



Research Article

The first 15 min in art therapy: Painting a picture from the past

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ABSTRACT

Many affective experiences and learning processes including attachment patterns from early developmental phases manifest during psychotherapy. The first 15 min in art therapy can potentially reveal clients' preferred ways of processing information or Expressive Therapies Continuum components, attachment patterns in the material handling process, and emotion regulation strategies during art making. This article discusses how, through clients' choice of materials and manner of interaction with those materials, information about attachment patterns and preferred emotion regulation is available in art therapy. Paying close attention to the first image and material interaction provides crucial information that will guide the goals and course of art therapy. Two case vignettes demonstrate that within the first 15 min of art therapy information is readily gathered about attachment styles, Expressive Therapies Continuum components, emotion regulation, and the course of art therapy.

Many affective experiences and learning processes including attachment patterns from early developmental phases manifest during psychotherapy. These patterns unfold within the first 15 min of psychotherapy providing important information about treatment goals and strategies. Sometimes openly, sometimes covertly, traces from the distant past are reflected in the dynamics of the present: in the corridor, at the door, at the art table, in the choice of media, and through the use of materials. In the dynamics of the immediate therapeutic encounter, therapists experience clients' characteristic interpersonal dynamics. For example, clients might try to dominate or control the session or they might take an underdog position.

Research shows not only that problematic interpersonal patterns are repeated in therapy, but also that they predict premature termination, typically within the first 3–4 sessions (Abbass, Campbell, Magee, & Tarzwell, 2009). Therefore, these initial interpersonal dynamics require an intentional professional response to encourage and support effective treatment. If therapists more accurately read the first few minutes of therapy they may better meet client needs in the long-term. In these initial therapist-client dynamics, emotion regulation strategies also become visible. Therapists will witness if emotion is tolerated, welcomed or ignored. One can address emotion regulation in art therapy based on intuition, a treatment model or through specific

psychotherapeutic interventions. This paper is a theoretical article which presents an argument that the Expressive Therapies Continuum can provide a model through which to understand the media selection and intervention strategies that can best address both clients' emotion regulation and attachment dynamics. Two case vignettes highlight theory with clinical applications.

Emotion regulation in art therapy

Art therapy has been shown to support the regulation of emotions and the development of a healthy sense of self (Haeyen, van Hooren, & Hutschemaekers, 2015; Horn et al., 2015). Because material interaction can stimulate emotional processes, art therapy can facilitate a present-focused awareness that encourages the exploration, tolerance, and expression of emotion. Art therapy is perceived by clients and therapists as more effective than cognitive or verbal therapies for exploring maladaptive emotion regulation strategies (Haeyen, Kleijberg, & Hinz, 2017). Art therapy typically is regarded as a “bottom-up” approach for emotion regulation, beginning with hands-on experiences that are translated into mental images, then directed toward cognitive understanding and behavior change. Although art therapy also can be a “top down” approach (Lusebrink, 2010), verbal therapy more often is

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associated with using cognition to manage emotions. What can the first 15 min of an art therapy session reveal about managing emotional experiences?

Some would say that the first few minutes encapsulate the entire therapeutic journey manifested within the first artistic expression (Shoemaker, 1978). According to Shoemaker, the client's "sense of personal style in art work often closely parallels a diagnosis or *life-style*" (p. 157). Life-style is an Adlerian term referring to a collection of concepts about the self, the world, and other people that develops early in life and guides interactions. It is an attitude towards life, somewhat synonymous with personality (Mosak & Maniacci, 1999). Shoemaker (1978) did not intend that art therapists make a formal diagnosis based on the first image, but rather that a working hypothesis about clients' presenting concerns could be developed to guide treatment. The author added that through design elements such as integration, space use, time, energy, and relationships between drawn objects, clients typically demonstrate presenting concerns as well as the entire course of therapy. Many art therapists agree that the first drawing elicits typical defenses in response to an unknown and potentially threatening situation (Cohen, M., & Ills, 2016; Hammer, 1997). Summarizing research on the Bird's Nest Drawing as a measure of attachment, Kaiser and Deaver (2009) noted several ways in which secure and insecure attachment patterns are differently manifested in child, adolescent, and adult drawings. Linda Gantt (2016) has spent more than 20 years studying the 14 artistic elements of the Person Picking an Apple from a Tree drawing (PPAT) and has demonstrated that patterns of responses are significantly correlated with several mental disorder diagnoses. Responses to the PPAT also have been correlated with adult attachment patterns and emotion regulation strategies (Bat Or & Ishai, 2016).

