

## EXPRESSIVE ARTS

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# Expressive Arts in Family Therapy: Including Young Children in the Process

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*Family therapists often provide treatment for the entire family. Talk therapy can be effective with older children, but young children do not have the capacity to respond to an abstract approach. Family play therapy is an approach that recognizes the developmental levels of all family members and provides activities that allow young children to actively participate in family sessions. This paper provides readers with the rationale for including young children in family therapy. This paper also demonstrates how a family play therapist can use expressive art activities. Examples from two family play sessions are included.*

Historically, family therapists have excluded young children (ages 2-11) from the therapeutic process (Cederborg, 1997; Crane, 2000; Kerner & Brown, 1990; Ruble, 1999). One survey of family therapists revealed that the majority of therapists surveyed believed that this exclusion was permissible (Johnson & Thomas, 1999). There are several possible reasons why young children are excluded from family therapy sessions. Zilbach (1994) stated, "An obvious and important, yet often overlooked reason for excluding children, particularly young children, in family therapy, is that they are children. They will not behave or speak like adults—they play and act as children do" (p. 11). Young children are unable to express themselves verbally and grasp abstract concepts and ideas. In addition, they have difficulty responding to direct questions and are often restless, bored, and even disruptive in family therapy sessions (Carr, 1994; Combrinck-Graham, 1991; Crane, 2000; Gil, 1994).

Other reasons for exclusion involve family therapists themselves. Family therapists want to protect children from destructive adult arguments and complex situations. Family therapists may be uncomfortable and unfamiliar with young children. Furthermore, many family therapists are not trained to work with young

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children (Combrinck-Graham, 1991; Gil, 1994; Rotter & Bush, 2000; Wachtel, 1994; Zilbach, 1994). In addition, therapists may have theoretical reasons for excluding young children from the therapeutic process. Some therapists have insisted that presenting problems involving children are actually projections of the parents. These therapists have viewed the relationship of the parents as the most important issue in the family (Chasin & White, 1989; Crane, 2000; Wachtel, 1994).

However, others have contended that therapy must include children if it is to be called family therapy. Gil (1994) stated that when family therapists exclude children, part of the family system remains unengaged. Nathan Ackerman and Virginia Satir, who are often designated as the father and mother of family therapy in the literature, included young children in family therapy. Ackerman used humor to lower a family's resistance; Satir designed games for family members to play at home. Today, parent-child problems are among the most common problems that family therapists encounter in their practices (Carey, 1999; Chasin & White, 1989; Crane, 2000; Doherty & Simmons, 1996; Gil, 1994; Keith, 1986; Zilbach, 1994).

### *Including Young Children*

Parents, children, and family therapists can all benefit from including young children in the therapeutic process. Parents, with the help of the therapist, can learn to "decode" the behaviors and communications of their children. When parents learn to enter the world of their children, a deeper emotional connection is possible for children and parents. Children feel more understood and accepted. The therapist gains increased insight and understanding about the family's structure, roles, and style of communication. When a family therapist enters the child's world instead of attempting to impose upon the child the adult's world, the therapist can engage parents and children and enhance communication and understanding (Brock & Barnard, 1999; Cox, 1997; Crane, 2000; Gil, 1994).

An important aspect of working with children is an understanding of child development. Therapists who work with young children in any context recognize the importance of the developmental levels of children. According to Piaget's cognitive development theory, children under the age of 11 have not developed the formal operational thought processes that allow them to think and express themselves abstractly (Wadsworth, 1996). Therefore, therapists who include young children in family therapy cannot use the primarily verbal approach that they may have used with adults and adolescents. An approach that integrates child therapy and family therapy is needed to insure that the therapy is developmentally appropriate for all members of the family (Carey, 1999; Crane, 2000; Keith, 1986; Miller, 1994).

