Family Art Therapy: A Case Study

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FAMILY ART THERAPY: A CASE STUDY

By
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ABSTRACT

Family systems theory emphasizes the family as a whole system dependent on the interactions between members. The recent integration of family systems theory and art therapy has developed into family art therapy (Kwiatkowska, 2001). According to Arrington (1991), family art therapy is applicable to a variety of familial issues and provides each member the opportunity to see the family from every other member's perspective. In the following study, the integration of family systems theory and art therapy was utilized in the treatment of a family. The purpose of this qualitative case study is to explore the way in which a family experiences family art therapy sessions. In this study, a case presentation is provided in an effort to offer further insight into the family's experience. Through the collection of case notes and transcriptions of family art therapy sessions, family interviews, and artwork created during the sessions, data was analyzed for common themes. The discussion includes integration of theory as well as provides information regarding limitations of the study and implications for future research.
CHAPTER 1
FAMILY ART THERAPY: A CASE STUDY

Family systems theory emphasizes the family as a whole system dependent on the interactions between members (Nichols & Schwartz, 1991). Family systems theory allows for the integration of several approaches including communications theory, psychoanalytic multigenerational theory, experiential systems, structural theory, and behavioral theory (Guerin & Chabot, 1997). In family therapy, therapists inquire how families have constructed knowledge of social phenomena, created gender attitudes, developed language, and taught beliefs (Riley, 1993). Like family therapy, art therapy identifies recurrent interactions and structures that are causing problems for the family (Arrington, 1991).

The recent integration of family systems theory and art therapy has developed into family art therapy, which can be viewed as a new form of group art therapy (Kwiatkowska, 2001). According to Arrington (1991), family art therapy is applicable to a variety of familial issues and provides each member the opportunity to see the family from every other member’s perspective. Using family systems theory, art therapy provides a way in which to focus on recurrent interactions and structures that are causing problems for the family (Arrington, 1991). Riley (1993) referred to art therapy as the bridge between the invented reality of the family and the ability of the art therapist to appreciate that reality. Through family art therapy, the family is provided the opportunity to illustrate the family story and discover new, alternative endings to their story. Creating and viewing images can provide a deep sense of connection and an understanding of the dynamics that propel or inhibit relationships. Family art tasks develop a graphic language that allows communication unattainable by words alone (Sobol & Williams, 2001). Through the integration of family systems theory and art therapy, families learn
new techniques that enhance communication, allow for understanding of each individual perspective, and ultimately form new patterns of belief that are supportive of self and family.

**Research Purpose and Problem**

The purpose of this study is to provide a qualitative case study of family art therapy. The study provides further research and exploration of the study of family art therapy and implications for the familial system. The importance of treating the family as opposed to individual members is emphasized. Family members’ perceptions of family art therapy proceeding, during, and following family art therapy sessions are a focus of the study. A treatment plan utilizing art therapy and family systems theory was implemented based on the family’s presenting problem. As a result, the study contributes to family art therapy research and emphasizes the integration of the fields of family therapy and art therapy from a systems-based approach.

The purpose of this family art therapy research is to provide information regarding the use of art therapy in helping a family with presenting problems for which therapeutic services were sought. The research provides data regarding the perceived successes and failures of family art therapy interventions and sessions. Insight into a family's thoughts and feelings about the use of art therapy in assisting with presenting problems is also explored. Additional data includes observational case notes, taken by a participant observer, transcriptions of videotaped sessions, as well as artwork completed during the sessions. The findings from the study increase information about family art therapy and provide insight into possibilities for future research. This study addresses specifically how art therapy can be applied in the treatment of a family, how the art therapy directives are perceived by the participating family, and the way in which a family experiences family art therapy sessions.

**Justification**

Research in family therapy is a recent one. According to Lantz (1978), not until the 1950s was emotional disturbance seen as a reflection of relationship difficulties
between the individual and the social situation, and not just the individual’s internal difficulties. At this time, child guidance centers began to see children with their parents. Previously unexplained behavior was more understandable and more practitioners began to see the total family as the primary unit of therapeutic attention (Lantz, 1978). Because the study of family therapy is a relatively recent one, the amount of research in the area of family art therapy is also limited (Arrington, 1991; Kwiatkowska, 2001; Landgarten, 1987; Linesch, 1993).

In a recent study of client creativity in family therapy, Morgan and Wampler (2003) found a connection between problem-solving and creativity. The authors emphasized the potential benefit of creativity in sessions in relation to family problem solving skills and flexibility. The study generated additional research questions regarding family creativity in therapy. For example, are certain therapeutic approaches more conducive to fostering creativity than others? Does promoting family creativity in therapy contribute to positive treatment outcomes? “These questions could generate hypotheses to shape future research investigating how client creativity can be fostered in family therapy” (p. 225).

Manicom and Boronska (2003) intended to provide further research in the areas of art and family therapy while also evaluating the use of art therapy as the primary mode of family treatment. Through their joint work as family therapist and art therapist, Manicom and Boronska (2003) identified several benefits for the integration of family therapy and art therapy from a systemic approach. Observation of both verbal and non-verbal communication is important in this approach. Benefits of combining art and family therapy include: surfacing of unconscious or unknown stories through art images, recognition of children in the creative process, providing concrete art products with multiple meanings to work with directly, combining art with systemic techniques to provide a safer avenue to express thoughts and feelings, containing feelings and emotions through creative and playful nature of art, reinforcing of belief in family strength, and placing value on artwork as well as language used. In reference to the research, Woodcock (2003) stated, “Acknowledgement of how family therapy can work alongside different forms of practice is to be welcomed. However, I must register some disappointment in a paper that did not go far enough to really satisfy my curiosity about
how these two forms of practice really come together practically and theoretically” (p. 233).

Riley (1994) supported the integration of family art therapy and a systems approach to family therapy. The most basic concept of a systemic approach is based on seeing the family as operating within a system. In this approach, seeing one member’s behavior as separate or dissociated from other family members is unproductive (Riley, 1994). Family art therapists combine the use of graphic expression to promote psychological healing with a commitment to thinking systemically (Sobol & Williams, 2001). Landgarten (1987) also placed emphasis on family systems theory in her practices of family art therapy. Through family systems theory, families are introduced to different familial perspectives which allow them to question certain assumptions and beliefs.

Stern and Reid (1999) stated “unfortunately, few studies have examined the relationship among individual problem behavior, family interaction patterns, and focus of intervention. Evaluative studies of family therapy tend to focus only on outcome variables, with little attention to the supposed connections between change in outcomes and changes in the family system functioning” (p. 289). The intention of this study is to demonstrate how art therapy can be utilized in the treatment of a family and implications for the family system. In addition to providing further evidence of the way in which art therapy can be utilized in the treatment of a family, the data collected during this research will also provide a family’s thoughts and perceptions of participation in family art therapy. Family art therapy interventions will also provide information regarding the use of creativity within the family session.

**Research Questions**

The purpose of this study is to collect qualitative data regarding the use of art therapy in treating a family. Specifically, the research question is as follows: How do family members experience art therapy as a mode of therapeutic intervention for presenting problems? Subsequent questions will also be considered such as: How can art therapy assist families in defining and focusing on presenting problems? How does
the family perceive family art therapy experiences? How is creativity utilized within family art therapy sessions? To address these questions the research design focuses on a single case study.

Definition of Terms

Art Therapy

The American Art Therapy Association (2003) defined art therapy as the following:

Art therapy is a human service profession which utilizes art media, images, the creative art process and patient/client responses to the created art productions as reflections of an individual's development, abilities, personality, interests, concerns, and conflicts. Art therapy practice is based on knowledge of human developmental and psychological theories which are implemented in the full spectrum of models of assessment and treatment including educational, psychodynamic, cognitive, transpersonal, and other therapeutic means of reconciling emotional conflicts, fostering self-awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self-esteem.

Family

A family refers to a group of individuals that have a distinct, collective identity as an existing family. These individuals may fulfill certain functions such as social support, economic stability, or emotional security. The family group is a relationship system within which each member has influence upon all others and all members influence each individual (Lantz, 1978). In this paper, the family is viewed as a system comprised of separate parts with varying functions that must work together as a whole unit.

Family Systems Theory

Family systems theory developed based on the influence of general systems theory, which focuses on the system as an organization of interacting parts and having a purposeful outcome (Griffin, 1993). This theory refers to a group of related elements
that interact as a whole entity and encompasses general systems theory. According to Nichols and Schwartz (1991), family systems theory is used to understand families and identify patterns of rules and stability. Family systems theory allows for integration of several conceptualization techniques and interventions, such as communication, structural, object relational, contextual, and multigenerational concepts, to deal with multiple types of relationship conflicts. Using family systems theory, families are treated with the entire family identified as the patient. Treatment is directed at producing changes not only in the individual family members but also in the family’s system of interaction.

**Presenting Problems**

Presenting problems refer to the problems, issues, conflicts or difficulties the family is currently experiencing in relation to family functioning. These problems may or may not be related to family communication, relationships, life changes, or interactions and are problems for which the family is seeking treatment or therapeutic intervention. The presenting problem may arise from families’ perceptions of one family member identified as the patient.

**Brief Overview of Study**

Based on the idea that the family unit is one complete system made up of differing individuals, family systems theory provides an opportunity to look at the family in a holistic manner. Family therapy requires the family to be seen as a single dynamic system with all parts interacting with all other parts (Griffin, 1993). For this reason this study was conducted using family systems-based approach. The study consists of one qualitative case study of family art therapy treatment. Interventions are based on ideas from supported family art therapy techniques (Arrington, 1991; Landgarten, 1987; Riley, 1993). Methodology for the study is based on a study completed by Lever and Gmeiner (2000) in which the research design was qualitative, exploratory, and descriptive with a strategy of a descriptive case study. Triangulation of data results from methods of data collection: video recorded interviews and sessions, therapist case notes and collection of family artwork, and transcriptions of videotapes.
CHAPTER 2
LITERATURE REVIEW

The literature search included psychological abstracts from PsycINFO and PsycFirst databases. The following keywords were used: art therapy, family therapy, art psychotherapy, family psychotherapy, family art therapy, creativity, systems theory, family systems, communication, and family case study. Due to lack of representation of art therapy research in data bases, a manual search of the table of contents of the professional journals; Art Therapy, The Arts in Psychotherapy, Contemporary Family Therapy, Journal of Marital and Family Therapy, from 1990- current issues was completed. Sources met the following criteria: 1) Approaches to family therapy based on family systems theory, 2) Qualitative case studies in family therapy, 3) Support for the use of art therapy with families, 4) Case studies providing successful art therapy techniques with families. Review of the current literature will conclude with implications for this study.

Family Systems Theoretical Background

Family therapy was not a common term or an understood practice until the 1950s (Lantz, 1978; Nichols & Schwartz, 1991). Treatment of the individual took precedence until this time by therapists who insisted on segregating individual mental patients from their families to keep them in isolation from distressed and distressing relationships (Nichols & Schwartz, 1991). In the early 1950s, therapists started viewing emotional disturbance as a reflection of the individual’s relationship difficulties, not solely internal difficulties. An individual exhibiting emotional disturbance often is reflecting a problem in total family functioning (Lantz, 1978). Family therapy has flourished due to its clinical
effectsiveness and possibly due to American society rediscovering interconnectedness (Nichols & Schwartz, 1991). Family therapy is a growing therapeutic modality with a wide variety of techniques, methods, and points of view (Lantz, 1978).

The family group is a relationship system within which each member has influence upon all others and all members influence each individual (Lantz, 1978). The fundamental assumption in family therapy is that families and relationships are the most powerful change agents in an environment. Family systems theory is a basis for family therapy concepts (Griffin, 1993). This theory allows for the integration of several approaches including communications theory, psychoanalytic multigenerational theory, experiential systems, structural theory, and behavioral theory (Guerin & Chabot, 1997). According to Nichols and Schwartz (1991), family systems theory is used to understand families and identify patterns of rules and stability.

Family systems theory developed due to the influence of general systems theory, which focuses on the system as an organization of interacting parts and having a purposeful outcome (Griffin, 1993). Griffin described the relationship between general systems theory and family systems theory. Elements of a system are organized and predictable including family wholeness, boundaries, and hierarchy. Clinical relevance is based on several factors including: individual behavior which simultaneously determines and is determined by the family, the degree of separation among family members, and the power structure or parental control in the family. In general systems theory the concept of morphostasis refers to stability and predictability. Families behave in stable and predictable manners which relates clinically to resiliency in the face of change. Morphogenesis relates to the ability of the family to change as a situation dictates. Clinically this includes the use of information in self-correcting behavior to environmental or familial changes, or positive and negative feedback (Griffin, 1993).

**Articles that Support Family Systems Theory in Therapy**

One construct shared by virtually all family therapists in varying degrees is systems theory. Although known for its diversity and fragmentation, family systems theory is perhaps the most effective organizing matrix for psychology in its attempt to integrate newer developments from multiple perspectives (Guerin & Chabot, 1997). In a review of various approaches to family therapy intervention, Pardeck (2004) argued that
a systems-based approach is the most effective treatment strategy for working with maltreated children and their families. Pardeck stated in a systematic review of family therapy treatment outcome research, family therapy appears to have a positive impact on family functioning in the following areas:

1. Family therapy appears to result in improved outcome for clients when compared to control group subjects.
2. Family therapy appears to have a positive effect on the presenting problem of the ‘identified,’ patient as well as the entire family system.
3. Improvement in family functioning appears to begin in a relatively short time period—less than 20 treatment sessions.
4. When the presenting problem of a family conflict between family members, family therapy appears to be more effective than non-family approaches (p. 18).

These positive impacts on family functioning occurred with the use of systems theory. When using a system approach to treatment, Pardeck (2004) identified the first priority of the practitioner is to promote an adaptive balance between the family system and family members. He also recognized the larger social environment in which the family system functions as a part of the treatment process.

According to systems theory, problem reduction may be a consequence of a change in the family system (Stern & Reid, 1999). Another explanation is that change in an individual’s problems produced positive changes in the family system. Stern and Reid noted the importance of unraveling the connections between problem and system change in order to understand how family systems are affected by therapy.

“Unfortunately, few studies have examined the relationship among individual problem behavior, family interaction patterns, and focus of intervention. Evaluative studies of family therapy tend to focus only on outcome variables, with little attention to the supposed connections between change in outcomes and changes in the family system functioning” (p. 289).

Stern and Reid (1999) presented the applicability of a single-case methodology for researching the complexities of systemic and problem change in families. In the article, the authors provided a model to investigate both the contribution of family-
system processes to problem maintenance and change as well as the role of intervention in affecting both family processes and problems. While applicable to various areas of interest in family therapy, in this case the model is illustrated with a focus on families with child-centered presenting problems.

Stern and Reid (1999) found commonalities in family therapy research including: few studies have examined the systemic characteristics of families and problem behaviors of their children within a treatment context, few studies have explored the connection between child symptom change and changes in family interaction patterns considered theoretically fundamental to family therapy, and little support for hypothesized links between system and symptom change. This supports the need to more closely examine systems and symptom change in family therapy, which can be done effectively through the intensive study of individual cases.

While the authors utilized the use of qualitative measures in examining the relationships between systems and symptom change, Stern and Reid (1999) emphasized the complexity of families, family treatment, and evaluation of family treatment. “In studies in which systems-based family therapy has demonstrated apparent effectiveness, it is seldom clear how changes were achieved or maintained. As a result, alternative explanations can be offered to interpret positive changes in both individual symptomatic behavior and the family system as a whole” (p. 289-290).