As emotional responses to artistic creative activities are often the most immediate, it is important to understand how creative activities promote emotional engagement and processing (Fancourt, Garnett, Spiro, West, & Müllensiefen, 2019). van Goethem and Sloboda (2011) proposed a four-stage model to investigate emotional engagement and processing through art. First, the 'goal' of engaging in a creative activity refers to what somebody hopes to achieve before they start engaging in the activity (e.g. wanting to calm feelings of anxiety). Second, the 'tactic' refers to the creative activity in which they choose to engage to achieve this goal (e.g. painting for an hour). Third, the 'strategy' refers to the type of mental process used to regulate emotions (e.g. distracting the person from their anxiety). And finally, the 'mechanism' mediates the induction of emotions (e.g. the visual imagery conjured which occupies their thoughts). This process then leads to experiential, behavioral or emotional responses to the creative activity which can indicate typical emotion regulation strategies (Gross & John, 2003). Thus, it is possible to recognize emotion regulation strategies in the first 15 min of art therapy. Clients' behavior during artistic creative activities can provide information about which 'mechanisms' are being used to regulate emotion and help us understand the emotion regulation strategies underlying these mechanisms. The Expressive Therapies Continuum can provide an art-based manner of characterizing these mechanisms, strategies, and tactics.

The expressive therapies continuum

The Expressive Therapies Continuum (ETC) is a theoretical framework that explains how clients take in and process information as they interact with art materials to form mental images and artistic expressions (Kagin & Lusebrink, 1978; Lusebrink, 1990). An underlying assumption of the model is that the way people create when they are free to choose art materials and subject matter mimics the ways that they think, feel, and act in other areas of their lives (Hinz, 2020). The ETC is composed of three bipolar levels arranged in hierarchical order to include all forms of creative expression as is demonstrated in Fig. 1.

The hierarchical nature of the theory means that the therapeutic actions of art making are conceptualized as occurring from simple to

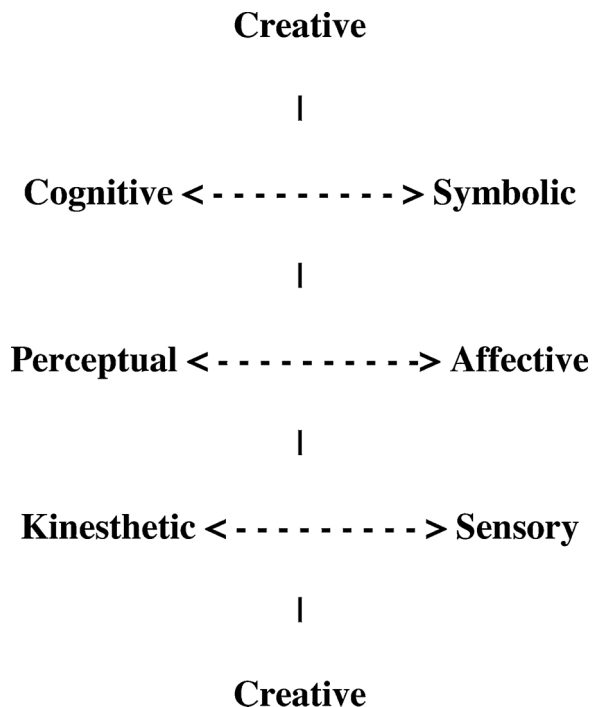


Fig. 1. The Expressive Therapies Continuum.

complex. Information processing begins at the basic Kinesthetic/Sensory level where involvement with sensation and movement define experiences. At the Perceptual/Affective level, information processing is characterized by involvement with formal art elements or emotional responding. The most sophisticated forms of information processing occur with the Cognitive/Symbolic level, which involves complex thought processes and multilayered symbols (Kagin & Lusebrink, 1978; Lusebrink, 1990). Creative functioning, referred to as the Creative level and represented by a vertical axis that intersects the three horizontal levels previously mentioned, provides moments of physical, mental, and spiritual integration and can encompass characteristics along the whole continuum. According to ETC theory, persons seeking therapy usually have a preferred way of processing information, which can be determined by observing how they interact with media and create in the first session(s). Clients with a Kinesthetic/Sensory inclination use the art materials to facilitate action or sensation, usually without regard for the finished art product. Those who favor the Perceptual component will create images characterized by precise, symmetrical and even geometric forms. On the other hand, form becomes less important when the Affective component is preferred. With an Affective style, fluid media like paint or chalk pastels in bright or dark colors are used to express emotion. A Cognitive inclination is demonstrated through the use of words, or art activities that contain abstraction, problem solving or storytelling. A Symbolic preference is shown through the use of complexly layered personal or universal symbolic representations or metaphorical compositions. Optimal functioning is demonstrated by balanced and flexible use of all ETC components (Hinz, 2020, Lusebrink, 1990, 2010).

