

**FAMILY THERAPY AND
EVALUATION THROUGH ART**

FAMILY THERAPY AND EVALUATION THROUGH ART

By

HANNA YAXA KWIATKOWSKA, A.T.R.

*Assistant Professor
The George Washington University
Graduate School of Arts and Sciences
Formerly*

*Head Art Therapy Unit, Consultant
Adult Psychiatry Branch
National Institute of Mental Health*

With a Foreword by

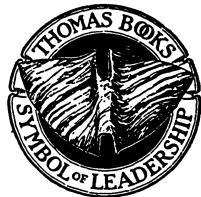
LYMAN C. WYNNE, M.D., Ph.D.

*Professor of Psychiatry and
Director of the Division of Family Programs
Chairman of the Department of Psychiatry
University of Rochester School of
Medicine and Dentistry
Rochester, New York*

and

ADELE R. WYNNE, A.B.

*Art Therapist
Rochester Psychiatric Center
Rochester, New York*



CHARLES C THOMAS • PUBLISHER
Springfield • Illinois • U.S.A.

Published and Distributed Throughout the World by
CHARLES C THOMAS • PUBLISHER
BANNERSTONE HOUSE
301-327 East Lawrence Avenue, Springfield, Illinois, U.S.A.

This book is protected by copyright. No part of it
may be reproduced in any manner without written
permission from the publisher.

© 1978, by CHARLES C THOMAS • PUBLISHER
ISBN 0-398-03729-9 (cloth) ISBN 0-398-06218-8 (paper) *
Library of Congress Catalog Card Number: 77-12001

*With THOMAS BOOKS careful attention is given to all details of
manufacturing and design. It is the Publisher's desire to present
books that are satisfactory as to their physical qualities and artistic
possibilities and appropriate for their particular use. THOMAS
BOOKS will be true to those laws of quality that assure a good
name and good will.*

Any part of this book may be re-
printed royalty free for U.S.
Government purposes.

Printed in the United States of America
N-1

Library of Congress Cataloging in Publication Data

Kwiatkowska, Hanna Yaxa.

Family therapy and evaluation through art.

Bibliography: p.

Includes index.

1. Art therapy. 2. Family psychotherapy.

I. Title.

RC489.A7K93

616.8'916

77-12001

ISBN 0-398-03729-9. — ISBN 0-398-06218-8 (pbk.)

To My Husband

FOREWORD

THE FIELD of psychotherapy has been a proliferation of new theories and techniques in the last quarter of a century. Some flowered brilliantly, only to wither or at least never become firmly established in the bedrock of accepted therapeutic approaches. Art therapy has withstood the test of time and has grown to be recognized as a major therapeutic and diagnostic tool in working with a wide spectrum of pathologies. Hanna Yaxa Kwiatkowska has wedded the established concepts and practice of art therapy for the individual with the more recent theories and techniques of family therapy. Her carefully elaborated synthesis of these two disciplines is a significant new hybrid which brings into view underlying aspects of family structure and dynamics, provides a modality for lively participation by all family members together in therapy, and builds a graphic and much needed record of family change over time. This book will be basic for those in the field who are interested in keeping abreast of the expanding role of art therapy as either a primary or an adjunctive approach in working with families.

It has been our privilege and deep pleasure to know Hanna Kwiatkowska on both professional and personal levels during the twenty years in which the work on family and art therapy described in this volume evolved. Previously, she had established her personal artistic credentials as a prize-winning sculptress in Europe and Brazil and had entered the field of art therapy in its founding days with Margaret Naumburg. Hanna Kwiatkowska then joined the intramural staff of the National Institute of Mental Health in a golden period of its history. For a decade, beginning in the middle to late 1950s, unprecedented recruiting, budgeting, and administrative flexibility enabled the Intramural Research Program of NIMH to become an unique environment for creative exploration in fields widely ranging from biochemistry

of the brain to studies of social class in relation to mental illness. In this setting, as Head of the Art Therapy Unit in the Adult Psychiatry Branch, Hanna Kwiatkowska could join with colleagues across traditional disciplinary boundaries in studies of schizophrenia, families and family therapy, and adolescent development. The flow of ideas to and from her Art Therapy Unit gave insights and impetus to the staff of these varied programs and at the same time provided her with the freedom to apply her innovative and integrative talents with a diversity of families whom she knew over time and with a distinctive depth of understanding.

