

Breaking Water in Art Therapy  
Case Study of Charles: MultiAxial Diagnosis Including Separation Anxiety and  
Premature Birth

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## ABSTRACT

### Breaking Water in Art Therapy Case Study of Charles: MultiAxial Diagnosis Including Separation Anxiety and Premature Birth

Catherine Davidson

This paper will explore the primary research question, How can Art Therapy offer reparative experiences for a child with behavioral difficulties related to Separation Anxiety Disorder? Through a case study and literature review I will demonstrate that such reparative experiences are interactive in a twofold dimensional conceptualization of the art therapy process. The first is carried out in the realm of play and supported art making; the second one properly takes place in the relationship between the therapist and child. The subsidiary research question addressed is, What are the conditions leading to separation anxiety in general and in particular, in the case of Charles?

Through Charles' play with art materials, a therapeutic alliance was promptly established. Charles was able to eventually gain enough confidence that allowed him to relax sufficiently to engage in a symbolic process that seemed reparative, on a number of levels, for experiences surrounding his premature birth. In accordance with attachment theory, it can be hypothesized that these experiences laid a

foundation for behaviours and parent/child relations which eventually were diagnosed as Separation Anxiety Disorder and a Parent/Child Relational Problem. A short explanation of Bowlby's theory of attachment will be addressed to solidify these points.

Charles seemed to have made a progression from what first appeared as oppositional behaviour and chaotic artwork to that of more cooperative behaviour, order and symbolic representations of what he needed to express. He utilized materials well to make his needs known and to get out his many mixed emotions, rendering creative expressions to work through his conflicts. These appear to fit into the category of Winnicott's Object Relations which involves a processing of transitional phenomena. Through the creation of transitional objects, Charles was able to move from object relating to object usage, thereby, achieving a more solid ego or self that is more at ease with the world of others. Charles' use of art materials is described in a case study and then discussed and analyzed through the five different ways of using art materials that art therapist, Edith Kramer, has outlined and put together for considering a child's work with art materials. She has further related these to Winnicott's theory of Object Relations.

In conclusion, I will address the issue of memory retained at the time of birth, quoting the controversial work of T.Verny (1981) and offering a suggestion for future investigation in this area.

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## INTRODUCTION

The subject area of this research paper is grounded on the psychotherapy of a four year old boy, Charles, who was taken to the Child and Family Psychiatric Consultation and Treatment Clinic of a children's hospital in a large urban setting by his parents because he was displaying vaguely described behavioral problems in adjusting to nursery school, as well as long term behavioral difficulties at home. I will present a case study; its stance is exploratory and process oriented and it is a qualitative research study. The research dimension is presented as a general review and discussion of some specific issues of theoretical and technical relevance.

The primary research question refers to the following issue, "How can art therapy offer reparative experiences for a child with behavioural difficulties related to Separation Anxiety Disorder?" It will also explore that such reparative experiences are interactive in a twofold dimensional conceptualization. The first as carried out in the realm of play and directed art making; the second one properly referred to as relational. This last one I propose is according to D. W. Winnicott's concept of Object Relations, with a virtual transitional space, to be elaborated on later. By dealing with the above mentioned areas in question, the aim of this presentation intends to show through this particular case that the art therapy approach proved itself suited to facilitating this child's deepest, painful



emotional expressions leading to the induction of reciprocal creativity in art-making. In effect, as it will be shown, what Charles displayed through his artwork appeared to be symbolically representative of his premature birth at 32 weeks, and subsequent separation from his mother for a period of one month where he was placed in an aseptic incubator tent. Following this Charles continued to be colicky for three months and was diagnosed with Chronic Otitis Media after being seen many times in the hospital emergency room for symptoms related to these infections. As I will show later on, in detail, these facts initiated a pattern of maladaptive behaviour, a family disruption which subsequently played a capital role as forerunner of his Separation Anxiety Disorder and a parental conflictual interaction later expressed in the diagnosis of a Parent/Child Relational Problem. This discussion will address the subsidiary research question, "What are the conditions leading to separation anxiety in general and in particular, in the case of Charles?"

The scope of this study encompasses the issues emerging in the course of a first evaluation, the change of diagnosis following a subsequent enlargement of the data; the significance of the medical history including the perinatal period and the medical comorbidity disclosed in Charles' pediatric history. It was not until a certain point in this child's therapy that I was able to look back with a constructivist approach and see the sequence of symbols in his work, that I began to see the possibility of a birth related experience being played out and appearing

to be followed up as such. The symbolic objects in Charles' work also appear to fit into the category of Winnicott's transitional object and his theory of Object Relations which involves object relating and object usage. These terms will be further elaborated on in Chapter I and Chapter III.

The limitations of this paper originate in its being based on a single case and so its findings are not generalizable, however, the literature search has been reviewed so that the case presented does not appear in isolation. From research to date, I have found nothing related to the use of art therapy in treating the trauma and separation issues related to a premature birth. The subject of the formative nature of birth and perinatal experiences is a delicate one and is not discussed much in mainstream psychiatry. There are only seventeen entries in the PsychINFO database category related to the use of psychotherapy in treating the trauma of a premature birth and only one was related to a child. Others were adults. Often, it was when the client was under hypnosis that certain memories were evoked. Hypnosis was not at all a technique used in this case of Charles. I believe it also important to note that it was a team effort that contributed to the overall understanding, management and treatment of Charles, not only a matter of art therapy; however, my main focus in this paper will be on the art therapy. The team has provided the grounds to a more informed approach with the art therapy.

Despite the many and controversial elements that come into play in this case study, I strongly believe that this is an important study to be documented and published, although it remains hypothetical at this point. It seems that in the past, some findings are so contrary to familiar beliefs of psychoanalysts and therapists that they are dismissed or ignored. At present there is a strong movement toward the need to focus more on the psychobiological effects of the pre- and perinatal experience of the child. It is the goal of the relatively recent journal, the Pre- and Perinatal Psychology Journal, to focus on such issues. Part of the mission statement for the Association for Prenatal & Perinatal Psychology & Health (APPAH) is "Life is a continuum which starts not, as is commonly thought, at birth, but at conception" (p. 12).

To preview the organization of this document, I will begin the first chapter with my theoretical orientation in relation to the case study of Charles. The focus in this chapter is mainly on the theoretical focus of the art therapist, Edith Kramer and child psychiatrist, D. W. Winnicott, as well as the definition and treatment of Separation Anxiety Disorder in children, specifically in the case of Charles. Other areas of this child's multi-axial diagnosis will be discussed as well, including the subsequent maladaptive attachment patterns that led to a Parent/Child Relational Problem.

Winnicott was one of the first psychoanalysts to work mainly with children

and with drawing. He found that through the use of the Squiggle Game, as he termed it (a game where client and therapist take turns at drawing something together), he was able to communicate most expeditiously with young children, including those having another language. He also has introduced us to the value of play which I will discuss in Chapter I. Kramer has picked up this valuable information, expanding and enlarging it into what is now the field of Art Therapy.

The case study of Charles will be presented in the second chapter with the main focus on the art therapy sessions that I had with him during the period of my second year of an art therapy internship. There will be a session by session synopsis. Illustrations will be used to present the material more effectively.

Chapter III will present a discussion of the case material in the context of the literature presented in Chapter I. The goal of the discussion will be to show how Charles seemed eventually able to release much pain of what appeared to have been a premature birth process and stay in hospital, which involved separation from his mother for a time, disrupting the normal attachment process for the mother and her child. My purpose also, is to show that, especially in the case of young children, who are only learning words and just beginning to communicate, art expression can be a very effective mode of communication. What children are trying to say often gets misinterpreted, and is expressed in rather negative and defiant behaviour as appeared at first with Charles who had

originally been diagnosed with Oppositional Defiant Disorder. The issue of diagnosis will also be covered in this paper.

In the final chapter, conclusions will be drawn regarding the research questions and a summary of how these conclusions relate to theory presented in the document. Implications and indications will be drawn for present and future theory and practice. Remaining questions and suggestions for further investigation will be made.

## CHAPTER I: THEORETICAL ORIENTATION AND GUIDING CONCEPTS

The following literature review is to present a brief historical view of the studies related to infant-mother attachment as well as the transition from symbiotic union with the mother to object relationships. It further deals with the studies about the normal and pathological attachment and the pathology of prolonged maladaptive attachment leading to separation anxiety and finally to our own present knowledge of what is meant by Separation Anxiety Disorder. In the case of Charles, we are dealing with his attachment to his mother, particularly addressing its disruption as it began at birth, which was premature and implied risk per se, as well as developmentally.

Bowlby (1979) writes that:

attachment theory is a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise.... As a body of theory it deals with the same phenomena that hitherto have been dealt with in terms of 'dependency need' or of object relations' or of 'symbiosis and individuation' (p. 127).

Throughout the case study and the following chapter on discussion, it will be seen how Charles has used art materials to express his emotional distress in what at first seemed oppositional but when more carefully examined appeared congruent with the abnormal type of anxiety by separation.

Kaplan and Sadock (1985) define the concept of attachment as "the gradually developing quality of a bilateral, reciprocal affectionate relationship between the infant and parent(s), especially the mother or primary caretaker, during the first year of life" (p. 1722). Another term of importance is that of *bonding* about which they state, "... bonding more specifically refers to physical contact (usually nude skin-to-skin) between mother and her neonate during a critical period immediately or soon after delivery that is necessary for the development of optimal attachment of the mother to her infant (p. 1722). Later on, in the sixth edition of Kaplan and Sadock (1995), Volkmar states that:

Maternal and paternal bonding refer to the early process of attachment of parent and child. That process is thought to depend in part on early contact shortly after birth .... human infants are particularly alert in the first few hours after birth, and during that period the infant may be particularly interested in the mother (p. 2355).

Moreover, after stressing its importance for further positive attachment with the

parents, he adds up that it also forebodes subsequent risk and difficulties.

Berkow and Fletcher (1992) describe that "when the neonate is sick or premature, the situation is very difficult and special care must be taken..." (p. 1954). They further state that particular difficulties arise when a critically ill newborn must be transferred to an intensive care nursery and that in the modern intensive care nursery, parents are encouraged to visit the newborn frequently and as soon after birth as possible.

Furthermore, it should be pointed out that Charles' otitis media (leading to crying out of pain without pointing out its source) was a clear factor in his over-attachment to his mother. This fact is highly significant as children report that the single most helpful factor in coping with pain experience is for their parents to be present. It seems that an over-attachment by a child in distress or parental overprotection are precedents for developmentally inappropriate or maladaptive behaviour. The father of Charles was a shift worker, on the other hand, which likely led to a further lack of stability in this child's attachment relationships as his availability to Charles was subject to a disruptive schedule. Liskowsky (1992) writes that "Shift work can make it difficult to fulfil domestic roles as a parent or spouse..."(p. 3049). Difficulties such as these can conspire to exacerbate attachment and separation anxieties, leading, in some cases, to the diagnosis of a disorder.



In addition to the previous theoretical orientation I am adding a definition of Separation Anxiety Disorder.

The *DSM-IV* (1995) diagnostic criteria for Separation Anxiety Disorder is:

- A. Developmentally inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached, as evidenced by three (or more) of the following:
- (1) recurrent excessive distress when separation from home or major attachment figures occurs or is anticipated
  - (2) persistent and excessive worry about losing, or about possible harm befalling major attachment figures
  - (3) persistent and excessive worry that an untoward event will lead to separation from a major attachment figure (e.g., getting lost or being kidnapped)
  - (4) persistent reluctance or refusal to go to school or elsewhere because of fear of separation
  - (5) persistently and excessively fearful or reluctant to be alone or without major attachment figures at home or without significant adults in other settings
  - (6) persistent reluctance or refusal to go to sleep without being near a major attachment figure or to sleep away from home.

- (7) repeated nightmares involving the theme of separation
  - (8) repeated complaints of physical symptoms (such as headaches, stomach aches, nausea, or vomiting) when separation from major attachment figures occurs or is anticipated.
- B. The duration of the disturbance is at least 4 weeks.
- C. The onset is before age 18 years.
- D. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
- E. The disturbance does not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and, in adolescents and adults, is not better accounted for by Panic Disorder with Agoraphobia (p. 401).