Lack of balance is indicated by overuse or underuse of ETC components and is accompanied by difficulties in thought, behavior, or emotion regulation (Hinz, 2020). The bipolar nature of the ETC means that as activity with one component increases, activity on the opposite component decreases. Art therapists can suggest opposite component activities to balance overuse of a preferred component. Whether in an individual or group setting, art therapists witness the creative process, noting how and where it began on the page, the colors used, verbal interactions, difficulties with limits and boundaries (paper size, time allotted), and challenges to coping skills. During treatment, art

therapists suggest materials and methods to help expand clients' preferences and usual ways of responding to achieve optimal functioning (Hinz, 2020; Kagin & Lusebrink, 1978).

Thus, within the first 15 min of an art therapy session, therapists guided by the ETC model have an idea of how clients typically interact in the world and can help them establish goals to address presenting problems. The ETC theory proposes directions for therapeutic interventions (tactics and strategies) that also can begin within the first few minutes. For example, a client who demonstrates a strong preference for Affective functioning might perceive him/herself as overly emotional and formulate a treatment goal of establishing greater cognitive control over emotional responding. The bipolar nature of the ETC model suggests that the art therapist could begin work with the Perceptual component through the tactic of mandala coloring. This tactic utilizes the strategy of focusing and containing emotional energy to promote emotion regulation. Later, movement to the Cognitive component could occur through the creation of a cause and effect collage, which could enhance the client's ability to think before taking action, further strengthening emotion regulation.

Attachment patterns and art therapy

Attachment patterns are established in infancy and childhood based on the infant-caretaker relationship and can be categorized as secure, insecure-avoidant, insecure-ambivalent, and insecure-disorganized (Brisch, 2012). Secure attachment occurs when a caretaker is attuned to the infant and consistently meets the infant's needs and soothes their distress. A secure attachment relationship allows the infant or toddler to explore and learn about the world with the assurance that the caretaker is available if needed; it is the foundation for effective emotion regulation. The various types of insecure attachments provide no such reassurance and therefore exploration and learning are impacted by disinterest, insecurity, or disorganization and emotion regulation strategies suffer as well (Shaver & Mikulincer, 2014). Attachment might be best conceptualized as an interpersonal strategy to optimize adaptation to a particular environment. Meta-analyses have suggested moderate stability of attachment across development (Fraley, Vicary, Brumbaugh, & Roisman, 2011; Jones et al., 2018). Attachment patterns continue to act as internal working models of interpersonal relationships that influence interactions and exploratory patterns, including therapeutic exploration and interaction. Across the lifespan, emotion regulation is related to attachment style with more securely attached persons demonstrating less anxiety, more open mindedness, and better ability to identify and cope with emotions (Shaver & Mikulincer, 2014).

The results of a recent meta-analysis demonstrated that clients with secure attachment patterns showed better psychotherapy treatment outcomes than clients with insecure attachment patterns (Levy, Kivity, Johnson, & Gooch, 2018). According to Brisch (2012), clients' willingness and ability to explore in therapy is associated with their level and type of attachment. The author further explained that attachment is inversely related to exploration such that when the attachment system is activated (due to feelings of danger, or loss), clients' willingness to explore decreases. When the attachment system is inactive (due to feelings of safety and security), exploration is activated. This relationship seems to have been demonstrated in a study simulating the therapeutic relationship in art therapy (Corem, Snir, & Regev, 2015). The researchers found that the higher the artists' scores were on security of attachment to the therapist, the more likely they were to have a positive experience before and during the simulated art therapy sessions. More security in the therapeutic relationship also was associated with more positive attitudes towards the art materials and the finished art product. Thus, within the first few minutes of the art therapy session clients demonstrate important aspects of self through their interactions with the therapist, their reaction to the art materials and all aspects of the creative process, and the finished artistic product.

Attachment patterns and the expressive therapies continuum

Based on research on material interaction in art therapy, emotion regulation and attachment styles (Corem et al., 2015; Fancourt et al., 2019; Haeyen et al., 2017), the following suggestions are made about how adult attachment styles might be related to the levels of the Expressive Therapies Continuum.