In more recent years, Hanna Kwiatkowska has served as a teacher and consultant based in the George Washington University and the Washington School of Psychiatry, simultaneously contributing to workshops, exhibits, and demonstrations at numerous universities, psychiatric centers, and professional meetings throughout America and elsewhere in the world. Perhaps most notably, she was received with great enthusiasm in Brazil as a three-time holder of a Fulbright Travel Award.

The vivid and enduring personal experience with individuals and families provided by evaluation and therapy through art appropriately constitutes the core of this book. The case histories illuminate the text with examples of the individual and family art productions associated with a wide range of patients and their families. Particular emphasis is given to the problems of integrating family art therapy with the various verbal therapies which the individual or family may be concurrently receiving. Kwiatkowska's wide experience and theoretical background have led her to postulate and courageously employ new techniques to overcome the resistance to exploring art as a medium for communication and self-expression, resistance not only by the patient and his family but often by staff members trained in other disciplines. With the patient or family seen in verbal therapy by another therapist, she made the startling but brilliant suggestion that the verbally oriented therapist, untrained in art techniques, be integrated into the art therapy as cotherapist. This serves to awaken the verbally oriented therapist to the evaluative and therapeutic significance of the family's artistic productions and unifies the

total treatment approach. Even more daring and innovative are her instructions to encourage the cotherapist to join in artistic expression of his feelings along with the family. This "joining" with the family has many practical consequences.

Especially useful are her detailed instructions for the Evaluative Family Art Session. Six different pictures are requested of the family; the theoretical rationale for the change of instructions for each picture is explained in the text. Interpretation of the resulting pictures from the viewpoints of symbolism and family dynamics draws upon her wide background in concepts of individual art therapy and conventional verbal family therapy.

For the research-oriented reader, her concluding chapters summarize a variety of ways art therapy may be analyzed to give statistical or empirical validity to diagnostic hypotheses. Her involvement in three varied research studies suggests approaches that others may want to pursue. She acknowledges that the results are preliminary and in some cases still inconclusive. Artistic renditions, like verbal productions, are difficult to categorize. Systematic research in the art therapy field has been rare; Hanna Kwiatkowska's contributions are pioneering efforts.

Time and time again, one obtains the sense of gratification and therapeutic effectiveness which arise from involvement in art therapy which provides an opportunity to record permanently an emotional experience. Reviewing the pictures later allows the therapist and the family to gain perspective and distance on a feeling that may have been too difficult to acknowledge at the time of creation. By returning to a picture, continuity and focus on a problem can be maintained through as many sessions as needed until individual distortions are clarified or catharsis is achieved. Like the artistic renderings of the family in therapy, this book will remain etched in the mind of all who take the time to read it. A gifted art therapist has used the tools of her trade, her wise, critical intelligence, and her warm and compassionate personal qualities to convey to us innovative and significant contributions in the blossoming field of family art therapy.

LYMAN C. WYNNE, M.D., Ph.D.
ADELE R. WYNNE, A.B.

INTRODUCTION

IN MY FOURTEEN YEARS as art therapist at the National Institute of Mental Health in Bethesda, Maryland, beginning in 1958, using art media for therapy and evaluation of families, and in my further work with families in other settings, I accumulated an enormous volume of material. I feel the time has come to share with others what I experienced and learned through this work.

While reviewing the families' pictures and sculptures, I was impressed with the freshness and liveliness with which I reexperienced the sessions at which the artwork was produced. But when I then turned to my written notes and to the tape recordings of the sessions, I soon realized that my being again so vividly in touch with the emotions evoked during the sessions and with the intensity of my relationship with the families resulted primarily from their art productions. The verbal material served to clarify and make more precise the meaning and message of the artwork, but the memories awakened assumed a different character. The strongly felt emotional impact gave way to scientific scrutiny, to an intellectual desire to learn more and to understand better. These two aspects of my experience while preparing the material for this book may shed light on the mysterious and peculiar role of art in the realm of human experience.