Creativity in Therapy

Creativity promotes problem solving, increases flexibility, and enhances adaptability, which are all qualities associated with positive therapeutic outcomes (Morgan & Wampler, 2003). In creative endeavors, multiple solutions are generated, facilitating problem solving. Family therapy approaches and interventions designed to elicit creativity can also lead to the discovery of successful interventions. In the following articles, authors describe the use of creativity in family therapy and art therapy and the implications for successful therapeutic experiences.
**Implications for Family Therapy**

Morgan and Wampler (2003) found “therapists’ training and array of interventions, by themselves, are not enough to solve families’ problems effectively. Solutions need to incorporate families’ own resources, and be within families’ abilities to implement. Because it is ultimately up to families to make solutions work, family creativity may be an important contributor to successful therapy” (p. 208). The authors highlighted the existing connection between problem-solving and creativity, illustrating the potential benefit of creativity in sessions in relation to family problem solving skills and flexibility. Much research stresses the importance of therapist creativity, not client creativity. Little attention has been directed toward client creativity in family therapy, making research that links client creativity to therapeutic approaches, interventions, or positive outcomes, scarce.

Morgan and Wampler (2003) identified four categories to facilitate creativity: inducing positive affect, initiating play, using fantasy, and using metaphor. These categories, when examined in relation to their correspondence to family creativity in therapy, are used to determine how families’ creative resources can be accessed and produce therapeutic change. In their study, Morgan and Wampler attempted to discover whether or not families are creative in therapy, the types of relationships that exist between therapist interventions and creative family behaviors, as well as the nature of these relationships.

Morgan and Wampler (2003) used process methodology to code the behavior of therapists and clients in 31 videotaped family therapy sessions. The results of the study show partial support in three areas: family exhibiting creative behaviors, four categories of intervention relating to families’ creativity, and relationship between therapist interventions and families’ creative behaviors. Regarding the four categories of intervention relating to families’ creativity, the connection of therapist interventions to creative family responses was only supported for positive affect and play, somewhat for metaphor, but not for fantasy.

Conclusions of this study must be tentative (Morgan & Wampler, 2003). Based on the sample, positive affect appeared to induce family creativity. Also, when therapists in the sample used metaphor, the families also used it to describe their problems and
suggest change; however, the therapists in the sample generally used little metaphor. Morgan and Wampler also recognized that the negative family behaviors associated with fantasy may have been a result of ineffective timing in implementation of fantasy-based interventions.

The study generated additional research questions regarding family creativity in therapy (Morgan & Wampler, 2003). For example, are certain therapeutic approaches more conducive to fostering creativity than others? Does promoting family creativity in therapy contribute to positive treatment outcomes? “These questions could generate hypotheses to shape future research investigating how client creativity can be fostered in family therapy” (p. 225).

**Manifestation in Family Art Therapy**

Riley (1993) emphasized using a method of thinking that introduces creativity into treatment and allows the families’ art to take the dominant role in the therapeutic process. Creating art and processing the meaning of the art product encourage creativity and give depth and excitement to the process of therapy. The use of metaphor is encouraged by looking at the created art therapy images, which leads to more fluid, non-linear situations that are open to dialogue. “The windows of therapy are opened and let in the light needed to create change” (p. 264).

Possibilities for spontaneous creativity are offered through the use of art as a therapeutic tool (Manicom & Boronska, 2003). The creative process helps to minimize conflict which provides opportunity for powerful, possibly unconscious, feelings to emerge. The ability to access creativity during family crisis stimulates an innate means of managing difficulty and the ability to find solutions becomes heightened. Accessing creativity through art also allows children to give form to unconscious or verbally inexpressible stories that can be viewed by their family or therapists. In their case study, Manicom and Boronska found that the use of art therapy gave the parents the experience of being creative. Both authors recognized the importance of metaphor as a useful means of communication.
Family Art Therapy

Published literature on family art therapy focuses on the theoretical concepts and results of case studies. Several art therapists emphasized the importance in treating the whole family group as opposed to treating individual family members (Landgarten, 1987; Lantz, 1978; Riley, 1994). In family therapy, therapists inquire how families have constructed their knowledge of social phenomena, created gender attitudes, developed their language, and taught belief systems (Riley, 1993). According to Kwiatkowska (2001), family art therapy developed from the recent integration of family systems theory and art therapy. Like family therapy, family art therapy is involved with recurrent interactions and structures that are causing problems for the family (Arrington, 1991). According to Arrington (1991), family art therapy is applicable to a variety of familial issues and provides each member the opportunity to see the family from every other member’s perspective.

All family art therapy is based on a single or combination of family work theories including psychoanalytic, experiential, systemic, structural, strategic, communications, and behavioral. The value of the art task involves the process, the diagnostic, interactional, rehearsal tool; the contents, the means of portraying unconscious and conscious communication; and the product, a lasting evidence of the group’s dynamics (Landgarten, 1987). Art expression accesses both subconscious and unconscious information that might never be assessed verbally. Therapeutically directed art expression allows clients to express strengths and weaknesses as well as see each family member from every other member’s perspective (Arrington, 1991). The family art therapist engages the family in art making with the therapeutic objective of creating change throughout the family system (Sobol & Williams, 2001).

Riley (1994) supported “the notion that family art therapy can be successfully integrated into the systemic approach to family therapy” (p. 87). The most basic concept of a systemic approach is based on seeing the family as operating within a system. In this approach, seeing one member’s behavior as separate or dissociated from other family members is unproductive (Riley, 1994). Family art therapists combine the use of graphic expression to promote psychological healing with a commitment to thinking
systemically (Sobol & Williams, 2001). Landgarten (1987) placed emphasis on family systems theory in her practices of family art therapy. Through family systems theory, families are introduced to different familial perspectives which allow them to question certain assumptions and beliefs. Graphic expression provides a new and second language for this same experience of various perspectives (Arrington, 1991). Families utilize therapy to alleviate distress within the system.

While family art therapy stems from family systems theory, the art process allows for certain advantages that verbal therapy alone does not. For example, the family tends to be less guarded than in the verbal situation, while the groupings and dependency of one member on another become obvious in the choices of media, places, and subjects (Kwiatkowska, 2001). Familial dysfunction may be portrayed in the artwork as well as during art production (Landgarten, 1987). According to Kwiatkowska (2001), art therapy sessions with the whole family have also provided the opportunity to observe how the family unit functions in a situation less formal and less subject to established means of control, unlike the purely verbal interview. Therapeutic art expression provides family members the opportunity to express personal feelings in a new symbolic language and then to discuss individual perceptions (Arrington, 1991).

Children are often excluded from all or parts of the family therapeutic process (Figley, 1989). This may be due to the presiding challenge of engaging very young children in the therapeutic process due to limited verbal capabilities and the fact that newly learned capabilities tend to disappear or regress under stress (Hanney & Kozlowska, 2002). However, Figley (1989) stated that children should be included in almost all aspects of the therapy and recovery process. Because all family members including young children, older siblings, and adults provide contextual information about events, the participation of all is imperative to the therapeutic process (Hanney & Kozlowska, 2002). Often family therapists utilize creative methods to include children in the therapeutic process. Hanney and Kozlowska (2002) stressed the importance of including children in family treatment and provide evidence in the success of artistic tasks. Children are able to contribute in the creative process and create images of events, feelings, and wishes they may be unable to express verbally (Manicom & Boronska, 2003).
Art is used to help the family and therapist understand how family members work together, help children express feelings, illustrate familial experiences, and provide opportunity to view each member’s point of view (Hanney & Kozlowska, 2002). The art process allows for strengthening of healthy relationships and resolution of conflict, as well as facilitates feelings of closeness and empathy between family members (Hanney & Kozlowska, 2002). An art intervention directed toward one goal may well provide access to others (Linesch, 1993).

**Articles that Support the Use of Art Therapy with Families**

Arrington (1991) presented a theoretical model for family art therapy that integrates historical, interactional, and existential perspectives of family therapy and art therapy. This integrative approach combines both verbal and expressive modalities and includes an art-based assessment using a systemically oriented art therapy approach. The art expression accesses both subconscious and unconscious information that might never be assessed verbally. In her model of family art therapy, Arrington integrated historical perspective with genograms, family maps, and hypothesis. The genograms and family maps are utilized to identify births, deaths, roles, and patterns of behavior and health. After completion of the genogram, a hypothesis can then be formulated to identify the purpose of the presenting problem in family functioning.

The interactional perspective component consists of information gathering, systematic reframing, and therapist neutrality (Arrington, 1991). Focusing on identifying cyclical patterns, information gathering occurs through art tasks in which family organization is revealed. Systematic reframing and art expression introduce information from a different perspective. Graphic expression can provide a new and second language for communicating the purpose of the presenting problem. The therapist remains neutral in accepting all family members as an organic whole rather than as a composite of individual parts.

The existential perspective includes positive connotation and prescription for family ritual (Arrington, 1991). Positive connotations provide clients with a creative opportunity to explore self and family images and symbols. The art and verbal expression allow each family member the opportunity to see the family from every other member’s perspective. Prescription for family ritual describes what is done by whom,
where, when, and in what sequence. This validates family behavior and places responsibility for change on the family and away from the therapist.

Arrington (1991) presented a case study in which this family art therapy model was applied. The art-based assessment integrating the historical, interactional, and existential perspectives from a systemically-based approach, allowed staff to consider the family system, see how the family members interacted and perceived one another, and identify points of fixation or regression of family members. Arrington provided a theoretical rationale of integrating a family systems orientation with art therapy.

Through their joint work as family therapist and art therapist, Manicom and Boronska (2003) identified several benefits for the integration of family therapy and art therapy. From a systemic-based approach, value is placed on viewing the family and its system in terms of patterns of interaction. Observation of both verbal and non-verbal communication is important in this approach. Through case study research, Manicom and Boronska recognized benefits of combining art and family therapy in sessions. These include: surfacing of unconscious or unknown stories through art images, recognition of children in the creative process, providing concrete art products with multiple meanings to work with directly, combining art with systemic techniques to provide a safer avenue to express thoughts and feelings, containment to feelings and emotions through creative and playful nature of art, reinforcement of belief in family strength, and placing value on artwork as well as language used.

In a case study by Wix (1997), a mother-daughter relationship was explored through an archetypal, image-focused approach to art therapy. The art therapy treatment took place over 3.5 years, during which the mother was imprisoned and absent from treatment twice—once for 22 months and again for 13 months. For the initial art therapy assessment, the mother and daughter were both asked to create images depicting their relationship. This technique was again implemented after two months of art therapy. During this case study, the author was able to note observations in the artwork. One observation was the mother’s gained metaphorical and pictorial awareness of her relationship to her daughter. Throughout the therapy, the mother asked for diagnostic impressions of her artwork. Through descriptive, image-focused responses, which echoed the mother’s own language and images, the mother was able
to hear her relationship with her daughter differently. Another aspect of this approach allowed the mother and daughter to see their actual experience in the images and watch it change from image to image within the context of art therapy (Wix, 1997).

One major limitation in this case study was the family's sudden relocation, which did not allow for termination or opportunities for follow-up (Wix, 1997). The conclusions drawn from this case study are the author's own observations. Wix concluded that the archetypal approach to art therapy allowed the mother and daughter to hear metaphorically what they had previously seen as failures in their relationship, allowing them to be together in a different way. This study places emphasis on the use of metaphor in art therapy and its implications for finding meaning in familial relationships.

In the Family Studies Section at the National Institute of Mental Health, findings in family art therapy have confirmed and strengthened hypotheses concerning family interaction in schizophrenia (Kwiatkowska, 2001). Family art therapy identified the similarity of patterns of thought and perception in patients with schizophrenia, their parents, and siblings, observed repeatedly and in different sets of families; and the dynamics of the families including their alliances, identifications, and role shifts.

Kwiatkowska (2001) mentioned several therapeutic values specific to family art therapy, compared to family psychotherapy, and why it may become an adjunct to research in the study of family dynamics. For example, the family is less guarded than in the verbal situation, family member relationships, including dependency, become obvious, anger can be expressed without an intense feeling of guilt, and family members can accept their real perceptions of themselves and other members of the family through their art projections.

**Family Art Therapy Intervention**

Within family therapy, the role of the therapist is to attempt to modify salient environmental features, most importantly interpersonal contacts or beliefs about those contacts, which alter interaction patterns, allowing the presenting problem to be unnecessary (Griffin, 1993). One goal the family therapist maintains throughout the therapy of the family is that of a respected leader who each member trusts to see that
their needs are met (Nichols & Schwartz, 1991). According to Griffin (1993), the family therapist’s role is one of negotiation that will determine familial wants, how the problem is seen, how they want it fixed relative to the therapists view, and what is in the therapist’s capacity to alter. Arrington (1991) recognized two basic tasks of systemically oriented art therapists which include helping people in relationships get in touch with their special culture, experience, and needs through directed and spontaneous art expressions and organizing inner chaos into coherent form, thereby facilitating inner healing.

The use of art therapy with families encompasses a large number of familial conflicts and issues. Landgarten (1987) utilized art therapy with families dealing with child molestation, divorce, single-parent households, acting-out adolescents, and terminally ill grandparents. Riley (1993) implemented art therapy in family sessions to address issues of child abuse and foster care, ethnic and social issues, as well as racial issues.

The family art therapist begins at the client’s level, remaining neutral in accepting all family members as a whole unit rather than independent parts. This acceptance of the group along with verbal and art expression will increase each family member’s self-confidence to enhance family dynamics and interactions (Arrington, 1991). As early as the first session, clients are taught to understand the correlation between artwork and themselves often resulting in positive transference (Landgarten, 1987).

Successful Art Therapy Techniques Used with Families

The basic multigenerational genogram is often family therapists’ first step to approaching a family and provides the hierarchy and structure to study the relationship process (Guerin & Chabot, 1997). This can then lead to structural and strategic interventions based on the family’s perspective. Landgarten (1987) suggested initially allowing the family to mutually create art by making a floor plan of the family’s basic structure. Systemically oriented art therapists utilize the genogram to integrate art therapy with family therapy (Arrington, 1991). Early in the treatment process, family art therapists join with their clients to construct a three generational genogram. The genogram is also used to map the family hierarchy and family structure using pointed questions and observations of verbal art expression.
The beginning of treatment should include an overview of the system and observation of the interactions between family members (Riley, 1994). Several art therapists suggest a group task or the creation of a family mural to successfully assess and observe familial interaction and relationships (Kwiatkowska, 2001; Landgarten, 1987; Linesch, 1993; Riley, 1994). Linesch (1993) also emphasized the importance of providing art tasks which will enable each family member to illustrate individual perceptions about events. These perceptions can then be viewed by all other family members to create a holistic picture of perceptions of family member interactions.

Often the family art therapist will experience a family member’s reluctance to participate. The ultimate goal of the family art therapist is to help the family create new patterns of belief that are supportive of new patterns of interaction rather than blaming individuals (Arrington, 1991). Techniques have been created to help a resistant family member tolerate the difficulties of the family situation without taking him/her away from it (Kwiatkowska, 2001). A directive approach may prove less threatening than a request for open spontaneous self-expression. One technique Kwiatkowska suggests is that of the scribble technique, used with families in a unique way. Members of the family are asked to create a scribble drawing, look at the image, and then develop a picture out of the scribble. After each member has finished their individual scribble drawing, the family is then encouraged to create a “joint scribble.” One person makes a scribble and all family members try to find pictorial suggestions in it. Then each paints on the picture to complete it. “This procedure has not only encouraged families to venture into a joint activity, but it has also proved to be one of the most helpful ways to permit the family to express, recognize, and accept feelings which are below the conscious level” (p. 32).

