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LOOKING FOR A SUBJECT

ART THERAPY AND ASSESSMENT IN AUTISM

ROBIN ANTHONY TIPPLE

**Art Psychotherapy Unit
Goldsmiths College
University of London**

PhD submission

I hereby certify that the work presented in this thesis is my own work.

Robin A. Tipple

ABSTRACT

This research makes use of a case study methodology employing discourse analysis. It represents a reflection on the practice of art therapy assessment in a service which provides a diagnosis of children who present with Autistic Spectrum Disorders, that is, with social impairments, communication disorders, developmental delays and behavioural problems.

An investigation of art production in assessment and an interest in the institution's discourses, are pursued through the construction of case reports. Four subjects (children aged 4 years, 5 years 8 months, 7 years 7 months, and 11 years 5 months) are presented in three forms. Firstly as "documentary subjects" through an analysis of the clinic's documents. Secondly as "ekphrastic subjects" – here the subjects are presented through a description and reproduction of the art work produced in the assessment, and thirdly as "discursive subjects", presented through an analysis of speech and actions recorded on video. Emphasis has been given to the discursive construction of subjectivity and the relation between subjects and art production.

The documentary subjects illustrate a story showing that difference disrupts and families seek a restoration of union through engagement with professionals. This story provides a frame which conditions the art therapy assessment and influences art production. A social and cultural understanding of the art production in the clinic, an interpretation that does not discover signs of pathology in the art work, shows that the art work and its intentionality is jointly produced through negotiations between the child and the therapist. The child is able to use art making to assess the situation and present a propositional self in an iconic form and art production also supports the generation of imaginary situations which enables the child to contest and explore power relations.

Key words: Art Therapy, Assessment, Autism, Discourse Analysis.

Dedication

To Linda

Acknowledgements

I would like to thank Professor Dennis Atkinson, and Professor Di Waller, for being such patient, wise and helpful supervisors. I would also like to thank all the staff and students from the Art Psychotherapy Unit at Goldsmiths College, especially members of the Art Psychotherapy Research Group whose stimulation has enabled me to maintain enthusiasm. The current, and the former staff, of "Chestnut House" deserve my gratitude for their encouragement and support and, finally I would like to give special thanks to the parents and the children who I have worked with, especially those who generously allowed me to explore cases in more depth.

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CHAPTER 1 INTRODUCTION

The Research Topic

Adults have long been captivated by the way that children use art materials to make drawings, paintings, and sculpture, and after a century of literature describing and analysing children's artistic endeavours (see Cox 1992), it is common practice now, for adults in diverse roles as teachers, psychologists, psychiatrists, therapists, counsellors and nurses, to utilise the willingness of children to make art in order to assess their abilities, needs, difficulties, dispositions and personality, through the interpretation of their work.

Often in health settings where mental well being is in question, an identification of elements within art works, as signs of pathology is undertaken, reminiscent of the manner in which the medical profession treats the body as a text (see Sebeok 1991). Di Leo 1973 exemplifies this way of interpreting drawing. He presents a figure and adds the legend: "Scatter of body parts. Emotionally disturbed child of 5 years". (P69). The written text proposes a particular reading of the drawing; "the scatter of body parts", an interpretative description invites the viewer to read the drawing as confirmation for the expression of, and presence of, emotional disturbance.

Di Leo's account of the child's figure drawing shows how professional practices produce hermeneutic processes which impose particular readings on children's art production. His written comment proposes that the child's emotional disturbance is responsible for the fragmented nature of his figure drawing, but experience of children drawing and adults responding, suggests that the child's relation to art making, and to the use of art materials, is best understood as conditioned by a larger group of further relations, that is, by a context. Whilst there is amongst many professionals an appreciation that symbolic content or referential elements within the art work should be approached through an understanding of context, in clinical settings, the emphasis is placed on the pathology of the patient with interpretations, like Di Leo's above, often used to endorse a diagnosis. In consequence, art production is often treated by professionals in clinical settings as a projective process where internal, or intra-psychic and pathological phenomena are expressed.

This research offers an alternative approach to the understanding of art production by children in clinical settings. It begins from the premise that to best investigate that

complex group of relations which we might refer to as a context, a different research methodology that is not constrained by clinical practices and the language of pathology is needed, and a discourse analysis, an analysis which explores the changing relationships and semiotic practices in the setting is required. The method employed in this thesis emerges from social theory and art history, and its aim is the provision of a social and cultural appreciation of the child's, and the adult's, relation to art production.

Three different material products have been subject to a discourse analysis to examine an Art Therapy Assessment that has taken place in a National Health Service diagnostic and assessment service. An analysis has been applied to:

- Clinical documents
- Art products
- Video recordings

The analysis intends to give an account of the relations between the art production and communication and social interactions that develop within the assessment, and to explore the relation between events in the assessment and the larger discourses and practices of the institution.

The context of the Research

The NHS assessment service, where the research has taken place, I have called "Chestnut House". Children are referred to Chestnut House because of the persisting concerns of adults. Concerns may have been raised in the first instance by the parents, because, for example, the child has not begun to speak, or the child began to attend a day nursery or school and the child found it difficult to adjust to this new environment, was unable to form relationships with staff, and/or problems arose in relationships with his or her peers. Problems will appear or arise when the child fails to produce the behaviour that is commonly expected (allowances being made for age) or produces behaviour that demands explanation. These problems may be described as behavioural problems, learning difficulties, delay or disorder in speech and language, problems in social understanding, emotional difficulties, and, or delay in the development of motor skills. Usually before a child reaches Chestnut House he or she will have seen, with parents, a Consultant Community Paediatrician, or a Child and Adolescent Psychiatrist, who will have produced the written referral and asked for an assessment and clarification of diagnosis.

When the art therapist is asked to provide an Art Therapy Assessment at Chestnut House he will be expected to contribute to a larger more inclusive assessment. The larger assessment will be concerned with patterns of behaviours, and responses to adult direction and imposed tasks, across a range of different settings, and aims at the establishment of a diagnostic formulation of problems. The majority (60-70%) of the children seen by the multi-disciplinary team at Chestnut House are diagnosed as having Autism or Asperger's Syndrome.

The Art Therapy Assessment is routinely recorded on video and parents, through the use of a monitor in the family room, are given the opportunity of observing the assessment as it progresses. This gives the parents a "presence" in the assessment setting. The Art Therapy Assessment does have some structure. A period of self-directed activity when the child is encouraged or invited to choose from the available tools and materials in order to make something, is followed by some activity which requires turn-taking skills or the ability to interact, for example producing a painting with the therapist, taking turns. The art therapist might also give directions during the assessment in order to assess responses to direct instructions. Conversation and the exploration of associations to the art work will be encouraged. When the assessment has ended the therapist usually spends a little time with the parents exploring their thoughts about the events of the assessment and answering questions.

Like the other professionals in the "team" at Chestnut House the art therapist is expected to produce documents and to contribute to the overall assessment that has been arranged, and notes for the art therapy report which results from the assessment will be made, usually soon after the assessment and when looking at the video recording.

In this setting the art therapist provides a description with some interpretation. The behaviour with the art materials and the interaction with the therapist are described and the therapist comments on how the child has responded to the setting. The therapist responds to the brief that other team members have provided and his report is focussed on the provision of observations that contribute to the diagnostic decision of the team. In contrast to the research endeavour the report does not represent an analysis of the practices and discourses that shape art production and interpretation, and is not aimed at situating semiotic exchanges into the larger social and cultural setting.

Thoughts about Chestnut House and the Research Question

What follows next is a more personal reflection on my experiences of working as an art therapist at Chestnut House, conducting Art Therapy Assessments. This reflection, written in the first person, is intended to show the reader how motivation for this research has arisen. I shall then present, in more detail, the question I wish to answer through the research, and show why it takes the form that it does.

I began working at Chestnut House as an art therapist 21 years ago. This job was quite a bit different to what I was used to. I had previous experience of working as an art therapist with children but had not worked with children with developmental disorders, in particular Autism, although I had some experience of adults with Autism. The main surprise was that the work did not involve ongoing art therapy. In this setting the art therapist saw the child for one session then wrote a report for the team. How was I going to do this, and what could I say in a report after one hour's work?

Adding to my anxiety was the fact that most assessments were recorded on video and parents often watched on a monitor. My struggles would be on view for all to see. Furthermore on meeting members of the team, Consultant Paediatricians, Psychologists, Social worker, Speech and Language Therapist, Physiotherapist, and Music Therapist, I felt intimidated. I was intimidated because everybody appeared to be very clear in relation to their role and the processes of assessment. They also seemed to know all about Autism and related disorders, how to recognise it, and more importantly, how to talk about it, what kind of words to use and how to think and write about it.