### *Integrating Play Therapy and Family Therapy*

Family therapists can provide therapy that addresses the developmental needs of all family members by utilizing a family play therapy approach. Play therapy has been defined as a dynamic relationship between a child and a therapist who provides play materials and develops a safe relationship that allows the child to

express himself or herself through play. Play therapy has demonstrated its efficacy. It is widely recognized as the preferred treatment modality for young children (Carey, 1999; Gil, 1994; Landreth, 1991).

Play has been used in family therapy for over 30 years (Gil, 1994). Keith and Whitaker (1981) believed that play should be an integral part of family therapy. Zilbach (1994) contended that play encourages the direct expression and enactment of family material and reduces anxiety in adults and children. Family play therapy allows the therapist to focus on the child's needs without designating the child as the identified patient. Family play therapy also allows the therapist to address the child's emotional environment in treatment. Children naturally use play and activity to express themselves. Limiting therapy to verbal expression denies children the freedom to use their preferred form of expression and activity (Gil, 1994; Landreth, 1991; Miller, 1994).

### *Expressive Art Activities*

Ruben (1984b) stated that creative art activities can be therapeutic for clients of all ages, particularly young children who enjoy using art materials and play to express themselves symbolically. Parents and children can express their experience of the world through art activities in family play therapy. Art activities allow children to express positive and negative feelings without the fear of consequences. Furthermore, expressive art activities often elicit thoughts and feelings that children may be unaware of or have difficulty expressing (Bratton & Ferebee, 1999; Rubin, 1984a).

A family therapist does not have to be an art expert in order to use expressive arts in therapy (Segal, 1984). However, Bratton and Ferebee (1999) recommended that therapists experience working with various art forms before they use them with families. If therapists have had previous experiences as participants in expressive art activities, they will be more effective in utilizing these activities with clients.

The simplest and safest art media to introduce to families are the basic art media with which they are already familiar—paper, pencil, crayons, markers, and paints. The therapist may suggest that each family member draw, color, or paint a picture of the family. After each family member creates a family picture, members are asked to share their pictures with the family. Another art activity that can be used with families is a scribble activity. The therapist provides each family member with the same scribble on a sheet of paper and asks family members to make a drawing out of the scribble. Drawings can be shared when everyone is finished. Another experience appropriate for families is the "draw three wishes" activity. The therapist asks family members to draw three wishes. They share and discuss these wishes with each other (Gil, 1994). The therapist should be aware of the attention span of the youngest child during the sharing process. If the parents need more time to process the art activity, this processing can be done at another time without the children present (Bratton & Ferebee, 1999; Rubin, 1984b).

### *Two Family Play Sessions*

The examples below are taken from two family play sessions that were held at a clinic located on a university campus. The therapists are licensed practitioners who have been trained in play therapy, expressive arts therapy, and family play therapy. The sessions include a family art assessment and a family sandplay session. The art assessment is used primarily to help the therapist gather data about family interactions; the sandplay session is used to facilitate communication between a young child and her mother.

#### *Family Art Assessment Session*

The family art assessment has two phases. In the first phase, participants are instructed to cooperatively draw a picture of their family without speaking to each other; in the second phase, participants may talk to each other as they are creating their family drawing (Landgarten, 1987). This art assessment was conducted with a nine-year old boy, Barry, and his mother, Rhonda. Barry was referred for counseling because of aggressive behavior toward peers and adults. The art activity was conducted in a room in which adequate space was available to place paper on the walls for each person to draw. Two large pieces of butcher paper were taped to the wall. Barry and Rhonda were instructed to pick one colored marker to use for the entirety of the activity. Using only one color allows the therapist to identify the creator of the respective drawings later. Barry chose a black marker for the exercise and Rhonda chose a yellow marker. Almost immediately, Barry asked his mother what she was drawing even though the activity was supposed to be completed in silence. Rhonda appeared frustrated, but she told Barry about her picture.

Rhonda drew diligently with her yellow marker. The space that Rhonda utilized was approximately a one-foot square. With his black marker, Barry drew a large, four-foot picture of a single figure. Barry took only three to four minutes to complete his drawing; Rhonda continued to work for nearly 15 minutes. When Barry grew impatient, Rhonda became annoyed and the following exchange occurred:

Rhonda: Barry! Leave me alone! I am trying to finish my drawing like Chris (the therapist) told me to do! That is what you should be doing!