The purpose of this book is to describe how the special kind of communication provided by the graphic or plastic media is being used with families for therapy, evaluation and research. The two disciplines, family therapy and art therapy, which merge in the discipline described in this book, have in recent years been the object of increasing interest, research and formal education. It is with some hesitation that I draw a parallel between the development of these two disciplines. Family therapy is a complex outgrowth of child and adult psychotherapy and communication theory, with such pioneers and masters as Nathan W. Ackerman,

Donald Bloch, I. Boszormenyi-Nagy, John E. Bell, Murray Bowen, James V. Framo, Jay Haley, Don D. Jackson, R. McGregor, Salvador Minuchin, Norman L. Paul, Irving M. Ryckoff, Virginia M. Satir, R. Tharp, Carl A. Whitaker, Lyman C. Wynne, and Gerald H. Zuk, among others. Family therapy has a variety of theoretical orientations and a vast literature and numerous training centers, and reaches further and further into all mental health facilities and institutions.

Art therapy is older than family therapy but has developed more slowly. It is only since 1969 that formal education has existed in this field.

Although the practice of analytically oriented art therapy began in the late forties, the first years of its existence saw an uphill battle on the part of talented and determined individuals who realized the important contribution their approach could make to the field of mental health. Foremost among these pioneers was Margaret Naumburg. It was she who opened the eyes of the psychiatric world to the power of the image, not only as a reflection of the unconscious but also as a powerful therapeutic and diagnostic tool. Her first book, *Studies of the "Free" Art Expression of Behavior Problem Children and Adolescents as a Means of Diagnosis and Therapy*,¹ was published in 1947 and was followed in 1950 by another important book, *Schizophrenic Art: Its Meaning in Psychotherapy*.² Numerous studies dealing with psychotic art and with the psychological exploration of the creative process date from as far back as the end of the last century, but these two books mark the beginning of an important era; they establish an identity for art therapy as a direct mode of treatment and diagnosis.

I do not plan to present here a survey of the historical development of art therapy, but any writing in this field must recognize the work of those who struggled to establish a place for this new discipline.

I was privileged to take my first steps in art therapy under the guidance of Margaret Naumburg and am deeply conscious of her impact on the development of my thinking and the evolution of my initial theoretical formulations and technique. However, I

was aware of how much I needed a solid background in psychology, psychiatry and psychoanalysis. Formal university training programs in art therapy did not exist at that time. The William Alanson White Institute in New York, where I was admitted as a student, gave me the invaluable opportunity to study under such teachers as Clara Thompson and Erich Fromm.

When I look back at my own search for a road in a field that was still very nebulous around 1950, I realize how fortunate I was to encounter people who not only enriched my understanding of the intricacies of the human mind but who also accepted me and trusted my ideas and experiments.

I remember my surprise and pleasure when I saw my name linked with that of the late Doctor Winfred Overholser, Superintendent of St. Elizabeths Hospital, in the authorship of an exhibit at the Second World Congress of Psychiatry in Zurich in 1957. I recall with gratitude my years at St. Elizabeths, where, from 1955 to 1958, with no official title, I was given the freedom to design my own programs. My work there aroused my interest in finding a way to make use of all the riches of the clinical material that I was collecting. The staff's response was very positive and encouraging. Doctor Leon Konchegul was my first cotherapist in using art with groups of patients there. It was during that period that I made my first attempt at designing a research project: a blind study of the influence of chlorpromazine (Thorazine®) on graphic expression of schizophrenic patients. I deeply appreciated the hospital staff's cooperation in the conduct of this pilot study.

Also during that period came my unforgettable meeting with Frieda Fromm-Reichman, which led to my association with the National Institute of Mental Health in 1958. There I encountered stimulation and understanding of how I could contribute to research on the role of the family in the etiology of mental illness, with special emphasis on schizophrenia.