When I began at Chestnut House I worked for the service one day a week and a lot of my energies were then directed towards my other job, developing my therapeutic skills in helping adults with learning disabilities. I was interested in using psychotherapeutic models with my adult clients and I found an object relations orientated art therapist for clinical supervision and began psychoanalytical psychotherapy three times a week with a Klienian psychotherapist. I also decided to explore my work with adults through writing and study. The supervision, the therapy, and the study lead to an increased awareness of psychodynamic discourses, to an understanding of psychoanalytical practices and languages.

But this psychoanalytical/psychodynamic approach to art therapy and learning disabilities (see Tipple 1993 & 1994) contrasted strongly with the model of neuro-developmental disorders that ordered practices and processes at Chestnut House. It was not possible as an art therapist working with adults with learning disability using an object relations paradigm, simply to import my identity into the paediatric setting. Institutional practices and values prevented this. Medical and cognitive “Sciences” were stressed in the Chestnut House team. Theories developed through neurological examination and experimental psychology were regarded as offering the best explanation for clinical observations. An aetiology that supported the search for genetic, biological and behavioural indices had more validity than the “psychosomatic” or “psychogenic” accounts of Autism that psychoanalysis seemed to favour. Using psychodynamic language or explanation was discouraged. Formal assessments which measured an individual’s performance against a norm were favoured. When informal assessments, such as art or music therapy were used, emphasis was placed upon the discovery or disclosure of the phenomena listed in the diagnostic manuals, for example, impaired social interaction, deviant forms of communication, paucity of imagination, repetitive behaviours, and sensory sensitivities or pre-occupations. Descriptions in reports were obliged to interpret events in the languages that the clinic found practicable. A diagnosis was required, and explanation for behaviours was wanted by the parents and by the referring paediatricians. Only a formal diagnosis supported by the literature of the Medical Sciences, achieved through practices that paediatricians could endorse, would have the necessary authority. Authority was needed if recommendations were to carry force. Where comments of a more psychodynamic kind were allowed to creep into the reports, they would of necessity be regarded as supplementary and hypothetical in nature. I was obliged, therefore, to develop a different kind of identity and to work quite differently at Chestnut House, my other, psychodynamic, identity was mostly, split off, so to speak.

There was a by product to my split identity and my struggle with different practices. As I tried to understand the psychoanalytical and the cognitive discourses, I began to think that the model or account of the relationship between the child and her or his art work that the two discourses provided was partial, in that they failed to explore the impact of social context on art production, and this seemed particularly important in relation to assessment. I began to think that there was some element of the cultural and the social, that exists as a remainder, an un-thought element, an element that the two discourses ignored, or were unable to incorporate into their practices. The child’s art production, in the art therapy assessment, is generated and constrained by a social

and cultural context, and importantly, the practices of the institution, are productive of subjects and subjectivity, the subjectivity of both the child and the therapist in the assessment situation.

This thesis addresses this hypothesised deficit. If clinical discourses and assessments produce a limiting, cognitive-scientific analysis of the subject, which excludes the consideration of other important social and cultural factors in the art therapy assessment, can the research tool of discourse analysis be used to enlarge understanding of the adult's and the child's relation to art making? Further, will an analysis of clinical documents, art products, and video recordings, an analysis which facilitates the understanding of exchanges shaping the assessment, give a richer account of relationships and an expanded comprehension of practice?

Philosophical assumptions

As can be seen I have stressed relationships when describing the nature of my investigation. Rorty (1999 P48) suggests "a convergence between analytic and Continental philosophy", a convergence that argues for a view of reality that is dependent on the mediation of linguistic description. Rorty proposes that social and linguistic practices are bound together and that "knowledge is presented under descriptions suited to our current social purposes" (P48). In endeavouring to avoid metaphysical dualisms peculiar to Western philosophy, the dualisms of "essence and accident, substance and property, and appearance and reality" (P47), he argues for a relational, pragmatic view of knowledge. He suggests that "a claim to know X is a claim to be able to do something with or to X, to put X into relation with something else." Knowing is not a matter of being acquainted with or related to "something *intrinsic* to X" (P50). There is in Rorty's view no such thing as a "non-relational feature of X" nor any essence of X, and in consequence there can be "no such thing as a description that matches the way X really is, apart from its relation to human needs or consciousness or language" (P50). In this way Rorty replaces the appearance/reality distinction, and the objective/subjective distinction "is replaced by distinctions between relative ease in getting agreement" (P51). In relation to human subjects Rorty again stresses his anti essentialist view, arguing that there is no intrinsic human nature, and subjects, human subjects, have also to be understood in relation to objects and others. This philosophical approach I regard as particularly helpful and relevant for reflecting on the social dynamic of the Art Therapy Assessment where an understanding of the *relational* nature of experience is needed.

As can be appreciated assumptions in relation to subjects will condition and frame any enquiry or analysis of documents, art products and video material that I might wish to undertake. Particular accounts of the subject may anticipate a relation between the maker and her art product of a particular kind.

For example the psychology literature which describes autistic subjects producing art work, responding to the demands of cognitive experiments, presents subjects as essentially rational autonomous beings, engaged in representing the world that they encounter. Form, understood as a signifying element, in drawing for example, is measured against a valued representational system. Deviations in relation to the representational system that exemplifies vision and provides a norm, are then seen as an indication of failure, the inability to produce a true representation. The subject's rational endeavour to depict the world he or she encounters is assessed through the interpretation of the drawing or art product. In the psychology literature the art product re-presents the rationality of the subject. Rationality, or cognitive endeavour, is seen as essential to the subject, and visible in the art product, or if absent, conspicuously so.

In contrast to the cognitive psychologists the art therapy literature which describes the child producing art work in the art therapy session, presents subjects as emotionally driven, motivated by an internal world of conflicting desires, striving to give expression to phantasy. Art therapists interpret, especially when adopting a psychoanalytical aesthetic, the art work as a re-presentation of the subject's internal world, the phantasy discovered in form and symbolism. To be fair to the art therapists cognition is not entirely left out, for instance the construction of an internal world could be regarded as a cognitive achievement. Neither would the cognitive psychologists for their part deny the existence of emotion and desire. However both practitioners assume subjects who re-present themselves in their art work, as either predominantly rational, or predominantly emotionally driven. That this is a deliberate and self-conscious strategy is not denied, but it is the emphasis on intra-psychic processes as shaping the art work, and the development of the internal world and cognitive functions that directs enquiries, and here we can see that it is the knower's purposes, the aims and interests of the cognitive psychologists and the art therapists, that shapes the representation of the subject and may limit enquiry directed towards the understanding of social and cultural context.

In this research I want to stress the relation of the subject's relation to practices and things, as they appear in the social world and as they are mediated via language. When using language I intend it in a broad sense, to refer to the larger semiotic environment – language here includes words, gesture, tonality and sounds, the movement of objects and the production of visual representations.

Usually in Art Therapy when referring to subjects we refer to the client, child or patient, or the therapist: in art history the art historian might refer to the artist and the viewer, or the patron. As will be noticed this implies roles and subject positions, being subject to others and subject to social constraints and practices.

The process of finding oneself as a subject, as one who necessarily has a semiotic relationship to others (a relation mediated by signs), as one who enters the cultural and the symbolic through language has been identified by Althusser 2001 under the term "interpellation". Althusser describes the individual responding to the call of an other by using a paradigmatic example, or a parable; he describes a person in the street turning as the policeman calls out to him. This response by the person is a recognition, a recognition that it is she or he who is addressed, it is a recognition of one-self as a subject, as being that subject who is addressed and who is recognised as that subject. The call of the other creates a subject who is subject to. Subject to the symbolic order, through having a place within the symbolic, and subject to the cultural practices and language of the community, or in Althusser's terms the dominant ideology.

According to Althusser the dominant ideology represents imaginatively, those practices that reproduce the relations of production, relations which reflect the real conditions of existence. The (social) practices, that Althusser refers to, inculcate a belief and reinforce symbolic meanings as well as reproducing an image of a relationship; for instance the practice of responding to money as value, giving in exchange for money, reinforces the symbolic content of coins and notes. Money, as well as maintaining the social practice of exchanging goods, through its symbolic value, also reproduces an image of a relation between people, as in shopper and shopkeeper, employer and employee. In a not entirely different mode, the art therapist through her daily practice generates an exchange in which the symbolic content of materials and processes are demonstrated. In presenting the client with the opportunity of making art, in presenting materials and allowing time, the art therapist imparts a confidence and a belief in the therapeutic endeavour of the process, to herself, and to her client. The participants, by performing the ritual of the art therapy situation reveal its symbolic content, its meaning

for them. The image of a relationship is reproduced in this way and the art therapist and her client are thereby interpellated, as particular subjects, by the social and cultural practices that they repeat.

It is in the ideological state apparatuses, the family, the school, the media, the churches, the legal system, and so on, where practices are shaped and produced, but these institutions do not simply promulgate a preformed collection of ideas from the ruling classes. In fact these institutions are, according to Althusser, often the site of class struggles. However, as we have seen, ideas are “inscribed in the actions of practices governed by rituals”, (Althusser P115), and they do not have an existence outside those practices. Consequently Althusser proposes a double constitution, the subject constitutes ideology and the ideology constitutes individuals as subjects. In this sense the whole is like his original paradigmatic example, where the individual in turning produces himself as subject but also his subjectivity, his being subject to.

