Theory to practice: A critical exploration of the therapeutic relationship in art therapy with a traumatised child

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Abstract

This paper explores the therapeutic relationship in art therapy with a traumatised child, Brother (pseudonym) through a critical self-reflection of my own art therapy practice. My in-depth reflection is informed by heuristic inquiry and autoethnography, based on Heidegger's concept of 'being-in-the world'. My active being, as the art therapist is emphasised in engaging the multiple selves of Brother in a mutual interaction process. In particular, the paper illuminates how an awareness of the implicit, polarised elements embedded in the tension of the therapeutic relationship can deepen an art therapist's understandings of the child's inner self, facilitate attunement and promote positive transformations in the child. This reflexive exploration of direct practice aims to deepen understandings of the nuanced contributions of art therapy practice.

Keywords

Art therapy practice, reflective practice, heuristic inquiry, critical reflection, attunement.

Introduction

This paper documents the insights gained through critical reflection on the therapeutic relationship with a traumatised child in my art therapy practice, which was part of my doctoral research. The paper explores a series of engagements with the child using a reflexive dialogical process informed by heuristic inquiry (Moustakas, 1990) and autoethnography (Ellis & Bochner, 2000). I frame my lived experiences in working with this child using Merleau-Ponty's idea of 'embodied being' alongside Heidegger's (1962) concept of 'being-in-the-world' in hermeneutic phenomenology, which introduces the dimensions of time, action, care (McLeod, 2001) and space (Mackey, 2005). This framing illuminates how art therapy practice can facilitate positive progress for traumatised children.

The active being of art therapist in the therapeutic relationship with a traumatised child

Interpersonal trauma in a child's early life can lead to maladaptive coping and a fragile sense of self (Gil, 2010). The therapeutic relationship between the therapist and the child is the key to trauma recovery and to re-establishing a healthy sense of self via the creation of a nurturing attachment experience (Malchiodi & Crenshaw, 2014). For children who have experienced trauma, "the therapist is analogous to an attachment figure providing a secure base and an attuned relationship" (Armstrong, 2013, p.275). A secure attachment implies the child and therapist/carer can mutually attune to each other's needs in interactions and build an emotional bond (Bowlby, 1962).

In art therapy, Schaverien (2000) indicates a triangular relationship between the therapist, client and artwork. This relationship shifts dynamically according to the client's needs and responses, the art-making process and the therapist's experience. Art therapists create a safe therapeutic space within this triangular relationship through offering a consistent setting to explore traumatic experiences (Case & Dalley, 2014). Art therapists take an active role in providing boundaries, emotional containment and tuning the relationship to suit the client's needs so as to achieve positive transformation (Brown, 2008). Any affectionate bonds that develop between the art therapist and child are core to establishing what Winnicott (1965) terms the 'holding environment', which is an atmosphere that provides a sense of security. A holding environment requires 'good-

enough parenting' to ensure the child's needs are handled with care at an appropriate time without over-protection (Winnicott, 1971). Malchiodi (2014) notes that art therapists perform this role through the purposeful use of art activities and/or materials to create an experience that fosters secure attachment.

The challenges for the therapist lie in judging 'what is good-enough' for the child; this entails discerning what kind of intervention is most appropriate, and when and how it is best to be provided (Shore, 2013). Such a judgement process requires the therapist to be internally and externally active in their interactions with the child, and to better understand and attune to the child's needs. Malchiodi (2020) also stresses that reparation of trauma through relationships "involve[s] multiple moments that support the unfolding of trust, safety and co-regulation" (p.100). The judgement and support required in the therapy process mean the therapist is active in managing the physical frame of the therapy, the intrapsychic feelings within the therapy and the interpersonal space between the therapist and the child. Simultaneously, the therapist also recognises the therapeutic relationship is a "dialectical enterprise in which both partners are affecting the other and both are deeply embedded in the social context of the process" (Horvath, 2001, p.171). The therapist and client thus mutually influence "one another from moment to moment" (Paul & Charura, 2015, p.82). The "active being is reflected in the therapist being in relation to their own self, the client, the art-making and the whole context" (Wong, 2017, p.86).

Methodological framework

In Heidegger's (1962) account of hermeneutic phenomenology, being is always being-in-the-world ('Dasein' in German, Heidegger's native language) (McLeod, 2001). This means people exist in a context that is an "indissoluble unity between the person and the world" (Koch, 1995, p.831), which implies there is "an inseparable connection between mind and body, lived experience, historical or social context" (Standing, 2009, p.20). People shape their social and cultural practices in their daily life and, in turn, they are shaped by the culture, historical and social institutions. Based on hermeneutic phenomenology, the following elements are useful for understanding the active being of the art therapist and the traumatised child in the therapeutic relationship.

