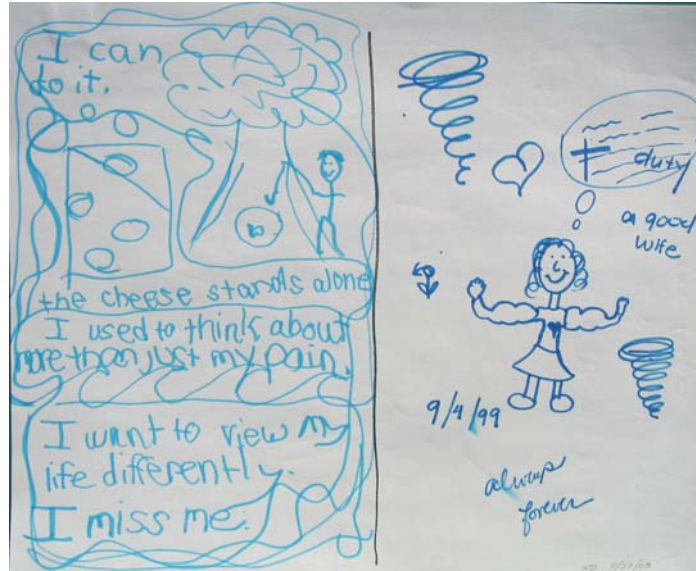


Figure 4.20 Georgeanna’s first bilateral art drawing with positive element “my spouse is responsible for his own well-being” on the left and opposing negative element “I must help my spouse be better at dealing with his pain” on the right.

In the following session, Georgeanna reported some hopeful interactions with her spouse and we discussed letting her spouse own his own pain while still being caring. I was still concerned about the content of her positive response and delayed using the intervention again despite several opportunities where it seemed appropriate.

In session 5, I chose to use the intervention a second time when Georgeanna presented with concerns about body image and self esteem. She identified the positive element “my husband does find me attractive” and an opposing negative element “my husband can’t possibly find me attractive.” She scaled the positive element a 3 and the negative element a 2 prior to the intervention. Figure 4.22 shows her drawing with the positive element response on the left and the negative element response on the right. I watched her drawing in response to the positive element with some unease. She again digressed to negative content. Upon completion of the

two drawings, I asked her if was able to hold the sense or feeling associated with the positive element while she was drawing. Her response was “no.” We discussed the importance of drawing in response to an association with the positive element and I asked that she focus on some part of her body that she felt favorably toward. She identified her eyes and I asked her get in touch with her positive feelings toward her eyes and draw in response to it. She began her drawing positively but again it quickly digressed as shown in Figure 4.22.



Figure 4.21 Georgeanna’s second bilateral art drawing with positive element “my husband does find me attractive” on the left and opposing negative element element “my husband can’t possibly find me attractive” on the right.

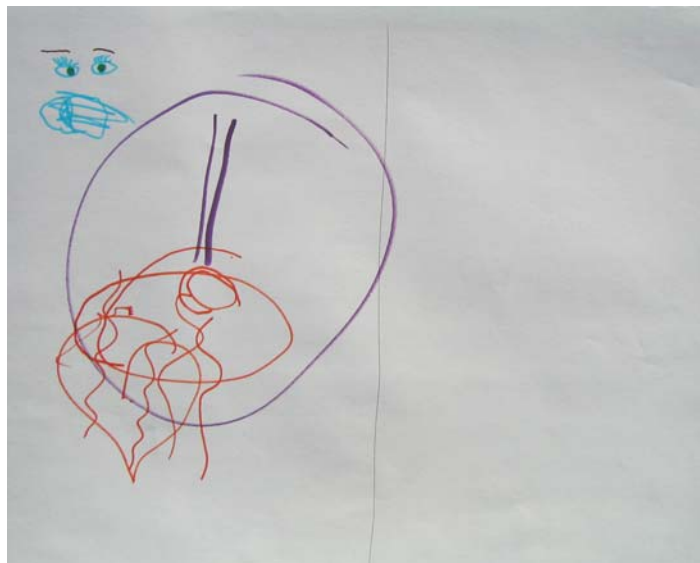


Figure 4.22 Georgeanna's effort to focus on her positive feelings about her eyes.

In the following session we discussed Georgeanna's digression with her responses and I asked what prompted her to continue drawing after she had lost the sense of what she was responding to. Her response was that she wanted to do a good job for me and felt that she needed to keep going. At that point, I asked her if that was what she did with her spouse and she became teary and acknowledged the pattern.

