THINKING SYSTEMS — SEEING SYSTEMS: AN INTEGRATIVE MODEL FOR SYSTEMICALLY ORIENTED ART THERAPY*

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Although family art therapy has been practiced in various areas of the United States since 1962, there is still a paucity of written or theoretical information on the approach. In 1974, Gantt and Schmal identified 16 American journal articles and 5 foreign journal articles on family art therapy written between 1940 and 1973. Nine publications on family art therapy in mental health between 1973 and 1979 were identified by Moore (1981). Kwiatkowska (1962), the first known art therapist to conduct family art therapy, focused on her research using diagnostic techniques and therapeutic interventions.

Additional early art therapists who wrote about their clinical work and/or research with families include Keyes (1974/1983), Levick (1973a,b), Mueller (1968), Rubin (1974), Sherr and Hicks (1973), Wadeson (1972, 1973), Wadeson and Fitzgerald (1971), and Zierer, Sternberg, Finn, and Farmer (1975). Art therapy with mothers and daughters was first identified in writings by Dewdney and Dewdney (1970), followed by Landgarten (1975) and Rubin (1978).

In the 1980s, Landgarten (1981, 1987), strongly supporting family art therapy, described her diagnostic techniques and case studies, as did Riley (1985, 1988) and Sobol (1982). It appears, however, that a theoretical approach to family art therapy has never been clearly established. Neither Lusebrink (1990) nor Rubin (1987) included it in their recent publications identifying approaches to art therapy.

The purpose of this paper is to present 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, allowing the clinician to not only “think systems” but to “see systems” (Arrington, 1989). In order to facilitate the reader’s thinking and seeing systems, an art-based assessment of a client and his family using a systemically oriented art therapy approach in a traditional art therapy placement is included.

Conceptual Framework for Integration

Historical Perspective

Parsons and Bales (1955) noted that the nuclear family has two irreducible functions: (a) the primary socialization of the young, and (b) the stabilization of adult personalitits. Both heredity and environment provide human potential and set limits that cannot be separated in any meaningful way. Personality, according to Satir (1972), is made in families that serve as a kind of factory where socialization occurs. Therefore, “understanding personality is impossible apart from comprehending the context in which it is formed and sustained as a system and subsystem in a hierarchy of systems” (Nichols & Everett, 1986, p. 93).

According to Nichols and Everett (1986), in family therapy the historical perspective views the indi-

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Individual or the family developmentally in relation to what has happened in the past either to some member or members, or directly to the family as a whole. The therapist is looking for a “review of historical situations and data that create an emotional milieu that helps to connect the current context of the family with its living history” but not necessarily insight by the client (p. 83). The client in family therapy may be more than one person.

Stage 1. Symbolic content. The context of family interactions within which symptoms, expressed symbolically, develop in the unconscious is a Freudian viewpoint. For example, parents and other family members are the first objects of the child’s culturally unacceptable wishes (Rychlak, 1981, p. 108), and the familial environment, particularly the mother-child relationship, determines to some extent whether individual needs are satisfactorily met (Freud, 1915). Further, successful progression through the psychosexual stages by the developing child requires appropriate responses by parents.

With supervision of “Little Hans” father, Freud may have been the first to practice family therapy in the sense of working with more than one family member. Rubin (1987) wrote that Freud had “Little Hans” draw because he did not believe that he was ready for free association.

Whereas Freud (1900/1958) emphasized the language of the unconscious in dreams and symbols, it was Jung (1934/1974; Jung & von Franz, 1964) who recognized the importance of visual imagery and universal symbols in human personality. For example, Jung (1960/1978) identified the masculine personification of the unconscious in females as the animus and noted that a woman absorbs her animus from growing up with her male caretaker. Likewise, he identified the feminine personification of the unconscious in males as the anima, noting that a male absorbs his anima from growing up with his female caretakers (Arrington, 1986). Becvar and Becvar (1988) wrote that in many ways Jung’s thinking was consistent with the assumptions underlying the practice of family therapy, although little is mentioned of his thought in the family therapy literature.