Althusser stresses the power relationship; the subject is shaped by powers through practices which reproduce a power relationship. Foucault (1986 & 1998) wishes to develop a non-economic analysis of power and he is critical of his former teacher Althusser and suggests that the cure of the mad, for example, cannot be explained by just talking about ideology. Foucault does not regard power as an energy at the disposal of the individual in any direct way, but he argues that power is a relation, and where power exists there is always resistance, power implies resistance.

Power relations may be stabilised through institutional practices and discourses but these discourses are also productive of resistances. The exertion of power has unintended effects, sometimes repressive discourses produce precisely that which is the target for repression. For example discourses that began in the seventeenth century which sought to limit sexual practices, and the discussion of sex, outside of marriage, actually “lead to a steady proliferation of discourses concerned with sex” (Foucault 1984 page 302 & Foucault 1998) culminating in exhaustive autobiographical accounts of sexual practices and pleasures in the Victorian period when repressive practices might be regarded as having most effect. Here we might think of the ritualistic or repetitive behaviours that appear in discourses in the clinical literature, and educational literature related to Autism and learning disabilities, as resulting in the search for and disclosure of such behaviours which previously may have gone un-remarked.

A discourse in Foucault's terms can be regarded as any regulated system of statements: it includes speech, written communications, reports, documents, visual presentations but also, importantly, practices, for example the ritual and ceremony of examinations. The psychology examination which uses cognitive tests is a good example of a regulated and systematic discourse, a ritual practice for the production of a statement, a report which positively identifies a subject. But the psychologist in his or her professional identity is also shaped by discourses, just as the art therapist is formed through discourses, through training and practices, which produces him or her as a professional subject, and like the psychologist the art therapist, through an application of acquired professional knowledge, produces the subject in the performed practice context, through the conducting of assessments and writing of reports, through the production of a statement.

Discourses are also productive of power. They, the social sciences for instance, are dividing practices which through the construction of norms, and descriptive categories, individualize subjects. Norms, we should notice, are particularly important in the identification of Autistic subjects, norms in relation to social interaction, communication and play for example. Power through discourses, through the statements and the practices that constitutes subjects, produces an asymmetrical relation, in for example the client therapist relation, but the power relation maybe even more asymmetrical where surveillance and identification of abnormality is intended. The asymmetry of relations cannot be avoided, to jump outside the social and cultural situation would mean to have no relation to others.

If there is resistance, as Foucault argues, there must be some independent agency on the part of the subject. For instance for Althusser's account to be entirely credible some residue of individuality should escape the moment of interpellation, otherwise the subject is simply the carrier of the dominant ideology. This problem is explored by Butler (1997). If "power initiates the subject" P12, who it is that turns towards the policeman at the moment of being hailed and how does a subject gain access to, or use that power of subjection to resist subjection? Butler points out that a condition of subordination is necessary in becoming and continuing as a subject. For instance dependency in the form of an attachment to a good enough caregiver is necessary "no individual becomes a subject without first becoming subjected" (Butler 1997 P11). But she suggests that "agency may well consist in opposing and transforming the social terms by which it is spawned" (Butler 1997 P29). This transformation, interestingly enough, is achieved, she thinks, by a kind of repetition, what she calls an "iteration".

Such repetitions are citational and performative (i.e. they repeat the form of previous statements, often in fresh guises, and they name and produce subjects) and although they may support the ideological production of subjects they can also support the subjects resistance to this subjection.

Perhaps we should not focus on individuals as agents, but we should try to understand the problem of resistance as emerging, from some indiscernible place, a place not recognizable by the dominant order, and which when recognized, through disturbance, changes the order or prevailing discourse. Certainly to understand an individual's actions it is necessary to understand the communications of the group, the semiosis of the community (the use of, and the actions of signs in a community), as Hodge and Kress (1988) stress. In agreement with Althusser and Butler, Hodge and Kress assert that children are immersed in the semiotic from the moment of birth, arguably before birth, and have semiotic relationships with others. The "process is constantly interactive and dynamic" and whilst they are constructed, or produced as subjects, by a "semiotized world" they are active in "their own cultural formation", "neither simply inscribed by culture, nor simply assimilating cultural forms" (Hodge and Kress 1988 p240).

Approaching the subject in this way emphasises the contribution that the cultural makes to the shape and content of thought. As Geertz suggests: "human thinking is primarily an overt act conducted in terms of the objective materials of the common culture, and only secondarily a private matter" (P83 Geertz 1993). This does not mean that I wish to deny the existence of bodies and brains, rather I want to focus on human behaviour in its relational aspect, the subject: "as a relational phenomenon, involving the intermingling of bodies and consciousnesses in actions that performatively institute ways of being and doing" (Forward PXV - in Henriques, Hollway, Urwin, Venn, Walkerdine 1984).

As Wetherell (2008) argues, discourse research is often criticised for denying agency and adopting a determinist account of cultural inscription, which is then contrasted with psychoanalytical and psycho-social approaches which emphasise interiority, just as "Self" could also be regarded as a term antagonistic to subject, and subject interpellation, and more closely related to the body (see Burkitt 2008). However the self, in this thesis, is treated as a social and cultural phenomenon, as a construct that the subject uses to confer meaning on social practices and achieve "identification" (see Wetherell 2008). Selves " can be reconstituted within and through social relations"

(Burkitt 2008 P238) and, I would want to argue that self production arises from the experience of being a particular subject for others, that is from a given subjectivity.

It is the subjectivity that the Art Therapy Assessment produces that is the focus of this research. It is the self that the therapist and the child are able to present in the assessment that I want to explore. I want to discover where the subject is active, through performative "iterations" and how resistance presents itself in the semiotic exchanges, where the dominant semiotic order and the institutional discourses, are unable to recognise an exchange of messages. I am trying to understand Autistic subjects, in formation, in their relation to the ceremonies and exchanges of the assessment process, which includes the practices of using art materials.

Structure of the Thesis

In Chapter 2 I present some descriptions of the Autistic subject, descriptions that arose from different discourses whose interests, we may argue, provoke different representations. I have reviewed some of the Psychiatric literature, the cognitive psychology literature, including literature that researches the art work of children and adults who have the diagnosis of Autism, and case studies of Autistic subjects produced by psychoanalytical psychotherapists. As the Autistic child is differentiated from the normal child we will need to have some understanding of how clinicians view this abnormality, because an understanding of this abnormality is likely to impact on how the Autistic child is thought to be related to her or his art production.

In chapter 3 I give a brief account of the psychodynamic theory that art therapists working with children use to construct their model of the relationship between the child and art work that is produced in art therapy. Here I want to show the reader how subjects are produced in this work, how children are related to their art production in the art therapy discourses, in particular how the practice of using transference relations to understand the subjectivity of the child and therapist is used in interpretation and case study construction. I then look in more detail at literature that concerns art therapy assessment. In this literature I have been interested to see how assessment is understood in art therapy, what theoretical constructs are used and how context is understood. Finally this chapter explores the art therapy literature that reports on work and researches with Autistic subjects, in order to show the model of Autistic subjectivity that Art Therapists have been able to construct from their exchanges with Autistic clients. In general this chapter is intended to provide background information but also

to show how my approach to the exploration of art making, context and dyadic relations, differs from the usual approach in art therapy with children.

My methodology, which I describe as a discourse analysis, is outlined in Chapter 4. This takes the form of a qualitative analysis of three different documentary materials, the art products of the children and of the art therapist produced during assessments, video recordings of assessments, and written documents produced in clinical work by professionals engaged in reaching a diagnosis. In Chapter 4 I explain how I have approached the material of the research, and I have tried to give an account of the assumptions, theory, and practice that supports the method that I have developed. I discuss the ethical considerations that shape my research project and also give an account of how I selected my subjects and in what form they will be presented in the thesis.

In chapters 5 to 8 I present the cases that I have constructed from my analyses. They are presented in three guises, as a “documentary subject”, an “ekphrastic subject”, and as a “discursive subject”. The discursive subject is the more complex presentation of the three and it will include reference to the ekphrastic subject and the documentary subject to enable a better analysis of semiotic processes.

In chapter 9 I endeavour to reflect on the subjectivity of the art therapist, who is also the researcher, and the author of this thesis. It will be noticed that, in the case studies, when referring to the art therapist, I write in the third person. This is intended to help the reader gain a picture of the relationship between the two participants in the assessment. In Chapter 9 I return briefly to the first person as I have done above when discussing my experiences of work at Chestnut House.

Chapter 10 contains a discussion of the case material and a summary of the findings. Here I endeavour to present a picture of how I now regard the relationship of Autistic children to the art products that have been produced and how meaning has been generated in the Art Therapy Assessment. I also give an account of how I think the research contributes to the understanding and development of art therapy assessment.

