

Multicultural Family Art Therapy

Edited by
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Israel

7 Parent-child (dyadic) art psychotherapy and trauma When the implicit becomes explicit

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Introduction

Parent-child art psychotherapy is based on joint art projects of parent and child and mother-father-child (with intact families). Parents' supervision may include visual symbolization: drawing, painting, sculpting, etc. Joint visual symbolization may transform the implicit, subsymbolized relational contents to an explicit entity available for reflective contemplation. Thus, mentalization of the relationship may commence and cause relational change. The capacity to mentalize is dependent on the attachment relationships:

[I]t refers to our ability to attend to mental states in ourselves and in others as we attempt to understand our own actions and those of others on the basis of intentional mental states. (Bateman & Fonagy, 2012, p. XV)

In addition to being a new device of expression and communication, visual symbolization has a diagnostic value throughout treatment. If a relational change had occurred, it would be present in future joint products (Markman Zinemanas, 2011).

For example, a mother of an eight-year-old patient had rejected the therapist's observation that her daughter was under too much pressure to achieve academically. During this conversation, the child was painting a wonderful red apple in a separate room. The mother saw the painting and without her daughter's permission, painted a white spot on it to make it look three-dimensional. Following this action, the mother became aware of the implicit nonverbal ways in which she did put pressure on her daughter in everyday life. The implicit components of the mother-child relationship became explicit by visual symbolization. The art product was available for reflective contemplation and for mentalization. Thus, a relational change could occur. The diagnostic and therapeutic implications of parent-child joint visual symbolization and the child's visual products will be discussed in this chapter.

Parent-child (dyadic) art psychotherapy: Theoretical orientation

It is only recently that the Association of Parent-Child Psychotherapy was founded in Israel. The model of parent-child art psychotherapy is based on the model of mother-child, father-child psychotherapy postulated by Miriam Ben-Aaron et al (2001) and

Judith Harel et al (2006). Dyadic therapy is now offered in Israel to various multicultural populations.

The unique needs of the Israeli family: A diverse perspective

The Israeli family is not easily defined because of the diversity and complexity of the Israeli society (Kidron & Landreth, 2010). In addition to the stressful life of the modern family, Israeli families experience life under ongoing threats of war and terrorism. The fathers serve in the army for a month each year and more during a time of war. Many families have experienced physical harm, mental problems or sadly lost relatives in wars or in terror attacks.

Although World War II ended more than sixty years ago, the survivors of this war and the survivors' subsequent generations are still affected by the trauma of the Holocaust (Good & Ben-David, 1995). Holocaust survivors fought in the Independence War of 1948 that initiated a continuous conflict between Israel and its neighboring Arab countries. The conflict between Jews and Arabs living in Israel influences everyday life. Survival threats initiate extreme emotional responses (Kidron & Landreth, 2010).

The impact of religion, politics and immigration on the Israeli family

Israeli society copes with waves of immigration from various countries with different cultural heritages. In addition to tension between minorities, there is tension between different religious people and secular groups, as well as between ultraorthodox versus liberal religious Jews. Consequently, political polarities connected to religious polarities are extremely intense.

This stressful situation has a direct effect on Israeli children's emotional health, even if they are not directly exposed (Lauer & Solomon, 2006). What remains a buffer to some of these deficits is the Israeli culture's central focus on child rearing. This common characteristic is found in multiple types of families. Usually, both parents share the responsibilities of parenthood (Ben-Israel, 2003). Invested parenthood is viewed as a way to help children to cope with stressful events, which are often out of their parents' control.

Parent-child art psychotherapy: Theoretical understandings

Ainsworth (1967) argues that attachment lies at the heart of family life. Theories that empathize the dyadic relationships suggest an overall aim of increasing the security of the family base. Concomitantly, these theories take into account that dyads are embedded within the family system.

As stated earlier, the model of parent-child art psychotherapy is based on the model of mother-child, father-child psychotherapy postulated by Miriam Ben-Aaron, the founder of this model in Israel. Ben-Aaron began to involve parents in child treatments while working with Margaret Mahler. She was the therapist in the case of Violet in Mahler's book *The Psychological Birth of the Human Infant* (Mahler et al, 1975). Violet's case exemplifies Ben-Aaron's understanding that no change would occur in a child unless the mother was an integral part of the overall therapeutic process. Currently, art therapists

who were Ben-Aaron's students have applied her model to what is called "parent-child art psychotherapy" (Gavron, 2013).