Art therapists have found that some of the disturbances experienced by children with separation anxieties can beneficially be worked through with the use of art therapy. Edith Kramer was very significant in the early history of Art

Therapy. She comes from a psychoanalytic theoretical background. The work of Kramer and her understanding of the ways young children use art materials has also influenced me a great deal. To facilitate systematic thinking, Kramer (1971) writes, that she has differentiated five ways in which art materials may be used:

1. Precursory activities: scribbling, smearing; exploration of physical properties of the material that does not lead to creation of symbolic configurations but is experienced as positive and egosyntonic.
2. Chaotic discharge: spilling, splashing, pounding , destructive behaviour leading to loss of control.
3. Art in the service of defence: stereotyped repetition; copying, tracing, banal conventional production.
4. Pictographs: pictorial communications which replace or supplement words. (Such communications occur often in psychotherapy or in other intimate relationships. They usually remain unintelligible to the outsider. Pictographs are, as a rule, crudely executed and seldom attain the integration and evocative power of art.)
5. Formed expressions, or art in the full sense of the word; the

production of symbolic configurations that successfully serve both self-expression and communication. (p. 54)

Throughout Chapter III, the discussion chapter of the case study of Charles, I will make reference to these five ways of using art materials by Charles. Kramer (1971) states that "both play and art afford reassurance by providing the opportunity to take the active role in reliving experience that actually had to be endured passively" (p. 64). This in turn can lead to reparative experiences for children whose lives have been broken by unfortunate life experiences. In other words, the therapist is addressed to a reparative activity that hopefully modifies maladaptive patterns of behaviour.

Another area of interest noted in Chapter III is the artistic developmental stages of Charles. Rhoda Kellogg has done major work in this area leaving us with pictorial representations of what can be expected at certain age levels. I will show some of Charles' art work in relation to these developmental stages. One of the most important aspects of the therapeutic influence resides in the interaction with the patient. This begins with the therapeutic alliance. It will be shown how this alliance is established through the use of art materials. It is later on, within this interaction, that the pathology or self-defeating behaviour will come out and hopefully be redirected. Ideally, if the therapist is able to deal with these issues to help adopt new attitudes or verbalizations, his or her involvement

will eventually occasion a corrective emotional experience. This usually comes about through what is referred to in psychological terms as a change in object relations. Moore and Fine (1990) note that this model of the mind, or Object Relations Theory explains mental functions in terms of relations between the various elements internalized and the work of D. W. Winnicott and others first drew attention to such theories, later referred to as the British school.

Winnicott has provided us with significant theories to aid in treating Separation Anxiety Disorder. Winnicott (1971) describes the deprived child as notoriously restless and unable to play, and as having an impoverished capacity to experience in the cultural field. He further states that "failure of dependability or loss of object means to the child a loss of the play area, and loss of meaningful symbol" (p. 102).

From the description given in Charles' file of his behaviour in nursery school and at home, it seems that he had a disruption in confident attachment and secure object relations at the time of birth; that is to say, the ideal transition leading to a "true self" was hindered by the superimposition of several untoward circumstances. Winnicott notes that:

If the mother is away more than  $x$  minutes, then the imago fades, and along with this that baby's capacity to use the symbol of the union ceases. The baby is distressed, but this distress is soon mended because the mother

returns in  $x+y$  minutes. In  $x+y$  minutes the baby has not become altered. But in  $x+y+z$  minutes the baby has become traumatized. In  $x+y+z$  minutes the mother's return does not mend the baby's altered state. Trauma implies that the baby has experienced a break in life's continuity, so that primitive defences now become organized to defend against a repetition of 'unthinkable anxiety' or a return of the acute confusional state that belongs to disintegration of nascent ego structure. (p. 97)

The concept of transitional phenomena are of critical importance in understanding Winnicott's Theory of Object Relations. This dimension of living belongs neither to internal reality or external reality. It is the place that both connects and separates inner and outer. Abram (1997) notes that "Winnicott uses many terms to refer to this dimension -- the third area, the intermediate area, the potential space, a resting place and the location of cultural experience" (p. 311). Previous to Winnicott, there had been no accounting for this space between inside and outside in the psychoanalytic literature. The Squiggle Game, as I mentioned in the introduction to this paper, is one example of the way in which such an interplay may be facilitated. It is within the transitional space that Charles began to feel safe enough to play with art materials and to create. His anxiety gradually decreased significantly.

Winnicott (1971) continues to state that this is the place where play can

take place and permit the resumption of development. He also states that, "it is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (p. 55). It is through playful use of art materials that Charles comes to a creative expression of psychological birth and emotional stability. Winnicott (1971) further states that "when we witness an infant's employment of a transitional object, the first not-me possession, we are witnessing both the child's first use of a symbol and the first experience of play" (p. 86). It appeared that Charles was able to move from object relatedness to object usage, terms used by Winnicott, which in turn lead to what I described above as a corrective emotional experience through the process of art therapy interventions.

Further on, Winnicott states that the transitional object is a symbol of the union of the baby and the mother (or part of the mother). (p. 96) "The development of a capacity to use an object is another example of the maturational process as something that depends on a facilitating environment" (p. 89). I interpret this facilitating environment in this case to be the art therapeutic environment.

Kramer (1979) further followed up on the work of Winnicott. She brings into focus the importance of Winnicott's investigation of the transitional object and transitional phenomena. She states that "we have come to recognize as one

of the roots of art the infant's earliest symbolic behaviour as it emerges in the interchange between mother and child" (p. *xvi*).

Later on Kramer (1979) states that:

We recognize in the transitional object a forerunner of the work of art inasmuch as it has enduring symbolic meaning for the infant, but we see it as distinct because its meaning remains private. The transitional object is a found object. It acquires significance for the infant because something about it -- its smell, its tactile quality, the sound it makes, or some other such property -- links it to the gratification the infant has first experienced within the symbiotic unity with the mother. The infant makes no attempt to modify this object so that it will resemble the mother more or in some other way serve its purpose better, and the object's visual appearance is seldom important to the infant. (p. 62)

This understanding of Kramer's in relation to the transitional object will be discussed in further detail in chapter III, the discussion of the case study.

The *DSM IV Guidebook (1995)* describes a Parent/Child Relational Problem as a category used when the focus of clinical attention is a pattern of interaction between parent and child (e.g., impaired communication, overprotection, or inadequate discipline) that is associated with clinically



significant impairment in individual or family functioning or the development of clinically significant symptoms in parent or child. Communication between mother and child begins early and if a proper fit is not established in this early phase, later communication becomes hampered. Without a secure attachment between mother and child in this critical period, communication is severely disrupted.

In the same line Bloom-Feshbach (1987) writes that "the achievement of object constancy is thought to bring about an entire reorganization of the organism that affects all of development and is so fundamental that Mahler labels this stage 'the psychological birth of the infant'" (p. 9).

Throughout the case study, I attempted to allow Charles to express what had been interpreted as oppositional behaviour and did not punish or criticize him. Much of this behaviour as creatively expressed seemed to symbolize his unmet emotional needs. Gradually, he was able to let go of his disruptive behaviour which was at times, oppositional but not defiant. My approach seemed permissive because I followed the existential humanistic stand particularly in the beginning. The approach of Clark Moustakas (1973) also influenced me in that stage. His focus is on the immediate process of human engagement and commitment, where the integrity of the persons and the flow of life between them is the primary ingredient, rather than any theory or concept or preconceived plan.

## CHAPTER II: CASE STUDY

Charles was 4 years old when I first met him. He was an only child of a planned pregnancy. He was born, prematurely at 32 weeks gestation weighing 4 lbs. 2 oz., following ruptured amniotic fluid. He was, because of his prematurity, at risk of developing a neurological handicap. His mother had been given medication to stop labour, which made her ill so it was discontinued. Charles was subsequently born with the use of epidural anesthesia following an 8 hour labour. He remained in hospital during the first month of life, 3 weeks in a Neonatal Unit in one hospital and another week in a second hospital. (Charles' mother was kept in hospital an extra 3 days on antibiotics in order to treat an infection. Those days, she said, as recorded in Charles' file, were like a blur for her.) Charles was bottle-fed. His mother tried to express milk which was given by bottle to him. His parents visited the nursery regularly. After going home, Charles was colicky for 3 months. He wanted to be held a lot and would sometimes want to sleep in his parents' bed. There were times that he would spend days and nights crying. (One particular 6 hour trip, parents made with him, he cried all the way there and all the way back.) He postponed sleeping as much as he could and found it difficult to settle down and fall asleep. There would then be further sensitivity to separation, even after falling asleep in his own bed. He would wake up at 2:00 am and go to his parents' bed. Charles was described as walking before he crawled and that he was walking at 10 months, holding on to the couch.

Charles developed well, with all milestones passed within the normal period. His toilet training was fully mastered at age 3 1/2. His global cognitive functioning was well within average range and verbal skills at high average level, visual perceptual and fine motor skills are immature, although still within broad range of average. Knowledge of word meanings and general information was superior and reasoning and comprehension of everyday events was high average at the time of testing.

Charles was living with both parents in a large suburban area, not far from the hospital. His mother was working part-time but stopped when he was having difficulty adapting to nursery school. Charles' father did shift work. Further information on parents' professions is not available.

According to Charles' first report, he had been in nursery school for approximately four months and he was still refusing to follow routines. He was aggressive to other children. His mother noted that he had a tendency to go after other children who were weaker. He did not talk nicely to his teachers and would often say that he hated them. Charles would often run out of the classroom, making it necessary to keep the door locked at all times. He found transitions hard and the nursery school teacher was unable to dress him when it was time to go home. His mother noted that he was also sometimes destructive. He would be cruel to the dog or break toys. As a baby, he screamed and cried a lot and

was difficult to calm down. When his mother would say, "What I say goes or it's into bed", Charles would stay on his bed, occasionally throwing his pillow on the floor, but otherwise complying. Charles had trouble separating from his mother and clung to her before going to the nursery school. He was anxious and afraid of his mother dying, as well. Charles still continued in his swimming lessons after being taken out of nursery school but difficulties carried on there. He would take off from the group in the pool.

Charles was first diagnosed with Oppositional Defiant Disorder (ODD) (Axis I) after his parents met with a psychologist. Axis II, III, and IV were Nil and Axis V had a GAF of 60. From the above description in Charles' report, one can see how a diagnosis of ODD was placed but as the *DSM IV* suggests, care must be taken to distinguish normal oppositional behaviour from a disorder. It also proposes that a relational problem in the family unit could exist.

It was Charles' inability to adapt to the day care, not following routines or instructions, that led to this diagnosis. Charles also had difficulty separating from his mother. The initial treatment plan was a referral by the Treatment Clinic to the Preschool Day Treatment Centre. This is a very structured cognitive-behavioral and developmental play therapy group, conducted by a psychoeducator. It was conducted twice weekly from 2:00 - 3:30 p.m. There was a parent/child dyad art therapy intervention for the first half hour of the second afternoon. As

an art therapy intern, I did this group art therapy intervention, in turn with my supervisor. There was no prior therapy reported for Charles. He continued to show more difficulty adapting to the therapy group. There were both structured and free play in the groups. The goals had been to help Charles adapt to routine and develop social skills.

Several months later, Charles, upon further investigation, was seen by a psychiatrist and it was noted that he showed symptoms of Separation Anxiety Disorder and a Parent/Child Relational Problem was discovered. These were listed under Axis I of a second diagnosis. It did not seem that there was sufficient criteria for the diagnosis of ODD at this point. Warren and Messer (1999) state that, "many *anxious* children appear to their parents, teachers, or other caretakers to be angry and acting out, depressed, hyperactive or oppositional" (p. 222).