In the appendixes I present the diagnostic criteria for Autism and Asperger’s syndrome from DSM IV. I also present the letter and forms used in gaining permission for research from parents and guardians. A key to the transcript material in the thesis and an example of a complete transcript of a video, to show how material was analysed

and edited, is presented, and the appendixes also contains a description of the Art Therapy Assessment provided for parents, and an example of an Art Therapy Report.

CHAPTER 2 THE AUTISTIC SUBJECT

This chapter provides an account of how the Autistic child has been constructed and defined through psychiatric, psychological and psychoanalytical discourses. The chapter is not intended to provide an exhaustive literature review but instead a context for the study, an epistemological context that shows how the concept of Autism has been developed through clinical literatures and practices. Practices here include, the diagnostic practices of the psychiatrists, the experimental practices of cognitive psychologists, and the therapeutic practices of the psychoanalysts.

I start with the psychiatric literature which focuses on diagnosis, that is, the achievement of agreement over symptoms and behavioural manifestations, and their relation to the identification of the child with Autism. This is followed by an account of some of the cognitive psychology literature which has emerged to explain behaviour patterns and developmental delays regarded as present in Autism. The cognitive literature also refers briefly to neurological findings which are used to construct biological causations. I shall also briefly reference some of the cognitive psychology literature that studies the art production of Autistic subjects. I shall next give an account of some psychoanalytical approaches to Autism which concentrate on the interpretation of the emotional life of Autistic subjects and the development of relatedness.

Psychiatry

The Psychiatrist Leo Kanner (see Kanner 1973) was the clinician who first identified Autism. Eugen Bleuler, a Swiss Psychiatrist, (Bleuler 1922) had used the word "autism", previously, in describing the schizophrenic's withdrawal from interaction with others (see Asperger 1952). Kanner achieved his identification of Autism through a detailed description of individual cases. The commonalities, or shared characteristics, that his descriptions provided, enabled him to propose the existence of a syndrome.

In his initial presentation of cases in 1943 Kanner described 8 boys and 3 girls. Kanner concentrated on the children's relationships to others, notably parents and teachers, but also peers. He also described the subject's language development and use, and their relationships to the world of objects, through their patterns of play and patterns of behaviour.

Kanner's case reports emphasised the children's aloofness, their "*extreme autistic aloneness*" (Kanner 1973 P33) and inability to relate to others, which, he reports, was present from the beginning of life. For example Donald when aged 5 years 1 month was happiest when left alone, he never cried for his mother and was indifferent to others; Frederick Age 6 years "acted as if people were not there" P8.

Not all the children Kanner saw acquired speech. Verbal language was reported as present in 8 out of the 11 children, but their speech was characterised by naming and reciting, and was not used for communication. There was also an absence of spontaneous sentences.

When describing the play of the children he saw, Kanner emphasised the repetitive nature of the activities that he witnessed, for instance spinning objects, pulling blinds up and down, and tearing cardboard boxes into pieces. Although Kanner argued that the relationships to objects was good, in the sense of having an interest in, and an ability to manipulate objects, he thought that objects were used for "masturbatory orgiastic gratification" (Kanner 1973, P38).

The children's response to change in the environment, or to change of activity, he noted, often resulted in temper tantrums and rages, and some of the children had feeding difficulties and some showed an aversion to loud noises. Kanner felt that all the children had a good cognitive potential. Kanner suggested that Autistic children came into the world unable to make "the usual biologically provided contact with people" P183.

When Kanner was investigating children in America, Hans Asperger, a Viennese Psychiatrist, was reporting on another group of children whom he saw at the Heilpädagogische Abteilung (Remedial Department) of the University Paediatric Clinic in Vienna. Asperger subsumed his subjects under the term "Autistic psychopathy" (see Asperger 1952). Like Kanner, Asperger described subjects as socially isolated, having problems in using language, and a dislike of change. But the children that Asperger saw differed in that they all had developed speech before school age, and usually had large vocabularies. For example Fritz spoke his first words at 10 months and soon talked like an adult. There were some oddities in his speech however. Mostly he spoke slowly "his voice, high and thin sounded far away" and he was poor at answering questions, only ever giving brief replies, and Asperger describes the content of his

speech as “completely different from what one would expect of a normal child” (Asperger 1952 P42). Fritz is also described as being extremely clumsy, restless and fidgety he grabbed at things he wanted and soon broke or destroyed objects he gained.

Asperger suggests that the children he described were capable of originality of thought, and they had developed special interests, a “narrow and circumscribed and isolated” area of interest which can show “hypertrophic development”(P72) for example in the case of Fritz an interest in mathematical problems.

Kanner stressed aloofness when describing the social isolation of the children he saw, similarly Asperger emphasised that the “fundamental disorder of Autistic individuals is the limitation of their social relationships.” (P77). Asperger described Autistic children as unable to understand the affect that regulates conduct in the family, between parents and children, or between siblings, and they face such feelings with “incomprehension and even rejection” (P77). Autistic children follow their own impulses regardless of others and Asperger suggests that they are “egocentric in the extreme” and suffer from an “impoverished emotionality”, there is, he reports, a lack of harmony “between affect and intellect”(P79).

In contrast to Kanner, Asperger stresses the Autistic subject’s *abnormal* relationships to objects. Subjects take little interest in toys or “they fixate” and refuse to let one object out of their sight. Things are collected and ordered but not used for imaginative play. Autistic children, he writes, do not have a sense of humour and cannot understand jokes. Asperger does report that Autistic children are capable of being homesick, their expressions of grief can be extreme, and they are capable of becoming emotionally attached to animals. “They are”, Asperger says, “full of surprising contradictions which makes social adaptation extremely hard to achieve” (P83). Asperger’s reports did not reach the English speaking world until 1980.

In 1978 Rutter observed that many Autistic children suffered from global developmental delays, that is to say they also had learning difficulties which affected all areas of intellectual development. Rutter argued that sufficient evidence had emerged to indicate that Autism was unrelated to schizophrenia and he produced a new definition of what came to be called “Childhood Autism”, he referred back to Kanner in the production of this new definition and his criteria required onset before 30 months; impaired social development; impaired language development and an insistence on sameness (Rutter M. 1978).

In order to achieve a more systematic and practical diagnostic criteria and to interrogate its validity, Wing and Gould (1979) examined 134 children attending special schools or special classes in Camberwell. They found a pattern of presenting problems which regularly occurred together, enabling them to argue that Autism should be regarded as a continuum, a continuum of impairments in social understanding and interaction, impairments in communication and in the use of imagination which are accompanied by rigid and repetitive patterns of behaviours. The difficulties with social interaction were described by Wing as presenting in three different ways, as aloofness and indifference towards others, as passivity (the child responding to social interaction when prompted or engaged but otherwise not initiating any social interaction) and as active but odd (the child seeking social interaction but approaching others in repetitive and one sided ways). Wing argued that all children have their own level of skills and intelligences, not to mention personality, and the clinical presentation in relation to Autism will depend on the pattern of abilities seen in each individual child (Wing and Gould 1979).

The shape that Wing gave to the diagnostic criteria for Autism has been replicated in the current diagnostic manuals, DSM IV (1994) and in the International Classification of Diseases 10 (ICD 10 1993). I have placed copies of the relevant pages from DSM IV in the appendices (Appendix No 1). In DSM IV emphasis is placed on social interaction where it is expected that clinicians will identify: a “qualitative impairment” in the use of nonverbal behaviours, for example eye-to-eye gaze and facial expression; a failure to develop peer relationships; a lack of spontaneously seeking to share enjoyment; and a lack of social or emotional reciprocity (two items in this category are necessary for diagnosis). Impairments in communication are also expected to be present, for example, a delay or lack of development in speech, or where speech is present “a marked impairment” in the ability to initiate or sustain conversation with others, and some repetitive use of language. Included in the section on communication is an item which focuses on the autistic child’s play; the identification of a lack of spontaneous make-believe and social imitative play. One item from the section on communication – which includes play is needed. The final section in the diagnostic criteria refers to behaviours which includes; a restricted pattern of interests; adherence to routines or rituals; repetitive motor mannerisms; and a preoccupation with parts of objects. One item from this section is needed. By the way of a general rule, the difficulties that the diagnosis requires must have been present before the age of 36 months, before the diagnosis can be given.

Wing (Wing 1991) has argued for the inclusion of Asperger's Syndrome into the Autistic continuum since Asperger's papers were first published in English in 1980, and Asperger's diagnostic findings have now been incorporated into the diagnostic manuals under his name. The diagnostic criteria for Asperger's Syndrome, as in Autism, emphasises "impairment in social interaction". There is no section on communication but the criteria does reproduce the behavioural list found in Autism, that is the restricted pattern of interests etc. It is expected that the "disturbance" resulting from the identified impairments should affect social, occupational and other important areas of functioning. For Asperger's Syndrome there should be no delay in language or delay in cognitive development.