In his object relations theory, Fairbairn (1954), like Freud and Jung, “‘surmised that the child internalizes familial interactions, both satisfactory and unsatisfactory, as psychological representations of early life experiences’” (Wilcoxon, 1987, p. 3). Fairbairn, and later Mahler, Pine, and Bergman (1975), believed that these retained experiences, or introjects, affect responses and reactions to others (e.g., spouse or friends) in the same manner that she or he “perceived, reacted, and responded to parents in earlier years” (p. 3).

Naumburg (1966), building on Freud’s and Jung’s work, explored the inner personal meanings of symbols. She wrote that “the process of dynamically oriented art therapy is based on the recognition that a person’s fundamental thoughts and feelings are derived from the unconscious and often reach expression in images rather than in words” (p. 1). Pasto (1964), supporting Freud, identified the impact the family has on the child’s expressive development, stating:

He attempts in his circular swings to fence in his mother and himself, to create a cosmos which revolvs about him, and which he controls. The mother image and the circle become associated together, and so will remain for the rest of his life. (p. 65)

Wilson (1987), supporting Naumburg and Beres (1965), wrote that those images develop in a “hierarchy of perceptual experiences” (p. 46) along with personality development and serve both “adaptation and communication” (p. 57).

Stage 2. Developmental continuum of basic visual constructs. Educators (Harris, 1963; Lowenfeld, 1957; Ulhri, 1972), supporting Naumburg’s theory, have long identified stages of development and their significance in children’s art. Levick’s (1983) research concluded that children in preverbal, sensorimotor development unconsciously connect basic visual constructs with their primary caretakers (mother, fathers, and siblings). Levick posited that visual constructs “serve as an index of ego function in spontaneous drawings of children and adults” (p. 18). Anderson (1978), Kellogg (1967, 1969–1970) and Shoemaker-Beal (1977) found these constructs to be universal and predictable. Gerber and Lyons (1980) noted that by “identifying the level of development portrayed in the adult patient’s drawing, we can assess his point of fixation and/or degree of regression” (p. 112).

Interactional Perspective

In assessing the underlying assumptions and concepts from the interactional perspective, the systemically oriented art therapy model looks to: (a) Kramer’s (1974) therapeutic value of the art process, (b) Ulman’s (1974) theoretical view of art as motivation
for inner healing and organization, and (c) Kwiatkowska’s (1975) theoretical view of the importance of the art process in relationships, exploring culture, experiences, and needs.

Kramer (1974) stressed the importance of the therapeutic value of the art process, and the art therapist’s task as one of integrating the client’s manual, intellectual, imaginative, and emotional faculties.

Ulman (1974) viewed “therapeutic procedures as those designed to assist favorable changes in personality, or in living that will outlast the session itself.” She added that the art therapist’s basic task is helping “people bring out from within themselves a source of motivation—the wish to organize their experience of their inner and outer worlds into a coherent form” (p. 14).

Allan (1988) identified three distinct organizational stages when the process of art is used as a change agent. The initial stage uses art to provide a view of the client’s world. This view allows the therapist to respond with the appropriate empathy and provide the client with a non-threatening vehicle for communicating with the therapist. Once trust and communication have been established, the middle stage allows the client the opportunity to express raw emotion thereby resolving ambivalent feelings so that he or she can explore deep issues. The terminal stage facilitates the use of symbols and metaphors in the healing process, while allowing the client to identify and incorporate images of self-worth and mastery.

Family therapy is involved with the contemporary interactional patterns of families and particularly with recurrent interactions and structures that are causing problems for the family. Family therapists (Bowen, 1978; Haley, 1973; Minuchin, 1974; Selvini-Palazzoli, Boscolo, Cecchin, & Prata, 1978), like art therapists (Landgarten, 1981, 1987; Riley, 1985, 1988; Sobol, 1982), intervene in ways that bring about systemic changes without the family members awareness that they are making changes. For example, paradoxical tasks or directives often result in alteration without a direct connection being apparent to the client. Family therapists (Watzlawick, Beavin, & Jackson, 1967) believed that “digital (verbal) language is almost meaningless whenever relationship is the central issue of communication” (p. 63). Art therapy (Comfort, 1985), however, integrates the visual and auditory-verbal channels and provides a second language (Arrington, 1986; Kramer, 1958; Naumburg, 1966) for diagnosis, communication, and change (Kramer, 1958; Kwiatkowska, 1978; Lowenfeld, 1957; Naumburg, 1947; Rubin, 1978; Ulman, 1961; Wadeson, 1980).