Three characteristics of 'being-in-the-world' are posited as 1) temporality, the awareness of the finitude of time; 2) action, the existence around what we do; and 3) care, the connection to the world through anxiety, dread and resoluteness (McLeod, 2001, p.60). For example, past, present and future elements are typical characteristics of the temporality of 'being-in-the-world'. Children who have experienced trauma can project their past relationship experiences into their present relationships, thereby changing the relationship patterns and shaping potential social development in their future. Similarly, an art therapist's personal past experiences in working with children can affect their perceptions towards current clients and their decisions about future interventions. Action is evident in how children master the art materials and in how the art therapist presents and observes ways of doing/acting, which reflects the child's being-in-the-world beyond the therapy room. The provision of a safe environment with ample materials aims to concretely convey the therapist's care and resolve any tension in the therapeutic relationship.

Spatiality, in Heidegger's concept, refers to the situation where that person belongs (Mackey, 2005). For traumatised children, their 'situation' affects how they perceive their sense of self and their relationship with the art medium and art therapist. Such interaction resembles the interconnected fields of intrapersonal, intermediary and interpersonal spaces within the art therapy relationship (Killick & Greenwood,1995). Intrapersonal space refers to the inner self of the individual client, intermediary space is where art-making is a symbolic activity that externalises the client's inner world, and interpersonal space implies the interaction process between the art therapist and the client. These spaces reflect the being of both the therapist and the child in the therapy process. This intrapersonal and interactional experience is a meaning-making process that also aligns with hermeneutic phenomenology.

Merleau-Ponty's concept of embodied being expands Heidegger's work. Merleau-Ponty perceived the body as being in constant interaction with the environment, which is vital to any understanding of the human situation (Finlay, 2011). The concept is especially relevant in art therapy as the art-making establishes a relation between the body and the environment through touching, moving and acting on the materials.

Heidegger emphasises that people possess the capacity to inquire into their own existence and can create new meanings from their experiences (Guignon, 2012). In hermeneutic phenomenology, a reciprocal process of 'question and answer' can reveal such new meanings and enable people's partial understandings to become more complete (McLeod, 2001). Two elements – 'giving voice' and 'making sense' – align with the 'question and answer' process in hermeneutic phenomenology (Larkin & Thompson, 2012). 'Giving voice' implies the participants' experiences should be captured in detail to describe their complexity and richness. 'Making sense' describes "the trail of the decisions" (Koch, 1996, p.178) in the research. This includes making explicit the assumptions of the researcher, the processes of reflection, and how the social context affects any interpretations or insights to safeguard the trustworthiness of the research.

Both heuristic inquiry and autoethnography inform the 'giving voice' and 'making sense' processes in this critical reflection on my art therapy practice with a traumatised child. Heuristic inquiry acknowledges the tacit dimensions, such as hunches or intuition, in contributing knowledge (Moustakas, 1990). The capture of the 'I' in the here-and-now moment of feeling in the experience (Sela-Smith, 2002), facilitates the self-directed internal dialogue that is the key to reaching tacit knowing (Douglass & Moustakas, 1985). Auto-ethnography acknowledges the importance of our emotions and thoughts in interacting with the environment, and how social and cultural contexts can shape our thoughts and behaviours (Chang et al., 2013). Reflecting on our thoughts, pre-assumptions, biases or values enables a wider perspective and deeper understandings, and may promote further dialogue and more complete understandings (Lyle, 2009).

With reference to the methodological framework, I recorded all my feelings, thoughts, responses and reflections in the art therapy process after each session with Brother. In addition, the discussions with my research supervisors and the clinical psychologist (Ann, pseudonym, who referred Brother) provided useful information to enrich my critical reflection. The following section details and critically analyses my active being as an art therapist in engaging Brother.

Background

'Brother' was a boy who was referred by a clinical psychologist to participate in art therapy. This pseudonym acknowledges his family role as the eldest son in a Chinese family, which usually implies the duty of care for all family members. Brother's parents migrated from South-East Asia to Australia, where he was born. Brother was 7 years old and lived with his father, mother and 5-year-old sister. Brother's father suffered from Parkinson's disease; he often had fits of verbal anger and Brother had witnessed his father's attempted suicide. Brother's mother tried hard to comfort the children when their father was angry, but she was very stressed about looking after the whole family. Brother's mother was concerned about Brother; she felt he had a developmental delay, especially in his verbal expression, and she suspected he was an autistic child. She sought a diagnosis from a clinical psychologist so appropriate services could be engaged.