Volkmar (1998) observes that when the current diagnostic manuals were assessed "experienced evaluators" were more reliable than "less experienced" raters when assessing "peer relationships and deficits in imaginative play" (P52). He also noted that problems of identification and diagnosis were more apparent when very young or very low functioning children (children with severe or profound learning difficulties) or high functioning children (children with good intelligence, average or above) were assessed against the criteria.

Cognitive Psychology

I shall now give some account of the work of cognitive psychologists who undertake research programmes in the form of experimental studies with Autistic subjects and controls (subjects with Learning Disabilities and normally developing children and adults). These studies are aimed at providing an explanation for the unusual behaviour of Autistic subjects, an explanation that is expected to lead towards an understanding of causation, a causation which, it is hoped, will be supported by neurological studies which are more concerned directly with brain anatomy and neural processes. Happe (1994) argues for three levels of explanation, at the level of biological damage, damage to the brain in some way, at the level of cognitive functions or psychological processes, and at the level of behavioural presentations, or symptoms, as recorded by the clinicians and agreed as essential for diagnosis. She begins her account of Autism by presenting the idea that Autism is likely to have several biological causes, resulting in one core cognitive defect, and several behavioural manifestations.

Frith and Hill (2004) report that learning disability or mental handicap (IQ below 70) is strongly associated with Autism and is present in between 25% and 40% of cases. Where there is general lowering of intelligence below the normal then damage to the central nervous system and brain can be hypothesised and evidence of structural abnormalities in the brains of people with Autism have been produced. But because “many anatomical studies of the brain in Autism are based on low-functioning individuals” (people with learning disabilities) (Frith & Hill 2004 P3) generalising is problematic – the brain damage might account for the global delay in intelligence but not the Autism. Salmond, deHaan, Friston, Gadian, and Vargha-Khaden (2004) suggest that five “highly interconnected regions” of the brain are implicated in the characteristics of Autism (P255). The five regions, orbital frontal cortex, the cerebellum, the hippocampal formation, the amygdala and the superior temporal gyrus were explored by the authors using MRI scans (Magnetic Resonance Imaging), comparing 14 Autistic subjects with 18 controls. Salmond et al (2004) concluded that Autism is unlikely to be associated with abnormality in one particular location alone, the Amygdala abnormality for example, may not be a core feature of Autism. Further they found “no association between a specific area of abnormality” and deficit in “cognitive or behavioural function”, amygdala abnormality, for instance did not produce a change in measured startle response (Salmon et al 2004 P260).

Recent neurological studies have suggested that dysfunction in the human mirror neurone system (MNS) may be responsible for Autism (Oberman, Hubbard, McCleery, Altschuler, Ramachandran and Pineda 2005). The MNS has been thought to be responsible for the development of imitation (Iacoboni, Woods, Brass, Bekkering, Mazziotta and Rizzolatti 1999), theory of mind (Gallese and Goldman 1998), language development (Rizzolatti and Craighero 2004) and empathy (Decety and Meyer 2008). However Fan, Decety, Yang, Liu, and Cheng (2010) by examining changes in the MU rhythm in electroencephalographic studies, were able to show that the MNS could be “relatively well preserved” in individuals with Autism, and they argued that better neurocognitive models of social behaviour were required to account for the social and communication difficulties present in Autism.

Happe (1994) identifies several behavioural presentations that indicate cognitive dysfunction. In the social realm she refers to the lack of “protodeclarative pointing” (pointing to share interest) in early childhood, a lack of imitation, and poor recognition of affect. She reports several difficulties in relation to communication; the delay in developing speech without compensating through gesture, the failure to respond to the

speech of others, stereotypicalities in speech, pronoun reversal, idiosyncratic speech, poor initiation of speech, unusual prosody and semantic and conceptual difficulties. In particular she emphasises the lack of pragmatic competence and poor *use* of language. Happe also refers to imagination and the absence of spontaneous pretend play and the presence of repetitive activities and special interests which sometimes involve the amassing of information on a narrowly defined topic.

Three cognitive functions have been emphasised in attempts to provide a psychological explanation for the range of behaviours found in Autism. These are:

1. Theory of Mind (TOM).
2. Central coherence.
3. Executive function.

Theory of Mind begins with the understanding that we respond to others on the basis that others have beliefs and desires, and that mental states determine behaviour. To think about thoughts, the thoughts of others, and oneself, requires the ability "to attribute independent mental states to self and others" - "to form mental representations" (Happe 1994 P38). To test an individual child's TOM a "false belief" task was devised. Success in the false belief task should show that the child can assess another person's *wrong* belief, and show how the belief is likely to influence action and speech. In the false belief task the child is shown two dolls, one called Sally and one named Ann. Sally possesses a basket and a marble, the basket has a cloth covering. Ann has a box. The child sees Sally place her marble in her basket and cover it with the cloth, then Sally goes away. While she is away Ann removes the marble from the basket and places it in her box (Sally does not see this). When Sally returns to the scene the child is asked "Where will Sally look for her marble?" Reporting experimental results with this task (Baron-Cohen, Leslie & Frith 1985) Happe writes that 80% of the Autistic children (16 out of 20) failed to appreciate the false belief. Instead of saying that Sally would look for the marble in the basket where she left it, they said she would look in the box. This is compared with Downs syndrome children of lower mental age 86% (12 out of 14) who gave the right answer in this task. Normal children of 4 years also show an understanding of false belief.

Twenty percent of the Autistic children tested on TOM tasks passed. But no Autistic child with a verbal mental age of 4 years has passed the false belief task. Happe (1994) reports that although 3 year olds fail on the false belief tasks they can connect

looking with knowing, they can recognise that others know or don't know and can differentiate pretence from the real – more than matched Autistic children can do. This would indicate that those older and more able Autistic subjects who have passed the test will have experienced delay in gaining an understanding of mental representations, a delay which could be critical in terms of social understanding.

The Theory of Mind explanation was seen as an important insight by cognitive psychologists. Clearly the difficulty of reflecting on the belief of others, to consider mental states, is likely to have considerable effect on behaviours. Social impairment would naturally follow from a lack of understanding of people as agents with minds and thoughts, communication problems would result from a difficulty in appreciating speech as an expression of the speakers thoughts (Happe 1994). The lack of pretend play, or slow development of pretend play, in Autism can also be linked to a lack of awareness of mental representations, beliefs and thoughts.

Despite the positive reception given to Theory of Mind it is not generally regarded as providing sufficient causal explanation for *all* behaviours and symptoms present in Autism, for instance it does not explain the presence of special interests and repetitive activities and it has been proposed that other, earlier primary deficits must account for failure in the more sophisticated cognitive function. Frith (1989) thought that the study of the integration of information, the study of central coherence, was likely to provide more understanding of Autism.

Usually, during information processing, the subject will collect together diverse pieces information and construct from these parts larger wholes, thereby creating gestalts which carry meaning. Frith argues that Autistic subjects adopt processing styles which are weak in central coherence, their capacity for constructing wholes from detail is limited, and Autistic subjects are more likely to focus on local detail at the expense of the more global aspects of information or objects. In tests that explored the pronunciation of homographs, for example “He had a pink bow” compared with “He made a deep bow”, Autistic children tended not to give the contextually appropriate pronunciation. That is they did not always use the larger context when processing ambiguous information.

Autistic subjects do show islets of ability in some test situations. For instance in the “embedded figures” test, which requires the subject to find hidden figures in a design, Autistic children consistently score in the above average range. Detecting the

embedded figures requires attention to parts, a process of resisting the tendency to focus on the overall gestalt is needed.

The lack of central coherence in Autism is able explain repetitive activities and the lack of exploration and variety in play, because, according to Frith (1989), it results in “fragmentary perceptions” and actions are then “executed in fragmentary forms”P116.

In communication the lack of central processing for meaning results in a poor interpretation of utterances. The lack of appreciation of larger contexts leads to a failure to negotiate or appreciate social roles in exchanges, in particular this results in a poor understanding of “shifters” or “deictic markers” – pronouns for instance. Shades of meaning are lost, for example irony depends on an understanding of context. According to Frith a lack of central coherence also accounts for the poor use of prosody, of changes in pitch and speed and emphasis, when speaking. More importantly, information is not related to mental states and therefore communication is not “fully intentional” rather it is the exchange of “bare messages” as between machines.