Kwiatkowska (1962, 1975), the first known art therapist to recognize the value of working with the entire family, used graphic expression as a means of communication and self-expression within the family group. She believed that the art therapist’s basic task was to help people (in relationships) “get in touch with their special culture, experience, and needs” (p. 17) through structured and spontaneous self-expression. Initially, she found families presented great resistance. As she experimented with different family configurations, “standardized procedures were developed for evaluation purposes” (p. 117) and techniques evolved to assist resistant family members tolerate difficulties in group situations.

Existential Perspective

Like other systemically oriented models (Nichols & Everett, 1986), this integrative model “takes seriously the implications of the principle of equifinality, particularly the idea that several different paths may be taken in order to reach a desired treatment goal or outcome” (p. 80).

Therapists need to be able to think about and understand relevant past events and issues, to think about and respond appropriately to current family interactions and to be adequately empathic and emotionally responsive to the family and the therapeutic situations with which they are involved. (p. 81)

Family therapists Nichols and Everett (1986) viewed the existential perspective as efforts by the therapist to comprehend “the emotional life of the family and its members, as well as his or her own emotional experience and reactions when working with the family system” (p. 84). They saw the family as an integrative and existential system because of its developmental role in the formation and functions of persons: (a) while the person lives within the nuclear family, (b) long after the person has left the nuclear family, and, (c) because intergenerational family processes and patterns continue to work between family members as well as intrapsychically over several generations.

According to Kwiatkowska (1975), working with the family on therapeutically directed art processes provided the therapist with the opportunity to expe-
I experience the emotional climate of the family along with her or his reaction to this experience. Additionally, the image and the symbolic content, expressed by the client in color, form, and pressure, provide a "metaphoric blueprint" (Landgarten, 1987) of the family alliances, the intergenerational patterns, and stages of personality development (Arrington, 1986; Kramer, 1958; Landgarten, 1987; Lowenfeld, 1957; Naumburg, 1966; Rhyne, 1979; Ulhin 1972; Wilson, 1985).

Burns and Kaufman (1972), supporting Hulse (1952) and Reznikoff and Reznikoff (1956), found Kinetic-Family-Drawings (K-F-D) helped to identify the client’s perception of the quality of feelings and interactions among family members. Likewise, Kcych (1974/1983), supporting Jungian and Gestalt theories, found that clay used metaphorically in a "Family Sculpture," provided the client with insights when exploring family-of-origin messages and expectations, current internal and external behaviors, and avenues of change.

In summary, the literature agrees that art expression assesses both subconscious and unconscious information that might never be assessed verbally. Art therapy becomes the vehicle for connecting with and communicating deep and disabling issues with a trained other (Allan, 1988).

Integrating the Historical Perspective

**Genograms and Family Maps**

Systemically oriented art therapists integrate art therapy with family therapy from an historical perspective. Family art therapists, early in the treatment process, join with their clients to construct, with the clients’ help or the help of client charts, a three generational genogram (Guerin & Pendagast, 1976) identifying birth dates, deaths, losses, repeated roles, and patterns of behavior and health. The genogram is also used to map the family hierarchy (Minuchin, 1974) and family structure through questions and observations of verbal or art expression.

**Hypothesis**

With historical information and observations of verbal and graphic expression, the therapist makes a hypothesis (Selvini-Palazzoli et al. 1978) about the purpose the symptom serves in the family.