Landgarten’s (1987) diagnostic procedure is comprised of three art tasks utilized to assess the family system. These include a nonverbal team art task, a nonverbal family art task, and a verbal family art task. The family’s participation in these tasks provides the therapist with firsthand interactional information. To assess familial alliances and relationships, the first directive is to form working pairs to create artwork nonverbally. The second directive is to create an artwork nonverbally together as a family. The purpose of this task is to see the familial hierarchy that exists and the relationship between the dominant members and the more passive members. The third
The directive given is to create another art piece as a family, this time with the option of utilizing verbal communication. Giving the verbal art task after the nonverbal art task allows the therapist to see if the members would use the opportunity to communicate verbally and if so, in what manner.

For evaluation of the diagnostic procedure, Landgarten (1987) emphasized the importance of every gesture and mark, for all provide clues to the family system. In her work, Landgarten noted the importance of seventeen points for observation. These include the following:

1) Who initiated the picture and what was the process that led up to this person making the first mark on the page?
2) In what order did the rest of the members participate?
3) Which members’ suggestions were utilized and which were ignored?
4) What was the level of involvement on the part of each person?
5) Which participants remained in their own space versus those who crossed over?
6) Did anyone “wipe out” another member by superimposing their image on top of someone else?
7) What type of symbolic contact was made and who made these overtures?
8) Did the members take turns, work in teams, or work simultaneously?
9) If there was a shift in approach, what precipitated the change?
10) Where are the geographical locations of each person’s contribution (central, end, corner, all over)?
11) How much space did each person occupy?
12) What was the symbolic content of each person’s contribution?
13) Which members functioned independently?
14) Who acted as initiators?
15) Who were followers or reactors?
16) Were emotional responses made?
17) Was the family’s working style cooperative, individualistic, or discordant? (p. 15).
In order to clarify the purpose of treatment as well as give family members an understanding of how each member is feeling and thinking, Landgarten (1987) found the use of three drawings appropriate. The first represents what each wants to happen in therapy, the second illustrates what each thinks will happen, and the third clarifies what each believes the outcome of art therapy will be. This art intervention also leads the way to an establishment of goals for the family’s treatment. Landgarten identified goals in relation to her work with families experiencing divorce. Possibilities include helping the children understand the reason for divorce, assisting in making the shift from a one family system to two separate families systems.

In a study of art and poetry therapy with a family of four, Fogle (1980) utilized several art therapy techniques including: drawings of a typical family scene, drawings of objects associated with family members, ideal family portraits, and realistic family portraits. The typical family scene drawing was used as a “snapshot” into the life of the family. The objects session allowed each member to see individual perceptions of the family. The ideal portraits revealed members’ hopes and aspirations, while the realistic portrait provided a view of the family dynamics as they existed. Through the use of these art interventions, a therapeutic milieu was created and family dynamics became conscious to the family members.

Summary

Creativity in art can be a useful means of engaging in therapy. The ability to access creativity stimulates an innate means of managing difficulty and increases ability to find solutions (Manicom & Boronska, 2003). Art intervention results in the family changing and practicing alternative modes of communication, interaction, and affective expression and control (Hanney & Kozlowska, 2002). Linesch (1993) stated, “the process of creating the artwork, the content of the artwork, and the interchange stimulated by the art activity are all vital aspects of the interventions” (p. 27). Landgarten (1987) utilized art interventions to clarify the purpose of treatment, to deal with feelings, to deal with loss, to express aggression, to create a positive life review, to support gains made, and to terminate treatment.

Successful and revealing family art therapy interventions include the family genogram (Guerin & Chabot, 1997), family scribble technique (Kwiatkowska, 2001),
series of nonverbal and verbal tasks (Landgarten, 1987), series of members’ beliefs about the art therapy process (Landgarten, 1987), drawings of a typical family scene, drawings of objects associated with family members, ideal family portraits, and realistic family portraits (Fogle, 1980). While some of the supported art therapy interventions utilize drawing techniques, collage may alleviate client concerns about artistic ability and may also increase motivation if creativity is inhibited initially. Art therapy tasks are adaptable to many aspects of family therapy such as exploring the family of origin, examining past and current histories, reducing defenses, gaining insight, expressing emotion, understanding of cause and effect, finding dysfunctional behavioral patterns, and improving parenting and problem-solving skills, as well as processing grief and work (Landgarten, 1987).

**Support for Qualitative Research in Family Therapy**

Qualitative research allows for the examination of the therapeutic process, client perceptions, and interactions among the clients and therapist. An imperative component of successful family therapy intervention is determined by the families’ own perceptions of the therapeutic process (Stanbridge, Burbach, Lucas, & Carter, 2003). The examination of phenomena that occur during the therapeutic process is another aspect that may reveal the types of approaches or interactions that lead to a successful therapeutic experience. Considering the interactions between family members and the therapist as well as family perspectives of the therapeutic process yields a collaborate effort between the family and the therapist. Qualitative research allows for the collection of this type of data. The following studies utilized qualitative research methods in family and art therapy.

A study completed by Stanbridge, Burbach, Lucas, and Carter (2003), was conducted in an effort to research families’ own experience of services in a routine clinical setting. The aim of the research was to evaluate the Family Support Service in the Wells/Burnham-on-Sea areas in terms of satisfaction, which aspects were found helpful/unhelpful, clinical outcome, and other factors possibly linked with satisfaction/outcome. The research was conducted using semi-structured interviews
with families who had experienced the service. The results illustrated initial apprehension or worry about the therapeutic process. Positive aspects identified about the service included openness of discussion with sessions, therapist’s qualities, and support offered. Specific therapist qualities emphasized the ability of the therapist to listen, implement a non-judgmental approach, and demonstrate interest.

Among the findings of this study, Stanbridge et al. (2003) concluded that the families’ highlighting of the qualities of the therapeutic relationship is significant. “Therapists paying attention to family members’ expectations and needs, combined with mutually agreeing therapeutic aims, appears to be crucial in ensuring initial engagement” (p. 199). The authors identified the area of families’ views of family intervention services as under-researched. As a contribution to this area, the study’s qualitative exploration of issues contributing to satisfaction highlighted some aspects which may be associated with successful outcome. Satisfaction was related to families’ needs being met as well as feeling heard in the context of a supportive therapeutic relationship.

In a study by Quail and Peavy (1994), the authors attempted to gain an understanding of a client’s experience in art therapy. The research approach was formulated to examine phenomena that occur in art therapy and provide information about the meaning that is revealed in a client’s descriptions of experience in art therapy. The participant in the study had recently completed a 16-week structured art therapy group for women who had been sexually abused. Assuming the role of co-researcher in investigating and describing her experience, the participant was interviewed with the artwork she had created.

Transcribed audio-tapes and categorization of what and how the participant experienced art therapy provided means for data analysis (Quail & Peavy, 1994). Through the art making process, the client appeared to transition from an inner-world preoccupation to an engagement in the art process. Quail and Peavy explained this as a process where one activity is used to express another. One finding in this study is that a relationship exists for the client in the artwork and the materials and process of art making. Findings indicate that the client’s experience in art therapy has not only similarities to theoretical interpretations of the experience, but also its own essence and
quality in research. This study provides a focus of phenomenological research and emphasizes possible implications of client perceptions of art therapy.

Deacon and Piercy (2001) illustrated the advantages of qualitative assessment procedures as a complement to quantitative family evaluation measures. Through this creative, collaborative process, family therapists learn about and interact with families, empower the family, provide a collaborative relationship between client and therapist, and make the process enjoyable. Among the qualitative assessment techniques provided are art assessments, which afford opportunities to set goals, assess self-perceptions, assess family roles and structure. The authors also described the use of metaphor as a creative assessment process. “When therapists ask for metaphors, families often become less defensive and more able to express themselves in symbolic ways” (p. 368). The use of art and metaphor can be used in conjunction with one another and provide an engaging and therapeutic experience for the family.

Summary

Qualitative methods of research are applicable and well-suited in the areas of family therapy and art therapy. Several studies utilizing these methods have been emphasized to illustrate the valuable types of information discovered during qualitative research. Qualitative studies in family therapy and art therapy emphasized researching clients’ views of the therapeutic process, the phenomena that occur during therapy sessions, and interactions between the clients and the therapist. The collection of this type of data yields information instrumental in determining successful therapeutic processes.

Implications for This Study

The literature review clearly provides support for the use of art therapy in treating families. A theoretical perspective for the integration of family therapy and art therapy was provided. Systems theory focuses on the family dynamic, emphasizing the treatment of the family as a whole, rather than treating an “identified patient” within the family. While research proponing the success and usefulness of family art therapy exists (Arrington, 1991; Kwiatkowska, 2001; Landgarten, 1987; Linesch, 1993; Manicom
& Boronska, 2003; Riley, 1993, 1994), the integration of art therapy and family therapy is still questioned (Griffin, 1993). Kwiatkowska (2001) stated that family art therapy is considered a new form of group art therapy which “has not yet been applied elsewhere” (p. 27). Information on family art therapy is limited, but there is an anticipation that family art therapists will be stimulated to pursue this methodology more extensively as well as test to find out if a more creative approach is stimulated and a successful outcome is obtained (Riley, 1994). The literature also suggests that promoting creativity in family therapy, as well as focusing on family views of the therapeutic process leads to a more successful therapeutic experience. Efforts to research these areas of family art therapy are often accomplished through qualitative methods.

Summary

In family systems theory, emphasis is placed on the family as a whole system dependent on the interactions between members. Family therapists inquire how families have constructed their system and taught each other beliefs (Riley, 1993). Using family systems theory, art therapy focuses on recurrent interactions and structures that are causing problems for the family (Arrington, 1991). Riley (1993) referred to art therapy as the bridge between the invented reality of the family and the ability of the art therapist to appreciate that reality. Through family art therapy the family is provided with the opportunity to illustrate the family story and discover new, alternative endings to their story. Creating and viewing images provides a deep sense of connection and an understanding of the dynamics that propel or inhibit relationships. Through family art tasks, a graphic language is developed that allows communication unattainable by words alone (Sobol & Williams, 2001). By integrating family systems theory and art therapy, families learn new techniques that enhance communication, allow for understanding of each individual perspective, and ultimately form new patterns of belief that are supportive of self and family. The reviewed literature directly supports the research design outlined in Chapter 3 by suggesting that art therapy increases communication between family members, provides a means to view each family member’s perspective, and cultivates creativity in the therapeutic process.
CHAPTER 3
METHODOLOGY

The following research is a qualitative case study in which concepts of family systems theory are integrated with family art therapy. One family participated in the study, allowing for an in-depth description of the family’s experience in family art therapy. Following a reiteration of the research question, this chapter delineates the research design, including the participants and treatment protocol, data collection and analysis, as well as addresses issues of validity and ethical considerations.

Research Question

The purpose of this study is to provide qualitative data regarding the use of art therapy in treating a family. Specifically, the research question is as follows: How do family members experience art therapy as a mode of therapeutic intervention for presenting problems? Subsequent questions are also answered such as: How can art therapy assist families in defining and focusing on presenting problems? How does the family perceive family art therapy experiences? How is creativity utilized within family art therapy sessions? The nature of the qualitative case study allowed for additional questions to formulate during the research process.

Research Design

The study was conducted using a qualitative case study design, which allows for the investigation of the quality of relationships, activities, and situations (Fraenkel &
The case study provides research based on one family’s participation in family art therapy sessions. In this case study, data was collected in the form of videotapes of sessions and interviews, transcriptions of the video tapes, observational case notes, and artwork. The content was then analyzed for emerging codes and themes. The research design is based on research conducted by Lever and Gmeiner (2000) in which the authors completed a qualitative, exploratory, and contextual design with the strategy of a descriptive case study. Additional methods of data collection not utilized by Lever and Gmeiner include videotapes of the sessions and artwork created during the sessions.

**Participants**

The participants for this study included one White, middle class, family consisting of a mother, son, and step-father. It is important to note that the names and identifying information have been altered to protect confidentiality. In addition, each family member provided consent for the information to be utilized in this document. The Jacobson family includes Mr. and Mrs. Jacobson and Nick, who is the biological son of Mrs. Jacobson. The family met the following inclusion criteria in that: the son was currently admitted in an intensive outpatient program at an agency in Southeastern United States where the study was conducted, Nick was admitted for issues relating to anger and drug use, the family was not dealing with psychiatric issues that required prescribed medications, relational issues were presented as a primary concern for the family, and the family was willing to explore their presenting problems using family art therapy techniques.

**Recruitment Process**

The family was recruited through a non-profit, community-oriented program that provides a variety of therapeutic services one of which is an intensive outpatient program (IOP) for adolescents between the ages of 13 and 17 who have or are at risk
for alcohol, drug, and/or behavioral problems. The intensive outpatient program is a minimum 21-week program, with an aftercare component, during which clients meet everyday for 3-4 hours and participate in individual, family, and group counseling. Parents are expected to attend weekly family sessions as well as weekly parent training and support groups that address issues relating to parenting adolescents, signs and symptoms of drug use, co-dependency and enabling.

The participating family was referred for art therapy services by the executive counselor working with the client and his family. The client, Nick, had been participating in two separate family sessions; one with his mother and one with his father and stepmother. In order to promote further progress in sessions with his mother, Nick and his mother were referred for art therapy with intentions of including the stepfather in the family sessions. The family was then informed by the executive counselor of the proposed study. After receiving a brief description from the executive counselor, the family expressed interest in participating in the study. Participants then met with the researcher for further information regarding the proposed method of treatment, time commitment, consent to videotape and photograph artwork, and permission to use clinical material in the final document. Also at this time, additional questions or concerns raised by the participating family were addressed. The family was deemed appropriate for the study and after expressing a willingness to participate, family art therapy sessions were scheduled to begin two weeks later.

In an attempt to address the entire family system, Nick’s biological father and his wife were also approached about the study. After listening to a brief description given by the executive counselor, Nick’s father turned down the study. Also excluded from the family system in this study is Nick’s stepbrother who lives in the household with Nick’s biological mother and stepfather. The stepbrother was unknown to the researcher until after the first session of family art therapy. This case study involves part of Nick’s family system which includes his biological mother and stepfather. The triad is considered a family system throughout this study.

The family art therapy sessions were conducted at the agency in a small conference room. The Program Treatment Director, M.S. and Certified Addiction Professional, served as primary clinical supervisor on site. The client’s executive
counselor, M.S.W., also provided on-site supervision and observation. Marcia Rosal, Ph.D., ATR-BC, served as an additional clinical consultant for this case.

**Description of Art Therapy Interventions**

Due to the process of the qualitative case study, the experience of the family was emphasized by continually reevaluating the needs of the family during and after each session. This approach allowed for an established family art therapy directive for the first family art therapy session only. The remaining family art therapy directives were planned immediately following each session. The planning for each session was based on supervised processing of the needs of the family at that time. The following family art therapy directives were utilized through the process of this case study: Landgarten’s (1987) non-verbal and verbal family art tasks, family perceptions collage, descriptive drawing and listening task, drawing of current family life versus hopes of the future, drawing of successes and perceived needs, and collaborative response to family art therapy process.