The clinical psychologist agreed that Brother had a verbal delay but did not identify autism in her assessment. She described Brother as being sad in presentation. In their session, Brother had especially liked drawing a ship, named Titanic; he explained the ship sailed people to somewhere. Given Brother's engagement with drawing, the clinical psychologist raised the idea of my art therapy research to Brother's mother, who agreed to let him attend. Consent was gained from Brother and his mother by following the ethical rules and regulations set by the university. Seven art therapy sessions were provided for Brother, including both individual and family formats. After my research had finished, I continued working with Brother and his mother and sister for one more year, together with the clinical psychologist. This arrangement strengthened the relational bond among Brother and his mother and sister, and facilitated better follow-up by the clinical psychologist.

'Same' situation, different moments, different reactions – developing the therapeutic relationship

The following three scenarios illustrate the fluid and changing therapeutic relationship, and how Brother and I impacted each other in "a mutual co-constructed, intersubjective process" (Paul & Charura, 2015, p.82). The scenarios detail Brother's refusal to enter the therapy room from the waiting

area on three different occasions. In reflecting on these instances, I recognise how our reactions reflect our growing mutual understanding in the therapeutic relationship. This enhanced mutual understanding facilitated my attunement to potential future interventions to meet Brother's needs and facilitate his positive transformation.

Brother's refusal to enter the therapy room

These three occasions happened in the first, fifth and the final sessions in our first year of contact. In the first situation, there was a magnetic drawing board in the waiting area for clients to use for play and/or to relax while waiting for their session. While waiting for his first session, Brother drew some matchstick figures on the drawing board before I brought him to the therapy room. This was the first time I had met Brother and he was a bit shy and timid. He glanced at me when Ann introduced me to him and then quickly continued drawing on the board. I invited Brother and his younger sister to go into the therapy room together, but he refused by shaking his head, although his younger sister had already entered. His mother and Ann encouraged him, but he still rejected this idea. Brother's mother then stopped him drawing on the board and gently brought him inside. When Brother saw the materials, he showed some interest and started picking up different things to work with. I felt this was the normal response of a child to a stranger. The art materials looked attractive, and Brother found them interesting and comforting upon entering the room, which in a sense symbolised his entering a relationship with me.

In the subsequent sessions, Brother readily went to the therapy room – sometimes he even ran straight in. I was impressed by his art-making and role-play of 'protection and attack' with the images such as superhero, monster and water-gun he created, which reflected Brother's ambivalence towards his family. A positive relationship had been built up between us, which enhanced my understanding of Brother. However, at the beginning of the fifth session, Brother stayed in the waiting area and drew on the magnetic board. He again refused to enter the therapy room. At that moment, many thoughts quickly went through my head: What was wrong? Did he feel bored with the idea of coming to the session? Was this regression? What had happened during this week and how should I respond? Both

the reflection of feeling and behaviour, and limit-setting techniques that I had learned in non-directive play therapy came to mind. I said to him, "I know you want to stay in here and feel better to draw on the board, but this is the time to have art activity together." Brother continued drawing and did not say anything. His mother, Ann and I observed and waited for a while, but I also felt the 'dead air' between us. I felt my reflection strategy had not worked. Ann suggested Brother bring the magnetic board with him into the room, but he just kept on drawing and ignored all of us. Then mother grasped and put down the drawing board, held Brother's arms and brought him inside the therapy room. Brother held his mother's legs tightly when he was at the door of therapy room, as he did not want her to leave. I felt that Brother felt insecure to see his mother out of his sight. Once Brother entered the room, he showed his discontent to me by retreating to a private corner and throwing soft clay on the floor. While I felt hesitant about how to engage with him, the art material – a glitter paper – attracted his attention and he resumed art-making. The images he drew, and the card that he sent to his mother immediately after drawing, reflected his worries and concern for his mother. The art-making process facilitated my connection with Brother again.

What had happened in the waiting room and the therapy process in this session had a great impact on me. I felt the strong desire of Brother to protect his mother and to be protected as well. My initial response in the waiting room showed my limited understanding, and there was tension in the therapeutic relationship with Brother. However, such strains led to repair, and a deeper understanding was gained afterwards, which allowed me to tune in to Brother's needs, as demonstrated in the third situation.