Barry: (With his head down and his voice lowered.) But, I don't want to do this anymore. I want to do something else.

Rhonda: That is not going to happen right now! Now Mama is going to finish this, and you will sit down over there until I am through!

Therapist: Rhonda, you seem really angry with Barry right now.

Rhonda nodded. She worked for another minute then she indicated that she was finished. The therapist told Barry and Rhonda that they could talk during the next drawing. Barry said that he did not want to draw anymore. Rhonda sighed deeply, "Barry, you knew we were going to do this. Mama is getting really angry." Barry became quiet and then asked Rhonda questions about her drawing. Rhonda responded, but she sounded exasperated. The therapist reflected both of their feelings. When Barry and Rhonda had finished, the therapist asked them what they liked about the exercise. Rhonda said that she liked the quiet part.

Therapist: What did you like about the quiet part?

Rhonda: It was easier. We each got to do what we wanted.

Therapist: What part did you not like?

Rhonda: I didn't like yelling at Barry. When you pointed out that I was angry, I didn't realize how angry I was. I felt embarrassed.

Therapist: You still seem somewhat embarrassed.

Rhonda: Yes, I am. I just didn't realize that I was yelling.

Therapist: Barry, tell me about your drawing.

Barry: This is me, and I am shooting down all of these fighter planes.

Therapist: I noticed that you chose not to draw your family. You decided to draw yourself. You seem proud of your picture. (Barry looks down and shrugs his shoulders. There is a period of silence.)

Rhonda: Well, I'm proud of it. (Barry continues to look down.)

This activity provided the therapist with a first-hand view of the verbal and nonverbal communications of this boy and his mother. The therapist was able to observe how they worked together on a joint task. Many of the dynamics in Barry and Rhonda's relationship came to the surface in this session. Developmentally, Barry appeared unable to see things from his mother's point of view. Rhonda had difficulty gaining Barry's cooperation and became frustrated, and had trouble expressing her frustration in a constructive manner. Barry seemed unaware of Rhonda's boundaries and Rhonda seemed unsure about how to clarify them to Barry. The therapist worked with Rhonda after the session to help her address boundary issues and more effective ways to enlist Barry's cooperation.

## *Sandplay*

After the family has had experience with familiar mediums of art, other mediums can be introduced to the family that are less familiar and tend to facilitate expression of feeling more quickly. Sandplay can be a particularly helpful medium in working with families. Lowenfeld (1979) used sandplay therapy with children as early as the 1920's. Lowenfeld stated that emotions that reveal more of the child's personality could be expressed in sandplay. Sand is very appealing to children and is conducive to free expression (Carey, 1999; Kalff, 1980).

In our counseling clinic, one room is set up especially for sandplay. The miniatures that are used are categorized on shelves that are accessible to young children. The miniatures and the sandtrays provide more concrete opportunities for symbolic expression than many other mediums. Bratton and Ferebee (1999) stated that another advantage of sandplay is that it does not require any skill or artistic ability. Some sandtray therapists are very specific about their requirements for the dimensions of the sandtray itself, the type of sand used, and the miniatures used. Other therapists have used sandtrays with varied dimensions and types of sand (Bratton and Ferebee, 1999; Carey, 1999; Kalff, 1980; Lowenfeld, 1979).

***Family Sandplay Session.*** Sometimes, children are unable to express feelings that they have about what is going on in the family to their parents. This was the case with an eight-year old girl, Sheila. Sheila was referred due to trauma experienced in her pre-school years. Sheila had participated in several individual play

therapy sessions prior to this family session. Even though she was only eight, she experienced a significant amount of stress. Sheila was the oldest of three children in a family where both parents worked. Sheila was given a considerable amount of responsibility in the family. Her responsibilities included watching her younger siblings when her parents were occupied. Her play therapist thought that a structured sandplay session between Sheila and her mother, Mary, might help Sheila express some of her underlying feelings to her mother. Sheila and her mom had both been receptive to previous expressive art activities.