Various models of parent-child therapy have influenced its development in Israel (Barrows, 1999; Fonagy et al, 2008, 2012; Foroghe & Muller, 2011; Lieberman et al, 2005, 2008; Proulx, 2003; Slade, 1999; Stern, 1995, 2004). Alicia Lieberman supervises Israeli therapists by Skype. Lieberman and Van Horn conceptualized parent-child psychotherapy as the following:

Child-parent psychotherapy is founded on the basic premises of attachment and psychodynamic theories, which posit that the parent-child relationship is central to shaping personality development in the early years, and that effective intervention for young children's social-emotional difficulties should focus on this attachment-caregiving system. (Lieberman & Van Horn, 2005)

The following model of parent-child art psychotherapy is the author's personal variation. Relational functioning is procedural, subsymbolized and unconscious (Bucci, 2009). Usually, while interacting, relational occurrences are automatic (Fonagy & Bate-man, 2012). Relational change is based on mentalization of these occurrences. Through visual symbolization, the implicit relational processes may be embodied tangibly – from supplying materials, to technical help, joint visual symbolization and joint contemplation. The implicit components of intersubjectivity are thus symbolized in a nonverbal way and may be mentalized through contemplation.

What are the unique contributions of visual symbolization in explicitly articulating implicit relational processes?

Art materials exchange as explicit communication for implicit relational contents

The way parent and child relate to art materials is similar to early communication. It is the embodiment of the relationship that includes satisfaction of needs (Moon, 2010). The material exchange is a port of entry to implicit relational contents. The choice of materials, their attraction or rejection may elicit the earliest memories, as well as the dyad's attitude to regressive, aggressive or sexual issues.

For example: a parent can be judgmental about the amount of paint her child "wastes". Such occurrence can enhance mentalization of the mother's attitude to her child's behavior. Regulating art materials may bring to the surface mutual regulation difficulties. Finding ways to better regulate materials can initiate better mutual regulation in the dyad and within the family system.

Joint visual symbolization

Joint visual symbolization is a nonverbal way of communicating. While creating jointly, parents' and the child's movements leave traces in the visual product that can later be contemplated and reflected upon. Contemplation can occur with the child or in the parents' supervision. While contemplating, the symbolization process may be reconstructed, reflected and understood. Intersubjectivity, which was nonverbally

articulated through joint visual symbolization, can also be processed verbally (Bucci, 1997, 2005, 2009).

Freedberg and Gallese (2007) and Gallese (2009) described the neurological activity occurring while contemplating artworks: "This reconstruction process during observation is an embodied simulation mechanism that relies on the activation of the same motor centers required to produce the graphic sign" (p. 202). While contemplating, the neurons responsible for the human motions depicted in the picture are activated within the observer's brain. In addition, the neurons responsible for execution of the artwork, or the implied movements that are connected to its content, are activated. The automatic neural activity relates to the realistic as well as to the abstract components of the artwork.

In joint visual symbolization, these joint movements are actually executed and are not merely simulated. Thus, intensification of this process might occur, and may explain the influence of joint visual symbolization on dyadic interaction and the mutual empathy that may develop.

Joint projects may encourage the experience of the transitional space (Winnicott, 1971) and the development of playful authentic expression of parent and child where there is no right or wrong. Unfortunately, often the dyad has lost this way of being together as a result of traumatic events and/or relational problems. The containing presence of the therapist and the art materials can facilitate transitional space to develop sustainable symbolization, communication and mutual regulation.

Intersubjective processes occur between the creator and the evolving symbol and with the product

Although not another subject, the visual symbol behaves as such by its ongoing change as a result of the creators' movements while creating.

In visual symbolization, flexible movement can occur between actually creating, stepping back, contemplating, reflecting and painting again; between primary and secondary processing (Kris, 1952; Noy, 1969), between the physical activity and the mental processes. Contrary to other arts, in visual symbolization, the symbol is located outside the creator from the beginning of the symbolization. While singing, dancing or acting, the creator is an inherent part of the symbol and cannot look at it from a distance. Contemplation is possible only by following the symbolization by watching a recording. The visual symbol can be seen as a whole at once. As a result, the creator can notice visual phenomenology while symbolizing and understand its connection to his relational style. In joint visual symbolization, intersubjectivity acquires a visible form that can be contemplated by the dyad while being created and at the end of the process.

Intersubjectivity between creator and the evolving symbol can facilitate the following processes

A legitimate way of expressing negative feelings

Negative contents can be articulated without directing these toward a family member. Positive emotions are not always easily expressed verbally. Compared to verbalization, in visual symbolization, there is more proximity between the symbol and the symbolized,

both while being created and in the product. Realistic content may facilitate aggressive expression without causing harm. The dyad has a legitimate way to act out their negative feelings by beating clay, drawing aggressive lines, tearing paper, etc. The visual product can be contemplated and mentalized, and thus symbolized in a more abstract way with more distance between the symbol and the symbolized. It may be possible to verbalize aggressiveness and not just act it out.

Development from a symbolic equation, where there is hardly any distance between the symbol and the symbolized (Segal, 1957, 1991), to a flexible symbolization or, in Bucci's terms, the subsymbolic, is nonverbally symbolized. It may happen that the mentalization expands during the joint symbolization. The parent may notice that he/she occupied too much space or has been too intrusive (see, for example, Figure 7.2). Negative contents can be contained first through the visual symbol, and later, through verbalization. Improvement in the mutual regulation can occur and initiate relational change.