In the final session, Brother played with the magnetic drawing board and again did not want to enter the therapy room. My gut feelings and thoughts immediately emerged. I felt the reason for his refusal to enter was related to his mother. Such a feeling or idea was developed based on my experiences and understandings of Brother in previous sessions. The hunch emerged spontaneously but was indeed incubated over the period of contact with Brother and his family in the whole research process. This process matched with the immersion and incubation process mentioned in heuristic

inquiry. Then an idea – an illumination – emerged from this deep engagement process. At that moment, my understanding of Brother in my heart was: I know you want to help your mother, you are greatly concerned for your mother, you are helpful indeed, but you need to leave this role to other adults. Then I told Brother verbally, "It is time for you to do artwork and for your mother to interview with Ann as well. They need to talk with each other. You can help your mother if we all can start punctually." My inner voice advised me to speak out my thoughts and test Brother's reaction. This thought came from my own practice wisdom, developed over the course of my therapeutic contact with Brother.

Brother immediately put down the drawing board and went straight into the therapy room without a word – no turning back, no hesitation. In that second, all three adults – his mother, Ann and I – stared at his back. I felt frozen at that second and opened my mouth without a word. I felt deeply touched, not because of my intervention, but by the decisiveness of a little boy who had been described as shy, verbally delayed or even autistic, who looked weak but had a strong desire to support his mother. I felt amazed that I could understand this little boy and his inner world, and that our relationship had assisted me to make this judgement of intervention.

The tension in the development of our therapeutic relationship provided valuable chances for me to understand another side of Brother. My response was developed over our series of contacts which facilitated a positive reaction from him. These three repeated situations at three different moments signalled the shifts and changes in our developing therapeutic relationship, which enabled my deeper, more nuanced understandings of Brother and a view of 'another side' of our relational interactions. This 'other side' is the awareness of contrasting forces or elements operating in the mutual interactions between us. Such deepened understanding was crucial in tuning my response to Brother and facilitating his positive transformation.

Seeing polarised elements from tension embedded in the therapeutic relationship

My therapeutic relationship with Brother was embedded with implicit and explicit tension. Being sensitive to such tension was important to help me critically reflect on my awareness and my understanding of Brother's needs, and how to effectively communicate that to him. My reflection led me to see the polarised or contrasting elements in his inner self, and this recognition helped facilitate my attunement to him. Attunement by the therapist in the therapeutic relationship is crucial to facilitate a positive change in the client. The following sections summarise the tensions I encountered in my relationship with Brother. Namely, refusal and rejection; projection of relational conflict; ruptures and failure.

Refusal and rejection

The first kind of tension evident in our therapeutic relationship was the **refusal and a sense of rejection** as shown by Brother's reluctance to enter the therapy room in the first session. Brother's behaviour reflected a sense of insecurity in starting a relationship – a not-uncommon reaction in a child who has had a traumatic experience in relating with adults (Shore, 2013). His initial refusal and silence made me critically consider how to engage with him. However, this tension was evidently relieved when he saw the art materials upon entering the space and by his verbal response of a big "wow".

In art therapy, no therapeutic relationship exists without a setting (Brown, 2008). How the therapist sets up the space, such as preparing certain kinds of materials in the room, reflects the active being of the therapist. The set-up of the space is the externalisation of the therapist's capacity to respond to and contain the client's emotional struggles through art-making and interactions. It is also significant for building a sense of safety in the client (Brown, 2008). The physical space I set for Brother became part of me and acted as a bridge to connect us in the relationship. Brother's response, following my naming of art materials, reflected **the contrast with refusal in a relationship: his willingness to communicate**, in which the art medium reduced the sense of refusal in the beginning of our relationship and opened the door to engagement. Brother's response made me more alert to the suitability and sufficiency of materials for him to make choices. This was important in order for me to communicate my recognition to him in building our relationship.

Projection of relational conflict

Brother's **projection** of previous or existing relational **conflict** in the therapy process marked the second kind of tension in the therapeutic relationship. The familial tension was evident in the father's fierce and unpredictable temper, and Brother's concern for his mother's welfare. Brother projected the pattern of family conflict into the therapy process, refusing to enter the room. These conflictual forces reflected Brother's relational and emotional **needs of love and care and positive intention to help**. As emphasised by Haen and Brannon (2002), a superhero such as Superman is a symbol with power to rescue, but also has an inner weakness – the fear of kryptonite. Similarly, the superhero Brother created possessed dichotomous qualities of strengths and weaknesses. Brother expressed his inner ambivalence about his real life through the role-play: his anxiety in facing his father's anger but also his desire to help his family. In addition, Brother's response of 'water-gun only' reflected his **potential strengths** to resolve a crisis of 'shooting' and the possibility of turning to a positive direction. Thus, the conflicts that I witnessed implicitly reflected Brother's strengths and good intentions. The art-making process and the role-play provided an important medium for Brother to express his inner tension, needs and concerns freely and safely, which enriched my understanding of him.