Integrating the Interactional Perspective

**Information Gathering**

The therapist continues to gather information by encouraging art enactment through structured processes for evaluation (Arrington, 1986; Burns & Kaufman, 1972; Cohen, 1988; Kwiatkowska, 1978; Rubin, 1978; Wadeson, 1980), directed art tasks (i.e., how I would like my family to be different; the last argument we had; my family trying to change me; myself and two other people in the family, etc.—Christensen, Framo, Levick, Riley, Rosenberg, Sparks, 1982), or spontaneous art expression. Next, the therapist observes and questions the reaction and responses to the art enactment, symbols, and client interactions as they relate to the client-identified symptom. Family organization is revealed by focusing questions on those describing circular interactions: (a) to child, (b) to family, (c) draw how you—mom, or the family—react(s) to dad when he is acting depressed or drunk, (d) my family when dad is gone, (e) the last argument we had (Christensen et al. 1982). The focus is always on identifying circular patterns that are characteristic of cybernetic feedback. It is assumed that identifying these patterns will provide a more complete and coherent view (Tomm, 1985).

**Reframing**

Systematic reframing, by substituting the verb "to show" for "to be," and art expression introduce information from a different perspective, thus transforming family linguistics and changing linear punctuation to circular reciprocity. This new perspective results in families beginning to question certain assumptions and underlying beliefs, which may influence family members' behaviors and cause clients to begin revising their outdated maps of reality. In addition, the client's metaphors, symbols, or stories expressed in their graphic expression provide a new and second language for communicating the purpose the symptom serves in the family system.

**Neutrality**

The therapist begins at the client’s level, using visually perceivable documents. He or she remains neutral in accepting all family members as an organic whole rather than a composite of independent
parts as he or she does in accepting individual and group art expression. The therapist's acceptance of each individual, and his or her verbal and art expression will increase each family member's self-confidence and flexibility of thinking, which, in turn, can be used to enhance family dynamics and group and social interaction. Therapeutically directed art expression allows each family member an opportunity to express personal feelings in a new symbolic language and then to discuss individual perceptions.

Integrating the Existential Perspective

Positive Connotation

All families are characterized by interpersonal and intra-personal friction. Paradoxically, symptoms and family behavior are identified as important to the cohesion and well-being of the family and its members. Understanding the family behaviors assists both the therapist's acceptance of the family and the therapist's acceptance into the family. Acceptance and positive connotations from the therapist provide clients with a creative opportunity to explore self and family images and symbols. Therapeutically directed art expression allows clients the opportunity to express personal weaknesses and strengths. Through art and verbal expression each member of the family has an opportunity to see the family from every other member's perspective. Art, like children's play, informs while keeping certain conscious material at bay (Kramer, 1977).

Prescription for Family Ritual

Done carefully and exactly, the prescription describes what is to be done by whom, where, when, and in what sequence. Family behavior is validated, removing responsibility for change or success from the therapist. Prescribed rituals can focus on process, behavior, or structure without specified content. New information about the ineffectiveness of a prescription can be used to modify the hypothesis and to formulate new prescriptions for the family. Thus, the therapist accepts responsibility for the therapy but not the change. The therapist meets the family with respect and gamesmanship.

The goal of both reframing and prescribing a family ritual is to activate a process in which the family creates new patterns of belief that are supportive of new patterns of interaction rather than blaming individuals or providing insight. Change then is attributed to nontherapeutic events. Families are reminded to anticipate a relapse of the symptom, which is seen as normal and to be expected.

Case

The following case will illustrate a family assessment using a systemically oriented art therapy model in a traditionally oriented art therapy setting in a long-term mental hospital adolescent ward. All names and identifying information have been changed, including those on the genogram.

Within this framework, the assessment included a genogram, family developmental history, and a statement of the presenting problem. Also included was an evaluation of the family dynamics within the spousal and sibling subsystems, including roles, patterns of boundaries, coalitions, scapegoating, and the existences of family myths and secrets. The therapist used Kwiatkowska's (1975) structured art evaluation to assess the system organization.