Secure attachment

In the first 15 min of an art therapy session, securely attached individuals would likely demonstrate flexible use of all ETC components, but particularly components on the right side of the ETC model (Sensory, Affective, and Symbolic). These components are emotional, spiritual, and implicit; they are often unconscious and not easily put into words. Only a securely attached individual would initiate therapy with these components, one who was comfortable exploring and expressing. Securely attached individuals likely would relish the sensual aspects of the art materials; have relatively easy access to their emotions, and effortlessly move in and out of symbolic expression, gaining personal insight from symbol and metaphor. Securely attached individuals would explore art materials freely and demonstrate flexible use of them. Because they would be comfortable expressing themselves in unfamiliar situations, securely attached individuals might demonstrate images and art making behavior consistent with the optimal functions of any ETC component. These clients would show a balance between exploration and attachment behavior. In approaching the therapist, securely attached clients would be quickly at ease and explore the materials from the secure base of this trusting relationship. The therapist would be perceived as sensitive, cooperative, and accessible. The interaction history would be one of affective attunement and would be demonstrated in the present by the client feeling accurately perceived by the therapist. Artistic expressions would highlight effective problem solving and reciprocity in relationships among figures (Bat Or, Ishai, & Levi, 2015).

Insecure-avoidant attachment

Insecure-avoidant attached adults tend to use deactivating emotion regulation strategies (Prunas, Di Pierro, Huemer, & Tagini, 2019). They likely would rely on the overuse of Cognitive and Perceptual components of the ETC because these activities can contain or reduce emotion. These left-side components of the ETC tend to be logical, language-oriented, patterned, and symmetrical; they are explicit, conscious, and easily discussed. Excessive use of logical or abstract thought processes would be one way that insecurely attached individuals could deactivate emotion (Prunas et al., 2019). During the first 15 min of therapy these clients would present as unemotional and they would likely avoid experiences with the Sensory component. Insecurely attached clients would tend to make visual art that contained and calmed emotion through elaborate patterns, geometric forms, and word use. They would likely ignore, avoid, or make little use of the therapist because they have minimized their attachment needs based on fear of rejection. Visual images would relate this fear of rejection by showing non-cooperating relations between objects and persons (Bat Or et al., 2015).

Insecure-ambivalent attachment

According to Prunas et al. (2019) anxiously attached individuals tends to use hyperactivating emotion regulation strategies. They perceive themselves as helpless and thus interact with people and the environment in ways that elicit help which they can later reject. Because they have little sense of personal agency, these clients would likely demonstrate little exploration or formed expression. In the times when they are alone, these clients would be unlikely to examine their

environment or initiate play with the art materials. Insecure-ambivalently attached clients exhibit two-sided ambivalent behavior. On the one hand they helplessly cling to the therapist, but on the other hand they show their anger and disappointment over their therapist leaving (between sessions) by rejecting them upon return. The interaction history causes the therapist to be perceived as inconsistently sensitive, sometimes erratic or unpredictable, sometimes unresponsive to the client, and often unavailable at crucial moments. The visual elements of the first images would show low color use and decreased use of space (Bat Or & Ishai, 2016), indicating underuse of the Affective component of the ETC (Hinz, 2020). In addition, they would contain contradictory contents with non-cooperating relations between objects and persons (Bat Or et al., 2015).

Disorganized attachment

Disorganized attachment would perhaps manifest in a lack of formed expression but a need to use the materials in an expansive way. Therefore, overuse of the Kinesthetic and Sensory components might be witnessed in the first few minutes of art therapy. Opposing actions may be visible in the artwork. Disorganized clients would seem to have conflicting expectations about the availability of the therapist or perhaps even fear the therapist. They often demonstrate conflicting behaviors and emotions (e.g., sadness followed quickly and suddenly by laughter). Sometimes they seem confused as the therapist seeks rapprochement. They desire at once to be visible and invisible. It seems that the possibility of a relationship with the therapist both increases and decreases stress for the client. The interaction history has been very unpredictable and inconsistent, often characterized by traumatic experiences such as abuse or unresolved trauma in the parents themselves.