The third psychological function which can be regarded as providing explanation, “for at least some of the behavioural problems” present in Autism is the theory of executive function (Frith & Hill 2003 P10). This is an “umbrella term” and covers planning, working memory, control of impulse, initiation and monitoring of actions and the inhibition of prepotent responses (this entails the control of responses that do not achieve ends, but instead result in more directed actions that ignore irrelevant but powerful stimuli). For example, in relation to this last aspect of executive function, Autistic children were presented with a “detour reaching task” where obtaining a marble required the turning of a knob or flicking of a switch at the side of a box, but not by immediately reaching into the box. In this task children with Autism were less able to “inhibit their prepotent response” and use the knob or switch (P11). This deficit in “mental flexibility” appears to be common in Autism, although it might not be “universal” (P12). It could explain the rigidity and a liking for routines and rituals, and the perseveration of behaviours and poor initiation of new actions seen in Autism. However, there is not much consensus in relation to which executive functions are impaired in Autism. Executive dysfunction is also found in attention deficit disorder and obsessive compulsive disorder, but the social impairment and language problems are not present to the same degree in these disorders.

Booth, Charlton, Hughes and Happe (2004) explored the relation between central coherence and executive function through drawing tasks given to 30 children with ADHD, 30 children with Autism and 31 Typically Developing children. The authors hypothesised that weak central coherence could be the result of executive dysfunction but no relation between executive dysfunction and central coherence was found, and it was argued that although “detail focus is a characteristic of Autism” this represents a “cognitive *style*”, rather than a deficit (Booth et al 2004 P221).

This style of cognitive processing, sometimes referred to as “field independence”, is thought to favour the development of talent. For instance, “savants”, Autistic subjects who have learning disabilities, but who show an ability for viewer-centred drawing, can segment a pattern into its constituent parts, and can match art students in block design tasks; all tasks which favour the “field independence” style (Hermelin 2001).

This group, the talented Autistic artists, were regarded by psychologists as offering an opportunity to study a function or mode of thought in isolation (Selfe 1985) and they became the motivation for an extended research programme (Hermelin 2001). Mottran and Belleville (1993) for example, through the study of the drawing processes of an Autistic man who enjoyed drawing central heating boilers, supported the central coherence hypothesis, suggesting that there existed a disturbance in “hierarchical organisation” whereby local features were favoured at the expense of global form.

Hermelin and O'Connor (1987 &1992) however, argued that savants and other talented individuals possessed a superior “motor output” and when Pring and Hermelin (1993) compared savants with other “talented” subjects they emphasised that the semantic component remained intact in autistic savant’s picture production. This is supported by Kellman (2001) an art teacher who observed the work of Autistic children in the home and school setting. She argued that the Autistic child who is “denied meaning in the social world” discovers the visual as a “concrete presence” (P48) and “art organises the flow of experience..... into orderly sense making narrative structures” (P118).

Autistic children with “no special ability” in relation to drawing or art making have been studied by cognitive psychologists but this literature is much smaller compared to the literature that interests itself in “savants”. For instance Charman and Baron-Cohen (1993), sought to discover if drawing development (in autistic children “with no special ability”) was tied to mental age or IQ, verbal and/or non verbal. Their experiments

showed that there was no clear difference in the development of drawing skills by Autistic children, although controls in the experiment were more responsive to the social content of instructions when persuaded to move from object centred drawings to viewer centred drawings.

Fein, Lucci and Waterhouse (1990) - observed a "degree of fragmentation and overlap of parts in drawings of human figures and copies of geometric designs" (P263) in autistic children's drawing, but this finding has not been replicated elsewhere.

Lewis and Boucher (1991) examined "Drawing Skill, picture content and strategies for generating ideas for drawings" (P393) in Autistic children. "20 drawings" were "collected over 1 year from 12 relatively able Autistic children, not selected for drawing ability, and 12 learning-impaired children" (P393). Lewis and Boucher (1991) found no difference in complexity of content, and Autistic children did not draw fewer people, in fact they drew more and produced more pictures of themselves than controls. This contrasts with Hobson and Lee's research (Hobson 2002) which suggests that there is a lack of interest, or capacity, for self representation in drawing.

Lewis and Boucher's findings were felt to give some support to the hypothesis that there was an impaired generative ability or failure to use generative strategies, amongst the Autistic children when drawing and the difficulty that Autistic children may have in generating ideas was researched by Turner (1999) who did produce evidence that Autistic youngsters had difficulty in generating novel ideas. A lack of ability in generating ideas, or an over reliance on cues or previous patterns, might lead to repetition in the production of art work, and repetition of subject matter and method was in evidence in the "savant's" work (Selfe 1985, Mottram & Belleville 1993, Hermelin 2001, Cox & Eames 1999, Hermelin, Pring, Buhler, Wolff & Heaton 1999, and Pring, Hermelin, Buhler & Walker 1997). Williams, Costall and Reddy (1999), stress the importance of understanding the Autistic child's relationship to objects. A difficulty in appreciating the possible use of objects might also account for repetition.

Of the three cognitive functions, Theory of Mind, Central Coherence and Executive functions, it is Theory of Mind that is more directly related to social interaction and communication, where the core impairments in Autism and Asperger's Syndrome are thought to be most evident. There are, however, research psychologists who would want to challenge the Theory of Mind hypothesis. They argue that the function may not

exist in the form that has been proposed, or may be present earlier in development but in a different guise.

Bruner and Feldman (1993) for example, regard the Theory of Mind hypothesis as inadequate since it concentrates on verbal responses in the “false belief” task, which can only represent a small part of social understanding.

Bruner and Feldman propose that early responsiveness to visual pointing (responding to directed gaze on the part of the experimenter) and the appreciation of imitation in exchanges, indicates that the normally developing child has an understanding of intentionality in self, and its representation in the behaviour of others, *before* demonstrating the ability to succeed on the false belief task, where a verbal response of the correct kind is wanted. The recognition of other minds “comes gradually” but that there is an “initial, pre-programmed readiness for attributing mental states” (Bruner & Feldman 1993 P270), and, more importantly, a readiness for viewing others as agents, which may be missing in “severe Autism”. This disposition for attributing mental states enables the infant to recognize a relationship between an emotional state and its “overt expression”, and her beliefs can be confirmed through interaction. The infant can “recognize an imitative correspondence between her own expression of a subjective affective state and a like expression in another”, Bruner & Feldman argue (P270/271).

But, it is proposed that transactional and cultural factors also shape the child’s theory of mind – “progress and challenge on joint attention, on mutual imitation, on peekaboo, all help get you there” (P271). Gestures and vocalization become “ritualized and modulated”, and object pointing develops and the mother places conditions on demands being met, “you can’t have it if you yell like that!” for instance. The semiotic “formats” that develop between child and caregiver and that give shape to expression, and the child’s understanding of self and other, is “narrative in nature”. This development of narrative competence, the learning of culturally modulated semiotic structures, enables the child to “build canonical representations of how the world of people-and-things works” (Bruner & Feldman 1993 P272). Where there is a failure in this early development, as in Autism, a resultant failure in the grasp of narrative will ensue.

Bruner and Feldman’s hypothesis is supported by research reports, summarised in the same paper, that show that Autistic subjects have “a lack of generative skills of

narrative organisation”, and a lack of “narrative formats” (Bruner & Feldman 1993 P285) and subsequent difficulty in conversational exchanges and in social life.

A focus on early childhood characterises the approach of the research of Peter Hobson (See Hobson 1993a and Hobson 1993b). Hobson’s emphasis is on emotion or affect and the importance of affect, and the expression of affect in the development of relatedness. Before minds can be understood, Hobson argues, it is necessary for the infant to have some sense of what a person is. This knowledge of persons is gained through relating, it is by participating in exchanges with that object thing called a person, that this knowledge is achieved. Relations with persons involve feeling. Emotions or affects are expressed through bodily and vocal behaviours which indicate the inclination to action, for instance “to be afraid is to be inclined to flee: to be angry is to be inclined to attack” (Hobson 1993b P212). “Correspondingly” Hobson writes “There is a basic human capacity for ‘direct perception’ of feelings *in* the bodily expressions of others.” (1993b P213). In this way emotions are exchanged or transmitted between persons. On seeing a happy face we are inclined to react with “corresponding feelings and behaviour” (1993b P213). Anger directed towards oneself is likely to induce fear. The exchange of emotions in this way ends in “behavioural coordination” between persons. This has been referred to as “primary intersubjectivity” (See Trevarthen 1979).

Hobson theorizes that this capacity for emotional exchanges can allow reference to a shared environment or object of interest to develop between the infant and others. Others become identified as the source of affective attitudes towards things. This affective engagement with the “affective attitude” of the other person, which is developed further through imitation and identification, enables self-awareness to grow and a deeper understanding of others to emerge. The child learns that an object can have a meaning for self and a different meaning for others, that others have attitudes to things and meanings are person dependent, and some objects can have different meanings for different people.

Hobson’s approach draws on research of early infant caregiver exchanges and research that show Autistic children’s expressions to be “muted or idiosyncratic” (Hobson 1993b P220). He also presents his own research findings, which explore the Autistic child’s capacities for emotional recognition. Hobson supplies experimental evidence that supports the contention that Autistic children are unusual in their

inattentiveness to facial expressions and poor at discriminating between emotional expressions.