Historical Perspective

Genogram and family map. The patient, Gary, was an 18-year-old only son of a black, unmarried couple who had lived together part-time in a low-income, high-crime area. Mom, 58 (current age) and her first husband had nine children before he was murdered during a robbery. The following year, Mom met Gary's Dad, 73 (current age), and Gary was born during the next year. Mom and Dad lived together on Wednesday through Sunday, and then Dad lived the remainder of the week with another woman in another city. One daughter from Mom's first relationship still lived at home.

History of the presenting problem. Gary was transferred to a long-term facility from a psychiatric hospital in the city when the city hospital was unable to stabilize his condition. He had been admitted to the city hospital three years prior to his admission to the long-term facility. His last admission was a result of his physical assault of his Mom. Gary, a paranoid schizophrenic, was actively psychotic. He had a history of verbal assaultiveness toward his parents resulting from a belief that they might harm him.

Information gathering. The therapist was intro-
duced to Gary’s parents at the second family session that she and the social worker had with the family. Both the therapist and the social worker came away from the history gathering session feeling the intensity and chaos within the family system. They felt an intervention plan would be difficult and decided art therapy would provide an inroad to assess the family and provide the information necessary to make a hypothesis about the purpose Gary’s illness served in the family.

**Interactional Perspective**

*Information gathering and art assessment.* Gary, Mom, and Dad were the only family members present at the art evaluation session. The therapist introduced the art tasks and the social worker acted as a participant observer. The therapist began the art-based assessment by requesting the family “to draw whatever comes to mind,” and, surprisingly, everyone cooperated, but only after Mom said, “We will do the best we can.” The three drew individual pictures.

For the second art assessment task, the therapist asked Mom, Dad, and Gary to draw a picture of their family. Mom stopped, and in a hostile tone asked the therapist, “Why do you want to know about our family?” The therapist explained that by working with the family through art, the therapist might be able to better help Gary. Mom pushed the paper away and explained that she was recovering from eye surgery and that her doctor had told her she was “not to do this type of thing.” She further stated that neither she nor Dad had any problems, that Gary was the only one with the problem, and several authorities, including her minister, had told her that there were certain things in families that were personal and that she didn’t have to tell anyone about them. Mom’s refusal to draw the members of the family discouraged Dad’s further participation. Gary, however, had already begun to draw his family portrait, and the therapist encouraged him to complete it. He completed the drawing only after Mom instructed him who he should draw next, when to put legs and a body on the figures, and which names to label the figures. Gary voluntarily drew a third picture; however, the four remaining art tasks were eliminated because of the high level of resistance from Mom. The interactional patterns with the task, the therapists, and the family members were carefully observed.

![Figure 1. Whatever comes to mind. (Mom)](image)

Mom’s drawing (Figure 1) depicts a girl in the middle of the page with the name Sally (not Mom’s name) under the figure. The girl has dark hair, two dots for eyes, an upside down v for a nose, and a single line for a smiling mouth. A single line also appears above the eyes. The face is smiling right-side up or upside down. A series of horizontal lines form a collar. The arms extend from each side of the vertical line that connects the collar to the skirt, and the legs extend from the skirt. The feet face right. To the right of the girl is a construct that resembles a feather. Mom identified it as a tree. Everything was drawn with a black crayola.

Kwiatkowska (1975) indicated that the first drawing is often an introduction of the self, or may present the family problem. Mom’s Sally is a fraying, child-like, primitive, and concrete representation. This appeared to be an accurate portrayal of Mom’s rather primitive and concrete thought processes often expressed in a fraying manner.

Gary’s first drawing was in crayola. It includes a blue oval/round shape with a line that extends in the air. A circle is on the end of the line. There are two rectangle-like doors in the oval/round shape. Above that shape appears the name “Mickie Mantle” in gold. To the left is a gold sun, a circle with rays extending outward. A smaller circle is in the
middle of the sun. When mother told Gary to draw a tree he drew a strange cross-lined configuration under the sun. Mom scolded him, saying that wasn’t a tree, and he made another drawing. He drew four vertical lines crossed by four horizontal lines. Both tree configurations are in lime green.