The use of art therapy for emotion regulation

Because art media are the vehicles for creative expression and effective non-verbal communication, the ETC has been used as a foundational framework for explaining the internal shifts people experience as they interact with various media and methods (Lusebrink, 2010). One study demonstrated that through the targeted use of art interventions, material interaction, and preferred approaches to art process and ETC-levels, patients diagnosed with personality disorders experienced, shaped, and shared emotions previously purposefully avoided (Haeyen et al., 2017). Therapeutic effects were explained by specific art therapy factors combined with deliberately chosen art media that helped patients understand and regulate internal images and associated emotions. Results emphasized that emotional processes evoked by material interaction can be effectively processed through the present-focused awareness stimulated by art therapy. The following case studies demonstrate that within the first 15 min of art therapy, crucial information was gleaned about attachment patterns, preferred ETC component use, and emotion regulation strategies. This information guided the formulation of treatment goals and choices of therapeutic tactics and strategies.

Case vignettes of first 15 min

The first 15 min of Janet

Janet (not her real name) was a 57-year-old Caucasian woman who was referred to an outpatient art therapy private practice by her primary care physician after a daughter she had placed for adoption 40 years previously contacted her and wanted to establish a relationship. She made repeated medical appointments complaining of nonspecific symptoms (e.g., headache, back pain) with no known causes and thus was referred for therapy. Janet was the fourth child and only daughter of an alcoholic father and co-dependent mother. According to Janet, all of her mother's attention was devoted to keeping her scientist father "functional" so that he could continue to pay for their upper-class

lifestyle. Janet remembered receiving little attention and no demonstrable affection from either parent.

Janet dominated the first 15 min of art therapy session by talking without ceasing to allow therapist input. When she finally asked for input, Janet talked simultaneously with the therapist. Janet was presented with an array of art materials and was instructed to use the materials of her choice to create whatever she wanted to illustrate her reasons for coming to therapy. Janet chose to work with markers on an A4 paper. Her first expression in art therapy is displayed in Fig. 2, which shows an image containing many words and a few simple shapes.

It was clear within the first few minutes of the first encounter that Janet was overusing the Cognitive component of the ETC, demonstrating an insecure-avoidant attachment style. As she talked it became clear that Janet often misinterpreted friendly comments or jokes as insults and deflected these "barbs" by denigrating others as stupid; she often overwhelmed other people with her extensive vocabulary. Also during the first 15 min of the session, Janet commented on the therapist's advanced degree and mentioned that she (Janet) had attended a more prestigious university. It was apparent that Janet did not experience the therapy situation as safe; the attachment system was activated and typical avoidant behavior was displayed. Janet made little use of the therapist and she used a barrage of words to deactivate her emotional state.

Guided by what was learned in the first 15 min of therapy, later therapeutic work commenced with the Cognitive component of the ETC through tactics such as bibliotherapy and creating diagrams, mind maps, and collages. By starting later therapy sessions where Janet was comfortable, the therapist acknowledged her rational and verbal strengths, attempting to help her feel safer in the unfamiliar environment. When Janet gained security in the therapeutic relationship and with the cognitive work, she was gently led to the Symbolic component through the use of guided meditations followed by paintings of essential scenes. These strategies allowed her to gain personal and universal meaning about her early life experiences and aided emotion regulation through insight. This initial movement helped Janet later gain access to the Affective component where she began to process through painting her long suppressed emotions about placing her infant for adoption.

The first 15 min of Natalie

Natalie was a friendly, smartly dressed 58-year-old woman, in multidisciplinary treatment in an expert centre for Personality Disorders. Natalie was not her real name but used as a pseudonym. She initially was tense but as the conversation progressed the tension decreased and interaction was smoother. Natalie's mood was somewhat melancholic and she indicated that improving mood was the goal she wanted to achieve in therapy. Natalie quickly took the lead the first 15

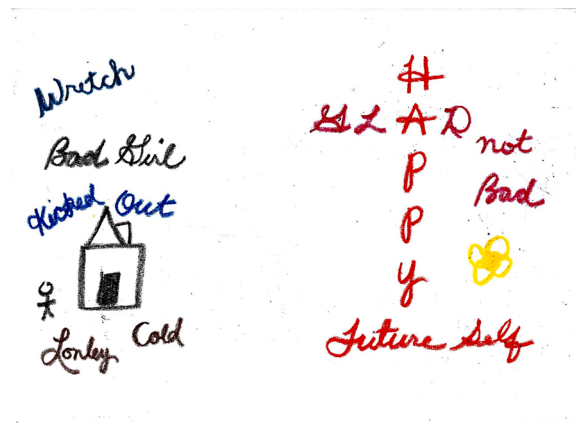


Fig. 2. First expression of Janet in words and shapes.

min of the session in the conversation and described how she wanted to spend the individual session. She said that she would like to create more access to her vulnerable or sensitive child self. Natalie claimed that she desired a closer relationship with her father but a wall existed between them built by his alcohol abuse. Natalie described her mother as aloof and perceived her cold demeanor as signaling "Natalie, you're too much, too present and demanding." Natalie admitted that she could be tough, powerful and assertive, having little contact with her vulnerable self.