**Data Collection**

The collection of data included observational case notes taken by the participant observer, videotaped therapy sessions, videotaped interviews of the family members, transcriptions of videotaped sessions and interviews, as well as artwork completed during the sessions. The videotapes were reviewed and transcribed in an effort to check the validity of the observational case notes. This serves to triangulate the observational data and notes. Interviews were conducted with the participating family before beginning family art therapy, after each individual session, as well as following the entire duration of the family art therapy treatment. Questions concerning expectations, opinions, and feelings regarding the treatment process were asked (see Appendix A). The post-session interviews were conducted by the family’s executive counselor, while the initial and final interviews were conducted by the researcher. The interviews were
Data Analysis

Due to the nature of a qualitative case study, data collection and analysis was continuous and descriptive. Through direct interview, collection of artwork, and observation, data was gathered and recorded in a descriptive manner. Content analysis is a technique that enables researchers to study human behavior through an analysis of their communications (Fraenkel & Wallen, 2003). Content analysis was implemented, which, according to Fraenkel and Wallen, is extremely valuable in the analysis of observational and interview data. For this study, content analysis was conducted using observational case notes, transcriptions of family art therapy sessions, family interview transcriptions, and artwork completed during family art therapy sessions. The analysis includes both manifest and latent content.

Continual collection and analysis of data throughout the study led to the development of further research questions as well as introduced possible coding categories. Data was coded into categories that emerged as the analysis proceeded. Bogdan and Biklen (1998) outlined steps for analyzing qualitative data. Among them, the authors stated that developing a list of coding categories after the data have been collected is a crucial step in data analysis. The evolving nature of qualitative research leads to the discovery of specific codes. In this study possible types of codes that emerged include relationship, activity, and method codes. Examples of these include patterns of alliance between family members, patterns of behaviors and communication styles, implementation of creativity and problem-solving techniques, as well as positive and negative responses to the art therapy sessions from family members.
Internal and External Validity

The study involved the researcher acting as both participant observer and therapist for one participating family. To maintain internal validity, art interventions from previous case studies (Landgarten, 1987; Linesch, 1993) were implemented in the study. Specific family art therapy interventions were planned by the researcher after each session with supervision. The study is also internally consistent with the triangulation of the collection of data during the family art therapy sessions. This occurred through the use of participant-observer case notes and transcriptions from videotapes of the sessions. To validate observations, family interviews were conducted and artwork was considered. The combination of these types of data helps to minimize observer bias. Fraenkel and Wallen (2003) suggested minimizing threats to internal validity by standardizing conditions under which the study occurs. In order to accommodate a standardized setting, the participating family received art therapy services in the same professional setting each session.

Ethical Considerations

Because the study involves a family with presenting problems, ethical principles were considered. Participation was completely voluntary, allowing subjects to drop out at any time. Participants also received and signed informed consent documents as well as documents of consent to photograph artwork (see Appendix B and C). In order to maintain confidentiality, participant names are excluded from all transcripts, artwork, or publications based on the study. The use of pseudonyms and general descriptors replace any specific identifying information. The welfare and safety of the participating family is of utmost importance throughout the study and was maintained by proceeding through interventions only at times when the family was ready to move to the next level of treatment. The risks involved in this study were minimized through the inclusion of each family member’s thoughts and opinions throughout the duration of the treatment. The pre and post session interviews were conducted in such a way as to allow for questions and concerns of those involved in the research.
While some anxiety may have occurred while discussing family issues and difficulties, the ultimate goal of the family art therapy sessions was to alleviate this anxiety and assist with family issues and concerns. The sessions and interviews provided opportunity to discuss any emotional discomfort experienced while participating in the study. Each session was structured in three phases including connecting/bonding between family members and the art therapist/researcher, working on art projects and discussion of the intervention, and terminating to bring participants to an emotionally safe and comfortable level of functioning. These phases were established in order to maintain emotional safety of each family member and provide closure at the end of each session. This study was approved by Florida State University’s Human Subjects Committee on October 13, 2004 (see Appendix D).

Summary

The research methodology has been described in this chapter. The purpose of the study is to examine the use of art therapy in family therapy sessions through a detailed case study. The research attempts to answer the question: How do family members experience art therapy as a mode of therapeutic intervention for presenting problems? Participants in the study included three members of a family dealing with relational problems. The family was seen in a series of family art therapy sessions, with the plan for a minimum of four sessions. Art therapy interventions, including those based on previous family art therapy work by Landgarten (1987), were implemented during the sessions. Data collection included observational case notes taken by the participant observer, videotapes of the sessions and interviews, written transcriptions of videotaped sessions and interviews, as well as artwork completed during the family art therapy sessions. Content analysis was then completed to find emerging codes and themes. Internal and external validity have been considered and efforts to maintain validity were made. Ethical considerations as well as implications for further research have also been emphasized. In Chapter 4, the case presentation is provided.
The information presented in this chapter describes the development of family art therapy sessions and provides insight into the family members’ experiences of art therapy as a mode of therapeutic intervention for presenting problems. All issues and methods of treatment are accurate accounts; however, to ensure confidentiality of the participants, descriptive identifying data is altered and pseudonyms are utilized. As briefly discussed in Chapter 3, an exploration of the Jacobson family will be provided. Family art therapy treatment took place from February, 2005 through April, 2005 and included a total of five sessions. The family art therapy sessions were offered as part of the therapeutic services provided by the intensive outpatient program in which the client is currently admitted.

Identifying Information

Nick is a 15-year-old White male in tenth grade. He currently lives with his 42-year-old biological father, and 47-year-old stepmother during the week and with the Jacobson family including his 42-year-old biological mother, Sharon, 33-year-old stepfather, Tom, and 12-year-old stepbrother, on alternating weekends. His mother works for an insurance company and his stepfather is a mechanic. Nick’s mother and stepfather have been married for 4 years; this is his mother’s second marriage since her divorce from Nick’s biological father. The Jacobson family spends many weekends attending auto racing events in which Nick’s stepfather is actively involved. Nick has a great interest in sports including baseball and football.
Family History

Nick is the only child of his biological parents, who remained married the first four years of his life. Nick has an older half-sister from his mother’s first marriage. When Nick’s biological parents first divorced, Nick and his half-sister lived the majority of their time with their mom, Sharon. Nick’s biological parents shared custody, so Nick stayed with his father every other weekend. After the divorce, Nick’s mother moved several times. When Nick was seven years old, his mother re-married to a man who was verbally and physically abusive towards her. They divorced after a year of marriage. During that year, Nick witnessed several acts of violence. At this point in his life, Nick moved to live with his father for a year. He requested to move back with his mother because his father was too strict. Again, Nick’s mother moved several times causing Nick to change schools. When Nick was eleven years old, Sharon married the man she had been dating while on vacation, without the family’s awareness. Her new husband, Tom, has a biological son who is now twelve years old. Nick and his half-sister lived with their mother, new stepfather, and stepbrother for about three years until Nick’s sister decided to move away from the family to live with her biological father.

Upon entering the intensive outpatient program (IOP), Nick’s mother reported her inability to maintain consistent parenting and discipline and admitted she would be unable to follow the program rules. At this time, it was decided by both biological parents that Nick would live with his biological father and stepmother and stay with his biological mother and stepfather on alternating weekends. Nick’s father was willing to have Nick live with him in order to have him in the program. Nick currently lives with his father and stepmother during the week and every other weekend; he lives with his mother, stepfather, and stepbrother on alternating weekends. See Figure 1 for an outline of major life transitions.
Figure 1: Family Timeline illustrates major life transitions leading to the presenting problem and Nick’s admission into the intensive outpatient program (IOP).

Presenting Problem and History of the Problem

In December of 2004, Nick was brought to the agency for a full evaluation and consideration for the intensive outpatient program. The following information was gathered by the Treatment Director, M.S. and Certified Addiction Professional, at the time of the pre-intake assessment with Nick and both biological parents. Nick was referred to the program by his high school guidance counselor due to concerns that he might be bipolar and/or have a drug problem. The school also reported concerns that he might become physically violent in school. Academically, Nick’s grades dropped from As and Bs to Ds and Fs. Teachers reported increased defiance at school and identified that Nick often appeared enraged when he did not get his way.

Nick’s psychological history includes a period of four days spent in a residential facility for “out-of-control behaviors” reported by his mother. After discharge, Nick was in counseling for anger management for an unidentified, short period of time. These are the only reported services Nick received prior to entering the intensive outpatient program.

Nick’s parents became concerned after they discovered his use of marijuana and alcohol. Both parents also expressed concern with his violent and angry outbursts. One
outburst resulted in a physical altercation between Nick and his mother during which Nick’s mother slapped Nick and he then pinned her to the ground. Both parents reported observing behaviors from Nick such as sneaking out, manipulating, causing arguments, skipping class, and physically fighting a peer which resulted in school suspension.

Nick identified having problems with continually getting into arguments and stated that anger is his major weakness. He reported that his strengths include his personality and ability to relate to his peers. Nick’s self-reported drug use history included drinking alcohol, from age 12 to present, smoking marijuana, from age 10 to present, smoking laced marijuana once at age 14, using over the counter medications at age 14, using codeine at age 15, and smoking cigarettes from age 10 to present. He reported using drugs to feel happier, deal with or forget anger, increase ability to study, relieve depression, sleep, and relax or unwind. He recognized violent tendencies when drunk or when he felt disrespected. Nick also reported being sexually active with multiple partners (2-5) within the past year.

Nick’s diagnosis is as follows:

Axis I: 305.20 Cannabis Abuse
305.00 Alcohol Abuse

Axis II: No diagnosis

Axis III: None

Axis IV: Stressors related to school and family problems

Axis V: GAF = 61 (at intake)

After the intake and assessment procedure, Nick was determined appropriate for the intensive outpatient program and he started the program in December, 2004. As part of the program requirements, Nick’s mother and father decided to share the weekly required family sessions, each family attending a family session every other week. Nick and his mother attended five family sessions together without Nick’s stepfather before the start of this research.
Motivation for Service

The Jacobson family appeared to have motivation for treatment. Nick, while expressing some resistance to being in the intensive outpatient program, was open to participation in family art therapy sessions. Nick’s stepfather seemed willing and identified that the family art therapy sessions may help bring up issues for discussion. Nick’s mother appeared most fully motivated and seemed happy to discuss her concerns in the therapeutic environment. Nick stated an understanding of his difficulty in communicating with his stepfather and that family art therapy sessions may increase communication skills. Nick’s mother also expressed concerns about Nick and his stepfather’s relationship, and placed emphasis on her concern for her role as mediator. Nick’s stepfather was less willing to express any concerns or admit to any problems within the family other than the reasons for which Nick was admitted in the program. The family expressed that they had no expectations for the family art therapy sessions.

Clinical Observations

Nick is a light-haired, 15 year-old boy of medium build. He is in the tenth grade at his high school and has no significant cognitive difficulties. His low grades were due to his indifference to school during his drug use. Nick would often skip class to use marijuana. During the initial family art therapy session, Nick expressed his dislike of the family’s involvement in auto racing. He expressed care for his relationship with his mother, but a lack of concern for his relationship with his stepfather. Through his expressions of family issues including arguments, Nick displayed a flat affect and apathy toward verbal arguments with his stepfather. Strengths Nick presented were his humorous personality and willingness to participate in sessions. Through the course of the family art therapy sessions, Nick’s humor and sarcasm were often observed as defense mechanisms.

Mrs. Jacobson, Sharon, is a short woman of medium build with blond hair. She has a high school diploma and works in for an insurance agency. Overall Sharon displayed a great deal of affect, more than her son and husband. She expressed
concerns of often being placed in the middle of her son and her husband’s arguments which resulted in cut off communication between Nick and Tom for periods of weeks and even months. Sharon often took on an enabling role during Tom and Nick’s arguments, taking the responsibility of pleasing both her husband and her son. Sharon, like Nick, often used humor and sarcasm during sessions. She identified a strong bond with her son and stated feeling hurt when she discovered he was lying to her about his drug use.

Mr. Jacobson, who preferred to be called by his first name, Tom, is of medium height, has tanned skin, and has a short buzz haircut. Tom has a high school diploma, works in an auto mechanic shop, and spends his leisure time working on race cars or participating in racing events. Tom presented a strong affiliation with his religion and church. He stated that he lives a life of “God first, then racing.” He presented as the central family figure, with expectations of involvement in his interest in racing. Tom has a history of alcohol abuse, but reported not using at the time of this study. He stated little tolerance for disrespect and expressed having little interest in conversation. Tom has a deep voice and speaks in an assertive and direct manner, often coming across as judgmental towards his wife and stepson.

Psychosocial Stressors

The Jacobson family presented with anxiety over several stressors in their lives. Adjustment to new living situations was continually experienced by Nick and his mother. Stress existed throughout the family relationships. Arguments between Nick and Tom were common and Sharon identified feeling stress in dividing her time between her husband and her son. Sharon had many fears associated with not feeling loved or wanted by both her husband and son. Anxiety was present due to the identified lack of communication between all family members. Nick was experiencing stress related to his recent move to live with his father and stepmother and the limited time spent with his mother. Nick was also dealing with anxiety over his anger issues and drug use, resulting in admission to the intensive outpatient program. All of these factors were taken into consideration during family art therapy sessions.
Goals and Initial Treatment Plan

The initial treatment plan was presented with a minimum of four family art therapy sessions with all members of the family present. Due to extraneous circumstances, i.e. Tom’s work hours, five sessions were conducted in which two had all family members present. The remaining three sessions were with Nick and Sharon. Refer to Appendix B for copies of consent forms for participation in this study. Initial goals included helping the family to increase communication skills, providing the opportunity for understanding of roles within the family system, and increasing ability to effectively work together as a family system.

After the first session with Nick, Sharon, and Tom, goals were more clearly defined. The family expressed a need for better communication, specifically between Nick and Tom. Interactions during the session supported the need for work with communication between all family members. Also during the session, it was identified that the family life and experience revolved around Tom’s activities and interests. This emphasized the need for the inclusion of all family members and more involvement in other’s interests and activities. The family members seemed unaware of the roles each played within the family and how those roles could work together.

The initial treatment goals of viewing the family interactions and dynamic, helping the family to increase communication skills, and increasing ability to effectively work together as a family system were clarified and expanded during the first interview and session with the family. Based on the first interview and session with the family, goals also included exploration of family roles, identification of and participation in activities of interest to each family member, and increased communication skills between all family members for improved functioning as a family. Due to the nature of this study, goals were continually evaluated and modified during each session and post-session interview based on presented issues and needs of the family.
Overview of Sessions

This section provides an overview of each of the five sessions of family art therapy. All sessions presented took place in the same therapeutic setting at the agency where Nick was admitted into the intensive outpatient program. During the sessions the clients and therapist sat at a square table while the family’s assigned executive counselor silently observed. A video camera recorded from one end of the room. Sessions were scheduled in the late afternoons for about an hour, typically between the hours of 4:00 p.m. and 6:00 p.m. Each session overview describes family art therapy goals and interventions, the process of creating artwork, family interaction and discussion, and a brief assessment in relation to goals. In each description, the focus remains on the interaction between family members. While depicted as part of the session overviews, the artwork created during each session will be discussed in greater detail in Chapter 5. Refer to Appendix E for reproductions of the artwork created during family art therapy sessions. After the overview of sessions, a general overview of each family interview is presented.