Axis II showed no diagnosis. Charles was noted to have rather severe Chronic Otitis Media, which led to many repeated visits to hospital emergency. This was registered in Axis III of the diagnosis along with Premature Adrenarche which was apparently diagnosed in relation to strong body odour, noted in the axillary region. Axis IV showed Psychosocial Stressors. These were his premature birth (at risk) and an early entry to preschool. A GAF of 60 was shown which indicates moderate difficulty in social, occupational, or school functioning. As

Charles showed more difficulty adapting to the group and structured activities than other members, individual art therapy sessions for him were suggested. I began to meet with Charles, on an individual basis once weekly, for half an hour. This was considered *adjunct* art therapy as it was connected to his play therapy group in a subordinate or auxiliary and temporary capacity. The goals of the individual therapy sessions were freedom of expression within containment. My approach with Charles was mainly non-directive, setting limits only when it appeared that he was getting out of control. The frame was a secure one, however, I allowed Charles to push limits at times, to see if he was able to self-regulate his actions.

The following case study tells the story of Charles' adventure into a creative response. It reveals a progression from what appears to be ODD and shows his anxiety that is likely to be related to early deprivation and separation at the time of his birth. It further demonstrates how he managed to work through what appears to be some of this pain.

### Session 1

On this first day, I went to get Charles from his play therapy group. He showed quite significant anxiety and opposition about leaving his play group to come with me in this session. The psychoeducator said several things to coax him

to go on his own but Charles kept saying, "But, I don't want to... I just don't want to go...", not in a defiant manner but more of a fearful and shy way. The psychoeducator then came with him to the art therapy room to facilitate the transition. It seemed that there was separation anxiety about leaving his psychoeducator. Charles stayed quite close to her and had a hard time letting go. He told me quite clearly and shyly, that he was scared. I told him I was a little scared too, because it was my first time also. He seemed to appreciate this and to open up a little. He was still very shy. After the psychoeducator left, he looked at me with kind of a blank, sombre look on his face. I showed him the table of art materials. I intervened at this point and asked if he would like to paint. He said, "Yes." I encouraged him to choose the materials he wanted. I think, at this time, I had only put the three primary colours of paint on the materials table, which I added to in the next session. He got up and, on his own, he chose the paper and colours of paint that he wanted. I put out styrofoam trays for him to pour the paint into. He poured directly onto his sheet of paper. His use of the materials was very much similar to a two year old level, in the sense that he seemed not to have a recognition of limits. He poured paint liberally, allowing it to spill over quite a bit. I quickly got up to get towels to wipe the table. Charles then wanted to put his hands into the paint and onto the table. I contained this by sliding sheets of paper towel down before his hand prints could reach the table. The following are pictures of Charles' first painting and hand print. Figure 1 and figure 2 shown on the next page display these two pictures.

figure 1



figure 2





Charles played awhile in the paint, carefully covering his hands up to his arms with paint, not spilling any of the paint. When he reached his elbows, he got up of his own accord and carefully washed the paint off with soap. As Charles was washing, he commented on the soap bubbles, which he seemed to be fascinated with and made a few remarks about. (Later, I provided bubbles to his art materials for him to go to as he wished. He would use them every once in a while as a transition before moving on to another activity.) Chevalier and Gheerbrant (1994) refer to soap bubbles, symbolically, as "a created object which is light-weight, spontaneous and short-lived and suddenly bursts to leave no other trace of its existence than the transient arbitrary volume of a little air" (p. 128). Perhaps, this is what Charles was wanting to do with his recent experience of emotional discharge.

After this, I showed him his special box that was for his artwork to be kept in. Each child that I work with has a special box to paint or cover as they wish and it is used to contain art work that is made during the sessions. Charles played a hide and seek game with me at first, hiding his head in the box and then coming out -- again a 2 year old level game. He stuck his tongue out at me a couple of times. He then got up and got a marker to draw on his box. His drawing was more at a 3 to 3 1/2 age level. He asked me to draw lines around the outside edge of the box. The session was over and he was happy to go back to his play therapy group, telling me that he hated the small room, as he left.

Again, these behaviours were probably the type of behaviour that was considered oppositional. As his very early attachment had probably not been satisfactory and there was very likely a fair amount of deprivation, he would naturally be afraid to trust. The fact that Charles had been born prematurely and was in the hospital separated from his mother, probably left him feeling deprived. Abram (1997) states that, "Winnicott recognizes how crucial it is for the new environment to tolerate the hate caused by the deprived child" (p. 180). More on this need to be destructive will be discussed in the next chapter.

## Session 2

In this session, Charles was again resistant, showing both anxiety and opposition but with encouragement by both the psychoeducator and myself, he came. When I showed him the work he had done the previous week, he commented, "That's really nice." I said that *he* had done it, and at that point, he wanted to run away. It seemed that he did not know how to cope with praise or with the fact that he could do something nice. With encouragement, he settled down and said that he wanted to paint some more.

Again, he poured liberally and there was a lot of excess spillage (emotion) that needed to be held so I slid a tray underneath to contain these emotions symbolically, as well as with my presence. He turned this tray upside down and

poured the paint onto paper. Again, I put another tray down under that sheet of paper. This is where the patience comes in. Several times, I put sheets of paper down, so that his hands and finger prints that he was exploring did not land on the table. He had used a lot of brown this time, covering up red, yellow and blue. Brown is the colour of the earth; perhaps, symbolic of preparing the soil for himself to grow in. He was again going to cover his arms, but I sensed more of a lack of control this time, and asked if he would like to wash up. He did so without opposition. After washing up, he picked up some plasticine and began stabbing it with scissors (blunt-edged, so I allowed this as a release of emotion, more aggression, perhaps). It may have been a test to see if I could tolerate his destructive acts, which I did without blinking. This did not last long, though. He took a piece of black paper and drew a shape. A photo of this is shown on the next page in figure 3.

Charles then started cutting the paper. He cut rectangular pieces. Charles stated that they were *eggs*. This was a very positive and creative expression showing that he had the ability to recover from his previous chaos and to create. Figure 4 followed on the next page shows a photo of the eggs Charles created.

figure 3

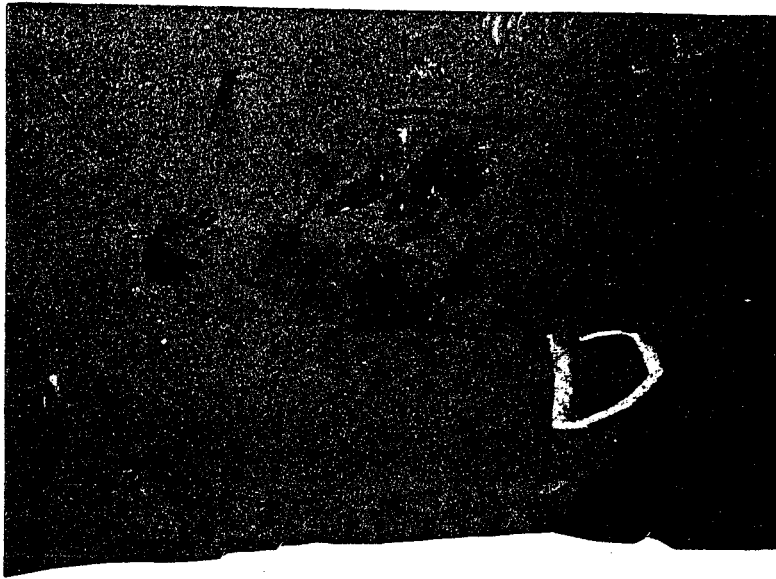


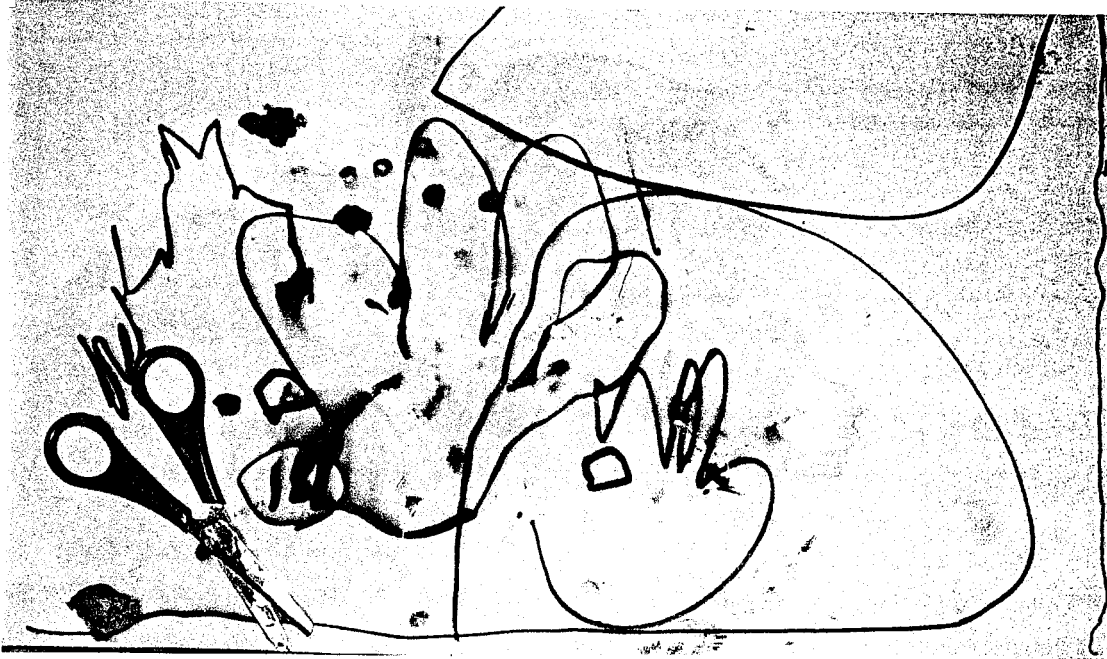
figure 4



According to Chevalier and Gheerbrant (1994) black, as well as being associated with gloominess or the dark night of the soul, can be connected with the promise of the renewal of life. Also, in the same dictionary, "In Egyptian symbolism, out of the 'egg' sprang the god who brought order out of chaos" (p. 338). My hope, be it a long shot, at the time, was that this was a symbol of Charles ability to bring *order* out of the *chaos* in his present situation, which he had just done in this session. I hoped that this renewal of life would continue.

In the same session, after creating the eggs, Charles asked for glue and poured it quite liberally over the top of his box that contained his art work. The glue was spilling onto my chair. He then threw the scissors and plasticine into the glue on the box. A photo of this is shown in figure 5 on the next page.

figure 5



I attempted to contain the situation by speaking to Charles as I was wiping up some of the glue. I asked quietly what he thought would happen if the glue stayed there on my chair. "Your bum would stick to it," he said, quite matter of factly. I gently agreed. I did not ask Charles to remove the scissors and he seemed surprised and relieved. The session was over and he went back to his play therapy group. Again, this type of behaviour would definitely be considered oppositional, destructive and unacceptable in a normal school situation.

It was after this session that my supervisor felt that Charles needed more containment and suggested that I provide a large sheet of brown paper and try to

make a body outline of him, and then ask him if he would like to paint it, using a brush which would be to use materials at a more appropriate developmental level, but not to push if he was not interested.

### Session 3

Charles was absent due to an ear infection.

### Session 4

Charles was still hesitant and shy to come with me. He did not show anxiety or opposition but reached out his hand for me to hold it. The first thing he did when he came into the room was to remove the scissors from the glue and examine carefully the outline it had made. He was very fascinated by print marks. He was not interested in having me draw a body outline of him. I think that it was good that I had made him aware of another activity that he could go to if he wanted. This body outline could be seen as, "a canned recipe" (Robbins 1987, p. 70), trying to urge him to his developmental level. Fortunately, Charles did not feel like he had to please me. He wanted to paint again and seeing a cardboard box top, he asked if he could use this. I saw this as a positive step in taking on the ability to recognize his own need for containment and provide himself with what he would need. Again, he poured paint quite liberally. The first photo on

this page or figure 6 shows this box. Charles was still using quite a bit of brown, a bit of red, blue and yellow, as he had in his last painting, but this time allowing the red, blue and yellow to emerge more. He has now added a fair amount of green and white. This addition of green could suggest growth emerging from the brown earth, that I referred to in session 2.