Several months later, in session 11, Georgeanna presented with a familiar theme and one that was particularly persistent. She felt that if she had been more aware of the risks she would have discouraged the surgery and prevented the permanent damage to her spouse's leg. Intellectually, she could acknowledge that she had done the best that she could, but she could not shake the sense that she should and could have done more, that she was responsible. She identified the positive element "I made the best decision at the time" and the opposing negative element "I could have done better." Her drawing, shown in Figure 4.23, shows the response to the positive element on the right and the response to the negative element on the left. In contrast to earlier experiences with Georgeanna, the content of her response to the positive element

appeared congruent. However, when questioned, she acknowledged that she had still had difficulty holding the sense of the positive element as she drew. This difficulty then became the focus of our discussion, as it was isomorphic to a familiar theme --- her difficulty maintaining a sense of self in the presence of her spouse.

While Georgeanna’s use of bilateral art failed to integrate opposing positive and negative elements, I believe that its use indirectly exposed in-session difficulties that served to illuminate patterns of behavior that did not serve her well outside of session. Georgeanna was open to exploration of these difficulties and patterns and the interventions were a useful adjunct to our verbal therapy.



Figure 4.23 Georgeanna’s fourth bilateral art drawing with positive element “I made the best decision at the time” on the right and opposing negative element “I could have done better” on the left.

## Case 7

Case 7 involves a middle-aged woman with depression who was struggling to understand her newly present and recurring images from her past. “Dorothy’s” treatment spanned eight sessions over eight weeks and included one session of verbal therapy, two sessions using verbal and art therapy, three sessions using EMDR, one couple session, and one session, the last, using bilateral art.

Art therapy was used in sessions two and three and Dorothy was very clear about not wanting to draw. Her drawings were quick, to the point, minimal. Her first drawing elicited significant affect and she was clearly uncomfortable with it. She was, however, very open to the use of EMDR despite being educated on the potential emotional responses to it. She progressed through several EMDR sessions and reported continued improvement. In our last session, she wanted to focus on her concern that she let others make her decisions for her. She identified the negative element “I am easily led; others make my choices” and with some assistance identified the opposing positive element “I believe I have choices in my life.” Figure 4.24<sup>1</sup> shows Dorothy’s response to the negative element, drawn first, on the left and her response to the opposing positive element on the right. Following her response to the positive element, Dorothy commented that having choices meant “always thinking.” The strength of her belief in the positive element increased from a 6 to a 7 and the strength of her belief in the negative element decreased from a 5 to a 3 following the intervention.

Dorothy’s response to bilateral art was markedly different from her responses to our earlier uses of art in therapy. She became pensive and finally asked if she could take her drawing home with her. I was surprised, given her earlier responses to the use of art in therapy.

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<sup>1</sup> The client asked to take the drawing home before there was an opportunity for it to be photographed and the request was honored, thus Figure 4.24 is a facsimile. The facsimile is congruent with the content and style of the original drawing.

I believe that her response was indicative of a new awareness and possible new integration of her polarized beliefs.

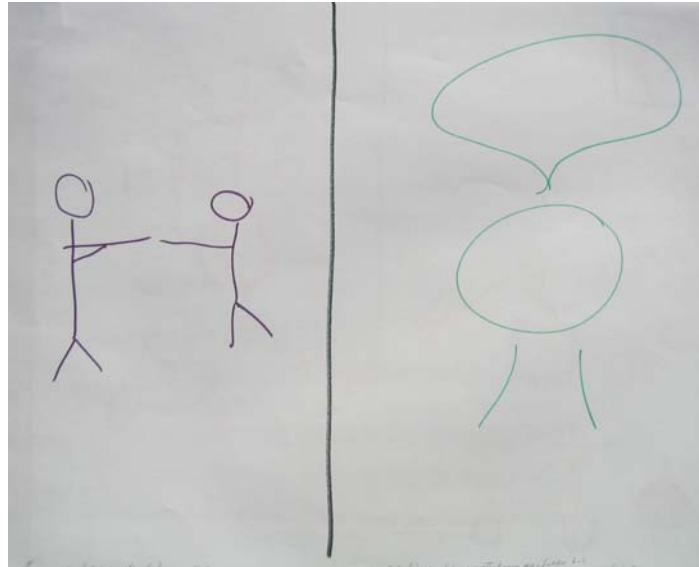


Figure 4.24 Dorothy's bilateral art drawing with positive element "I believe I have choices in my life" on the right and opposing negative element "I am easily led; others make my choices" on the left.