Trevathen, Aitken, Papoudi and Robarts (1996), give support to Hobson. They are also critical of researchers who present the development of Theory of Mind as a purely cognitive achievement and process. Such researchers are wrong to separate the mind from the body in this way and should give attention to bodily expressions of emotions, facial expressions, gestures and movements “that mediate communication about psychological states” as such expressions are vital in growth of “self-other awareness” they write (P57).

Psychoanalysis and Autism

The psychoanalytical case material, which I shall now present, enlarges on Hobson’s concept of “emotional relatedness” and describes Autistic subjects developing an awareness of others during, sometimes long and protracted, psychotherapeutic treatments.

Psychoanalysis has been criticised in relation to Autism, for perpetuating erroneous beliefs, see Wing (1997) who describes psychoanalysis as an “unhappy deviation” (P20). However in order to appreciate the descriptions that the psychoanalysts provide of Autistic subjects we need to be clear in relation to basic psychoanalytical concepts, especially transference, symbolism and Klein’s unconscious phantasy. These concepts, as we shall see later, are also important to art therapists when working with Autistic children and adults.

Transference is regarded as that phenomena whereby a displacement takes place in the therapeutic setting. The patient is described as experiencing feelings and ideas in the therapy situation that have their origins in previous relationships or past situations, for example, the therapist may be regarded or mistaken for a parental figure and the patient re-experiences in the present emotions that relate to that past relationship (see Freud 1916-17 Part III). Klein (1952) indicates that the therapist or analyst is capable of representing a range of figures including internal figures, aspects of the parents, the parents in combination, or part of the self, and the roles allotted to the therapist by the patient are constantly changing. Principally Klein emphasises that the transference is

“rooted in the earliest stages of development” (P55) and early experiences are revived in the therapeutic setting.

The therapist has an affective relationship with the patient and it is possible for the patient to revive emotions related to the therapist's past, and this might encourage the therapist to adopt a particular role in the treatment. This countertransference could be regarded as the therapist's resistance in the treatment, something which it is not possible to totally eliminate. However, the therapist can make use of her feelings in a session, and it is argued that providing that this is done carefully, and providing the therapist remains aware of the influence of her own past and her own particular difficulties, important communications can be understood thereby (see Casement, P. 1990). I shall discuss transference and countertransference as it is thought to relate to art products in Art Therapy in Chapter 3.

Symbols, in psychoanalysis, are objects, images or ideas, which refer to something else. An object or image which acting as a sign reveals the unconscious, by “presenting consciousness with the symbol of the symbolized object” (Cobley 2001 P272). It is the “substitution of one image, idea, or activity for another” (Rycroft 1968). Symbolism, in the first instance, in psychoanalysis is personal, and only later is symbol use related to conventional symbolic understanding as, for example, exists in the use of words.

“Phantasy” in Klein's and her followers' spelling and usage, is understood as an unconscious mental expression of instinctual needs, the “psychic representative” of the drives, of impulses. “There is no impulse, no instinctual urge or response which is not experienced as unconscious phantasy” (Isaacs in Klein, Heimann, Isaacs and Riviere 1952 P83).

We can regard psychoanalytical accounts of Autism as beginning with Melanie Klein. In a paper which predates Kanner, Klein (1930) gives us a description of a boy she calls Dick. Dick at aged 4 years is described as poorly adapted to reality, he was “devoid of affects” and indifferent to the presence of his mother or nurse. He did not play and his speech was severely delayed, he only managed to string sounds together in a “meaningless way”, usually using his “meagre vocabulary incorrectly”, but Dick did not appear to be interested in making himself intelligible and he often did “the very opposite” of what his mother or his nurse wanted from him (P221). Klein describes

Dick running around her as if she were a piece of furniture. Dick, however, did show some interest in doors, opening and shutting them, and he showed an interest in trains and stations.

Klein suggests that Dick's interests in doors and stations mark the existence of a rudimentary phantasy-life, the phantasy of entering the maternal body. Dick's play with doors and trains was interpreted as an expression of "epistemophilic and aggressive" instincts, the desire for knowledge and possession (P227). This characterised his relationship to his mother, Klein argued, and this was the occasion for anxieties which Dick, because of his "constitutional incapacity" (P223), was unable to tolerate.

Klein felt that the concept of schizophrenia and of psychosis in childhood should be used to cover cases such as Dick and she explained Dick's presentation as the failure of symbol formation resulting from his lack of affective relations to others and to things around him.

The theme of anxiety is developed by Tustin (1992) who argued that some Autistic children experienced their separation from mother, when still feeding at the breast or when using the bottle, in a particularly traumatic way. This trauma results in a distortion of sensation life which then leads to a distortion of psychological development. The absence of some oral sensations and close connection to mother leads to "the 'black hole' catastrophe of sudden and alarming awareness of separateness" (P18).

Tustin divides Autistic children into two broad categories, the "encapsulated" child and "confusional" child. "Encapsulated children are like mechanical automatons: confusional children like human sleep-walkers" (Tustin 1992 P68).

The encapsulated child feels "enclosed in a shell" separated from the outside world by a barrier. This feeling is maintained through the use of hard objects which provide sensations. He or she ignores dependency, using "autistic objects" (P111) which recreate the sensations related to the symbiotic union of the feeding experience. For example, David at 10 years clasped a dinky car tightly in his hand so that it left a "deep impression" and Tustin comments "by pressing it hard into the hollow of his hand, it became a hard extra bit to his body" (P111). This is interpreted as a way of engendering a harder skin so that the child can feel invulnerable.

The encapsulated child also makes use of “segmentation”. This is presented as a process whereby the child separates out sensory experiences, and the parts of objects, to prevent connections and thought processes from developing, and this process begins, according to Tustin, when the child has begun to lose, or move out of his “shell” on occasions.

Luke at 7 years is categorised as a “confusional child”. An awkward boy who walked on his toes. Luke’s mannerisms included grimacing and laughing and raising his hands above his head. He was fussy about food and wandered around the house at night turning on taps. He was preoccupied with cutting spirals out of paper and did not produce symbolic play, instead he swung objects and threw things out of windows. Luke had poorly structured language which was mostly used for asking adults questions, he also crawled over adults, pinched them and grabbed them round the neck.

“The confusional child’s contact with reality is tenuous and flickering” Tustin says (Tustin 1992 P66) objects are not tolerated as separate entities but are drawn into the child’s “me-ness” and they thereby lose their distinctiveness.

A group of psychoanalytical case studies, produced from a “systematic and uncompromising investigation of the transference” (P4) has been presented by Meltzer, Bremner, Hoxter, Weddell, and Wittenberg (1975).

Meltzer et al wished to distinguish between:

- a. “Autism Proper” (P35 – 55) (a mental state that seems to be more or less mindless and where the individual is lost in the repetition of sensual events);
- b. “Primal depression in Autism” (P56 – 98) (the experience of catastrophic loss resulting from awareness of separation once a relationship to a live, maternal, object has been made);
- c. “Disturbed geography of the life-space in Autism” (P99 -161) (here the individual has developed some relation to a maternal object but no phantasy of internal and external spaces, in the object or self, has been coherently constructed);
- d. “The Residual Autistic condition and its Effect” (P162 – 191) (the toleration and recognition of separation from the maternal object and ability to master

geographic structure but objects are subject to obsessional control and dismantling).

Timmy is described in chapter III headed "Autism Proper" by Meltzer and Bremner. He is described as rushing to the window and shaking his fist at the chairs and the lights. Timmy chews and spits out plasticine, fills a mug at the sink, sips and spits on the window ledge. "At no time does Timmy appear to be listening or taking cognizance of me" P38 the therapist writes. Timmy makes noises but produces no speech. His relation to objects and his bodily relation to space are described as "primitive and fragmented", "we came to believe" that "a kind of mindlessness existed" where sensory modalities sought out an item in the environment to make contact but only produced "fragments of dismantled experience"(P39 & 40).

"Primal Depression" is illustrated through John's engagement in psychotherapy described by Wittenberg (Meltzer et al 1975 – chapter IV). After entering the therapy room John picked out a small aeroplane from a group of toys on a table. The nose of this aeroplane was pushed into his mouth, then it was swooped through the air and back into his mouth. When the therapist spoke he pushed it further in. He twisted the top of the therapist's ear. He pushed himself between the therapist's legs and onto her lap and arranged her arms around him, then arched his back and thrust backwards as if to fall. Wittenberg comments, "John's behaviour seemed designed to show me that he needed to insert a part of me deep inside his mouth like the plane-nose, encircle and envelop it like the teat his mother reports he had so tenaciously held on to." He demanded and needed to be held "enveloped by my lap and arms". The alternative was to fall. "His limpness at the end of the session strongly suggested that it was a catastrophe to be separated" P59.

Barry is described by Weddell in relation to "Geography and Life Space in Autism" (Meltzer et al 1975 – chapter V). He began treatment with Weddell at the age of 12 years. By this time he was out of school spending most of his life in front of the television, eating his meals there and seldom speaking to his parents.