Time conception

Intersubjectivity between the creator and the visual symbol can change the concept of time that might be confused in cases of childhood trauma (Putnam, 1989, p. 177; Van der Hart et al, 2006; Allen, Lemma & Fonagy, 2012). Contemplation can enhance parents' understanding that they are relating now in a way that is relevant to their traumatic past, to the "ghost in the nursery" (Fraiberg et al, 1975). For example, the parent can feel mistakably threatened by his child because he looks like his past abuser and not as a result of the present moment.

The visual product is tangible evidence of the dyad's productivity

The productivity connected to visual symbolization is different from the helplessness connected to traumatic events:

[T]he bodily and life-affirming activities of the artist making art can remediate the feelings of helplessness, passivity, and annihilation experienced during trauma. (Annie Buk, 2009, p. 62)

The use of the tactile and visual senses in art psychotherapy may facilitate body memories:

If the body memory evokes repressed memories of early trauma, then the imagery can be projected in a visible fashion and controlled experiencing of painful recollections is possible. (Riley, 2004, p. 186)

Allan Schore connected early relational trauma and the development of the right hemisphere (Schore, 2009, 2011). Diana Fosha (2003) claimed that in early trauma, right brain functions are impaired and self-regulation is not efficient. Visual symbolization activates both the child's and the parents' right hemisphere. There is bilateral stimulation

of the two hemispheres to integrate visual and verbal narratives into coherent autobiographical memory (Spring, 2004).

Parent-child art psychotherapy focuses on the original dyads where the child attachment style developed. Visual symbolization activates the right brain, which therein contributes to mutual regulation, founded on sensory-motor preverbal processes.

Stern et al (2002) claimed that therapeutic change depends on the patient's attitude to the implicit relational knowing. Visual symbolization turns the implicit into the explicit. It can direct the attention to the implicit relational knowledge as it is first expressed visually. The product is available for reflective contemplation and mentalization of contents that had not been available before.

The power of visual symbolization in revealing the implicit should be used cautiously. Unconsciously, the dyad might not be ready to deal with issues symbolized visually. The therapist can relate first to the phenomenology of the artworks: to the space each participant occupied, to the distance between symbols, etc. The participants can choose to remain in the phenomenological level without entering the interpretative realm. This is crucial with traumatic dyads that need to feel a sense of control instead of the helplessness connected to trauma. Certain contents can be discussed in parent supervision. These contents might not be suitable for the child to hear, or their exposure might do harm to the parent's image for the child.

One of the most important therapeutic contributions of joint visual symbolization is that it can "transcend verbal barriers and provides a fresh lens into the family system. Individuals cannot disregard the tangible qualities of art as readily as they might dismiss words" (Hoshino, 2008, p. 40).

The structure of parent-child art psychotherapy

The diagnostic phase includes the following: (1) Intake with both parents. (2) Father-child joint session. (3) Mother-child joint session. (4) With intact families, mother-child-father joint session. (5) One or two sessions conducted with the child alone. (6) The therapist meets the parents to share impressions and to plan the treatment.

Usually, with three- to six-year-olds, the treatment is based exclusively on joint sessions as in Ben-Aaron model: joint sessions of father-child, mother-child, parents' supervision and so forth. With older children, more sessions with the child alone may be included.

Following the agreed-upon sequence of sessions is recommended to keep treatment as a safe container and to strengthen parental competence. If it is hard to follow the treatment protocol, this might reflect a parent's difficulty to function as a safe container in other areas of life.

The therapist encourages parents to be cognizant that they are the most important agents for creating therapeutic change. The therapist tries to create an atmosphere in which the parents can develop good "grandmother transference" toward the therapist (Stern, 1995). In this case, parents appreciate the therapist as supporting and believing in their parental competence.

In addition, a child development intake includes the following issues to widen mentalization of parenthood:

1. Both parents' families of origin are discussed, including the possible connections between their parents' parenthood and their current parenthood – the intergenerational influences, the “ghosts in the nursery” (Fraiberg et al, 1975) and the “angels in the nursery” (Lieberman et al, 2005). The way each parent relates to the other parent's family and its influences on the child are discussed as well.
2. The therapist and the parents discuss the grandparents' and other relatives' involvement with the child. They may have a parental role in rearing of their grandchild, and the parents might be ambivalent about it. Some parents have no family, friends or community support at all.
3. The therapist and the parents discuss the child's name choice to reveal the parents' fantasies before birth and the relationship between expectations and reality. The name may have embedded emotional significance: precious, hope, etc. It may or may not be compatible with the actual child. The child might be named after a deceased loved relative, and the parent wishes the child would have similar virtues. The name choice may have caused a marital conflict or conflict between the two families of origin. It may enhance mentalization of these influential contents that had been ignored before.
4. The parents are asked if the child looks like one of them or like some other relative or if he has similar traits. This might elicit information about parents' projections and fears that the child will be problematic like one of them, or like the other relative he reminds them of. Some parents tend to minimize their child's problems, claiming they were the same as children. Now they are fine. These themes may initiate better differentiation between their projections and the actual child.
5. The parents are asked to describe their child's strengths as well as his weaknesses. It may help parents to notice their child has positive characteristics that they might tend to ignore at a time of despair.