In the first 15 min of art therapy, Natalie worked quickly, openly, and actively with clay. She chose this material herself as a gift to her 'little self'. Although Natalie worked systematically and effectively, she initially had little access to her emotions. However, when water was offered to moisten the clay, Natalie formed and introduced the figure of her vulnerable self, pictured in Fig. 3. She also created another self-figure, an "I," which she indicated was a "lightning rod" for the vulnerable child; absorbing the 'lightning strikes' of disappointment, anger, and emotional defeat so that Natalie could survive. However, shielding herself from lightning preoccupied the vulnerable child and left adult Natalie with little access to her emotions. Also in the first session, Natalie made a box with soft materials to keep her vulnerable child safe and she gave her a kiss as the session ended. Natalie disclosed that she experienced softer feelings about the lightning and wrapped it in a cloth so that she could continue working with it in the next session. Natalie was clearly emotional as she reflected on her artistic creations, the memories and feelings that they evoked, and the expression of her vulnerable child self.

During her first art therapy session, Natalie demonstrated comfort with the Kinesthetic, Sensory, Affective and Symbolic components of the ETC. Her use of clay and sensuous, soft materials helped Natalie express her emotions and also allowed her access to the Symbolism of the lightning rod. Using the Symbolic component, she was able to make contact with her past, the therapist, and her vulnerable inner self. This pattern of varied and flexible material interaction predominately using right-side ETC components seemed to demonstrate a secure attachment pattern and opened many possibilities for future art therapy sessions.

Conclusion

The first 15 min in therapy are significant because they demonstrate that information is readily available about attachment styles, favored ETC components, and emotion regulation strategies. These minutes shape the start of the therapeutic relationship and create the foundation for the therapeutic journey. Attachment is adaptation strategy to the early social environment and consequently, "psychopathology" can be regarded not as something situated in the person, but in the relationship between the person and their environment (Luyten, Campbell, & Fonagy, 2019). As the case studies demonstrated, within the first 15 min in art therapy, clients communicate through word and action about how they have adapted to their early environments and shaped their relationships through attachment patterns.

Some would say that the attachment patterns formed in the first five years of life are repeated in every subsequent influential relationship and thus also predict the future (Luyten et al., 2019). In therapy the aim is to change patterns; therefore, the therapist needs to know: Is the client securely attached enough to leave a secure base? Can they be flexible enough to experiment with new ways of interacting? Can they trust the other, themselves and the therapeutic process to develop beneficially? Understanding ETC component use in the first 15 min can help the art therapist respond to clients with materials and interventions that assure feelings of safety which can aid attachment. The art therapist then can plan treatment tactics and strategies to provide a secure base perhaps by beginning art therapy work with the ETC component where the client is most comfortable. These sessions can be followed by nonthreatening challenges through gradual changes in media, task structure or complexity (Hinz, 2020) that encourage trust, promote greater flexibility, and support acceptance of new experiences and emotions. All of



Fig. 3. First expression of Natalie, figure of her vulnerable self and the "lightning rod" self-figure.

which form the foundation for further art therapy work on emotion regulation (Haeyen et al., 2015, 2017, 2018).

This article has suggested that within the first 15 min of art therapy, various attachment patterns might be demonstrated through client behavior with art media, ETC component use, and interactions with the therapist. Specifically, securely attached individuals would show preferences for components on the right side of the ETC which indicate greater access to emotions, perhaps facilitated through sensuous materials and allowing symbolic learning and growth. Furthermore, securely attached individuals might demonstrate images and art making behavior consistent with the optimal functioning of any component; accordingly, a flexible range of ETC component use might be noted. Insecure-avoidant attachment would be demonstrated through the inflexible overuse or underuse of ETC components, mainly those on the opposite side of the ETC model. Through overuse of the Perceptual and Cognitive components, threatening emotions can be contained or avoided. Future research could provide empirical support for these hypotheses by directly assessing attachment styles and their relationships to ETC expressive style. In addition, future studies might clarify the relationships of anxious and disorganized attachment styles to ETC component preferences. It would be beneficial to discover how these insecure attachment patterns were related to the overuse or underuse of various ETC components. This information could be used to create effective art therapy treatment tactics and strategies.

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