Ruptures and failure

The third and most challenging tension was the projection of conflict directly onto me in the fifth session. Such tension represented the **rupture** in the therapeutic relationship that prompted me to experience a heavy sense of **failure**. This rupture was an outburst of all the tensions accumulated in our relationship in previous sessions. The anger shown by Brother to me in the session reflected his inner conflict of worrying about not being capable of helping his mother; a concern I did not fully understand at that time. Once again, the setting and the art medium provided a channel for releasing Brother's anger and repairing the strains in our relationship. For example, Brother's unique response to the physical setting resembles Fenner's (2012) claim of the "unpredictability of meaning" (p.17) attached to the setting, which means that what the therapist plans to provide in the space can be different from what the client perceives. Therefore, a private corner created by Brother where I could not

enter became a soothing area for him to master his feelings and regain his autonomy. The tactile nature of the clay helped to soothe (Sholt & Gavron, 2006) our stressed communication. The suggestion of the art directive, 'draw your wish', provided a further channel for Brother to come out of the corner, reconnect with me and express his concern. Significantly, this rupture and my sense of failure gave me insights and a better understanding of another side of Brother: his **care and concern** for his mother and his **wisdom** in solving problems.

In the therapeutic relationship, the 'tear and repair' process (Bordin, 1979; 1994) is helpful because a therapist provides a role model for clients on ways of problem solving, and the relationship may be further strengthened when the obstacles are overcome. Art offers a 'Third person' (Wood, 1990) to reconcile this tension and provide a medium for symbolic expression, which opens another door for understanding. Brother's making and the delivery of the card to his mother from the art directive was a powerful co-creation between Brother and me, particularly after the rupture in our session. This experience was valuable for me to gain a deeper understanding of Brother's struggle and helped incubate my capacity to respond, enabling my intervention in the last session when Brother again showed similar behaviour in the waiting room (Wong, 2017).

Active being: attunement within the tension – acknowledging the other side of your client, a key for deep understanding

The progress of the therapeutic relationship between Brother and myself is captured in Jordan's (1997) observation that "therapy is very importantly about bearing feelings together and bearing tension together" (p.347). Tensions in our therapeutic relationship provided opportunities to make the implicit and dynamic communication process explicit and knowable, which facilitated deeper understandings of different aspects of Brother and also signalled the timing for a suitable intervention. The process we experienced together through verbal and non-verbal gestures and the art-making process all contributed to my deeper understanding of Brother. Kossak (2009) emphasises these processes as an attunement that involves the creation of shared experience between the therapist and the client, so

that a mutual understanding can occur. My response in the waiting room at our last session exemplifies these processes of attunement that incubated over our time together. My intervention showed my attunement to Brother at that moment, which led to his positive reaction even though the approach seemed in contradiction. Such response was developed out of my observations, direct experiences, and through my reflection on the reciprocal interactions between the art, the child and myself, which also reflected my attunement within myself.

According to Tipple (2012), the different selves of the therapist attune to engage with the multiple selves of the client that are visualised through art and play mediums in the art-making process. The active being of the therapist in attunement to the client is reflected in the therapist's deepening understandings of the multiple sides of the client, being sensitive to their own inner response and confident to adjust the intervention at a suitable time to acknowledge the needs of the client.

Conclusion

This paper illuminates the insights I gained in critically self-reflecting on a therapeutic relationship in art therapy with a traumatised child. Heidegger's concept of 'being-in-the-world' provided useful dimensions for reflecting on the being of the therapist and the child in the therapeutic relationship. When there is tension in the relationship, the art therapy process can contribute to visualising such tension in the interaction and to repairing any ruptures in the therapeutic relationship. The art therapist's awareness of the implicit polarised elements embedded in the therapeutic relationship can deepen the therapist's understanding, facilitate attunement and promote positive transformation in the child. The tension provides valuable chances to understand the multiple selves the children express in the process, which facilitates a deeper understanding of them. The active being of the art therapist is reflected in engaging the multiple sides of these children and attuning the intervention to suit the children's emotional needs and facilitate their healthy development. Such intervention reflects the knowledge generated from practice (Dybicz, 2004): to cope with difficulties arising from the relationship between the therapist, the client and the art-making. This knowledge contributes to the therapist's bank of practice wisdom in the art therapy field.

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