Photos of the top of the box, (figure 6 - approximately 12" x 10"), that Charles poured paint into and the styrofoam stamps, (figure 7 - approximately 6" x 3" and 6" x 4"), that he used to make a print stamp on his special box. The actual size of his box is seen in figure 8 (about 24" x 18" x 12") on the next page.

figure 6



figure 7



figure 8



As for the white, Chevalier and Gheerbrant (1994) refer to white as representing life potential and rebirth. It is notable to remember here that black, also in his second session, I interpreted to possibly being connected to the promise of the renewal of life.

Charles then took some styrofoam trays (figure 7 on previous page) and used them to press into the paint mixture and made a stamp (figure 8) on the side of his box for his art work, a creative action initiated of his own accord.

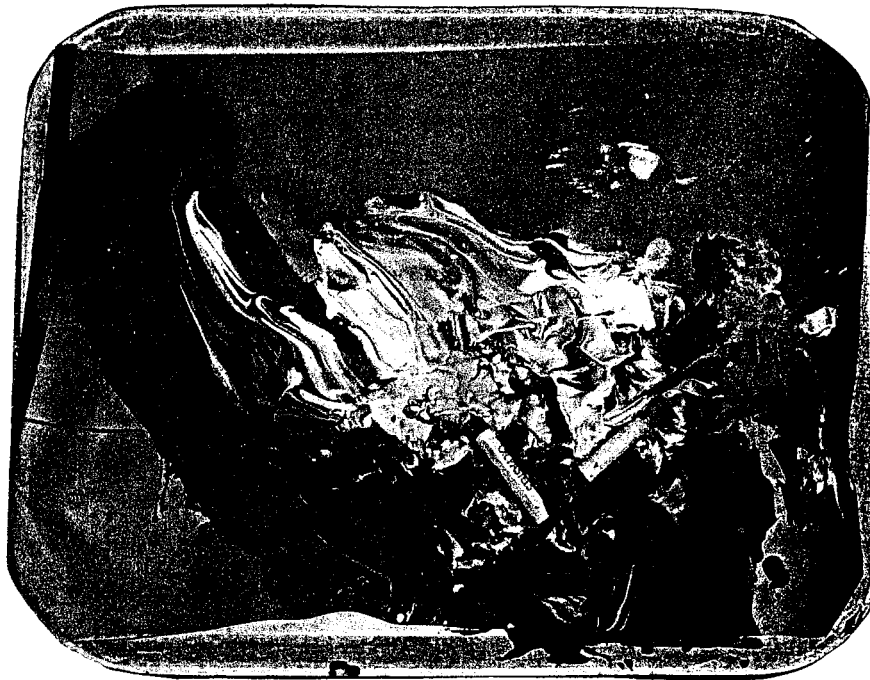


## Session 5

In this session, Charles was much more willing to come. He did not display any opposition or separation anxiety about leaving his psychoeducator and play therapy group. He came in, happily telling me of a trip he had been on where he saw his two cousins and had lots of fun. Then, he wanted to use clay to make a nest. Charles wanted to paint his nest. He poured a great deal of paint on it. I slid a tray underneath and he stopped pouring paint but then started throwing pastels onto it. (It seems a lot of mixed emotions are coming out. There is a dominance of green paint in this piece that you can see in the photo, which would hopefully seem positive and growth related as it is in Jungian symbolism.) Charles was about to throw an entire box of pastels on this but I intervened and told him gently that we did not throw crayons, as it seemed it was developing into chaotic discharge or loss of control, which I did not feel would be beneficial to him. My response was to make a nonpsychodynamic intervention and to use another method of bringing about change which was more behavioral oriented and educational. I was being encouraged by my supervisor to impose more limits. Here, I guess I would also be following the advice of art therapist, Wadeson (1987), who suggests shifting gears as the situation seems to require. I think Charles was at the point where he could accept more verbal limit setting and very likely needed it to contain his anxiety, although perhaps I could have done it in a nonverbal way that did not have any rules attached to it. Charles

returned to this nest (figure 9 below) several times just to look at it and examine

figure 9



it in following sessions. You cannot even see the nest as it is covered entirely with paint and crayons.

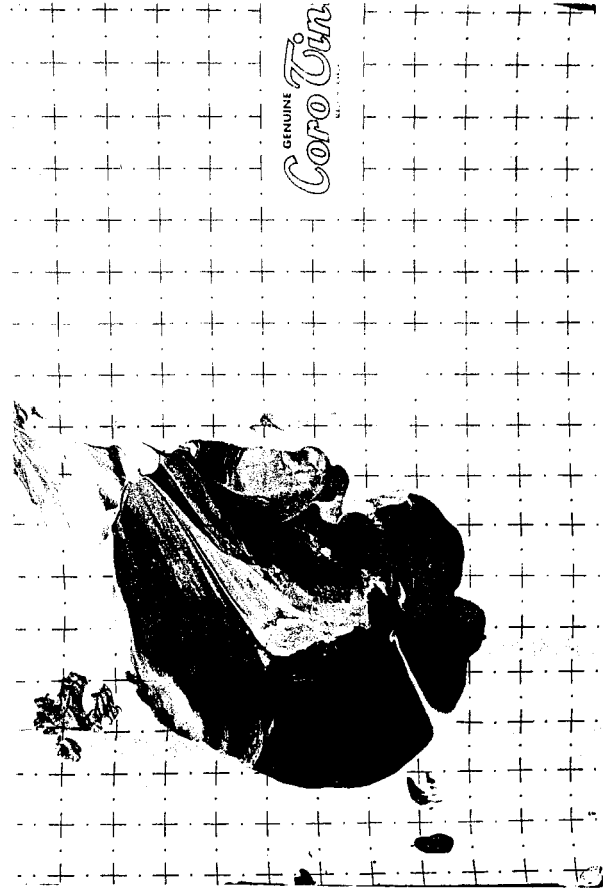
Charles then pressed some cardboard and paper into the paint mixture to make more prints. (figure 10 and figure 11 shown below)

The nest (figure 9) is about 5 " in diameter. It is made of clay and is underneath the paint and crayons, resting on a tray (approximately 18" x 12"). Figure 10 and 11 are photos of prints Charles made by pressing cardboard onto the nest area.

figure 10



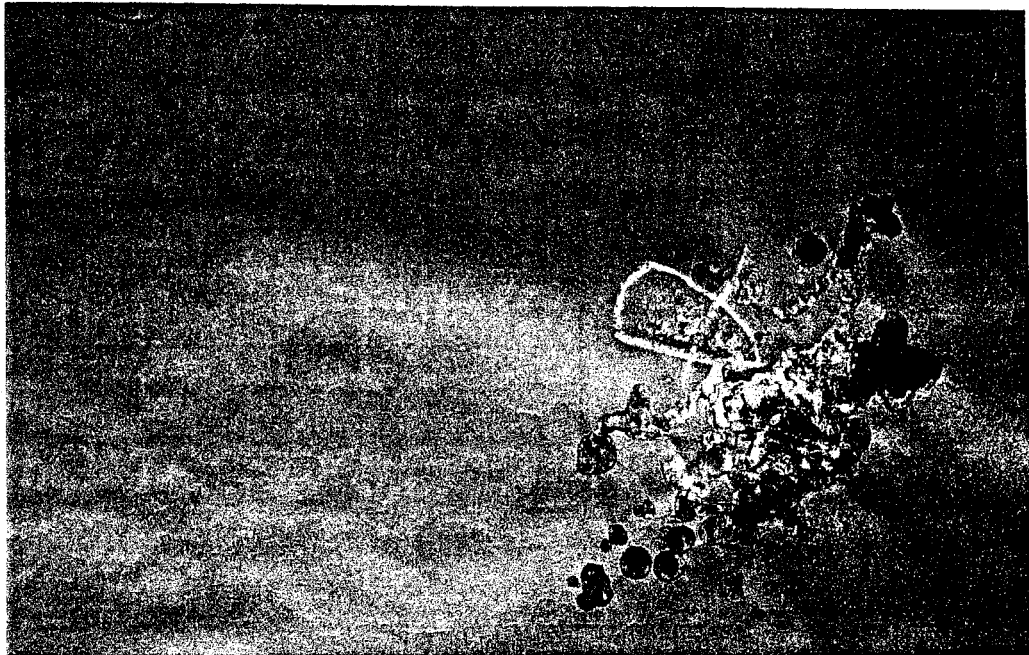
figure 11



Charles then went for the large sheet of brown paper but was still not interested in having me trace around him. He drew another shape, again with chalk as he did in his second session. Then he got up, seeming anxious and somewhat hypervigilant. He started searching through drawers. I hesitated to

allow this but I waited to see how far he would go. He retrieved sparkles, food colouring and flour. That was all. These were materials he had used previously in group art therapy and perhaps felt a need to utilize them again. (I later continued to add these materials to his box.) He then poured all of the food colouring and sprinkled flour and sparkles more with discretion and control onto the brown sheet of paper. I found it interesting that he had more control of these other materials. I asked if he would like to continue this during the next session. (figure 12 shown below) "Only if I can have more of this," he said, referring to the food colouring. I complied. This really seemed to satisfy him and he left the session contently.

figure 12



## Session 6

Charles was very ready and eager to come to his art therapy session today. He was delighted to find the food colouring, sparkles and flour in his box. He quickly squeezed all of the food colouring onto the brown paper that he had started working on the week before. I sensed a lot of anxiety and got down close to him. He held onto me and was slightly shaking as he did this. He then poured some flour over this. (figure 13 below)

figure 13



Figure 14 shown below is a print that Charles made from what he was just working on.

figure 14



Charles then wanted to go into the drawers again. He was still seemingly anxious and hypervigilant. This time I told him that I had put more materials on his table and if he wanted something else, he could tell me what he needed. He then got up and built a tall tower of clay and let it fall down and then wanted to

put the clay away. Then he did some scribbles with my pen. These were still at a three year old level, according to Kellogg. I pondered this session later and realized that perhaps the food colouring bottles were representative of the nipple for him as they were nipple shaped on the tips of the small bottles. Perhaps Charles was representing his need and anger related to deprivation of the breast. It seemed to my supervisor that I was allowing too much chaotic discharge and it may appear that way to some.

#### Session 7

Charles' mother called to cancel his appointment.

#### Session 8

Charles' mother called in the morning, saying that she was not able to bring Charles to his session, due to demands at work.

#### Session 9

Charles' mother cancelled. Charles was very sick with an ear infection.

I did not see Charles until after Christmas. In the New Year, we changed

the time of Charles' art therapy sessions so that he could benefit entirely from both and not have to leave his play therapy group at all. He would have 15 minutes to return to his mother in the waiting room before the transition to play therapy group.

#### Session 10

I did not receive a phone call from Charles' mother. Charles did not arrive. It was not my role to call back. I reported this to the case manager. I spoke to Charles' mother two days later. She had forgotten and apologized. She said that Charles would be there for his next session.