Parent-child art psychotherapy and trauma

The child's reaction to a traumatic life event is strongly linked to his parents' conception of the trauma (Lieberman & Van Horn, 2008; Busch & Lieberman, 2007). Parent-child art psychotherapy can facilitate working through traumatic contents that could not come to the surface before. Traumatic contents are repeatedly acted out within the dyad. The aim is to build a joint coherent narrative of the trauma. Otherwise, as Bowlby said, the child “knows what he is not supposed to know, and feels what he is not supposed to feel” (Bowlby, 1988, p. 77).

Traumatic content may be externalized first through visual symbolization before it can be verbalized. Through contemplating the visual products, repressed traumatic contents can be worked through and validated.

Childhood trauma can be perceived as an intersubjective experience of the child and his caregivers. Therefore, it is preferable to conduct therapy in the dyadic context:

We recommend that clinicians use a combined attachment and trauma framework when intervening with children who have experienced domestic violence and other traumatic life events. (Busch & Lieberman, 2007)

Clinical examples

The first case example concerns a family with an extremely traumatic background. Following a disaster involving the death of family members, Shir (pseudonym), who was now four and a half years old, was adopted at the age of sixteen months. The adoptive parents tended to under evaluate the possible influence of the loss as well as the effects of their adopted daughter's stay in an orphanage. They used to call Shir's biological mother "the woman who gave birth to you", claiming she was not her mother.

Shir had difficulties in emotionally regulating herself. She was occasionally violent toward her parents and peers. The therapist thought it might be helpful for Shir to understand that her regulation difficulty may be connected to her stay in the orphanage and not because she is "bad". To avoid opposing parents' defensiveness toward therapy, the idea was discussed first with the parents' alone. The parents hesitated, but decided to let the therapist intervene this way. When Shir was violent toward her mother, the therapist said that maybe it was hard for Shir to calm herself when she feels angry because when she was a baby she lived with many other babies. Her mother and father were not with her to help her when she was hungry or crying. Shir had to wait too long to be cared for. Thus, it was hard for her to learn to self-soothe.

While the therapist was talking, Shir was drawing the leaf form with the baby (Figure 7.1). The therapist said that maybe this drawing looks like the crib she had in the orphanage. Shir responded by adding the head and the legs, as if expressing her curiosity about the woman who gave birth to her, or should we call her the biological mother?

The parents were deeply moved by this drawing and could relate to the way their child experienced her past through a wider angle. They realized that Shir felt and knew much