Session One

The first session of family art therapy took place on February 9, 2005 from 4:50 p.m. to 5:30 p.m., immediately following the initial family interview. All three family members were present for the session. The session started with an art therapy directive of a non-verbal family art task. The family was asked to create a picture together without talking. Art supplies including a large sheet of mural paper, markers, oil pastels, and crayons were provided. A second art therapy directive followed in which family members were asked to create another collaborative drawing, this time with the option of talking. The goal of this session was to assess the overall family dynamic including relationships and interactions. The interventions utilized during this initial session were adapted from Landgarten’s (1987) family systems diagnostic procedure and the following evaluation follows her points for observation.

Session dynamic. When starting the non-verbal family drawing (Figure 3), Sharon immediately had difficulty remaining quiet. Through the process of creating the drawing, it became evident that Tom was the leader. He created the first mark,
established the theme of the picture, auto racing, and drew the picture facing his direction. Sharon and Nick both worked from the sides. Nick and Sharon worked together at one point, taking turns to write “Winner’s Circle” at the top of the drawing. Each family member used only one color for this drawing. Sharon added herself, Nick, and his stepbrother off to the side of the racecar yelling, “Go Tom!” The central figure, the race car, represented Tom.

During the discussion of the drawing, Tom drew over several parts of Nick’s drawing in an attempt to “correct” the drawing of the car. Sharon stated that Tom’s life revolved around racing and that she was there to support him. Tom agreed that the majority of his time is spent racing. Nick expressed having little interest in racing and feelings that the family life centered on Tom’s interests.

During the verbal family drawing (Figure 4), the family dynamic changed. Sharon took on the role of leader and started the drawing on her own without discussion with the other family members. She established the theme of a house. Tom first added to the drawing by correcting the roof drawn by Sharon. Family members utilized verbal communication during the process, making decisions on what to add, asking how to draw certain animals, joking with each other, and asking what others were drawing. For the most part, each family member added what he/she wanted and occasionally added to drawings of the other family members. Upon request by the therapist, each family member drew him/herself into the picture—each in his/her own separate area.

During the discussion following the art, all family members agreed on liking the racecar picture better than the drawing of the house. When asked about use of verbal communication versus nonverbal communication, Tom stated that he like trying to “figure out the others.” Verbal communication was identified as important to Sharon and Nick, but of little importance to Tom. Issues of adjustment to Sharon and Tom’s marriage surfaced. Sharon admitted to feeling torn between spending time with her husband and spending time with her son. Both Sharon and Tom stated that they had considered leaving at some point during the months of arguments between Tom and Nick. Expression of anger was identified as a problem for each family member—Sharon either “exploding” or “bottling it up,” Nick always “exploding,” and Tom “bottling it up and ignoring the family.”
Conclusions. During this session, Tom was identified as the leader of the family, with Sharon often supporting his interests and ignoring her own needs. Sharon’s relationship with her son changed after her marriage to Tom, with her often feeling divided between them. Tom and Nick’s inability to effectively communicate surfaced during discussion of their continuous arguments. Sharon identified herself as mediator and portrayed her role as enabler during discussion and creation of artwork. Nick expressed the importance of his relationship with his mother, but showed indifference toward his relationship with his stepfather. Sharon discussed wanting to improve the relationship between her son and her husband. As represented by the art, an overall separation divides the family.

Session Two

Due to his work schedule, Tom was unable to attend the second session of family art therapy which took place on March 2, 2005, from 4:45 p.m. to 5:40 p.m. The goals for this session included assessing each family member’s perspective of roles within the family and providing insight for each family member into other member’s perspective. The art therapy directive given was for each family member to create a family perceptions collage, in which family members were symbolically represented and placed in relation to one another. Art supplies included a variety of colored construction paper, scissors, glue, colored pencils, markers, and 12”x18” black construction paper. This art therapy directive was adapted from a directive utilized by Janie Rhyne, Ph.D., ATR, which was obtained through discussion with Marcia Rosal, Ph.D., ATR-BC.

Session dynamic. After hearing the directive, Nick expressed several concerns about how to approach the project. He stated that he and his mother are close, that his mother and stepfather are close, but that he and his stepfather are not close. After being told to start first with the symbols, Nick thought about his mother’s role. He then questioned his own role in the family, asking his mother for clarification. She also had a difficult time identifying Nick’s role.

After Sharon and Nick completed their collages, discussion of their perceptions followed. Nick offered to discuss his first and explained his three symbols (Figure 6). Nick stated that the racecar symbolized Tom as separated from the family due to his time consuming interest. The computer symbolized his mom as the worker and helper
of the family. He created a circular face with the words, “blah, blah, blah,” to symbolize his role as the “talker” in the family. Nick placed his symbols in a downward diagonal line with his mother in the middle.

Sharon described her collage (Figure 5) stating that the dog symbolized Tom as the protector of the family. The money sign was Sharon’s symbol for herself as the moneymaker with the role of taking care of everyone. She created a music symbol to represent Nick, stating that “his blah, blah, blah is music to [her] ears.” Sharon placed the symbol of Tom in the top left corner, her symbol next to his at the bottom of the page, and Nick’s symbol directly to the right of her symbol.

Nick and Sharon agreed with each other’s representations of the family with the exception of Tom’s role. Nick disagreed with Sharon’s perception of Tom stating that Tom is not home as much as she described. Tom’s involvement in racing was discussed again. During the discussion of the images symbolizing Sharon, she identified her confusion of feeling needed with feeling loved. She became emotional when discussing her daughter’s separation from her and expressed concern that Nick might do the same.

Also during this session, extended family history of alcoholism was discussed. Sharon stated that all the men in her family are alcoholic and Nick recognized his own addictive behaviors as traits he inherited from his grandfather. He also admitted to his feelings of wanting to use and fear that he may use again. Recognition of his own feelings was reinforced and reminders of his steps were provided. Sharon also provided information about Tom’s addictive behaviors including a history of drug and alcohol use. Tom’s interest in cars and racing was addressed as a possible addiction, replacing alcohol use.

When asked how Sharon and Nick would want to change either of the collages, Nick stated that he would want to change his mother’s place from between Nick and Tom to a place where she would feel more comfortable and less stressed. Sharon again stated that she could not identify her own interests and expressed her fears of abandonment.

**Conclusions.** The relationships and roles of Sharon, Nick, and Tom were explored during this session. Nick identified a close relationship with his mother and a
distant relationship with his stepfather. Sharon verified the distance between Nick and Tom and identified feeling torn between the two of them. Both Nick and his mother had difficulty addressing Nick’s specific role within the family system.

Session Three

The third session of art therapy was attended by Nick and Sharon. The session took place on March 16, 2005, from 4:40 p.m. to 5:35 p.m. The focus of this session was to assess each family member’s perspective of the current family dynamic and plan for the future. Goals were established to integrate and expand on issues discussed during the previous session. The directive given to Nick and Sharon was to draw personal views of family life now and hopes for family life in the future. Art supplies included colored pencils, crayons, markers, and white drawing paper.

Session dynamic. The session started with a discussion of events that occurred since the last session. Nick and Sharon reminisced about their weekend which involved “spending quality time together.” Sharon then described a racing accident in which Tom was involved that weekend. His car had flipped several times; luckily he was able to walk away with only a few bruises. Sharon discussed her fears of the possibility of Tom dying in a future accident. She then changed the subject to her relationship with her daughter. That weekend, Sharon was able to see her daughter and discuss their relationship with her.

The art directive was then given and Nick stated that he did not know how to do the drawing. Sharon started her drawing (Figure 9) and after a few minutes of thinking, Nick began his (Figure 10). During the discussion of the drawings, Nick described his view of current family life as divided. He depicted Tom racing while he and Sharon run errands. Sharon depicted the same scenario in her view of current family life. Nick’s illustrated his view of future family life with an image of Sharon and Tom watching his baseball game. Sharon’s future drawing was also an attempt at family integration. She identified several activities she would like to do together with the family. At this time Sharon also discussed her feelings of insignificance, stating that she never makes family decisions.

As an attempt to work on understanding communication between Sharon and Nick, a second art activity was utilized. Both were asked to create a drawing and then
attempt to have the other person draw the same thing without looking at the original (Figure 8). This activity emphasizes verbal communication. After completing the activity, Nick and Sharon discussed the differences between their drawings of a baseball, and admitted that the drawings indicated that verbal communication skills and listening skills could improve.

**Conclusions.** While a goal of this session was to explore the family’s perceptions of Nick’s future separation into adulthood, both Nick and Sharon remained in the near future with further integration of family members. Sharon identified wanting more togetherness while Nick illustrated more involvement in his own activities with support from the family. Nick and Sharon were able to identify some lack of communication and started to become aware of the assumptions often made during their communication.

**Session Four**

The fourth session took place on April 6, 2005, from 5:00 p.m. to 6:00 p.m. All family members were present for this session. Due to Tom’s previous absences, goals for this session included identifying Tom’s perception of the family roles. He was given the art therapy directive from session two. Other goals included helping the family identify the positive aspects of Nick’s program, what has helped him to succeed, and what he will need to continue success after leaving the program. Sharon and Nick were given the directive to create a drawing that illustrated what has helped Nick to succeed in the program and what he will continue to need after completion of the program. Art supplies included colored pencils, crayons, markers, and white drawing paper.

**Session dynamic.** Conveniently the session started with a discussion of Nick’s recent report card of three As and one B and continued with other accomplishments Nick has made. After giving Tom his directive, Sharon and Nick were given the directive to create a drawing that represents what has helped Nick thus far and what he will continue to need after leaving the program. All family members started working on their art at the same time, however, each finished at varying times. Nick finished quickly with little investment in the art process, Sharon was next, and Tom showed much investment, completing his artwork last.
Discussion of the artwork started with the family perceptions collages. Nick and Sharon reviewed their collages (Figures 5 and 6) and provided their explanations to Tom. During Sharon's explanation, Tom continued to question her drawings stating that they did not look the way she described. Sharon showed her image of a dog as symbolic of Tom, “the protector,” to which he replied, “doesn’t look very protective.” Tom then discussed his collage (Figure 7). He described the symbols he created including a light bulb, bike, and train. The light bulb symbolized Sharon, “sometimes on sometimes off.” The bike was a symbol for Nick, who occasionally “needs help pedaling and facing the right direction.” Tom symbolized himself as a train, “stubborn and on one track.” Sharon, hurt by Tom’s portrayal of her as a light bulb, questioned what he meant by that symbol. She also asked for Nick’s opinion to which he replied he agreed with Tom. Nick also verified the bike as an accurate symbol of himself.

After discussing the family perceptions collages, discussion of Sharon and Nick’s artwork followed. Nick described the image he created during the session (Figure 12) which consisted mostly of words. He identified paying attention to get good grades, following the rules, and “everything’s changed” as things that have helped him. In an effort to identify his future needs, he wrote “job,” “wisdom,” and “strength.” Sharon described her drawing (Figure 11) which consisted of emphasis on Nick’s sobriety, raised grades, help of the program, exercise, his coach, help from his dad, and better time management. She stated he will need most of these things as well as the support of all the family when he graduates the program. Both Tom and Sharon expressed to Nick the importance of getting a job and participating in sports.

**Conclusions.** Throughout this session, Sharon’s uncertainty about herself and lack of ability to express her own needs were portrayed. Tom stated he was not concerned with himself or his wife and that the program has been solely for Nick. He also reiterated Nick’s accomplishments, but negated the compliment by stating that Nick had never accomplished anything previous to this. Nick and Tom’s past arguments were re-addressed. Both agreed improvement was seen based on the lack of recent arguments. Tom stated he has not been angry with Nick, but was unable to identify how he will address a future conflict.
Session Five

The final session of family art therapy was attended only by Nick and Sharon. The session was conducted on April 20, 2005, from 5:00 p.m. to 5:40 p.m. Goals of the session included termination of family art therapy sessions and transition to verbal family counseling, a review of all the artwork created in previous sessions, consideration of progress, and assessment of the family’s ability to work together at the end of family art therapy sessions. The art therapy directive was to create a collaborative art piece in response to the review of previous sessions and artwork. Art supplies included colored pencils, crayons, markers, oil pastels, and white drawing paper.

Session dynamic. The session started with a review of all the artwork created in previous family art therapy sessions. As Sharon and Nick looked through the artwork, they commented on different memories and related some to the present. Sharon expressed confusion and anger about Tom’s drawing of a light bulb as a symbol for her. After reviewing all the artwork, Nick and Sharon were asked to collaboratively create a reaction to the artwork and sessions.

Nick initiated the drawing (Figure 13), stating that they should draw a ladder to represent changes from the past to the present. He gave Sharon directives and she followed his suggestions. Sharon drew images to represent Nick’s achievements, while Nick drew his past and the steps he has taken. On the ladder, Nick wrote the steps he has taken: admitting his problems, learning how to deal with his problems, working on his problems, staying focused, learning consequences, changing his attitude, and setting goals. Nick’s accomplishments included playing sports, raising his grades, staying drug free, and finding a job.

Sharon identified Nick’s accomplishments as well as her own realization that she “can’t fix everything.” She learned that things are not always her fault and that Nick is responsible for his own decisions. Sharon also recognized her tendencies to enable her son by defending him and making excuses for his behaviors. Sharon had difficulty identifying specific examples of how she can support Nick. She also expressed confusion about spending time alone versus losing the support of her family.

Nick expressed pride in his accomplishments. He noted the change of focus in the drawings, with the final drawing focusing on him. He stated that he took control and
emphasized what he has achieved and how he accomplished his goals. Considering how the session might have been different if Tom was present, Nick and Sharon agreed Tom would have taken control and the drawing would have been much different. Nick stated he really liked this particular drawing.

**Conclusions.** During this session, Nick took on the role of leader while his mother followed. The two worked on separate parts of the drawing, but integrated the picture for one common goal. While the focus of the drawing was on Nick and what he learned and accomplished, Sharon also was part of the drawing, showing her support and new self awareness. Tom, however, was left out of the final drawing. Overall the session provided for closure of family art therapy and a sense of accomplishment for both Nick and Sharon.

**Overview of Interviews**

The following is an overview of each of the six interviews conducted with the family throughout the study. For examples of the questions asked during each interview, refer to Appendix A. The information provided helps to clarify each family member’s perspective of the family art therapy.

**Pre-treatment Interview**

The initial interview took place immediately before the first family art therapy session on February 9, 2005. During this interview, questions were asked by the researcher to address the family’s expectations for family art therapy sessions and past experience with art therapy. Both Sharon and Tom had no previous experience with art therapy. Nick, however, had participated in one previous session of art therapy with the researcher as part of a group therapy session in the intensive outpatient program. When asked about expectations for the sessions, each family member responded with none. Sharon stated she thought it might be funny because she “can’t draw.” When asked what each hoped to receive from family art therapy sessions, Nick stated “a family connection.” Sharon identified needing “better communication and understanding” and Tom agreed. Tom added that the sessions “might help get some things out in the open.” When asked what each expected from the art therapist, all stated no expectations. Tom
and Sharon identified the possible benefit of having an “outside source” to see things differently.

**First Post-Session Interview**

The interview following the first session provided information about the family’s perception of the art directives and process. The questions were asked by the family’s executive counselor, not in the presence of the researcher. When asked what was helpful during the session, Sharon stated that realizing everyone was separate was helpful; Tom stated that seeing that everyone has different desires was helpful; and Nick did not know. The family members did not identify anything as “not helpful” to them during the session. Sharon and Tom stated that the art was helpful to “break the ice” and provide insight into others’ ways of thinking. Sharon pointed to the verbal family task (Figure 4) in reference to Tom’s placement. Nick recognized the need to learn how to communicate with the family. When asked about the role of the art therapist, Sharon and Tom stated “she observed and guided…made us realize, and pointed the direction.” All three said they felt relaxed during the session.