#### Session 11

When Charles arrived in the New Year, he was no longer interested in painting. He told me that when he grew up, he wanted to work at McDonald's. He was displaying much more confidence and contentment. I think the holiday time had been very good for him. He also told me about seeing his cousins and his aunt over the holidays. He really enjoys their company. He then told me, quite shyly, that he would like to make play dough. I got all the materials out and he sat very patiently to be told the steps as they came. He handled the materials very carefully being careful not to spill. There seemed something unauthentic

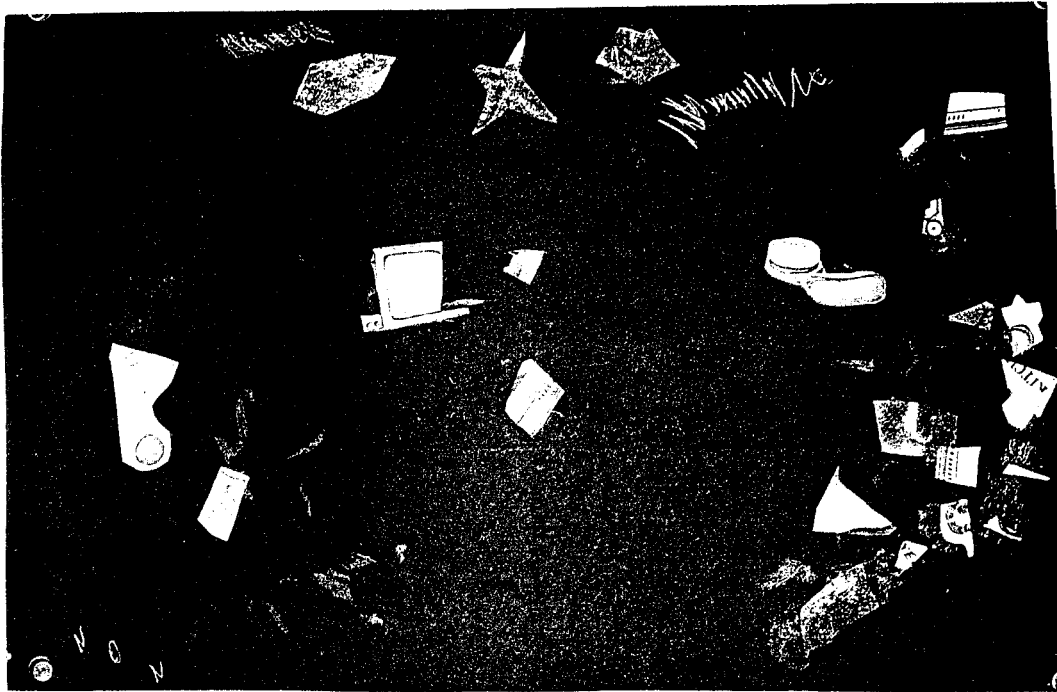


about his behaviour, though, as if he was becoming well-trained. When it came to the food colouring, he poured excessively and squeezed hard to get out all of it. It all stayed in the container, though. He mostly enjoyed playing with the play dough and talking about how gooey it was, although he did roll some and cut a few shapes out. He cleaned up well and stated, "I love this place." He happily went back to his mother in the waiting room.

In the group art therapy session, two days later, Charles displayed some particularly interesting and disturbing behaviour in the group parent/child dyad art therapy intervention session. The activity was a structured one. It was to make a collage. There were some pre-cut images to choose from and others to be cut out. There were also strips of shiny and bright coloured pieces of paper that could be cut in other shapes or used as they were. Glue and scissors were provided for both each child and their parent. Charles chose precut images but wanted to cut them further into more pieces. When encouraged to start gluing, he was very oppositional and wanted to keep cutting these images in pieces. Charles and his father did eventually produce a collage shown below in figure 15 on the next page.

Later, I analyzed the images. It was difficult to make any interpretation to the images themselves but the hand was cut in several places, which appeared to me that Charles was still feeling quite broken in his ability to *hand-le* things.

figure 15



There was an aircraft which could relate to the self, that was in many pieces. This alarmed me. Even the television had been cut in pieces. Charles' father had repaired much of this by gluing the pieces back into place, a good reparative intervention on his part. The only intact piece was the hamburger and hot dog. I was not sure what to think of that at the time. (As I am writing now, I realize that it is a McDonald's hamburger and hot dog. This could relate to what he had said in his last individual session about wanting to work at McDonald's when he grew up.) The main point here is that I had been becoming more aware of Charles' unhealthy self, but this really made me wake up. I sensed he was quite fragmented.

### Session 12

Charles was absent on this day. I did not receive a phone call from his mother. Again, it was not my role to respond to this and I did not receive any further information regarding this absence.

### Session 13

Charles' mother called. She was unable to bring him to his session today due to concerns with her own mother who had cancer.

### Session 14

Charles' mother left a message saying that he would not be in for treatment.

### Session 15

Charles really wanted to come to his session today, even though he had not been feeling well, his mother said. He came in as if he had a deliberate idea of what he wanted to do, put his apron on immediately, went into his box right away and saw the food colouring. "Just in time," he said, with relief. He was not

showing any anxiety. He was just moving in a very intentional, concentrated manner and was very engaged, almost in a trance. He picked the nest out of the box (shown in figure 16 below) and took it off the paper he had originally poured paint over in a previous session, session 5.

figure 16



He then squeezed food colouring on to it, very methodically, using first blue, red, yellow then green, possibly relating many mixed emotions, sadness, love, rage, hope, growth. Levy (1984) notes that these emotions are commonly associated with these colors in our culture, although we cannot say for sure what they meant for Charles. Charles' squeezing was now much more controlled. He said he liked mixing colours and making orange and purple. (photo of figure 17

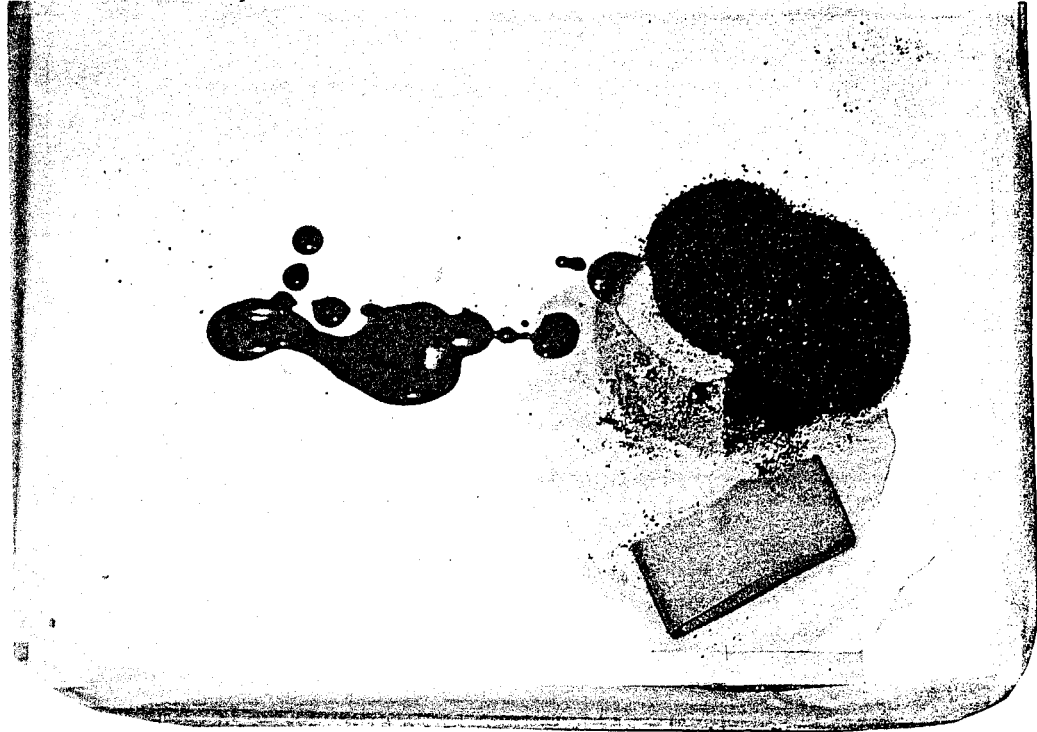
shown below)

figure 17



Charles then became very quiet and went to the materials table, with his back to me. He was working very intensely and was very engaged in what he was doing. He picked up a sheet of paper and some scissors. He cut the lower right corner edge off the sheet of paper. He poured some sand on the sheet of paper. He then poured a little bit of green paint and a little bit of red paint. His need to pour had significantly lessened, as you can see from figure 18 on the next page.

figure 18



It seemed that Charles' emotions were much more under control and he continued to work very methodically and quietly. I carefully slid a tray and some other papers underneath as the paper he had chosen was not very heavy and I was not sure what would come next. I continued to carefully guide him with his tray to the working table, being sensitive not to disturb his process. He then poured some clear glue and some more sand on top. Then he gently sprinkled a few sparkles on it. He treated this piece with great care. He got down really close to this and smelled it. He then said, "It smells really bad, eh?" I got really close to it, as well, and smelled it. "Yeah, it smells really bad," I said. It really did not have a smell to me but it seemed important to acknowledge what he was smelling. He got the bubbles and gently blew some bubbles onto the image. Perhaps,

blowing away that experience. Watching the whole process left me in a state of awe. He then rather quickly tossed a piece of sponge into it and got up quite abruptly and immediately took his apron off as if to say, he had done what he had to do. He then said that he wanted to go back and see his mother. There was still ten minutes left but as he was not feeling well and his mother had said that she did not know if he would tolerate the entire session, I felt I should let him go back to her. He was also in somewhat of a daze as was I at that point, and I felt a need not to interfere, but to allow the connection with his real mother to happen. He had done quite a bit of work.

I went home pondering this session and what it all might mean. It had really left me in a state of wonder and mystery. Chevalier and Gheerbrant (1994) write that sand can relate to the womb. I still could not make any sense of it. I was quite fatigued so I lay down for a nap. As I was waking up, I had an image of a placenta in my mind. Quickly, I went to the file, where I had scanned his birth report. There was a description of foul-smelling amniotic fluid. I reviewed the case, realizing there was a progression from eggs to a nest to this (perhaps) placenta image. I was not sure how to respond to this information that all seemed to be related to his actual birth. Fortunately my supervisor calmed me down as I was becoming quite anxious. She pointed out how necessary it was not to jump to conclusions but to let things flow. My response was, "So I just continue to hold the situation and be ready for whatever happens." Her answer

was, "Yes".

### Session 16

This session I had to be away due to my study break. I had already told Charles and his mother before this session about this and it was difficult to stick with my decision after the session was over. Charles seemed to be getting very involved in something that I did not want to abandon him in, nevertheless I did not want to confuse him, so I went ahead as planned.

### Session 17

Charles was right on time for his session, waiting for me at the door. He was eager to begin. At first, he wanted to examine his box, where the scissors impression was in the glue, from a previous session, session 4. He said that he wanted to break it, although, he did not. Then he opened the box and took out the nest. He said he would like to give it to his mother. I told him that his mother could see it at the end of the session. He put some glue, sand, and plasticine in the top part of his box, commenting that there was not enough sand. He began getting somewhat anxious and started pulling different things he had made out of his box, throwing flour onto some of it, saying it was snow, perhaps trying to cool down his emotions. He said he needed more flour and more food



colouring. It was hard for me to deprive him of these things, the sand, the flour, the food colouring but he really had used them quite liberally before and now was starting to be more controlled himself in the use of materials, since the new year and I did not want to promote a regression or delay in his progress.