Dorothy's therapy terminated with this drawing. She called to say that she was doing fine. In many ways, the stark simplicity of her drawing tells her story. It certainly reflected her way of being in therapy.

#### *Case 8*

The final case involves a young woman dealing with her adjustment to an overwhelming number of life transitions including a terminating relationship, a job change, and a major move, in addition to underlying issues with self-esteem and her family of origin. "Frances'" treatment included ten sessions over three months and included five sessions of verbal therapy, two sessions using bilateral art and two sessions using other forms of art in therapy.

Frances' introduction to bilateral art occurred in session two when she lamented that her feelings about herself seemed to be dependent upon how well groomed she appeared to be. She identified the positive element "I feel good about myself no matter how I look" and the opposing negative element "how I feel about myself depends upon how I look." Figure 4.25 shows Frances' response to the positive element, drawn first, on the right and her response to the negative element on the left. The strength of her belief in the positive element increased from a 3 to a 5 and the strength of her belief in the negative element decreased from a 5 to a 3 following the intervention.



Figure 4.25 Frances' first bilateral art drawing with positive element "I feel good about myself no matter how I look" on the right and opposing negative element "how I feel about myself depends upon how I look" on the left.

The following transcript excerpt reflects Frances' experience of the bilateral art intervention.

When I thought about "I feel good about myself no matter how I look" this woman popped into my head. It was a really strong image and she had a feather boa and all of a



sudden this hat appeared. She had her own sense of style ... I'm wondering now ... if she isn't here to help me with me, because she is so herself ... At first I thought --- why am I picking a beautiful woman, but then I realized she didn't care how she looked. How she felt about herself was how she radiated ... I wish you could see her. ... Then the other thing I felt good about is I thought I was a 3 and a 5 but from this drawing I think I'm a 5 and a 3. ... and then there was this brown heart. I just felt like it was a heart that was discarded, tossed aside ... Growing up I felt pushed aside. I just got this image – a brown heart casting it's own shadow. It felt very negative and it feels deeply ingrained. ...

My hope for Frances is that in the future when she goes down that negative path that she will take along with her a self-possessed woman with a feather boa and a sassy hat.

Frances' second bilateral art occurred in session four when she presented overwhelmed with all of the tasks associated with moving, job change, and other commitments. She identified her negative element first as "I am not ok with my list, I am overwhelmed" and the opposing positive element "I am ok with my big, big list; I can function well." Figure 4.26 shows Frances' response to the negative element, drawn first, on the right and her response to the opposing positive element on the left. The strength of her belief in the positive element increased from a 2 to a 6 and the strength of her belief in the negative element decreased from a 7 to a 1 following the intervention.

Frances spent some time discussing her images. The long neck on the giraffe reflected her pattern of sticking her neck out and taking on more responsibility than needed. She commented that she was going to put a toy giraffe on her desk to remind her not to take on more

than she could handle. Her image of the big red purse on the left included many interior pockets that she could use to compartmentalize her “big, big list.”

While we did not use bilateral art again in our work, we discussed Frances’ ability to use it on her own. Very self-aware, Frances was enthusiastic about the prospect. Again, I believe that bilateral art played a significant role in Frances’ treatment. She became increasingly assertive, and coped admirably with her move and job change.



Figure 4.26 Frances’ second bilateral art drawing with positive element “I am ok with my big, big list; I can function well” on the left and opposing negative element “I am not ok with my list, I am overwhelmed” on the right.

### Summary

This chapter provides case studies detailing the use of bilateral art with individuals with eight different clients who presented with a range of problems. In the first case study, bilateral art is a primary treatment modality. In the remaining seven cases, bilateral art is used in conjunction with a variety of other treatment modalities including cognitive behavior therapy,

EMDR, family therapy, other forms of art therapy, and supportive verbal therapy. Of the eight case studies, I believe that seven served to integrate polarized elements for the clients. In the remaining case study, I do not believe that the intervention served to integrate polarized elements; however, I do believe that the intervention provided new insights and that the client experienced therapeutic benefit.

The next chapter provides details of the use of bilateral art with dyads.