Doctors Lyman C. Wynne and Juliana Day Franz, through their bold but profoundly scientific theoretical formulations, were an inspiration to my work. They gave me support through their trust in the validity of my methods and, above all, through their invaluable collaboration.

Recalling this initial phase, I want to express my appreciation also to Doctor Jay T. Shurley, Acting Chief of the Adult Psychiatry Branch at the time of my first contact with the National Institute of Mental Health; Doctor David Hamburg, Chief of the Adult Psychiatry Branch, who hired me as the first art therapist at the Institute; Doctor Seymour Perlin,³ my first coauthor; Doctor Christian C. Beels,⁴ who was the first to include my approach in his definitions and description of the different trends in family therapy, thus officially bringing family art therapy into the psychiatric literature. Doctors F. Gentry Harris and Loren R. Moshier⁵ were the first two persons to recognize in the use of art with the family the possibility of results not obtainable otherwise; with both I conducted extensive therapeutic and diagnostic work with families of schizophrenics.

Doctor James K. Dent has special importance in another phase of the use of art media with families. He has devoted an enormous amount of work to a systematic computerized comparative analysis of material obtained from patients and families of different diagnostic classifications.

I wish to record my recognition of the many generations of young psychiatrists, clinical associates at the National Institute of Mental Health, with whom I collaborated through the years. Among them, I especially wish to express my appreciation to Doctor Irwin Taube for his participation in our joint work, described in Chapter V. Doctor William E. Bunney's interest in the completion of this book during my final years at the National Institute of Mental Health was of great encouragement to me.

Doctor Bernard I. Levy, Director of the Graduate Training Program in Art Therapy at The George Washington University, has recognized the significant value of Family Art Therapy and was the first to introduce it in a university curriculum. For this and for his most helpful advice throughout my writing of this book I am deeply grateful.

Elinor Ulman, who painstakingly went over the first draft of this book, provided me the benefit of her expertise as much as an art therapist as an editor. Marcie Giberman was instrumental, through her meticulous editorial work, in bringing the book into

its final form. My sincere thanks to both.

I do not think I would have brought this book to completion without my husband's sustained encouragement and support. His insightful comments on its content enriched my own understanding of the experiences I was attempting to describe.

But my greatest gratitude is to the troubled families who accepted my efforts to understand and to help. They gave me their trust and afforded me increasing experience in reaching families in distress.

H.Y.K.

CONTENTS

	<i>Page</i>
<i>Foreword</i> —Lyman C. Wynne, M.D., Ph.D. and Adele R. Wynne, A.B.	vii
<i>Introduction</i>	xi
 <i>Chapter</i>	
I. ORIGIN AND DEVELOPMENT OF ART THERAPY WITH FAMILIES OF MENTAL PATIENTS	3
II. FAMILY ART TECHNIQUES AS THEY EVOLVED AT THE NATIONAL INSTITUTE OF MENTAL HEALTH	7
The Role of the Art Therapist	10
The Cotherapists in Family Art Therapy	12
III. THE FAMILY ART SESSION	22
Meeting the Family	25
Discussion of Art Products	28
IV. FAMILY ART THERAPY AS A TECHNIQUE ADJUNCTIVE TO VERBAL FAMILY THERAPY	33
V. FAMILY ART THERAPY WITH A HYSTERIC PATIENT AND HER FAMILY	43
VI. FAMILIES OF SCHIZOPHRENICS AS SEEN THROUGH THEIR ART PRODUCTIONS	63
The Use of the Scribble in Diagnosis	65
Denial of Meaning	74
Therapists' Subjective Experience with Families of Schizophrenic Patients	77
VII. FAMILY ART EVALUATION	83
Procedures	86
First Procedure: Free Picture	90
Second Procedure: Family Portrait	95