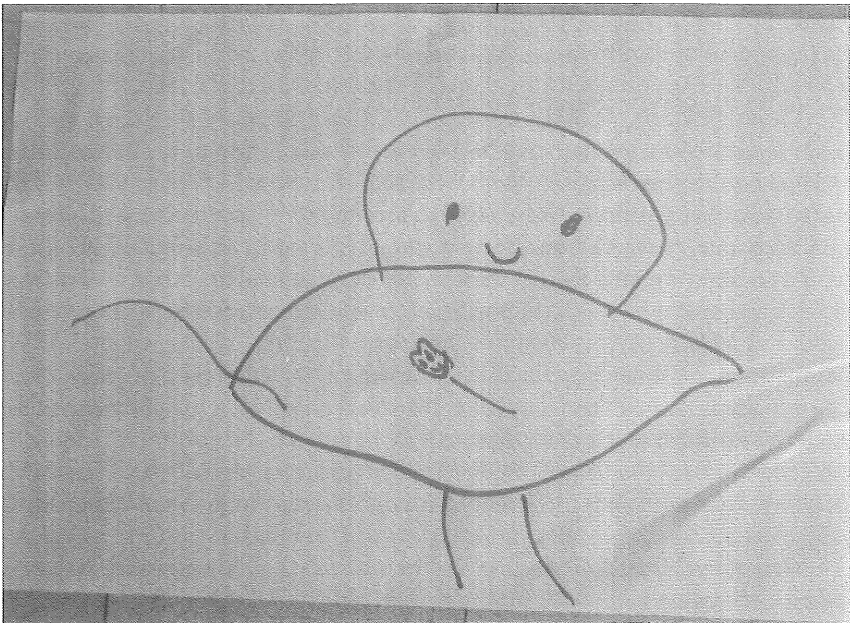


Figure 7.1 21 × 29 cm

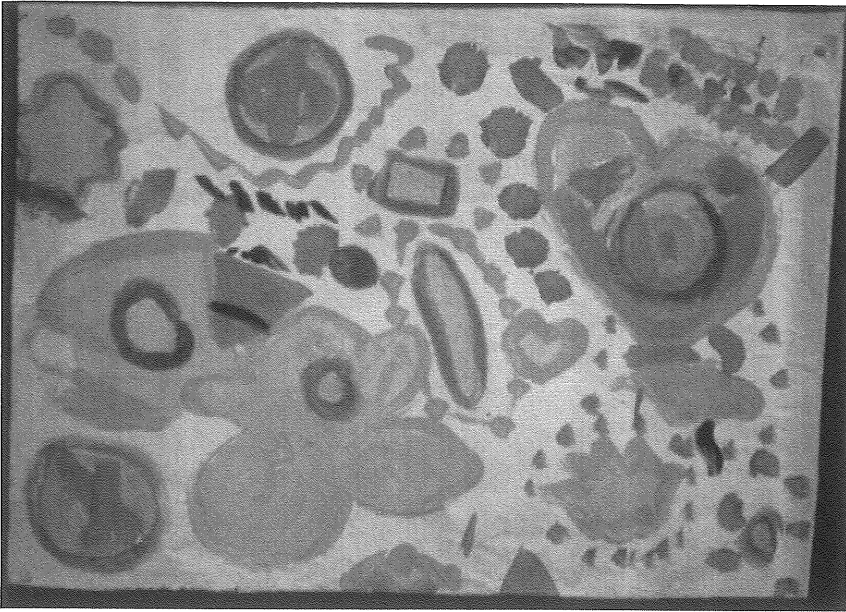


Figure 7.2 50 × 70 cm

more than what they had thought before. This drawing changed their attitude toward their daughter's emotional life.

In this brief vignette, the power of this child's drawing in her parents' presence enhanced the parents' empathic mentalization of their child's inner life. Traumatic contents that were ignored before can be present tangibly in the visual product and validated by the parents. Thus, the traumatic experience can be regulated and integrated in a more coherent way.

The next case exemplifies a relational change through joint visual symbolization. The first joint session took place nine months after therapy began with ten-year-old Ada (pseudonym). This session took place a few weeks after Ada's grandmother's death.

It is important to note that in cases where parents might be intimidated by the use of art, it is preferable to offer the dyad a structured art project, after which the parents usually realize that no artistic skills are needed. Ada and her mother were instructed to choose or mix a color and scatter hollow forms on the joint paper. The mother chose blue, and Ada mixed red and white to make pink. The first time the mother encircled Ada's form on the paper, a silent struggle began. Ada encircled most of her mother's forms and furiously tried to occupy a larger space on the paper. The mother commented that the pink Ada mixed was similar to her grandmother's tombstone.

Ada responded with a childish voice and refused to talk. She moved to working with the clay. Together, Ada and her mother created a container that reminded the mother of Ada's father's alcoholism. Ada angrily rejected her mother's interpretation. Following this session, the mother requested an urgent session for herself. She was astounded by her insights. She noticed how intrusive she had been and was surprised by the intensity of

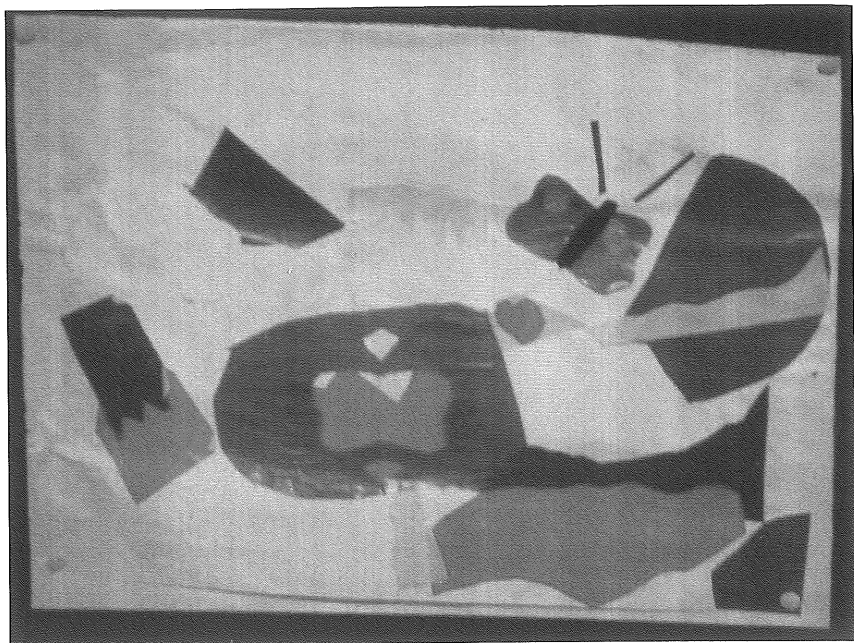


Figure 7.3 35 × 25 cm

her daughter's rejection as a response to her prior intrusiveness. She declared she would definitely change this behavior with Ada and also with Ada's siblings. The influence of the joint painting was extremely powerful. After this session, she remembered this image when she communicated with all of her children. This insight provided Ada's mother with a coping strategy to not to be as intrusive as she had been before.