**Second Post-Session Interview**

During the interview following the second session of family art therapy, Sharon realized that “actually showing emotion” was helpful for her. Nick could not identify anything as helpful and stated, “I don’t really get helped; it’s the same thing over and over again.” When asked specifically what was not helpful, Nick laughed and stated, “this.” Sharon repeated that the session was helpful for her. Nick learned that his mother needs more involvement in her own activities, while Sharon learned that she needs to work on ways of expressing her needs to her husband. Sharon and Nick were then asked how the art therapist was helpful during sessions to which Nick replied that the questions asked during the session were helpful. Sharon agreed and expanded that the way in which questions were asked was helpful and that the art helped surface issues she would not have thought to discuss.

**Third Post-Session Interview**

In the interview after the third session of family art therapy, Sharon described the art directive as being helpful to her. She stated that the activity once again made her realize how separate the family really is and helped her to clarify how she wants the
family to be. Nick stated that he learned his mother “wants to be in charge.” Sharon responded that she would like everyone to be more considerate of what she wants. The descriptive listening and drawing activity was described as least helpful to both Sharon and Nick. When asked what they hoped for next session, both responded “that Tom will come.”

Fourth Post-Session Interview

The next family interview involved the opinions of all three family members. When asked to describe what was helpful during the session, Sharon stated that the drawing helped her to realize the steps and support necessary for Nick’s progress. Tom also discussed Nick’s progress in the program. Nick explained that the drawings allowed him to see what he needs to be successful when he leaves the program. Nick also replied that watching people draw was not helpful to him. Sharon made the comment that getting emotional was not helpful, but when Nick stated that it may have released stress she replied that it was helpful to her. Each family member was then asked to describe what he/she learned during the session. Tom replied that he realized Nick had done more work in the program than he had realized. With references to the artwork, Sharon discussed her confusion about Tom’s symbol for her and stated that she learned Tom thinks she is “crazy.” Tom realized that he needs to spend more time with Nick and less time racing. Sharon agreed.

Post-Treatment Interview

The final interview included discussion of all family art therapy sessions. Sharon and Nick were asked questions by the researcher about their experience in family art therapy. When asked to generally describe her experience, Sharon replied that she enjoyed it, that the art therapy provided direction and helped surface issues that were unrealized until actually “seen on paper.” She generally felt like she had “grown a lot from the experience.” Sharon also explained that the art therapy process required her to “be creative” and “think a lot.” When asked about my role as therapist, Sharon stated that I helped her to see concepts in the artwork she “knew but didn’t realize until they were pointed out.” Sharon expressed feeling most nervous during art activities in which the family was not allowed to talk. She also appreciated the art as a communicative tool, allowing her to see her husband’s thoughts. Sharon was then asked how the art therapy
helped her to deal with the family’s presenting problems. She stated that she was able to express her emotion and she felt safe and accepted. When asked which art intervention was most helpful, Sharon held up Tom’s perceptions collage. Sharon summarized her experience with art therapy as something she would like to continue.

When Nick was asked to describe his experience of family art therapy, he commented that it is “another way to do counseling,” requiring more thought. He stated that seeing the art was helpful and that the discussion of the artwork was most helpful. Nick also admitted thinking in the beginning that art therapy would be “weird” and that it would not be helpful. He stated, “I didn’t understand how drawing could be therapy, but whatever, it works.” Through art therapy sessions, Nick learned new things about his mom including her desire for more family dinners, her lack of hobbies, and her dislike of time alone. When asked which session Nick felt was most helpful, he pointed to the final drawing and stated, “I like this one best. It showed me everything I’ve done and made me feel good about myself.” When asked if he would consider art therapy in the future, Nick stated that he had liked the experience but “it’s not something [he’d] go out of [his] way to do.”

Summary

Along with a detailed description of the family and presenting problems, the development of family art therapy sessions has been presented in this chapter. Through the brief overview of each family interview, insight into the family members’ experience of art therapy was provided. The information provided from five sessions of family art therapy, February, 2005 through April, 2005, helps to clarify the purpose of the study and assists in answering the question: How do family members experience art therapy as a mode of therapeutic intervention for presenting problems? In Chapter 5 the results from the qualitative analysis will be presented and will include pertinent themes and relative literary support.
CHAPTER 5
RESULTS

The following is a presentation of the results of this qualitative case study. This chapter is divided into several parts based on the different components of the study. Each section contains an analysis of the data gathered through analysis of observational case notes, transcriptions of videotaped sessions, collected artwork, and transcriptions of family interviews. The first part of this chapter describes the themes found in family art therapy sessions through case notes and transcriptions. The second part provides themes uncovered through the analysis of the artwork created during family art therapy sessions. The third part illustrates themes from self-reports of each family member during family interviews. At the end of this chapter, a summary of all the findings is presented.

The following data were collected from a total of five family art therapy sessions with the Jacobson family presented in Chapter 4. The family consists of Nick, who is in an intensive out patient program for substance use and behavioral issues, Sharon, Nick’s biological mother, and Tom, Nick’s stepfather. The first and fourth sessions were the only two during which all three family members were present. The remaining sessions involved participation from Sharon and Nick.

Themes in Family Art Therapy Sessions

Throughout the analysis of the family art therapy sessions, the interactions between family members, roles within the family, patterns of communication, and collaboration were explored. Through the process of creating art and discussions of the
artwork, themes in these categories emerged. Consideration of the patterns and themes that emerged during analysis of the sessions provides further understanding of how the family experienced family art therapy.

**Family Roles**

The initial session provided insight into the family dynamic, specifically about the role each person plays within the family system. Tom immediately portrayed himself as leader and focus of the family by initiating the drawing and determining the theme of racing. Sharon took on a more submissive role, following Tom's lead, and then drew herself supporting Tom. Nick's role was somewhat obscure in this session; he contributed to the drawing, but did not assert himself individually. During the second art task, Sharon attempted to assert herself as leader by starting the drawing, but by redrawing her lines Tom took over as the dominant figure. During this second drawing, the separation of family members became apparent. All three family members placed themselves within individual boundaries on the page. However, the family did display collaborative effort in working to create one integrated image in both the non verbal and verbal family tasks.

**Tom.** Tom's role in the family was displayed as dominant, but also emotionally withdrawn. Corrective behaviors were often displayed by Tom. For example, he made visible corrections to contributions from both Nick and Sharon. He also questioned Sharon's suggestions and drawings on several occasions, stating that her drawings did not look how they should. He also asserted himself over Nick both in discussions and drawings. Tom tried to present himself as supportive, but was unwilling to consider changing his actions for the benefit of the family. Tom described his family perceptions collage by stating that Nick often needed help and a push in the right direction, but he offered no explanation of how Nick would receive that direction.

**Sharon.** Sharon's role within the family was submissive and supportive. She often reported feeling torn between her husband and her son. During this explanation, Sharon's tendencies to enable the other family members were explored. Through both Nick and Sharon's family perceptions collages, Sharon's role as mediator was also apparent. Both explained the placement of Sharon in the center as a pattern of the relationships. Sharon and Tom had a close relationship as husband and wife, while
Sharon and Nick also had a close relationship as mother and son. Sharon was often submissive during art interventions, following the lead of her husband in one drawing and following instructions from her son in another.

**Nick.** Nick’s role changed depending on the presence of family members in each session. In Tom’s absence, Nick became more dominant and decisive. He provided support for his mother, often helping to consider her thoughts and feelings. During the final collaborative drawing, Nick demonstrated leadership by giving instructions to his mother. While Nick was more dominant in the absence of his stepfather, a definitive family role was difficult for Nick and Sharon to determine. During the creation of the family perceptions collage, both Nick and Sharon had a difficult time coming up with a symbol to represent Nick’s role. Overall, Nick illustrated caring and supportive tendencies toward his mother and indifference toward his stepfather.

**Communication**

Communication patterns were also explored throughout the sessions. After completing the non verbal and verbal family art tasks, all three family members reported liking the non verbal activity better than the verbal one. Sharon, however, stated she had difficulty keeping quiet and that she felt more comfortable being able to talk. Tom expressed his appreciation for silent communication stating, “You can’t have better rules.” Through the sessions the family continued to reiterate the importance of verbal communication to Sharon and Nick. Tom, however, reported little interest in discussion at home. This supports the perceived lack of communication between Tom and Nick.

As sessions continued, Sharon became aware of her need to communicate more effectively with her family. She also started to discover her inability to effectively communicate her needs and feelings to her husband. This became apparent during his explanation of his family perceptions collage. Sharon was hurt by his symbol of a light bulb to represent her, but was unable to express this directly to Tom.

The total triad, as well as each dyad within the family, was considered in reference to communication patterns. Nick, Sharon, and Tom all recognized the difference in communication styles. For Nick and Sharon, communication was a necessity, open, and relaxed. Communication between Nick and Tom, however, was strained. Nick perceived this as a result of being required to act differently around Tom.
Tom stated that he demanded respect and expected Nick to think before he spoke. Communication between Sharon and Tom was less strained and Tom stated that realized he needed to be more supportive by listening to Sharon. These communicative patterns were seen during art therapy sessions. During the sessions in which Tom was not present, Nick was more assertive and open in expression both in the art and discussion.

**Themes in the Artwork**

The analysis of the aesthetic characteristics in the artwork encompasses various themes. One theme taken into consideration was that of symbolism. Consideration of the various symbols utilized by each family member allowed for further understanding of each client’s role within the family as well as the perceived role of others. Other themes in analysis of the artwork included the amount of integration of the figures within each drawing and the focus or main concept of the drawing. In this section, only the aesthetic characteristics of the artwork are taken into consideration through exploration of elements such as color, line, use of space, placement, and content. Refer to Appendix E for reproductions of family art therapy artwork.

**Tom**

Tom’s symbolic presence in the artwork is both self-centered and separated from the family. From the beginning, Tom established himself as leader and focus of the family. The first drawing completed in the family art therapy sessions was a collaborative drawing of a racecar (Figure 3), which is placed as the central figure in the drawing, symbolically and explicitly portraying Tom as the focus of the family. The racecar figure continued to symbolize Tom throughout several of the drawings. The second collaborative art piece (Figure 4) also symbolically illustrates Tom’s dominance as he is the only figure placed within the house. This may also indicate withdrawal from the family. In his family perceptions collage (Figure 7), Tom exerts his authority through his symbolic representation as well as the placement of the figures. The symbol Tom created for himself is that of a train, while his wife is symbolized as a light bulb and his stepson symbolized as a bicycle. The train is the largest figure on the page and its
placement is of threatening nature—heading directly toward the tiny light bulb and placed above the bicycle. In the two collaborative drawings, Tom also asserted himself by “correctively” drawing over lines created by both Sharon and Nick.

Sharon

Sharon’s symbolic presence in the artwork was less assertive than that of Tom’s. In several of the drawings, Sharon is portrayed in a position that is supportive of other family members. In the very first drawing (Figure 3), Sharon placed herself on the sidelines cheering in support of her husband. In her own perceptions collage (Figure 5) as well as in her son’s (Figure 6) she is portrayed as helpful, a provider, and placed in between her husband and son. Sharon’s placement of herself at the bottom of the page also symbolizes submissiveness. Both in her family perceptions collage and in the “now” portion of her “now/future” drawing (Figure 9), Sharon pasted and drew herself at the bottom of the page, under Tom. Her husband’s portrayal of Sharon also illustrated her as symbolically less significant (Figure 7). This is seen in the size and placement of the light bulb symbol relative to the other images.

Nick

Nick’s symbolism within the drawings seems a gradual attempt to find a new place within the family. In the initial drawing, Nick’s presence is minimal. He took a supportive stance in adding to the racecar image (Figure 3), but made no efforts to portray himself. In the second drawing (Figure 4), he placed himself within boundaries, away from his family. In his family perceptions collage (Figure 6), his symbol is somewhat obscure, a generic face saying “blah, blah, blah.” This indicates Nick’s uncertainty of his role within the family. Nick’s mother symbolized him as a music symbol (Figure 5), fun and enjoyable, while Tom symbolized him as a bicycle, occasionally needing help and direction. As art therapy sessions continued, Nick became more assertive in his drawings. His first attempt was his “now/future” drawing (Figure 10) in which he drew the family watching his baseball game, symbolizing his desire for importance in the family.

The Family System

Integration of the figures was another central theme of this study. The amount of integration allowed within the drawings showed relevance to actual and perceived
integration of the family. For example, in the first collaborative drawing (Figure 3), the family members are all placed apart, separated and encapsulated within individual boundaries. Both Sharon and Nick attempted to integrate the family symbolically in their “now/future” drawings (Figures 9 and 10). Both drawings illustrate separation from Tom on the “now” side of the drawing. On the “future” side, however, Sharon attempted to integrate the figures by drawing a cluster of various activities, but more accurately solved her problem by integrating the figures in a drawing of a family dinner. Nick also portrayed his integration by drawing his mother and stepfather on a bench watching his baseball game.

Within the artwork relationships within the family system were also portrayed. For example, in the family perceptions collage, both Nick’s (Figure 6) and Sharon’s (Figure 5) collages symbolize Sharon as mediator and the central connection for Nick and Tom. Nick and Tom’s relationship was symbolized as somewhat strained and distant. The relationship between Sharon and Nick was often represented as enmeshed or extremely close. Sharon and Tom’s relationship was portrayed as connected with some emotional distance. See Figure 2 for a diagram portraying relational issues within the family triad.

**Figure 2: Family Relationships** illustrates the connections between each member in the triad. Nick and Sharon’s relationship is extremely connected, often enmeshed. The relationship between Nick and Tom is strained and distant. Tom and Sharon’s relationship is connected with some emotional distance.
Focus of Artwork

Also of importance within the artwork is that of the focus or central concept illustrated in each drawing. As stated above, the first family drawing is a portrayal of a racecar theme, focusing on Tom as the central figure (Figure 3). The second family drawing is that of a house with the central concept of separation and individualism (Figure 4). The placement of the family members supports this notion. The family perceptions collages are all portrayals of each family member (Figures 5, 6, and 7). Based on size and placement of the figures, a general focus was determined. In Tom’s artwork, the dominant figure is himself. In Sharon’s artwork, again the dominant figure is Tom, but the emphasis is more on her placement in between her son and husband. Nick also placed his mother in the middle, but due to the similar sizes and even placement of the figures, Nick’s artwork has a more individualistic theme. The theme portrayed by both Nick and Sharon in the “now/future” drawings is a change from separation to integration (Figures 9 and 10). The final drawing focuses on concepts of support for Nick as well as Nick’s accomplishments in the program (Figure 13).

Themes in Family Interviews

In an effort to directly explore how this family experienced the family art therapy sessions, family interviews were also analyzed for themes. Throughout the interviews, family members considered individual perceptions of the art directives, the artwork itself, the process of creating the artwork, the discussion of the artwork, and the role of the therapist. Also analyzed in this section are the family members’ references to artwork for description and clarification.

Perceived Needs

During the interview sessions a re-assessment of goals was conducted. The following question was asked to each family member: “what do you hope will happen in the next family art therapy session?” Initially the family expressed wanting “a family connection” and “better communication and understanding.” After the first session, Sharon expressed wanting Nick and Tom’s relationship to improve. Nick stated, after the second session, that he hoped to help his mother with “her issues” by helping her to
explore her interests. During the third post-session interview, Nick and Sharon said they hoped Tom would come to the next session. After the fourth session, Tom specifically addressed the goal of spending more family time together, stating he needed to put less focus on racing and more focus on Nick.