<i>Chapter</i>	<i>Page</i>
Third Procedure: Abstract Family Portrait	100
Symbols of Hobbies or Occupations	103
Meaningless Symbolism of Colors and Shapes . .	103
Expressive Use of Abstract Symbols	104
Fourth Procedure: Individual Scribble	106
Fifth Procedure: The Joint Family Scribble and Its Diagnostic Implication	106
Sixth Procedure: Free Picture	113
Family Art Evaluation with the Valachos Family . . .	118
VIII. THE USE OF SCULPTURE IN FAMILY ART THERAPY	129
IX. FAMILY ART THERAPY AS THE PRIMARY MODE OF TREATMENT	137
X. FAMILY ART TECHNIQUES AS RESEARCH TOOLS	176
Systematic Nonstatistical Research	177
Systematic Statistical Research	183
The Dent-Kwiatkowska Study	185
The Sample	185
The Rating Manual	186
Preparation of Pictures for Rating	188
The Raters	188
The Twin Study	189
The Sample	190
The Lunissen Family, with Twins Concordant for Schizophrenia	191
The Brown Family, with Twins Discordant for Schizophrenia	195
The Stewart Family, with Normal Control Twins	199
The Rating Manual	203
The Ratings	204
Examples of Scores	206
Results	208
Conclusion	212

Contents

xix

	<i>Page</i>
<i>Concluding Remarks</i>	214
<i>Appendices</i>	217
<i>References</i>	267
<i>Bibliography</i>	269
<i>Name Index</i>	271
<i>Subject Index</i>	273

**FAMILY THERAPY AND
EVALUATION THROUGH ART**

CHAPTER I

ORIGIN AND DEVELOPMENT OF ART THERAPY WITH FAMILIES OF MENTAL PATIENTS

THE INCLUSION of the family in art therapy had a natural birth and an evolutionary process of development. It was not designed as an experiment that might produce interesting, unusual data. I would instead define it as an experiential discovery in which data emerged spontaneously. The richness, freshness and variety of pictorial and behavioral material obtained from accidental participation of family members in patients' individual art sessions led me to recognize how much we could gain from a mode of communication with the family that was not exclusively verbal.

In the initial period of my work in the Adult Psychiatry Branch of the National Institute of Mental Health, I saw patients individually in art therapy as an adjunct to their individual psychotherapy. The first article on art therapy published by the Government Printing Office dates from this period and was based on this work.³

It was also at that time that research at the Adult Psychiatry Branch of the National Institute of Mental Health began to focus more and more on family relations and on the role of the family in the etiology of mental illness in general and of schizophrenia in particular. Participation of the family in conjoint family therapy became a prerequisite for admission of patients. This resulted in the frequent presence of family members, who came to the ward

either for conjoint family psychotherapy or to visit their hospitalized offspring or relative, and eventually led to informal contact between different family subsystems and the art therapist.

In several instances family members asked to see the patient's artwork. I quickly found, however, that my yielding to such requests was destructive to the patient. In my individual work with patients I encouraged spontaneous creation of pictures or sculptures and respected and accepted their work regardless of its form and content. Artwork varied from very crude images, naive but expressive attempts to convey a message, to painfully disturbing expressions of psychotic confusion and chaos.

The parents would be either critical of the former or shocked and repulsed by the latter. Questions such as "Why don't you draw a nice basket of fruit?" or ". . . a vase with flowers?" were frequently heard. Most painful were those instances in which the family members would dismiss a picture that was disturbing and confused, though for the patient dramatically loaded with symbolic meaning, with the exclamation, "How cute!"

After several such experiences I started to look for a solution that would not discourage the family from being interested in the patient's work but that would entail less risk of such total lack of understanding of the patient's experience. I decided to allow them to visit the art therapy room provided they agreed to participate in the artwork.

Following is a description of my first experience in the participation of a family member in an art therapy session.

Peggy Williams, twenty-four years old, with blond curly hair, blue eyes and a clear, fresh complexion, was hospitalized after about two years of increasing symptoms of psychiatric illness ranging from distractibility during conversation, preoccupation with fixed ideas and suspiciousness, to auditory hallucinations and withdrawal, interrupted by either silliness and giggling or angry, paranoid outbursts. She was seen in 124 individual art therapy sessions over a period of twenty-three months. About two and one-half months after the beginning of our sessions, her brother Philip participated in one of our meetings at Peggy's invitation.

I was intrigued by how much I learned about their relation-



Plate I.