He then picked up the nest and broke it. I showed no disdain and carefully placed the broken nest inside a tray, again to physically hold his destructiveness. Charles sprinkled sand and flour and poured a bit of glue into the container. It could be possible that this nest is symbolic of the womb and possibly Charles is breaking out for a second time as he requests me to draw an outline of his full body and then covers his body with blankets. (photo of broken nest below - figure 19)

figure 19



Charles quickly ran and got the large brown sheet of paper and put it on the floor and looked up at me. I asked if he would like me to draw around him. He quickly got down on the floor for me to do this. He became anxious and got up when I had finished half of him and asked me to finish the rest myself. I gently told him I did not think I would get it right without him there. He lay back down without hesitation and I completed his full body outline. He got up and was very pleased and then put two big circles for eyes and a big smile on his face. This image of the body outline can be seen on this page and the next in both figures 20 and 21.

figure 20

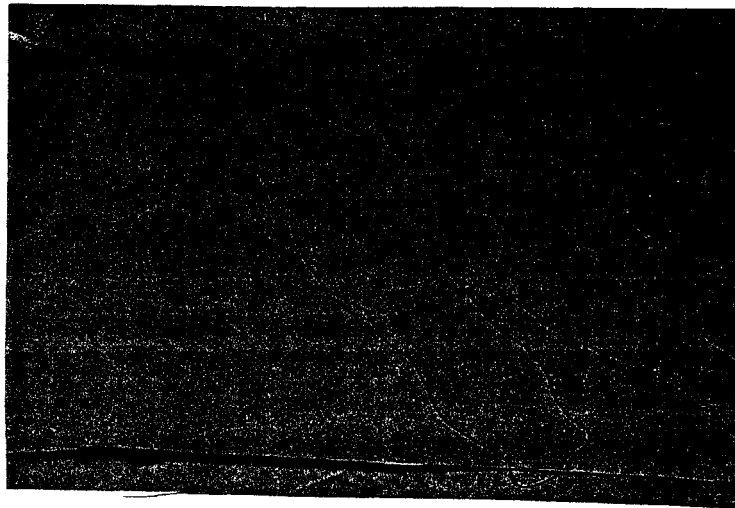
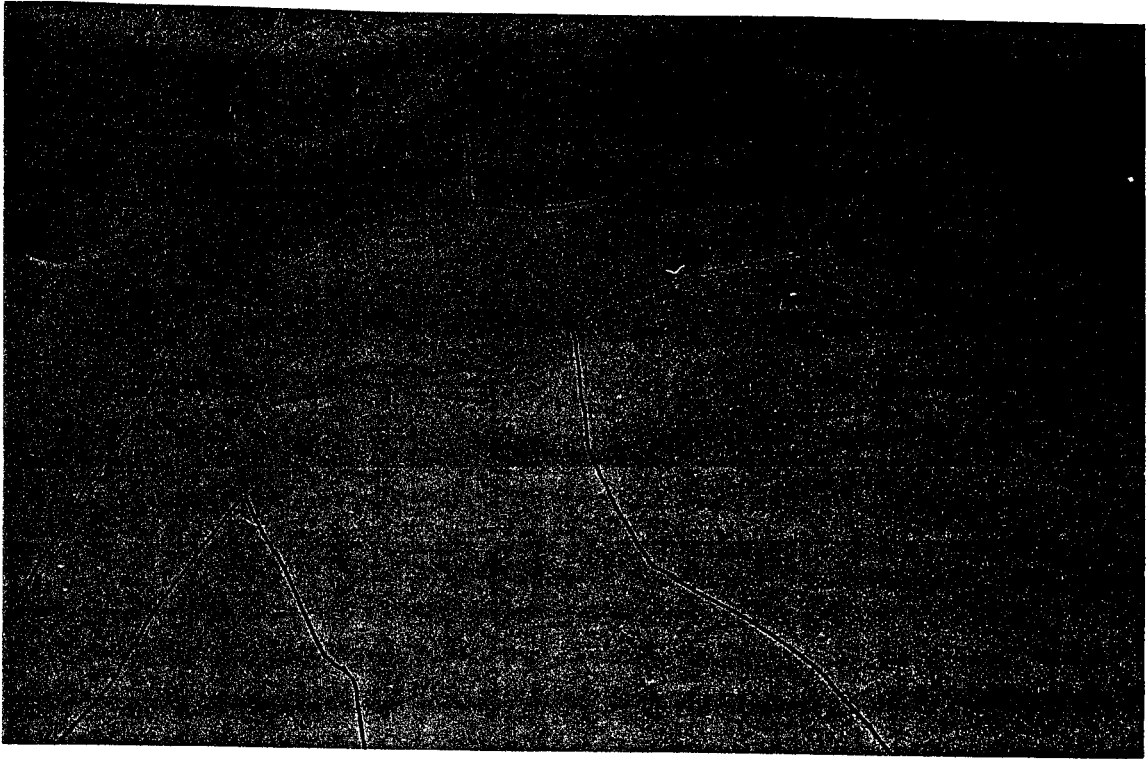


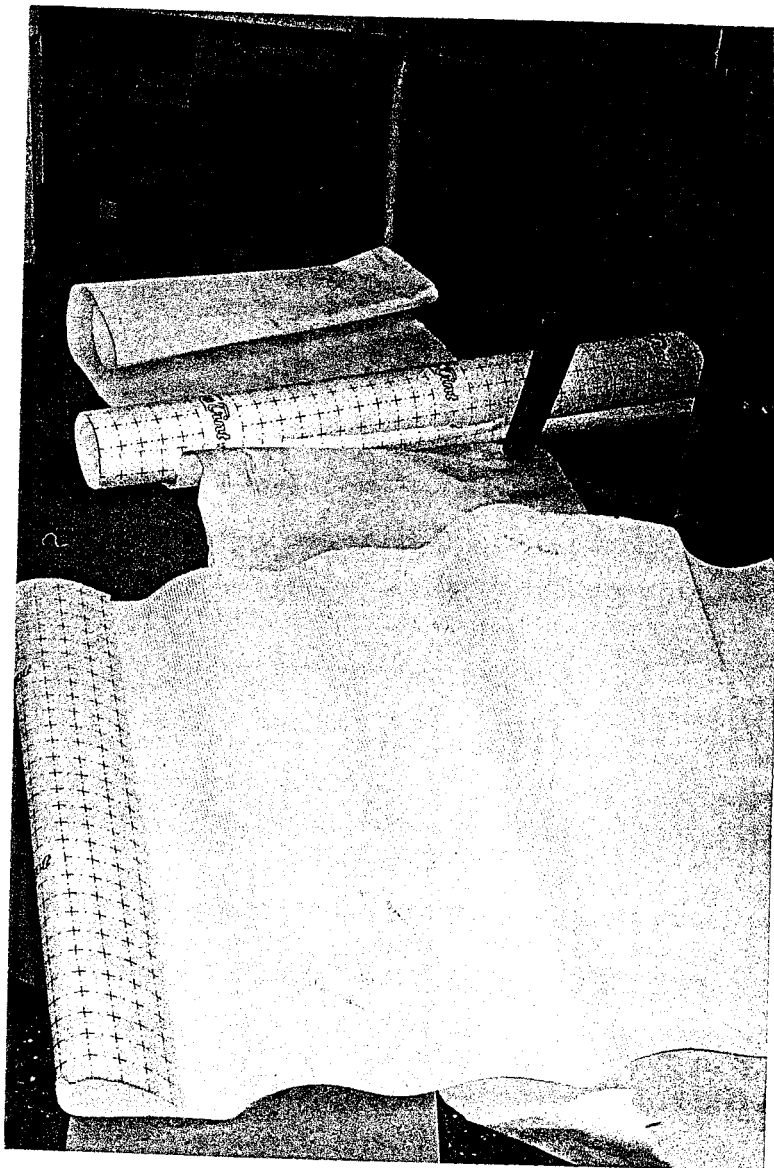
figure 21



Charles then became rather anxious again and quickly ran around collecting large sheets of paper to cover his body outline. As he was doing this, he stated that they were *blankets* and he secured them down with chairs. This appeared very much related to birth. It does seem possible that Charles is creating, for himself, a second birth. Rose (1992) mentions that blankets allow for a sense of continuity from the womb where the enclosing walls of the uterus provided a holding environment. She continues to write that "these folded blankets then act as a replacement for the normal arms, or blanket, that encloses and 'holds together', the infant. This is what we need to do in a mental,

emotional and symbolic way with patients who have been premature" (p. 45). The photo of the *blankets* can be seen below.

figure 22



Charles was still somewhat anxious and wanted to go through the drawers. Again, what I earlier described as sort of hypervigilant activity. I urged him back to the materials table and to tell me what he would like. He was looking at the play dough cutters. I said we could make play dough next week. He became a bit oppositional and wanted to make it right away but I gently told him we had to end soon. Charles then got up to get paper and a blue crayon. He drew a very large circle, saying that it was for his mother.

It seems to me that Charles was going through a process that will hopefully enable a much stronger sense of security in himself and the psychic wholeness that he needs to develop his own autonomy, not a structure of self that is imposed on him. I allowed Charles to give this circle to his mother at the end of the session as termination was coming up and it seemed time to start passing him back to mother.

### Session 18

This session I had to formally start the termination process. Charles started by saying he wanted to cut something but quickly changed his mind and asked if we could still make play dough.

He was a bit difficult to contain and seemed to find it difficult to follow

the steps of making the play dough. He was anxious for the finished product as when it came time to knead the dough, he managed it almost professionally, and his anxiety greatly decreased. He became very engaged in his work with the play dough. At first, he played with it calling it *pizza*. Then it became a *castle* (figure 23 on the next page) and he said that Charlie was a *castle boy* and he was *lucky*. Chevalier and Gheerbrant (1994) write that the castle is "the near-universal symbol of humanity's inner refuge... they convey the feeling of security... and are symbols of protection" (p. 161). They also write that the castle symbolizes the realization of the heart's desire and that in the space of the castle, one is attempting to reconstellate the totality which has been lost as the ego emerges.

There is a messiness that I allowed in this session as I felt it important that he concentrate on his building and creating that was full of determined energy. It was at the end of the session that I told Charles that I would be seeing him four more times. I showed him on my fingers. He was a little startled but seemed to recover quickly. I do not know if this was good timing, but as he was immediately ready to play when he came in, I did not want to disturb this. I was obligated to tell him as I was under supervision and there was a time restricted schedule in my program as a student. Charles then wrapped up a scribble from a previous session to give to his mother. A gentler, much more controlled side of Charles was continuing to emerge. He prepared this with great care and concentration.

figure 23



Charles went and got his mother from the waiting room to show her this. She showed much appreciation and wrapped the paper back up, very carefully, to

be kept in his box. Charles showed her the castle that he was so proud of, which she admired and praised.

### Session 19

Charles was ready for his next session. He had no problem leaving his father. He brought some stickers with him and put one on the termination calendar to acknowledge the date. He stuck one on me, as well. He was wanting to stick them in other places also, perhaps indicating a desire to continue to stick here at the hospital. Charles requested the sand box to play in. I got out two sand boxes. One is used as dry sand only. The other one can have water added to it. When he saw all the shells, he wanted to take one home to his mother. I explained that he was very thoughtful but they had to stay in the room. He showed no opposition. He spent most of his time in the wet sand, exploring what he called the yucky muck. Chevalier and Gheerbrant (1994) write that, "mud can symbolize the energizing principle of change and transformation" (p. 686). Charles had moved into my lap while putting the figure of a man, head first into the water and then head first into the mud. Then he rolled the figure around in the dry sand, got up and tossed it into the sink. (Perhaps, an Oedipal wish to get rid of his father -- which again, would be quite age appropriate.) Then he put his hands back into the yucky muck.



## Session 20

Charles was unable to come to this session as the psychoeducator was away on her break.

## Session 21

Charles had no problem leaving his father to come to his session. He showed no signs of separation anxiety or opposition but he asked if he could bring one car from home with him. I allowed this as it seemed a kind of security for him. Charles spent his entire therapy session in the sand boxes. His play was very organized and included telling stories and singing songs. First, he buried his car from home and then went to find the broken car that he had left in the water two sessions previously. He had a remarkable memory! He then found a baby goat in the water. He started a very dramatic story. He said, "The car is trying to find the baby." (I'm not sure how much this baby goat represents him as a baby.) "Nobody sees nobody," he said. Then he got up and looked in the other box where he had buried his car from home and made it visible. He then put seashells into the wet sand box, saying, "Everywhere there is broken sea shells." (I interpreted this as his place of protection -- shells symbolizing protection -- here in therapy was being broken and perhaps also the week before his play therapist having been absent all week was part of this.) He buried the shells but then

retrieved them to the top again. He then began to sing a song about broken babies, repeating over and over again, "Broken, broken babies.... Broken, broken babies ... etc." Then saying, "It's a sad song, eh? But, it's just a song." Then he brightened up and said, "Oh, pizza ... ( I noted that this was the first thing that he created with play dough after his session of breaking the nest, covering his outline with blankets and drawing the circle). "The broken babies are alive now", he said and then he went back to, "Broken, broken babies .... Broken, broken babies ..." I asked how he thought we could fix the broken babies. He went and got a package of food colouring from his box of materials, and poured a little in the sand box and then said, "Broken baby's car is fixed! The broken baby is coming out of the broken sand" (sand can be symbolic of the womb). He then went on to say, "Two broken babies are in there ... Driving down a broken baby road." He then retrieved his car from home out of the dry sand and washed it saying, "This car is not broken any more." He was drying it very carefully and then he wrapped it in a towel, holding it like a baby and gently kissing it. It seemed that this was now his transitional object. I asked Charles what had made it better and he answered, "Playing with it." Charles really wanted to take a shell home with him, but again I gently told him they had to stay in the room. He showed no opposition or anxiety about leaving, taking his car from home with him. I went with him to the waiting room. He placed his car on the chalk board in the waiting room and asked his father to draw an outline around it. Father complied very lovingly and then Charles drew what he called *smoke* coming out from the

car. The request for the outline of the car seemed to be a request for containment of himself and a security that his father was there to hold and protect him. Smoke in this situation can be considered as exhaust and regarded in some sense as breath. I feel that Charles is more free to breathe, to be less anxious now.