The therapist asked Sheila and Mary to create a scene of their family in the sand. Sheila and her mom created two different scenes using separate sandtrays. Mary's scene was idyllic: everyone in the family was sitting close together doing something. On the other hand, Sheila's scene had two groups of dogs. There were three dogs off by themselves on a hill of sand, and there were two other dogs off by themselves. There was a high wall between the two groups of figures.

After Sheila and Mary were finished with their scenes, the therapist asked both of them to talk about their scenes. The therapist asked Sheila to go first. The therapist hoped that going first would facilitate honesty in Sheila.

Therapist: I noticed that these two dogs are over here.

Sheila: Because mommy and daddy are always working inside the house. She's trying to do her lesson plans and she's yelling at daddy, because he won't help her with something.

The therapist noticed that Mary, who was normally quite talkative, had become quiet. She looked troubled by what Sheila had shared.

It was obvious to the therapist that Sheila's mother was feeling emotional after Sheila shared. As Mary talked about her scene, the therapist noticed that Sheila was becoming restless. Therefore, the therapist decided to help Mary explore her feelings without Sheila present, because Mary appeared to need some time to process the experience, and Sheila had begun to tire. Mary and the therapist sat in front of Sheila's scene with the two groups of dogs. Mary focused her attention on Sheila's scene and ran her hands through the sand.

Therapist: What did you notice about Sheila's scene?

Mary: I noticed that she had all of the kids together, and we were totally away from them. It was like she sees them as a unit and Daddy and I as a unit separate from them.

Therapist: What do you think about that description?

Mary: It is that way, especially during the school year. I can see why she sees it that way.

Therapist: How did you feel when you first heard Sheila describe things that way?

Mary: It was like "oops." It made me feel like I need to do more for her and the other kids.

Therapist: When you look at this scene, do you feel that "oops" feeling now?

Mary: Uh huh.

Therapist: Describe that feeling. What's that like for you?

Mary: Hurt. Because I don't want her to feel separate from me.

Later, Mary explored how torn she felt between her responsibilities at work and the needs of her children. She left the session much more attuned to the needs of her children.

In previous sessions, Mary had never talked about her feelings in as much depth as she was able to in this session. She also had been somewhat resistant to any suggestions from the therapist. Sheila's visual images in the sand impacted Mary and helped Sheila communicate her experience in a powerful way. In the sandplay session, Mary was able to see some family issues that had been outside of her awareness. Her daughter, Sheila, had been able to communicate with her on a feeling level through a medium that was comfortable for both of them.

### *Conclusion*

Young children are often excluded from the therapeutic process (Crane, 2000). Family therapy approaches that depend primarily on abstract verbal communication and interaction are not appropriate for families with young children. Additional training is needed for family therapists to equip them to work with young children (Combrinck-Graham, 1991). Family therapists will be more effective in utilizing expressive art activities with clients if they have had previous experiences as participants. Family play therapy provides family therapists with a viable alternative to a conventional abstract approach.

These examples from actual family play sessions were intended to illustrate how family therapists can utilize play to include young children. Family play activities, such as the family art assessment, can be used to gain information about family interactions. Family play therapy activities, such as sandplay, can be used as a viable therapeutic tool that facilitates interaction between young children and parents (Carey, 1999). Depending on a therapist's theoretical orientation, these family art activities may be used to assess family dynamics, develop treatment plans, increase family members' awareness, or facilitate more meaningful connections. The sandplay medium allows children to communicate important perceptions and feelings that they may have been unable to convey. This medium also allows parents a non-threatening format in which to receive significant and specific feedback. Ironically, expressive arts also provide parents with information from their children that may not be directly available through verbal communications. Family play activities provide therapists a tool that is appropriate for the developmental level of young children, so that they may be included in the therapeutic process in a meaningful way.

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