**References to Artwork**

Another theme found in the interviews was that of references to the artwork and art process. In the first interview, Sharon discussed the placement of the figures in the collaborative family drawing of the house. She said she was surprised and the connection between the separation on the page and the separation at home. She also referenced the drawing to clarify her statement that her perceptions of Tom were different than what he portrayed. After the second session, Sharon stated that the art helps to surface issues she would not have thought to discuss. Nick, Sharon, and Tom all expressed that drawing helped them to realize the types of support Nick has needed and will continue to need after graduating the program.

When asked what specifically about the art was helpful, Sharon described the art as a tool that can provide insight into issues that have not been known until seen on paper. Nick, too, thought “seeing it” and discussing the art was most helpful. Sharon also stated the art pushed her “to be creative and think a lot.” Seeing the artwork done by other family members was also determined to be helpful. Sharon stated, “it’s almost like I know it, but I don’t realize it until I see it from another perspective.”

**Perceptions of the Art Therapist**

The role of the art therapist was also explored as perceived by the family. After the first session, Nick stated what he felt was helpful about the art therapist, “she told us what she thought.” Sharon and Tom provided what they thought to helpful qualities of the art therapist including providing guidance, observation, and direction. After the second session Sharon and Nick commented that they thought the art therapist’s questions and the manner in which they were asked were helpful. Another aspect that was determined to be helpful was the way the art therapist drew attention to parts of the drawings they might not have otherwise noticed.
Perceptions of Communication

Recognition of interactions and communication was another common theme in the interviews. In the first post-session interview, Sharon and Tom realized the separation in the family and that everyone has different needs. Nick stated that he realized the family’s need to learn how to communicate. After the second post-session interview, Nick illustrated a new understanding of his mother’s needs and Sharon expressed the need to work on her communication with her husband, specifically how to discuss her needs with him. Separation of the family members was addressed again by Sharon after the third session. Nick and Sharon also discussed recognition of Sharon’s submissive role in the family and her need for more consideration. Sharon stated that she felt the art increased communication by helping her to understand Tom, who she believes does not usually express himself. She stated, “It was a way for him to communicate with us.”

Negative Perceptions

While the family made few negative comments in relation to the family art therapy sessions, this seemed to be an important theme to explore. Nick admitted initially thinking the sessions of art therapy would be “weird” and not helpful. Sharon thought it would be “funny.” After the second session, when asked what was not helpful, Nick replied, “I really don’t get helped. It’s the same thing over and over again,” as he pointed to his drawing (Figure 6). The session determined as least helpful by both Nick and Sharon was the descriptive drawing and listening activity from session three (Figure 8). When asked if he would consider family art therapy for help in the future Nick replied, “It’s not something I’d go out of my way to do.” He stated that he thought family art therapy was helpful, but that he did not need the drawing.

Positive Perceptions

Positive statements were often made about the family art therapy sessions. Statements such as, “I had fun,” or, “I enjoyed this,” were continually made after family art therapy sessions. Feelings associated with the art therapy sessions were often “relaxed” and sometimes “emotional.” Sharon described her experience as “getting to be a kid” and Tom stated he liked that he was able “to express and think” during art therapy sessions. Nick expressed, “it’s different, but it’s fun.” Referring to the final
drawing (Figure 13), Nick stated that seeing his accomplishments drawn on paper made him feel good about himself. Considering her experience, Sharon agreed that she would be willing to participate in family art therapy in the future based on the acceptance and guidance she received in these sessions.

**Summary of Findings**

Analysis of the family art therapy sessions led to several themes including perceived and actual roles within the family, patterns of communication, and interactions between family members. Through analysis of aesthetic elements such as line, shape, color, use of space, and content, themes of symbolism, amount of integration, and focus of the artwork were explored. While themes of collaboration emerged throughout the sessions, themes of separation were common in the aesthetic analysis of artwork. Within interview responses, themes emerged including individual perceptions of the art directives, the artwork itself, the process of creating the artwork, the discussion of the artwork, and the role of the therapist. In Chapter 6 the discussion and conclusion section is provided to address the progress of the family and recommendations for future treatment, theoretical and clinical implications, and limitations and implications for future research.
CHAPTER 6
DISCUSSION AND CONCLUSION

The following chapter provides discussion of the results of the study including the progress of the family and recommendations for future treatment, theoretical and clinical considerations, as well as limitations and implications for future research. The integration of family systems theory and art therapy is explored in relation to the findings of the study. Overall, this chapter provides personal exploration of the conducted study.

Progress of the Family

According to system theorists, family therapists may see changes in the family system after a few months, but true alterations can take years (Kerr & Bowen, 1988). The intention of this case study was to address how a family experiences family art therapy, rather than to evaluate effectiveness or resolution of presenting problems. However, noting the progress of the family’s experience is of importance to this case study.

The family art therapy directives utilized throughout this study served as assessment and provided awareness within the family system. Based on personal observations of the family, I noted beginnings of self-awareness, especially in Sharon. Through her artwork and discussions, Sharon was able to recognize her tendencies to ignore her own needs in an effort to address the needs of her husband and son. Awareness of the lack of successful communication was recognized by all family members as well as a need for more integration in family activities. Nick’s progress was one of recognizing his accomplishments, which in turn increased his self-esteem. Due to Tom’s limited presence in family art therapy sessions, his progress was also limited.
He did, however, admit that he was very involved in racing and recognized the need to spend more time with the family.

The progress of the family was a slow, but increasing rate of recognition of family roles and perceptions. Through the family art therapy sessions, the family was able to experience both verbal and non verbal forms of communication, allowing for self-expression and insight into each family member’s interpretation of the family system. While significant change within the family system requires more time and effort both in therapy and at home, these sessions served as an initial step to understanding the family dynamic. The family started to recognize problems and began to show awareness of a needed change.

**Recommendations for Future Treatment**

Due to the limited number of sessions, as well as the few sessions involving all three family members, continued family art therapy sessions are recommended. In this case study, family art therapy sessions provided visual clarification and understanding of presenting problems as well as insight into individual contributions to the family system. The sessions served to provide direction into the family’s perceived wants and needs, with emphasis on the need for a change within the system. Future family sessions must expand on these concepts, continue motivation to change, and then address how to make and enforce changes. Nick would benefit from further exploration of his role within the family system, with all members present. Goals of finding support within the family system should be addressed. This will help to increase collaboration, integrate problem solving, and acknowledge communication.

Communication was identified as a skill that needed to be addressed within the family system, and continued work on changing communication styles is still needed. Tom and Sharon would benefit not only from more family counseling, but also from marriage counseling in which they could address Tom’s emotional distance and Sharon’s inability to effectively communicate her feelings and needs. This in turn would help to increase Sharon’s self-esteem and also help her to be more assertive. Due to
the positive experience with family art therapy sessions, marriage counseling using art therapy may be beneficial.

**Theoretical and Clinical Considerations**

Therapeutic art expression allows family members the opportunity to express personal feelings in a new symbolic language and then to discuss individual perceptions (Arrington, 1991). During the family art therapy sessions conducted in this study, this concept was essential. Each art directive given to the family was an attempt to promote self expression and provide insight into each family member’s thoughts and feelings about the family system. Analysis of the sessions, interviews, and artwork all support the family’s success in symbolic expression and discussion of individual perceptions.

**Theory**

In family art therapy, the family art therapist begins at the client’s level, remaining neutral in accepting all family members as a whole unit rather than independent parts. This acceptance of the group along with verbal and art expression will increase each family member’s self-confidence to enhance family dynamics and interactions (Arrington, 1991). Throughout this study, I attempted to maintain a systems perspective focusing on the interactions between family members regardless of the family’s perceptions of Nick as the identified client. While Sharon welcomed the family perspective, Tom was unable to see the importance of his role to the functioning of the family and ultimately to Nick’s benefit. While systems theory integrates information from the families of origin, I focused on the nuclear family due to the limited number of sessions. Further discussion of alcoholism within Sharon's family as well as the history of addiction in Tom’s family may have been of value if time had permitted.

A common theme uncovered during this research was that of the utility of the art in helping the family to recognize issues and express themselves creatively. Manicom and Boronska (2003) recognized benefits of combining art and family therapy including the surfacing of unconscious or unknown stories through art images. Several times throughout the sessions, the family discussed this same “surfacing” of issues from the drawings they created. In interviews both Nick and Sharon commented that the art
therapy directives promoted their creativity and required more thinking. According to Morgan & Wampler, 2003, creativity promotes problem solving, increases flexibility, and enhances adaptability, which are all qualities associated with positive therapeutic outcomes.

According to Riley (1993), in family art therapy the family is provided the opportunity to illustrate the family story and discover new, alternative endings to their story. The Jacobson family was able to begin to unfold their family story through their art, and briefly attempted to create alternative endings seen in the “now/future” drawings. Through the integration of family systems theory and art therapy, families learn new techniques that enhance communication, allow for understanding of each individual perspective, and ultimately form new patterns of belief that are supportive of self and family (Sobol & Williams, 2001). While this may ultimately be the goal in long-term treatment of a family, the family therapy sessions in this study provided for a successful start.

**Contributions of this Study**

Throughout the duration of this study, art therapy was utilized with a family system. The combination of family systems theory with art therapy provided insightful information concerning the family dynamic. During analysis of data collected during this study, the importance of art therapy to family assessment was continually emphasized. Landgarten’s (1987) diagnostic procedure provided interesting and valuable information regarding the family’s functioning through interactions and patterns of behavior. The visual representation of the artwork created a concrete, permanent view for both the therapist and family to address presenting problems and underlying conflicts. This allowed for assessment of family dynamics immediately during the session, as well as provided a visual timeline of changes made throughout the duration of family art therapy treatment. Due to the abundant amount of information uncovered in this study through the process of creating and discussing artwork, art therapy is viewed as an essential part of assessment in family therapy.

While this study emphasized concepts within family art therapy research, the study also contributes new findings to the current research. Through analysis of the data collected during this study, themes of awareness were addressed. During this
study family art therapy sessions provided insight into the family dynamic. In addition to this concept of familial awareness, implications in relation to self-awareness were also found. The process of self-discovery and awareness emerged in family art therapy sessions during this study. The process of creating artwork, discussing the artwork with the family, as well as viewing artwork created by family members provided insightful information for individual family members regarding the self in relation to the family. This concept has implications for research on family therapy and systems theory in that self-awareness may be accelerated through participation in family art therapy sessions.

**Limitations and Implications for Future Research**

A combination of limitations in methodology, limitations within the sessions and interviews, as well as limitations within the analysis of results exist. The purpose of this study was to explore the use of art therapy from a family systems perspective in the treatment of a family. In this study the use of family systems theory is rather general, encompassing broad concepts from multiple family systems theorists. In an effort to further integrate family systems theory and art therapy, more specific concepts such as that of Bowen’s or Minuchin’s family systems theories could be addressed.

Because the research was conducted as a qualitative case study, this study is of limited generalizability. According to Fraenkel and Wallen (2003), there is seldom methodological justification for generalizing the findings of a particular study. This study attempts to add to the amount of research on the integration of family systems therapy and art therapy in an effort to emphasize the importance of art therapy to family therapy intervention.

Within the session and interviews, limitations are due to Tom’s absences from several sessions. Tom participated in two of the five family art therapy sessions and in three of the six interviews. While Sharon and Nick were present for all sessions and are considered a “family,” this study would have better represented the family experience with full contribution from both parental figures. Not only did this limit the family experience, it also affected my preparation for family sessions. I was unaware that Tom would be absent up until the start of each session, which caused me to spontaneously
change goals and art directives. Limitations in analysis also exist. Initially I had intended on utilizing a research assistant to transcribe sessions and interviews. Due to technological difficulties with the videotapes, I became the sole researcher for this qualitative study. Therefore, few efforts were made to minimize subjectivity. The supervision I received throughout this study, however, helped to provide insight into my own interpretations. Due to the nature of the qualitative study, data was collected in a descriptive manner, making these details somewhat of less importance.

Based on the obvious benefits of using art therapy with a family systems perspective, I recommend that a similar study be conducted. In the event that this case study is replicated, I recommend some improvements to help increase reliability and validity of the results. In an effort to reduce researcher bias, an obvious problem with this study, the use of a research assistant would be beneficial. The research assistant could observe and code data from family art therapy sessions, interviews, and artwork. Due to the technological difficulties that occurred in this research, I strongly recommend acknowledging this as a possibility in future research and encourage the use of a variety of methods for data collection. Another useful suggestion, which was beyond the scope of this study, is to increase the number of sessions and duration of time. While this study provided assessment and initial self-awareness, true recognition of a need for change within the family system was just beginning to occur.

**Conclusion**

Overall this study proved to be very interesting and productive for me as an art therapy intern. My interest in family systems theory and art therapy has increased due to the successful experiences with this particular family. Also very beneficial to me was the supervision I sought throughout the duration of this study. This provided the opportunity for me to reflect not only on the interactions and family dynamic, but also on my functioning as the art therapist. The implications of this study emphasize possibilities of self-awareness through family art therapy, as well as highlight the importance of Landgarten’s diagnostic procedure and the significance of art therapy to family therapy assessment.
APPENDIX: A
INTERVIEW QUESTIONS
FAMILY ART THERAPY INTERVIEW QUESTIONS

Brief Semi-Structured Pre-Session Interview

Have you ever participated in art therapy sessions in the past?
How were you referred for family art therapy?
How do you feel about coming to family art therapy?
What do you think will happen in your family art therapy sessions?
What do you hope to receive from the family art therapy services?
How you think family art therapy might be beneficial to you and your family?
What are your expectations of the art therapist?

Brief Semi-Structured Post-Session Interview

What was helpful to you during the session of art therapy?
What was not helpful to you during the session of art therapy?
How was the art therapist helpful or not helpful during the session?
How did you feel during the art therapy session?
What do you hope will happen in the next session of art therapy?

Semi-Structured Post-Treatment Interview

What was your experience of the family art therapy treatment?
How did you feel about coming to art therapy?
What did you find to be useful in your art therapy sessions?
What about the art therapy sessions was helpful in dealing with the issues for which you sought treatment?
What was not helpful to you and your family during the art therapy sessions?
How do you think art therapy benefited your family relationships, if at all?
What did you learn about your family interactions through the use of art therapy?
Which session/s did you feel were most beneficial to helping your family with the presenting problem?
Which session/s did you feel were least beneficial to helping your family with the presenting problem?
How would you describe your interactions with the art therapist?
What did you learn about art therapy during the participation in art therapy sessions?
Would you consider art therapy for help in dealing with future family issues if they were to arise? What about your art therapy experience influenced your decision?
APPENDIX B

INFORMED CONSENT DOCUMENTS
Informed Consent Form

Family Art Therapy

Mindi Moore

Florida State University Graduate School of Art Education
Masters Thesis Research

Thesis Title: "Family Art Therapy"

I, Mindi Moore, am a graduate student in the Art Therapy Program at Florida State University. The purpose of my research project is to better understand the use of art therapy in assisting families with concerns, problems, or issues for which they would seek therapeutic services. As a participant in the project, you will answer questions about your thoughts and feelings concerning family issues and art therapy as well as general information about yourself and your familial relationships.