From what I have seen, both Charles' mother and father have displayed quite a sensitivity to his needs and have set more limits also, hopefully, creating less anxiety for Charles.

## Session 22

The final session with Charles was very satisfying. He arrived in good humour although, slightly pensive. He had no problem putting the sticker on the calendar for the last day. He showed no anxiety or opposition whatsoever. I was not sure whether or not to do a final exhibition of work done throughout the year which is a standard procedure in art therapy, as I felt he had gone in and out of his box many times and I thought I would leave the decision to him. Not wanting to deny his right, I began. He was not interested at all, nor was he interested to take anything home, except the drawing that he had wrapped for his mother several sessions previous. He surveyed the room and found a gift I had left for him on the table of art materials. He opened it very carefully and was delighted.

It was a single shell. He responded by saying, "I knew you would give me a shell. You know how much I love shells!" Then he took the small box that he had placed the drawing for his mother into and carefully took that out and put the shell in the box. He then took some tape and carefully wrapped tape around the box. He managed the tape very well. Charles then wanted to make play dough. He did not form any concrete images, nor did he stay very long with the material. He did not lose control with the material in any way, but was very playful with it. He mucked around with it, saying, "Gooley, gooley, stinky, stinky ... smells like pooh." He then got up of his own accord to wash. This could be a regression to Freud's anal stage but under the circumstances, he has been under a lot of stress. Hopefully, it was only temporary. He certainly behaved quite maturely with no anxiety or opposition during the session and displayed great care in managing materials. We had about five minutes left in the session and I had a couple of tiny bottles of bubbles in my pocket, if time permitted. I had thought I might need to make an intervention to close the session. I took them out. Charles was delighted. We spent a quiet few minutes together, blowing bubbles. At one point, Charles said, "Let's blow at the same time." It seemed that we were blowing away all the pain he had gone through and leaving it in the air. This was quite moving. At the end of the session, we carefully placed the packaged shell, the drawing for mom, the two tiny bottles of bubbles and a package of plasticine for Charles to get out his frustrations that may surface later on, all into a plastic bag. We sealed it together. I sealed from one side while he sealed from the

other so that we met in the middle. Charles left appearing very content. He showed no separation anxiety or opposition. He displayed a much greater control of his impulses and emotions and was developing autonomously. His need for materials had significantly lessened.

### CHAPTER III: DISCUSSION

As I mentioned earlier, I was fortunate to be working with a team and there was a case manager dealing with Charles' parents. The success of the individual art therapy sessions is considered as part of a team intervention. The structure of the group Charles was in and the maintenance of parental therapy were very significant to his personal growth along with the individual art therapy sessions.

In Chapter I, I introduced the five ways in which Kramer has described that art materials may be used. I will now discuss how I understand Charles has used art materials, in his sessions, within an art therapeutic process to enable a reparative experience of his premature birth and separation from his mother which in turn, led to behavioural difficulties and an eventual diagnosis of Separation Anxiety Disorder. I will, as I stated in the introduction, explore how such reparative experiences are interactive in a twofold dimensional conceptualization; both expressive, through play and art making and relational (to myself and to the objects in the holding environment of a therapeutic setting).

Charles' behavioural difficulties and anxiety had been present since birth but it was when he was struggling to adapt to nursery school that his mother finally decided to seek psychiatric help with her son's troublesome behaviour.

According to Bowlby (1969), after two years and nine months, most children when attending nursery school are upset when their mother leaves. Bowlby continues saying that, "after children have reached their third birthday, however, they are usually much better able to handle their mother's temporary absence and to engage in play with other children" (p. 252). Of course, this transition is still a stressful situation for most children. Crying, clinging, verbal protest, sadness, fear and anger are all a normal part of this growing process but for Charles this passage was, at first overwhelming and unmanageable for his teacher and his parents. Sustained high levels of distress signal separation problems. Defiant and apathetic social and emotional functioning at the end of the first semester could be considered to be associated with separation difficulties. As I mentioned near the beginning of Chapter II, there was some difficulty in reaching a diagnosis of Separation Anxiety Disorder with Charles as his oppositional and defiant behaviour seemed to be at the forefront leading to an initial diagnosis of Oppositional Defiant Disorder.

Bloom-Feshbach (1988) notes that it is in nursery school that behavioural problems and general emotional difficulties begin to express themselves and the quality of the pre-existing mother-child relationship is found to predict separation problems. A child's mastery of separation and psychosocial adjustment in nursery school is related to the father's family involvement as well and Charles' father was a shift worker which likely created another unstable element in Charles ability to

separate. In other words, a shift working father is there at home but he is absent (sleeping) at the same time.

According to Warren and Messer (1999) the capacity to play is impaired when the child's development is thwarted. The creativity taking place as part of the transitional phenomena in which play can occur may permit the resumption of development under the therapist's assistance. If one relies on Winnicott's conception of the function of play and illusion, then the goal of therapy is to encourage and promote in the child the possibility of creative psychic activity that is itself a vehicle for change. Play and artistic creativity are interrelated on the way to positive functioning in reality.

The potential space, as Winnicott would call it, was created within the therapeutic alliance in Charles' art therapy sessions. It is within this holding environment of art therapy that the expressive use of symbols related to this child's disturbance came about.

This function of play, I extend to the child's "playing" with "art materials," (expressive creativity) and I encouraged this with Charles, following an approach similar to that of Edith Kramer, within the framework of an art therapy approach. Both free play with art materials and structured play with art materials were used with Charles.



In session 1, art materials were available for Charles to use freely. As he poured the paint, it began spilling out onto the table. Kramer (1971) would consider this as an emotional discharge, perhaps of his anxiety and maybe of aggression. This use of paint would be considered by Kramer as precursory activity and close to chaotic discharge. By intervening and sliding a paper towel underneath to absorb the hand print, I was attempting to make the experience positive and ego-syntonic rather than leading to chaotic discharge. Charles displayed behaviour in this session that would appear as oppositional but as I stated earlier, it appears that Charles had been deprived of a positive early attachment with his mother leaving him very likely angry and frustrated. Abram (1997) states that, "Winnicott recognizes how crucial it is for the new environment to tolerate the hate caused by the deprived child" (p. 180).

In session 2, Charles continued with what appeared as oppositional behaviour, more pouring of paint, putting paint on his body and stabbing plasticine with the blunt-edged scissors. I allowed this as a release of emotion. It may have been a test to see if I could tolerate his destructive impulses which I did without blinking. As I tolerated it, he was able to relax and gain composure and create what he called eggs, shown in figure 4 on page 29. This would be considered by Kramer (1971) as formed expression or art in the full sense of the word; the production of symbolic configurations that successfully serve both self-

expression and communication. When Charles made eggs in his play with art materials, it appeared that the use of a *transitional object* was beginning to develop. Following this Charles poured some glue over his box and onto my chair. As I wrote in the case study, he gave me a legitimate reason for pouring the glue. He said that my bum would stick to it. By the expression on his face, it seemed that he knew he was doing something that may be unacceptable, yet it had to be done and he was relieved when I understood what seemed to be his desire for me to stick there.

In session 4, when Charles arrived he was still quite shy but he reached out his hand to hold mine as he looked at the print that the scissors made in the glue. He was pleased with what he had created. Here, it seems that the therapeutic alliance is really beginning to *stick*. The fact that I had allowed Charles to pour glue, in session 2, and then put scissors in it seemed to be a point of transition in our relationship. He seemed to want to know and trust this person that allowed him to explore with art materials. By session 4, he was ready to make initial contact with me.

In session 5, Charles created the nest which can be seen in figure 9 on page 35. This appears to be a more firmly established transitional object that Charles returns to again and again throughout his art therapy sessions. He would remember this piece and wanted to look at the nest in each session he came in to

following this. He was fascinated with it and he took care and examined it many times.

Throughout the case study, I attempted to continue to allow Charles to express what had been interpreted as oppositional behaviour and did not punish or criticize him. In session 6, where Charles pours more of the food coloring, it again appears as chaotic discharge but Charles was able to regain control and create a print. As I mentioned in the case study, my supervisor felt that I was allowing too much chaotic discharge but it is here where I tend to stand by Moustakas (1973) view in that the child has capacities and resources for healthy self-emergence. Moustakas continues to say that the therapist should never lose sight of the fact that the child is seeking in his own way, however fragmentary and futile or destructive it may appear to find an authentic existence. Judith Rubin (1987), art therapist, says that "there appears to be a strong inner pressure toward both constructive and destructive acts, seen in response to art media, as well as elsewhere. In order for progressive and integrative tendencies to gain ascendance, internal conflict must be reduced" (p. 254). Much of this behaviour was a symbolic expression of his unmet emotional needs. Gradually it seemed that he was able to let go of his disruptive behaviour which was at times oppositional. Charles was able to use formed expression in the making of the nest but as Kramer (1971) suggests sometimes anxiety becomes too intense and the creative process breaks down. This seemed to be what happened as Charles regressed into

chaotic discharge, pouring paint and throwing crayons onto the nest. He regained strength though, after the limit was set, it seemed, and he continued to deal with his anxiety and to self-regulate by making prints that can be seen in figure 10 and 11. These prints in session 5 and again in session 6 could serve as what Kramer (1971) describes as art in the service of defence. Charles appeared to use this technique to create some kind of stereotyped form out of the chaos he was experiencing. Charles was absent for the next four sessions. In session 11, he wanted to make play dough. He seemed somewhat distant from all the work he had done previously but he enjoyed his session making play dough. He was then absent again for the next three sessions. By session 15, he came back with an urgent need to see me and his nest, despite the fact that he was not well. It seemed he had an agenda to pursue.

Whatever we interpret the nest to be that Charles created in session 5, it is obvious that it was an important object for him. Winnicott writes that the object is a symbol of the union of the baby and the mother (or part of the mother). Charles needed to play with this nest in several different sessions before he finally broke it or in a sense destroyed it in session 17 of his individual art therapy sessions. I propose that this nest could be considered a transitional object that allowed Charles to move from object relating to object usage. According to Winnicott (1971) "this change (from relating to usage) means that the subject destroys the object"(p. 89). Further on, he continues to write and it is important

to note that:

"Because of the survival of the object, the subject may now have started to live a life in the world of objects, and so the subject stands to gain immeasurably; but the price has to be paid in acceptance of the ongoing destruction in unconscious fantasy relative to object making" (p. 90).

Winnicott (1971) develops his theory of Object Relations by adding that "the development of a capacity to use an object is another example of the maturational process as something that depends on a facilitating environment" (p. 89). I interpret the facilitating environment in this case to be the art therapeutic environment. Winnicott further states that his "thesis is that the destruction plays its part in making the reality, placing the object outside the self" (p. 91). It appears that Charles was able to move from object relatedness to object usage, terms used directly by Winnicott, which in turn, lead to what Alexander and French (1946) have termed the corrective emotional experience.

Warren and Messer (1999) later refer to Schaefer (1993) who has outlined a taxonomy of 14 "therapeutic factors" of play in child therapy (such as mastering fears, overcoming resistance, catharsis, role-play, attachment formation), with associated therapeutic benefits of each (e.g., growth, and development, working alliance, emotional release, practice, attachment.) The opportunity for Charles to

play with art materials promoted many of these therapeutic benefits.

It is in session 11 that I became more attuned to Moustakas (1973) where he states, "the therapist is sensitive to the self of the child, to the healthy and sick components of behaviour, to the means that suddenly emerge and enable a particular child to stop battling himself and the world, and to begin to actualize his own special potentialities" (p. 4). He continues to say that at times, there are deep issues between therapist and child as they reach from the depths of hostility and despair to discover a healthy way of life. Actualizing this child's potential was part of the future goal and I hoped to share this with Charles as time went on.