Ada and her mother created Figure 7.3 one month later. The atmosphere was tranquil. They were cutting colored papers for a joint collage.

Ada initiated gluing her magenta form under her mother's brown form. The places where forms are overlapping were agreed upon verbally. Mother and daughter sat very close together. The distance was suitable for both of them, artistically and verbally. Ada said sadly that she liked to come to therapy because she could talk about when her grandmother died. The mother emphatically hugged her daughter. Ada leaned her head on her shoulder. The joint process and the tangible product were an expression and evidence of a relational change.

The first joint art project widened the mother's mentalization concerning her communication with her daughter and initiated a relational change in treatment, as well as in real life (Markman & Gvuli, 2003).

Life and death – a case study

This case exemplifies the use of parent-child art psychotherapy during a traumatic period. The treatment of eight-year-old David (pseudonym) included two phases: The

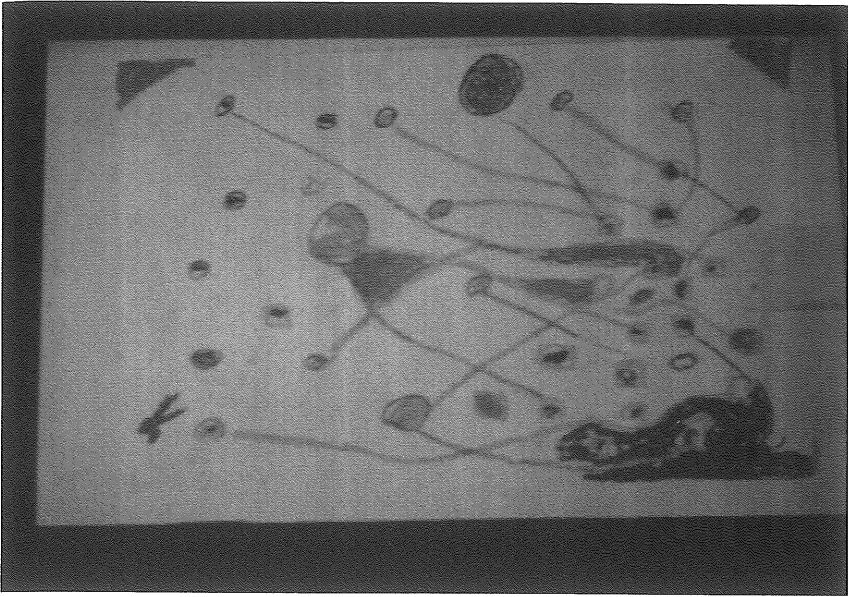


Figure 7.4 21 × 29 cm

first phase lasted about eight sessions. Although the therapist explained the importance of treatment for their son, who was eager to continue, the parents terminated treatment. Initially, the child's teacher had referred the parents to treatment long before they actually followed through with it. Treatment began after an incident where the grandparents witnessed David throwing a shoe at his mother.

Figure 7.4 was created by father and son. The therapist's instructions were similar to those of Figure 7.2, but with oil pastels. The father repeatedly crossed his son's lines and was verbally demanding and criticizing.

When David painted with his mother, she was complaining about her difficulties at work. Suddenly she asked David: "Why do you always take Father's side?" The parents expected David to judge between their contradicting wishes concerning a budget they had. The therapist commented that the parents alone should make such decisions.

While parents and son were drawing together, the mother asked David why he routinely connected to the forms his father drew. David attempted to show her that he connected to the same amount of her forms. They occasionally invaded each other's space.

In addition to the difficulties David had with each parent, he had an inconvenient role as a "judge" in his parents' conflicts. He also felt he was a source of tension between them because of their conflicts concerning the right way to educate him. In the following individual session, David painted Figure 7.5. He wrote in Hebrew: "Once the sun and the moon began to quarrel until the wind separated between them". The therapist said that it reminded her of his parents' expectation of him as a "judge". David responded: "But if I will not help them, no one else will do and they would divorce".

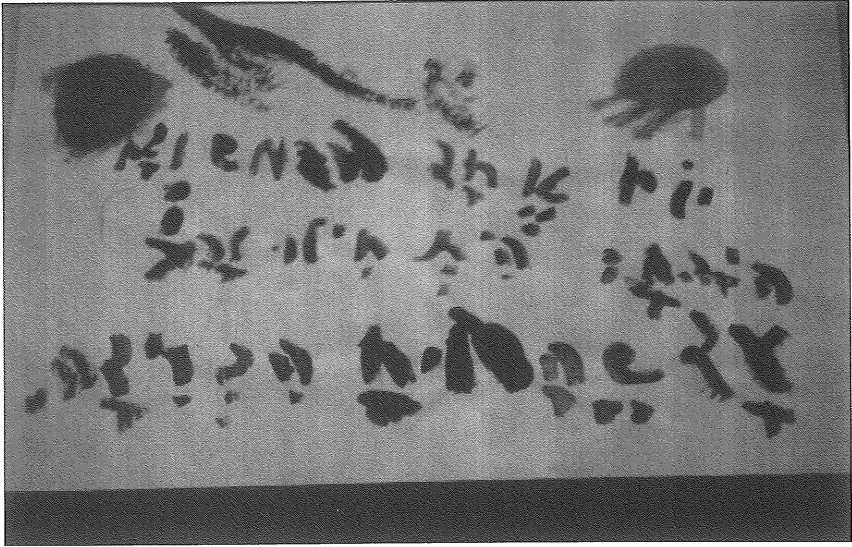


Figure 7.5 50 × 70 cm

It seems that in this family, either you are the accused or you are the “judge”. David composed the following story in relation to one of his drawings:

Once Rami woke up. The clock rang, and he was afraid. He did not know what to do, and all his family were laughing. He kept on crying and shouting endlessly until he ran away to another house where the triangles family lived. The end.

The therapist asked if there were similarities between the story and David’s life. David answered: “In my family they too laugh at me”.

David felt criticized and mocked.

The therapist met the parents to share her clinical impressions. The visual products were contemplated to enhance the parents’ mentalization concerning their parenting style, David’s point of view and their relationships. Relational enactments that occurred in the joint works were discussed as well.

It might have been overwhelming for the parents to recognize their contribution to David’s difficulties and to realize that they had to be involved in the therapeutic process. They ended treatment.

Phase 2

Five months later, David’s father called and told the therapist that David had leukemia. He asked if she could visit him. Two sessions a week were conducted in the hospital.

The first time the therapist arrived, David said: “I miss so much what we did then”. When a nurse asked him who the therapist was, he said:

“When I have troubles with my family, she comes to help”. Some sessions were joint sessions with one of the parents or with both. Figure 7.6 is a joint painting of David and

his parents. The theme of the painting is the *Succot* holiday, a holiday where a "succa" is built. This succa looks like the painted construction in the joint painting. David suddenly said: "I remember you used to hit me". The father tried to deny it, but David insisted and mentioned concrete events when his father hit him. The father, tearing, said: "But you know that we love you".

Although it was an awful moment, it led to a kind of relief. It was the first time that David and his parents cooperated without a conflict. Maybe this unique atmosphere enabled David to voice his pain, which was validated in the therapist's presence. In the earliest joint works, the repetitive invasion of each other's spaces reflected the possibility of violence (Figure 7.6).

Joint visual symbolization is active and productive even while problematic interactions and traumatic contents are reflected.



Figure 7.6 21 × 29 cm

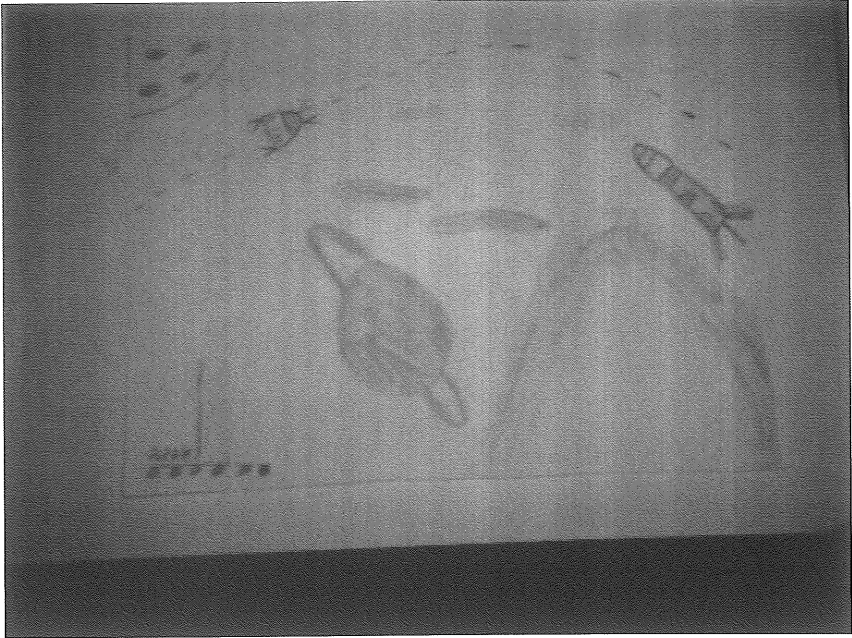


Figure 7.7 21 × 29 cm.

David deteriorated, and no suitable donor for bone marrow transplant was found for him. David's father, who was a 50 percent suitable match, went against the doctor's orders and decided to donate himself in another city.

Just before traveling, David and his father drew Figure 7.7 that reflects their hope. David composed a story:

Once two people, Tomer and Jimi, flew to the moon in two separate spaceships. Jimi got stuck in the moon without fuel. Tomer was stuck in Jupiter with fuel. Jimi phoned Tomer with space-phone and said: "Hello, I am in trouble, I am out of fuel and I cannot move from the moon". Then, Tomer flew to the moon and they built two spaceships together so they did not separate and flew safely to Israel in an hour or two.