The research study involves participation in a series of art therapy sessions with the family. The sessions will require participation in art therapy interventions and will last for a minimum of 60 minutes each. Pre and post session interviews with a Florida State University research assistant will be conducted. The duration of the research will occur for a minimum of four sessions or four weeks. Any questions throughout the project will be answered by the researcher or she will refer them to a knowledgeable source.

Throughout the research, the use of videotape will be implemented during family art therapy sessions. Audiotape will be used during each interview. The purpose of these tapes is to assist the researcher and the research assistant in maintaining accuracy of responses and actions. These tapes will be kept by the researcher in a locked filing cabinet. Only the researcher will have access to these tapes and that they will be destroyed one year after completion of the study or by September 1, 2006.

As a participant in the research you will be completing artwork. The artwork will also be kept in a locked filing cabinet to which only the researcher will have access. The artwork will be returned to the family upon completion of the results of the study on or before September 1, 2006.

There are several benefits for participating in this research project. First, awareness about self and familial relationships may be increased. Knowledge of communication within the family may be increased. Also, art therapists will be provided with insight into a family’s thoughts and feelings about the use of art therapy in assisting with presenting issues. This knowledge can assist them in providing art therapy services that help families work through various concerns.

A possibility of a minimal level of risk is involved in the participation in this study. There may be feelings of anxiety related to discussion of family issues. The sessions and interviews will provide opportunity to discuss any emotional discomfort experienced while participating in
the study. Another foreseeable risk is that of a possible breach of confidentiality. To ensure protection against that risk, your name will not appear in any transcripts or publications based on the study. All videotapes will be destroyed one year after completion of the project. You are able to stop participation at any time.

Following completion of the thesis, verbatim transcripts as well as photographs of the artwork will be kept for use in future publications and scholarly presentations. Confidentiality will be maintained with the exclusion of any identifying information.

Participation is completely voluntary and you may stop participation at anytime. All of your artwork, thoughts, feelings, and answers to questions will be kept confidential, to the extent allowed by law. The results of the research study as well as your artwork may be published, but your name will not appear on any of the results or artwork.

This consent may be withdrawn at any time without prejudice, penalty or loss of benefits to which you are otherwise entitled.

You may contact me, Mindi Moore at 850-668-2611 (mrmoores79@yahoo.com), or my faculty advisor, Dr. Marcia Rosal, Florida State University, Art Education Department at 850-644-2926 (mrosal@maila.fsu.edu), for answers to questions about this research or your rights. You may also contact the Office of Research Human Subjects Committee at 850-644-9694 for further information regarding your rights.

I have been given the right to ask and have answered any inquiry concerning the study. Questions, if any, have been answered to my satisfaction. I have read and understand this consent form and I freely and voluntarily consent to be a participant in the research project entitled “Family Art Therapy.”

(Subject)                                    (Date)
Parental Consent Form for Minors

Family Art Therapy

Mindi Moore

Florida State University Graduate School of Art Education
Masters Thesis Research

Thesis Title: “Family Art Therapy”

I, Mindi Moore, am a graduate student in the Art Therapy Program at Florida State University. The purpose of my research project is to better understand the use of art therapy in assisting families. If your child participates in the project he/she will be asked questions about his/her feelings about your family and the art activities in which you participate.

Your child will be asked to participate in art therapy sessions with your family. He/she will also be asked questions about the sessions by a Florida State University research assistant. Also, your child will be asked to participate in several art activities. You and your child are able to ask any questions you may have about the project at any time.

Throughout the research, the use of videotape will be implemented during family art therapy sessions. Audiotape will be used during each interview. The purpose of these tapes is to assist the researcher and the research assistant in maintaining accuracy of responses and actions. These tapes will be kept by the researcher in a locked filing cabinet. Only the researcher will have access to these tapes and that they will be destroyed one year after completion of the study or by September 1, 2006.

As a participant in the research your child will be completing artwork. The artwork will also be kept in a locked filing cabinet to which only the researcher will have access. The artwork will be returned to the family upon completion of the results of the study on or before September 1, 2006.

There is a possibility of a minimal level of risk involved if you agree to your child’s participation in this study. Your child might experience anxiety related to discussion of family issues. The sessions and interviews will provide opportunity to discuss any emotional discomfort your child may experience while participating. The ultimate goal of family art therapy is to alleviate stress and anxiety and help in solving problems or dealing with family issues. Another foreseeable risk is that of a possible breach of confidentiality. To ensure protection against that risk, your child’s name will not appear in any transcripts or publications based on the study. All videotapes will be destroyed one year after completion of the project. You are able to stop your participation, as well as that of your child’s, at any time.

There are benefits for your child’s participation in this research project. You may learn new ways to communicate. You will also be telling art therapists about thoughts and feelings
concerning family art therapy, which may provide knowledge to help them in working with other families.

Following completion of the thesis, verbatim transcripts as well as photographs of the artwork will be kept for use in future publications and scholarly presentations. Confidentiality will be maintained with the exclusion of any identifying information.

Your participation, as well as that of your child, is totally voluntary and we may stop participation at anytime. All your child’s artwork, thoughts, feelings, and answers to questions will be kept confidential, to the extent allowed by law. The artwork and results of the research study may be published, but your child’s name will not appear on any of the results or artwork.

This consent may be withdrawn at any time without penalty and will not effect your treatment or the treatment of your child. You and your child have the right to ask and have answered any questions concerning the study.

You may contact me, Mindi Moore at 850-668-2611 (mroo9@yahoo.com), or my faculty advisor, Dr. Marcia Rosal, Florida State University, Art Education Department at 850-644-9694 (mrosal@mail.fsu.edu), for answers to questions about this research or you or your child’s rights. You may also contact the Office of Research Human Subjects Committee at 850-644-9694 for further information regarding your rights.

I have read and understand this consent form and give consent for my child  
_________________________ to participate in the study as well as be audio and videotaped.

(Parent’s Name) (Date)

(Parent’s Signature)
Youth Assent Form (13-17)

Family Art Therapy

Mindi Moore

Florida State University Graduate School of Art Education
Masters Thesis Research

I, Mindi Moore, am a graduate student in the Art Therapy Program at Florida State University. The purpose of my research project is to better understand the use of art therapy in helping families. If you participate in the project, you will be asked questions about your feelings about your family and the art activities in which you participate.

You will be asked to participate in art therapy sessions with your family. You will also be asked questions about the sessions by a Florida State University research assistant. Also, you will be asked to participate in several art activities. You are able to ask any questions you may have about the project at any time.

Throughout the research, you will be videotaped during family art therapy sessions. Audiotape will be used during each interview. The purpose of these tapes is to help the researcher and the research assistant in maintaining accuracy of responses and actions. These tapes will be kept by the researcher in a locked filing cabinet. Only the researcher will have access to these tapes and that they will be destroyed one year after completion of the study.

As a participant in the research you will be completing artwork. The artwork will also be kept in a locked filing cabinet to which only the researcher will have access. The artwork will be returned to your family upon completion of the results of the study.

During this study, you might feel anxiety related to talking about your family. The sessions and interviews will provide opportunity to discuss any discomfort you may experience while participating. The ultimate goal of family art therapy is to alleviate stress and anxiety and help in solving problems or dealing with family issues.

To ensure confidentiality, your name will not appear in any transcripts or publications based on the study. All videotapes will be destroyed one year after completion of the project.

There are benefits for your participation in this research project. You may learn new ways to communicate with your family. You will also be telling art therapists about thoughts and feelings concerning family art therapy, which may help them in working with other families.

Your participation is totally voluntary and you may stop participation at anytime. All your artwork, thoughts, feelings, and answers to questions will be kept confidential, to the extent allowed by law. The artwork and results of the research study may be published, but your name will not appear on any of the results or artwork.
This consent may be withdrawn at any time without penalty and will not affect your treatment. You have the right to ask and have answered any questions concerning the study.

You may contact me, Mindi Moore at 850-668-2611 (mmoire79@yahoo.com), or my faculty advisor, Dr. Marcia Rosal, Florida State University, Art Education Department at 850-644-2926 (mrosal@mail.e.fsu.edu), for answers to questions about this research or your rights. You may also contact the Office of Research Human Subjects Committee at 850-644-9694 for further information regarding your rights.

I have read and understand the above consent form. I have been informed that my parent(s) have given permission for me to participate, if I want to, in the study concerning family art therapy. My participation in this project is voluntary and I have been told that I may stop my participation in this study at any time. I have also been told that I will be videotaped. If I chose not to participate, it will not affect my treatment in any way.

(Youth’s Name)
APPENDIX C

CONSENT TO PHOTOGRAPH ARTWORK
Consent to Photograph Artwork

Family Art Therapy

Mindi Moore

Florida State University Graduate School of Art Education
Masters Thesis Research

I, ______________________________, do authorize Mindi Moore, graduate student in the Art Therapy Program at Florida State University, to photograph the artwork created by ______________________________, during family art therapy research. I agree that the negatives, slides, graphic images, or prints prepared may be used, in conjunction with case material, for the following purposes:

- Use for family art therapy research purposes.
- Publication or presentation; (if used in publication, any identifying material about me, such as my name, will be concealed or changed to protect my identity).
- Use for professional or educational presentation; (if used for professional presentation, any identifying material about me, such as my name, will be concealed or changed to protect my identity).

I understand that my confidentiality will be maintained and that any identifying data will be altered to protect my identity. Any names appearing on the artwork will be masked.

I also understand that I may revoke this consent at any time, in writing, prohibiting future use, but excluding any use prior to that time.

______________________________  ________________________________
Signature of Research Participant  Signature of parent/guardian if participant is a minor

______________________________
Date
APPENDIX D

COPY OF HUMAN SUBJECTS APPROVAL
Office of the Vice President For Research  
Human Subjects Committee  
Tallahassee, Florida 32306-2763  
(850) 644-8633 · FAX (850) 644-4392  

APPROVAL MEMORANDUM  

Date: 11/15/2004  

To: Mindi Moore  
1555 Delaney Dr. #1602  
Tallahassee Fl 32309  

Dept.: ART EDUCATION  

From: John Tomkowiak, Chair  

Re: Use of Human Subjects in Research  
Family Art Therapy  

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Human Subjects Committee at its meeting on 10/13/2004. Your project was approved by the Committee.  

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals which may be required.  

If the project has not been completed by 10/12/2005 you must request renewed approval for continuation of the project.  

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report in writing, any unexpected problems causing risks to research subjects or others.  

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.  

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.  

cc: Marcia Rosal  
HSC No. 2004.696
APPENDIX E

FAMILY ART THERAPY ARTWORK
Figure 3: **Winner’s Circle: A Non-Verbal Family Task** 25”x36” Marker and oil pastel on newsprint. This is the first drawing completed by Tom, Sharon, and Nick during the first family art therapy session. Each family member utilized only one color: Nick used blue, Sharon used pink, and Tom used black. The directive was to “create a drawing of your choice together without talking.” The drawing emphasizes a central theme of racing. Tom is in the racecar, while Sharon, Nick, and his stepbrother are on the sidelines. The white rectangles were placed on the drawing by the researcher to protect confidentiality.
Figure 4: *Happy House: A Verbal Family Task* 25”x36” Marker and oil pastel on newsprint. This is the second drawing completed by Tom, Sharon, and Nick during the first session of family art therapy. The directive was to “create a drawing of your choice together with the option of talking.” Each family member drew him/herself in a separate area of the picture. Nick is in the yard playing with the dogs, Tom is in the house watching TV, and Sharon is sitting on the swing hanging from the tree.
Figure 5: Sharon’s Family Perceptions Collage 12”x18” Marker on construction paper. Sharon completed this collage during the second session of family art therapy. The directive was to “create symbols for each member of the family and place them according to how you view relationships within the family.” The dog symbolizes Tom, the money figure symbolizes Sharon, and the music note symbolizes Nick. While Sharon is the central figure in this picture, Tom is placed above Sharon and Nick. The white rectangles were placed on the image by the researcher to protect confidentiality.
Figure 6: Nick’s Family Perceptions Collage 12”x18” Marker on construction paper. Nick created this collage during the second session of family art therapy. The directive was to “create symbols for each member of the family and place them according to how you view relationships within the family.” The racecar symbolizes Tom, the computer symbolizes Sharon, and the talking face symbolizes Nick. Each family member is placed independently, with Sharon in the center between Nick and Tom.
Figure 7: *Tom’s Family Perceptions Collage* 12”x18” Pencil on construction paper. Tom created this collage during the fourth session of family art therapy. The directive was to “create symbols for each member of the family and place them according to how you view relationships within the family.” The train symbolizes Tom, the light bulb symbolizes Sharon, and the bicycle symbolizes Nick. Tom’s symbol dominates the picture in both size and placement.
**Figure 8: Descriptive Drawing and Listening Task** each 8”x10” Colored pencil on white drawing paper. During the second session, Nick created the image on the left in response to the directive, “create a drawing of your choice.” Without viewing Nick’s drawing and while listening only to descriptive verbal cues from Nick, Sharon created the image on the right. While the images are similar, the differences are indicative of a miscommunication between Nick and Sharon. The white rectangles were placed on the drawing by the researcher to protect confidentiality.
Figure 9: Sharon’s Current Family Life versus Future Family Life 12”x18” Marker and colored pencil on white drawing paper. Sharon created this drawing during the third session in response to the directive, “create a picture that illustrates how you view your family life now and how you would like it to be in the future.” Sharon described the “now” side as divided, with her and Nick shopping and Tom racing. In the future, Sharon hopes for more time spent doing activities together as a family. The white rectangles were placed on the drawing by the researcher to protect confidentiality.
Figure 10: Nick’s Current Family Life versus Future Family Life 12”x18” Colored pencil on white drawing paper. Nick created this drawing during the third session in response to the directive, “create a picture that illustrates how you view your family life now and how you would like it to be in the future.” Nick portrayed Tom in a racecar separate from the car in which he and Sharon are. In the future, Nick hopes that he will be more involved in his own interests with Sharon and Tom’s support. The white rectangles were placed on the image by the researcher to protect confidentiality.
Figure 11: Sharon’s Interpretation of Successes and Future Needs 24”x18” Marker on white drawing paper. Sharon drew this image during the fourth family art therapy session. The directive was to “create a drawing that illustrates what you think has been helping Nick to succeed in the program and what you think he will continue to need after completing the program.” Family support is indicated only on the “future” side of the drawing. The white rectangles were added by the researcher to protect confidentiality.
Figure 12: Nick’s Interpretation of Successes and Future Needs 12”x18” Crayon on white drawing paper. Nick drew this image during the fourth family art therapy session. The directive was to “create a drawing that illustrates what you think has been helping you to succeed in the program and what you think you will continue to need after completing the program.” After drawing an image of himself sitting at a desk, Nick decided not to draw images, but utilized words instead.
Figure 13: Final Collaborative Response 18”x24” Crayon on white drawing paper. This drawing was completed by Nick and Sharon during the final session of family art therapy. After looking through all the artwork completed during family art therapy sessions, Nick and Sharon were asked to “create a collaborative response to all the completed artwork.” Nick established the theme focusing on his progress in the program. Nick and Sharon worked together to represent Nick’s accomplishments.
REFERENCES

American Art Therapy Association.  


## BIOGRAPHICAL SKETCH

**Mindi Rachelle Moore**

### Education

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<tr>
<th>Institution</th>
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<td>M.S. Art Therapy</td>
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<td>University of Northern Iowa</td>
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### Clinical Experience

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<td>Children’s Victim Rapid Response</td>
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