Dad’s drawing was disturbing in a number of ways. Drawn in black crayola, the picture shows a sad horse with its head bent so low that it appears decapitated. It faces a can with four sticks. It also appears to be struggling to move forward. Dad himself actually physically presented like the horse, struggling to move forward, bent over, and depressed. In the anal area of the horse there is a peculiar phallic symbol inside the body, and also in the shape of a tail.

Gary’s second drawing followed the family art therapist’s instruction. It shows eight people in his family. He drew two groups of three figures on the top row and two people on the bottom row. He identified the top left-hand group as David, Stuart, and Gary and the right-hand group as Jean, Theresa, and one without a name. He labelled the two figures on the bottom row Dad and Momy (Gary’s spelling).

What was most noticeable in this drawing was the fairly clear role definitions. Sibling and parental subsystems are grouped together, and yet there is little differentiation among family members. Even though Gary used several colors in his other work, all figures are drawn in the same blue color and there is no sex role distinction by body type. Both of these components appear to graphically portray the level of enmeshment, seen by Gary, in this family. Some other observations in the artwork are: (a) The hair on Stuart appears to cut off his hand; (b) the family members who are currently living at home have no mouths, which indicates rejection, guilt feelings, and depression (Urban, 1983); (c) there are sketchy, pressured lines over the breast area on the figure of his oldest sister, indicating anxiety (Urban, 1983); and (d) the navels or buttons on the figures suggest umbilical dependency issues with the mother (Ulhin, 1972).
While Mom continued to talk, Gary continued to draw on his own. His third drawing is simple and looks like a cigar with a face with cross hatching. Gary called it his “dog that needs a haircut.” Mom, oblivious to Gary’s drawing, did not interfere or make suggestions.

Discussion and hypothesis. In observing the process of the family during the art tasks, it was clear that the family system was closed and constricted. The black couple may also have been closed because they were working with two white therapists. The predominant rule was denial. As Mom had stated, “Neither Dad nor myself have any problems.”

Mom was clearly in the position of power in the family system. No one drew until she began and gave the “OK.” She was deeply enmeshed with Gary and Dad; neither spoke for himself during the session. The therapists hypothesized that this enmeshment carried over to the other family members as well. Both Gary and Dad were loyal, almost fearful of Mom. After she refused to continue drawing, Dad backed her decision and also declined to continue. Mom, vigilant in protecting her family, expended considerable energy in maintaining family secrets. This was illustrated by her drawing of a figure and naming it something she did not explain, and her interaction in the art assessment when she refused to complete a family drawing. Mom allowed Gary to complete his family drawing only under her strict scrutiny and supervision.

The content of the artwork, carefully reviewed by the art therapist for pressure, form, style, and personal and universal meaning, was illustrative of the family dynamics. All figures were unattached and floating. Mom and Dad drew in black. The black could represent their depression, their identification with their black culture, a primordial state (Cirlot, 1962), or something else.

Having completed the person, Mom may have felt out of control using an unfamiliar process like art. She drew a symbol she identified later to Gary as a tree. She may have drawn the tree, a symbol she was comfortable with, to get back in control and to relieve her anxiety. After she drew the tree, she turned to Gary and told him to draw one. Her tree, with its single trunk and empty branches extending on both sides of the trunk, indicate a psychologically barren individual with inadequate ego integration (Wenck, 1980). The branches placed low on the trunk could indicate regressive tendencies (Wenck, 1980).

Gary followed Mom’s instructions and drew what he considered to be a tree. Mom scolded him, saying, “That’s not a tree, draw it like this,” and showed him the symbol she had drawn. Gary drew in response to her directives. Again, the family interaction of placing Gary in a double bind was observed and noted (see Figure 2).

Gary’s drawings, like Mom’s tree, are not easily recognized as trees; however, they are depicted in several colors. Gary’s other pictures are also drawn in multicolors. His drawing of the sun includes a center. Additionally, he drew an oval/circle house and a circle attachment. Ulhin (1972) described this as being “bound up emotionally with the mother” (p. 40).
Dad’s drawing of the horse (particularly the phallic symbol in the anal area), coupled with Gary’s drawings, which were largely phallic in nature, suggests that Gary may have experienced homosexual molestation or incest from his Dad.