It is at the point when Charles destroyed the nest in session 17, that he was able to ask for an outline of his body and to cover himself with blankets. He seemed to be able to relate to himself outside and separate from me.

McFayden (1995) notes that there is an unconscious communication between infants and their mothers, and mothers and their infants, and this is replicated in the analytic session. She continues to write that in special care babies there is often a disruption in reciprocity and fit with the mothers. This seems to have been the case with Charles and his mother.

Rose (1992) writes that "newborns and patients who have suffered

premature birth require our particular understanding in order to process their experiences and needs. Their preconception of a warm welcoming mother are met by impersonal interventions (also life-saving) from which must flow some disturbance in the mother/baby relationship" (p. 45).

After covering himself with blankets, Charles drew a circle. The circle can be seen as representing a symbol of the totality of self in Jungian symbolism. Chevalier and Gheerbrant (1994) write that Jung has demonstrated that the symbol of the circle is an archetypal image of the totality of the psyche, a symbol of the ego. Von Franz in Jung (1968) includes that "it is a symbol of the Self and that it expresses the totality of the psyche in all its aspects, including the relationship between man and the whole of nature... it always points to the single most vital aspect of life -- its ultimate wholeness" (p. 266). Winnicott (1971) states that "it is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self" (p. 54). It is here that it appears Charles is discovering himself as separate and distinct. Malchiodi (1998) also states that "when we scribble our first circular form with a felt-tip marker, it may be one of the earliest representations of the self" (p. 119). She further notes that:

The mandala (or circle) has been referred to as the reflection of one's psyche at the moment and a representation of a potential for change and transformation .... For many people who are struggling

with emotional or physical problems, the mandala emerges spontaneously as a sign of change or transformation. It is often associated with a feeling of wholeness, growth, or the birth or emergence of something new. It can also signal a new understanding of the self (p. 120).

Further on in session 18 of the case study, Charles created a castle out of play dough. At this point, he stated that he was a *castle boy and that he was lucky*. It appears here that Charles is moving further into object usage. As I noted in the case study, Chevalier and Gheerbrant (1994) write that the castle symbolizes the realization of the heart's desire.

For Kramer (1970) this is formed expression, and significant creative expression of autonomy, I would say. Charles had great pride in his castle. He put a wooden spoon standing straight up out of the castle. But then he said his castle was going to be wrecked, that a bad guy was going to wreck it and then nobody would be able to live in it. I carefully asked him about this. He did not want to tell me who would wreck it or how. He became very quiet. (Perhaps his father threatens him if one considers that Charles is now entering the phallic stage. One could certainly get that impression from the photo of his castle in figure 22. This would be quite age appropriate.) Or, it could relate to Charles' own destructive impulses as he appears to be moving from object relatedness to



object usage as he does not need to test the object's ability to withstand his destructive impulse.

By session 19, Charles was ready to come and go to and from his art therapy sessions with ease. It is in this session that he put his hands into what he referred to as the yucky muck and pulled out a car. Chevalier and Gheerbrant (1994) write that "a car is symbolic of the vicissitudes of active psychological development" (p. 58). Charles told me that the car could go anywhere and there was nobody driving except him. I interpreted this as a good sign of independence or autonomy growing in him. He said he was on the beach - full of muck - and he liked it there. Charles then said that he was going out into the world. (This is supposedly a clear sign of readiness for termination.) Copolillo (1987) writes that "in the termination phase when treatment has progressed satisfactorily, a child may indicate that they are leaving a safe haven to strike out on their own" (p. 325). Then Charles said that he was going back to his house. He put a shell under his car. Chevalier and Gheerbrant write that shells are very much symbols of protection. Charles appeared to be showing that he had the ability to protect himself symbolically. He said he saw a shark but, "The shark is killed", he said. It seemed he was no longer threatened of being destroyed and hopefully no longer threatened of his own destructive tendencies either. Charles then said that the car was going to stay in the water for a while because it was *broken* and could I tell his psychoeducator. It seemed that Charles was really struggling to hold his

own but then asked for the support of his psychoeducator. It was good that he was able to logically sort out where to go for support as he faced termination without becoming anxious, although when it was finally time to leave he did show some separation anxiety but with little opposition was able to leave. It is interesting to note the symbolism of water though, as Charles chose to leave his broken car in the water. Chevalier and Gheerbrant (1994) write that "water is a source of life, a vehicle of cleansing and a centre of regeneration" (p. 1081).

In session 21, Charles' continues with what appears again as the use of a transitional object. He plays with what he refers to as the broken car (not actually broken) and pours food coloring over it to fix it, declaring that the broken baby's car is fixed. Charles has managed to use art materials to play out the reparation of his so called "broken" car which is highly expressive of his predicament. It seems that through the play of Charles and the use of transitional objects, he has gained control over his anxiety and appears to have experienced a reparation of his premature birth experience. He declared that the broken babies were alive and shortly after he drew exhaust coming out of the car. This leads me to wonder if what Charles was experiencing was indeed the reliving of the trauma of having to be resuscitated at birth and separated immediately from his mother.

## CHAPTER IV: CONCLUSION

In conclusion, we have seen throughout the case study, a selective search of the most significant literature and the following discussion that art therapy can offer reparative experiences for a child with behavioural difficulties related to Separation Anxiety Disorder. Charles was able to use play with art materials to promote many therapeutic benefits. Through his play with art materials a therapeutic alliance with me was promptly established and Charles was able to eventually relax in a comfortable relation and to produce several symbols that were what seemed a story retelling of his birth experience and its subsequent sequela. It appears to have been a progression from what seemed oppositional behaviour and chaotic art work that Charles was able to create order and symbolic representations of what he needed to express. This modality seemed a good one for Charles. He utilized materials well to make his needs known, to get out his many mixed emotions and to render creative expression to resolve his conflicts. These symbolic objects appear to fit into the category of Winnicott's theory of Object Relations which involves the processing of transitional phenomena. Throughout this process Charles was able to move from object relating to object usage.

The reader can see what the conditions are that led to abnormal attachment with separation anxiety in Chapter I, and in Chapter II, the

conditions that led to Charles' specific case of Separation Anxiety Disorder. According to Bowlby (1961) there is no concept more central to psychoanalytical theory than the concept of anxiety and in particular, the deprivation of affect.

Hopefully, this period of art therapy was an emotionally corrective experience for Charles. He certainly came a long way since entering therapy in the fall. Despite his many absences and missed sessions, he, himself was able to maintain the continuum. He displayed an excellent memory. He no longer needed to spill out his emotions. He showed creative ability at problem solving and had very age appropriate story telling. He articulated himself very well with much imagination. He seemed to have dealt with much of his deprivation related to his separation from his mother at the time of his birth and perhaps some of the trauma of being born *at risk*. He grew significantly in his creative and symbolic representations and was just beginning to deal with more age appropriate issues, although I'm not sure if there is still some need for more work to be done in getting over some of his baby issues. It is difficult to tell. His behaviour in play therapy should clarify this. As I reflect though, the drawing that he kept for his mother was from a session where he regressed back in his artistic expression. This may be significant, coupled with the fact that he made "stinky pooey" play dough, as well. The fact that he was not interested in bringing any of his other artwork home with him indicated that he had left behind a lot and that he was ready to move on. Any anxiety that Charles' was feeling in regard to separation

from me was within a manageable range for him and was appropriately expressed. This is quite remarkable considering the powerful material he was dealing with in these last two sessions and obviously his knowledge that I will not see him any longer as informed by academic time limits.

It has been shown how the artwork of Charles has created a fluent, spontaneous production of symbolic material that allowed for the ready exercise of therapeutic interventions as indicated by D. W. Winnicott and Edith Kramer.

The intervention in the context of creative art therapy within a team approach appears to have been effective in restoring a healthier balance in Charles who previously had displayed a moderate to severe behavior disorder.

In the individual sessions, Charles was being accepted and held by me, within what Winnicott (1965) describes as the 'holding environment'. Warren and Messer (1999) write, referring to Winnicott's theory, that it is within the holding environment that the gradual resumption of developmental processes that had been hampered with by deficient contributions of the primary maternal object can take place" (p. 229).

At this point, I would like to explore the notion of memory traces that has not been addressed yet and could be an issue for further investigation. After

reading Verny (1981), I am led to wonder how much of Charles' birth experience was actually retained in his memory. He states that "There is, however, no question that the unborn child remembers or that he retains his memories" (p. 42).

Verny continues to write a short anecdote about a man who, under medication, described what it felt like to be in warm amniotic fluid, and to be attached to his placenta. The man continued to describe his heart sounds and those of his mother and then, suddenly broke off and announced he could hear muffled noises outside the womb -- laughter and yelling of human voices and the tinny blast of carnival trumpets. This story, of course, cannot be proven scientifically to be true, however, when the man's mother was contacted, she confirmed the details of her son's story adding that it was the excitement of a carnival that had precipitated his birth. She had not ever mentioned this because her mother had warned her not to go to the carnival because this might happen.

While Verny's ideas are intriguing and appear to explain certain aspects of Charles' therapeutic process being related to birth, they cannot provide scientific proof. Nevertheless, with anecdotes like this and others who have experienced similar prebirth experiences under hypnosis and in a trance, what we see in Charles' case is more plausible. We still need more reliable research which should include a dose of sceptic scientific methodology.

Through searching the PsychINFO data base again, there was nothing published with the key words, premature birth and memory trace, however, there were a few articles under the topics of birth and memory trace. One article in particular, I will mention, as it relates to a study done on newborns relating to the persistent effects of early odour exposure on human neonates. I consider this of importance because it appeared to Charles in session 15 that there was a bad odour in relation to what I refer to as the placenta piece. Davis and Porter (1991) discuss a study relating to 2-week-old infants evincing a relative preference for an odour cue to which they had been exposed within the first two days after birth. They conclude that despite the lack of intervening contact with the training odour after day 2, neonates retained a memory trace of that scent until testing on day 16 - 18. These findings attest to the general sensitivity and responsiveness of neonates to their olfactory environment, as well.

It is indeed remarkable that these so-called memory traces do exist at birth at least in the area of smell. In exploring this realm one is called into opening up the area of transpersonal psychology, another subject of contention in the field of psychology. Sandplay Therapy, discovered by Dora Kalff (1980) offers another avenue to this terrain. As I mentioned in the introduction the mission statement of the Association for Pre- and Perinatal Psychology involves a commitment to studying life that begins at conception, not only at birth. This is a vast, complex and controversial territory that needs future investigation.

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**APPENDIX: Consent Form**

# Consent Form

Photographs, films, tape recordings,  
videotapes, and other documents

Indicate where the photos will be kept:

Photos in Dept. Audio-Visual

Photos kept in department,

specify: \_\_\_\_\_

I the undersigned, \_\_\_\_\_

beneficiary 14 years and over  father  mother

other holder of parental authority, please specify \_\_\_\_\_

Authorize \_\_\_\_\_ of The \_\_\_\_\_ Hospital

Department of \_\_\_\_\_ to get:

Photographs *ART*  Films  Tape-recordings  Videotapes

Other (please specify) \_\_\_\_\_

However I make the following restrictions : these audio-visual documents should be used only for the purposes chosen below.

Please check the appropriate ones:

clinical documentation  publication  public relations  court

for government health care  educational/teaching  research

specify other purposes \_\_\_\_\_

Furthermore in order to preserve visual anonymity I request that the eyes be masked.

Check yes or no in response to this clause.  Yes  No

\_\_\_\_\_  
Signatory: beneficiary or authorized person

y m d  
Date

\_\_\_\_\_  
Witness to the signature

y m d  
Date

**N.B.:** It must be assured that the persons signing this form are authorized to do so in accordance with the legislative texts in force. Also please note that if in the future you want to amend this authorization form, it can be done in writing or verbally with the medical records department of this hospital.

MRC approved 03/98

Version française disponible.

White copy: medical records, yellow copy: requestor, pink copy: audio-visual department.