Unfortunately, the transplant did not work out. David shared his disappointment and fears with the therapist. Figure 7.8 includes joint clay works that David and his mother created in the clinic when David was released home for the weekend. They created symbols connected to Shabbat, the Jewish Saturday. The process was pleasant and cooperative, and they were satisfied with their products.

David knew he was dying. Figure 7.9 reflects his feeling of sinking.

The second phase occurred during an unbearable period of terminal illness. David could share with his parents his feelings concerning past traumatic events when he was physically abused. Paradoxically, during the illness, the relationships of David and his parents improved. The change was evident in the joint products as well.



Figure 7.8 Joint clay works – David and his mother

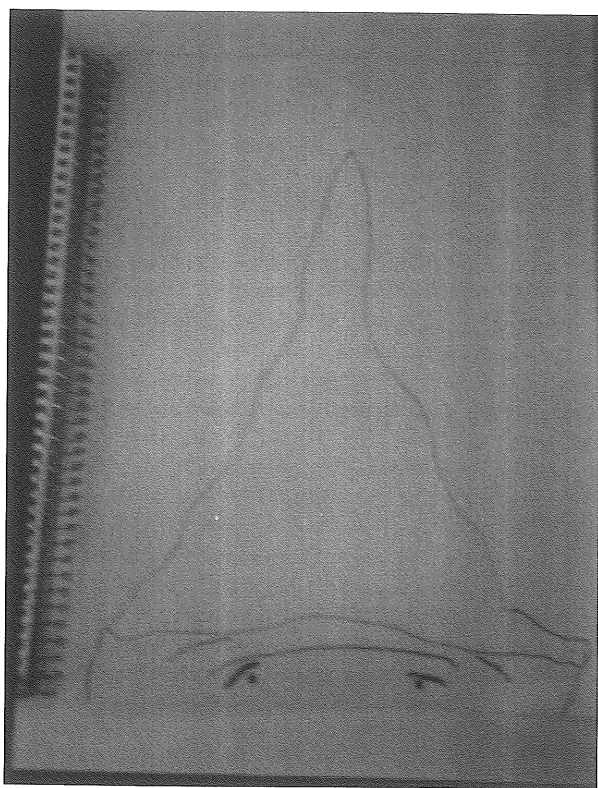


Figure 7.9 21 x 29 cm

Summary and discussion

The setting of parent-child art psychotherapy has a curative influence by itself. It is fairly rare for a parent and child to have exclusive time, free of other family members, telephone calls and daily errands. The dyadic session occurs in a containing environment, including the therapist and the inviting art materials. The dyad has an opportunity to be productive in a transitional space. Approaching treatment usually follows feelings of helplessness concerning parenthood. The opportunity to be productive in a new, unfamiliar way may generate an optimistic point of view. This is especially crucial with traumatic dyads when helplessness is at the extreme.

Contemplating the child's and the joint parent-child visual products can initiate mentalization of relational and traumatic contents that had not been symbolized and mentalized before. The fact that these contents are visually symbolized and available for contemplation can initiate deliberating: the first stage of the mentalization process (Fonagy et al, 2008). The implicit relational exchange acquires an explicit tangible form that can be reflected in the dyadic context or with the parents alone. The process focuses on two levels: on the here and now through the experiential joint processes, as well as on the traumatic, intergenerational themes. Usually, change in one level enhances improvement in the other. When the parents feel more competent as parents, they are more willing to deal with the past. When their past is better known and contained, they can be better regulated in the dyadic context. Visual symbolization is the main device of expression, as well as evidence for change throughout treatment for the patients and for the therapist.

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Summary and discussion

The setting of parent-child art psychotherapy has a curative influence by itself. It is fairly rare for a parent and child to have exclusive time, free of other family members, telephone calls and daily errands. The dyadic session occurs in a containing environment, including the therapist and the inviting art materials. The dyad has an opportunity to be productive in a transitional space. Approaching treatment usually follows feelings of helplessness concerning parenthood. The opportunity to be productive in a new, unfamiliar way may generate an optimistic point of view. This is especially crucial with traumatic dyads when helplessness is at the extreme.

Contemplating the child's and the joint parent-child visual products can initiate mentalization of relational and traumatic contents that had not been symbolized and mentalized before. The fact that these contents are visually symbolized and available for contemplation can initiate deliberating: the first stage of the mentalization process (Fonagy et al, 2008). The implicit relational exchange acquires an explicit tangible form that can be reflected in the dyadic context or with the parents alone. The process focuses on two levels: on the here and now through the experiential joint processes, as well as on the traumatic, intergenerational themes. Usually, change in one level enhances improvement in the other. When the parents feel more competent as parents, they are more willing to deal with the past. When their past is better known and contained, they can be better regulated in the dyadic context. Visual symbolization is the main device of expression, as well as evidence for change throughout treatment for the patients and for the therapist.

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