Follow-up. After this session Gary continued in an art therapy group led by the therapist. Gary told the therapist that his Dad stabbed him every day, and that his dad felt so bad about it that it was making him sick. The art and Gary’s reporting indicated that Dad may have molested Gary. Gary’s delusional system centered around a belief that snakes and cobras were in his bed at night. Themes of snakes as metaphors for Gary to reveal his sexual molestation now became clear (Burns & Kaufman, 1972). The therapist moved into a crisis mode, seeing Mom privately to discuss her concerns (Aguilera & Messick, 1986). Using the family defense mechanism of denial, Mom quickly exposed two perpetrators, angrily stating that “David and Stuart (the two brothers Gary had drawn in his family picture) would never do that to Gary,” even though no names had been mentioned.

In another individual session Gary freely discussed that he had been molested by David and Stuart since he was six years of age. Sexual abuse was reported to child protective services at this time. Although Gary had identified David and Stuart as perpetrators, the two therapists were still concerned about the father’s involvement. Gary was truly in a double bind. If he were to expose his Dad, it would destroy his relationship with his Dad and possibly with his Mom. In addition, his Mom could lose Dad’s relationship, which appeared precarious at best in that he lived part-time with another woman.

Summary

Prior to Gary’s admission to the long-term facility, he had been in individual and group therapy since he was 15 years old. The family had been included for consultations only and Gary had never been assessed with his family or in an art-based setting. The assessment made in the facility identified several functions Gary’s paranoid psychosis served in the chaotic and disorganized family system. His psychosis fit in with the familiar, although chaotic and confused family operations. Paranoid feelings became clearly understandable in a family system where incest occurred and was protected. More importantly, Gary’s psychosis was identified as keeping the family secret and the family rule of denial. For example, Mom stated that Gary was not to be believed because he was too crazy. Gary’s psychotic condition permitted him to remain loyal to his Mom, respect the family rules, and protect other family members at his own expense.

The art-based assessment integrating the historical, the interactional, and the existential perspectives allowed staff to not only think of the family system but to see how Gary and the family interacted, how Gary perceived the family, and the points of fixation or regression of family members. The art portion of the assessment allowed the staff to visually explore family self-concepts and family interactions that included Gary’s sexual molestation. For the first time Gary was identified as the victim and the staff was able to take a protective stance.

Conclusion

This paper has attempted to offer a theoretical rationale and method of integrating a family systems orientation with art therapy. This theoretical orientation integrates verbal and visual expressions as vehicles of communication with historical, interactional, and existential perspectives. The conceptual framework of historical integration includes both the conscious and subconscious family history identified in verbal data as well as in visual data assessed only through artistic expression. The visual information is identified in the image and the level of development portrayed in the art.

The interactional perspective includes the family’s interaction in the therapeutic milieu, the family’s interaction in the art process, as well as the symbolic interactions in the art product. Within the interactional perspective is incorporated the therapeutic value of the art process that allows clients to explore and organize their inner worlds so that they can be expressed concretely.

The existential perspective provides the therapist with the opportunity to experience the emotional climate of the family along with his or her reactions to the experience itself. Again, the art, used as a second language, provides a metaphoric blueprint of the emotional content of recurrent interpersonal interactions and structures.

Two basic tasks of systemically oriented art therapists are to help people in relationships get in touch
with their special culture, experiences, and needs through directed and spontaneous art expressions and to organize inner chaos into a coherent form, thereby facilitating inner healing. A case study in a traditional art therapy setting that utilized a systemically oriented art-based integrative model provided an example of how family therapy and art therapy integration is achieved at the assessment/diagnosis level even in a facility that does not usually use a family systems approach. In addition, the treatment of the client, although not discussed, was based on the integrative assessment and diagnosis. It is hoped that this paper will allay some of the confusion and lack of understanding regarding the use of systemically oriented art therapy.

References


SYSTEMICALLY ORIENTED ART THERAPY