"In the treatment room" Barry looked at the table with toys on it then sat on the couch. "They are babyish, I'm not a baby" he said. Then he said, "You have nerves, flesh and bones, that is all". Whilst the therapist talked Barry played with his own fingers and showed his teeth, licked his lips and pulled off pieces of skin which he ate. He also pulled at his own nose and ears, and made grimaces and was silent for much of the

session, and “he gave the impression of a little old man, as if despairing, staring at death” P103.

During phase II of the analysis, which lasted 1 year 8 months, Barry produced drawings, diagrams and maps on the walls. The diagrams, maps and drawings are interpreted as representing Barry’s growing ability to produce a picture of an internal world, a world “that contained objects, equated with an internal family, who required space and privacy” (P100).

The last 18 months of analysis, phase IV, focussed on dreams, as Barry started school. He eventually began to recognize and identify with good objects which were internalized (a “healthy introjective identification could begin”P161). He could cook, clean his room, stay in the house alone and worked during the holidays. Barry commented “what matters is which eye you use to view people, the box machine eye or the human eye” (P159).

The “Residual Autistic Condition” is explored through the final case study in the book, and is presented by Hoxter (Meltzer et al 1975 – Chapter VI). “Piffie” began psychotherapy at 3 years 4months and he attended for 4 times a week until he was 8 years and 4 months. After a break of 2 years therapy was resumed and he attended from age 11 to 14.

In the early stages of his psychotherapy Piffie spent his time lining up building blocks and toys, and then packing them away in boxes. Blocks which fell down were given to therapist and he used her lap “as a place for things which were fallen, muddled or otherwise troublesome”P165. When taking things from her lap he began to give them names and in this way speech began to emerge in the therapy.

Piffie began drawing on the floor and discovered that shading with a pencil revealed objects that lay under the paper and then began making tracings of cracks and nail heads in the floor. Piffie also drew the contents of the room in different ways, for instance a pencil and a rubber apart and “a pencil and a rubber together, two chairs apart, two chairs together, a chair on its side” etc.(P172).

In the second part of his psychotherapy Piffie recorded dreams and wrote them down to bring to sessions. The following dream is reported in the case study:

“a path made of crazy paving. He wishes to take up the stones and to use the ground underneath for a flower bed. In some places the cement between the stones was already beginning to crumble away, but in other places it was very hard to dig through it.” P184

Hoxter interpreted this as Piffie joining her “in the task of chipping away at these obdurate boundaries binding the crazy segmentations which crushed the possibilities of fertility and growth”(P184).

The descriptions in Meltzer et al (1975) cover long periods of psychoanalytical psychotherapy. They chart the changes in relationships, between the therapist and the patient, and between the patient and the material aspects of the setting. They show, we might say, the development of mind, of personality, as well as the persistence of autistic behaviours and symptoms. Meltzer characterises the disposition of Autistic subjects as follows: “High intelligence and sensitivity to the emotional state of others” giving the “impression of an apparatus naked to the wind”P9. This reminds us of Asperger’s comments but “liability to depressive pain”, “minimal sadism”, “possessive jealousy” are not usually referred to in other literatures. However “highly sensuous in their love and prone to endless repetition of the joy and triumph of possession”P10 does find echoes in Kanner’s and Asperger’s descriptions.

Personality is the focus of attention in ‘Findings from the Tavistock Workshop’ Edited by Alvarez and Reid (1999). At the beginning of their book Alvarez and Reid stress the inability of the Autistic child to relate to people as people, the lack of a theory of persons, and the consequent failure of Autistic children to become mind readers.

Paraphrasing Bion (1962) Alvarez argues that “there is always at birth at least a *preconception* of a living (and thinking) human object” but “without an adequate realisation in experience to meet this preconception, an adequate *concept* of this living, thinking human object may not emerge “(Alvarez & Reid – Chapter 4,P51). Therefore for “the purposes both of description and treatment” Alvarez suggests, it is important to approach Autism “via a two-person psychology, involving a close study of the patient’s internal object representations and relationships” (Alvarez & Ried 1999 - Chapter 5, P68). Alvarez also stresses the importance of recognizing developmental levels.

Three other factors are important to Alvarez’s and Reid’s account of Autism:

1. “disorder – in particular, disorders of excitement, sensitivity and reactivity;
2. deviance – with particular reference to the repetitive behaviours; and
3. personality and personal motivations.” (Chapter 5 P63).

Samuel is described as aloof, he “rarely looked at, or related to people”. After six months of psychotherapy Samuel became interested in looking at a blue brick. Then weeks later he picked up two bricks, at first placed neatly together they were then subsequently brought together violently to “make them explode in the air”. At this time he looked closely at the therapist’s face, then he suddenly darted away, and went to the window. Alvarez felt that this was to “cool down”. “Samuel was.... Having difficulty in coping with excitement but also the comprehension that twoness could be available to him *in time*” Alvarez writes (Alvarez & Ried 1999 –Chapter 5, P65).

“Twoness” entails the recognition of an other, and the subsequent internal construction of a model of a person. This process is helped, Alvarez argues, when the therapist is able to present herself as “live company”, that is, by responding actively through play to the Autistic child’s cues, which are often quite subtle signs of expectancy. The therapist is involved in coaxing some emerging alertness and helping in the formation of the preconceptions that enable “persons” to be discovered in interactions. But there are difficulties. Autistic children are controlling and it is difficult for them to learn from others.

Alvarez regards her work as “developmentally and psychoanalytically informed” (Alvarez & Reid – Chapter 4, P60) and that her descriptions may appear as less obviously concerned with transference and resistance in the classical psychoanalytical sense. Her account of Autism does differ from Klein’s, Tustin’s and Meltzer’s account in stressing that the child’s lack of social responsiveness might arise from “deficit” rather than from “active avoidance”.

When exploring personality in relation to Asperger’s Syndrome (See Alvarez 2004). Alvarez suggests that defiance and “wilful, intrusive actions” can lead to increased disorder, to development becoming “ever more skewed” (P116). Primary disorders can lead to “secondary” or even to “tertiary deviance”, for example “difficulties and terror about defecating” may lead to provocative smearing (P117). Primary disorders which create difficulty in social interaction, communication and imagination can lead the child

with Aspergers to “force” listeners to attend to his “stuff” (P118), rather than attempting to participate in reciprocal conversations.

Rituals and repetitive behaviours may be used to moderate intense anxieties but also to gain attention, to provoke a reaction in others, or to irritate. The repetitive activity can also exert “a terrible pull and power – exactly like a drug” (P120). Alvarez observes that sexual excitement might also attach itself to rituals and repetitions.

Simpson, D. 2004 argues that Kanner regarded Autism as a form of psychosis whereas Asperger saw his syndrome as a personality disorder. Simpson points to an association of Asperger’s Syndrome with violent and criminal behaviour. Prevalence, for instance, of Autism and Asperger’s Syndrome in the Broadmoor population was just over 2% in 1994, “considerably higher” than the prevalence in the general population (P36). Simpson suggests that “in addition to a withdrawal from affective contact and a constant desire for sameness”, children with Autism and Asperger’s Syndrome, have some fundamental difficulties “in being curious” (P37 & 38).

Shulman, G. 2004 – refers to anxieties that are related to bodily sensations when discussing Asperger’s Syndrome. He links his observations to the anxieties aroused by separation described by Tustin and French psychoanalysts (Haag 2000, and Houzel 1995) whose descriptions include the terror of the head not being joined to the body and of falling.

In reviewing the psychoanalytical descriptions of Autism we can see that Klein concerned herself with anxiety and the development of symbolic thought. Anxiety was understood to be unconscious but given presence through the understanding of the transference and by the therapist discovering meaning in play and behaviours.

In Tustin’s descriptions children are described as constructing a shell, or carapace, to avoid interaction and protect selves. As well as the shell like defence Tustin proposed a defensive entanglement, where the Autistic child generates confusion which prevents the development of understanding and relationships. She emphasises the Autistic child’s desire for particular sensations, desires which impede the recognition of others and she notices that objects and experiences are not related to each other, that a process of “segmentation” prevents the growth of larger meanings.

Meltzer (Meltzer et al 1975 – Chapter II) takes up the theme of segmentation, although he gives it another name “dismantling”. He also notices the preoccupation with sensation. Like Tustin he emphasises the lack of cohesiveness in thought and the failure to construct a world of meaning from experiences – or, as he would want to put it, the failure to construct experiences from sensation events. Meltzer’s descriptions are directed by his account of the development of mind. “Mental space” is critical to his account of mind and where this fails to develop mindlessness is present. The internal world, and mental space, is constructed on the basis of an awareness of others. Meltzer does not suggest that Autism is a fixed state, but rather represents a collapse into mindlessness. There is movement towards relatedness and towards mindfulness in his descriptions but obsessive “dismantling” processes continually threaten and affect development.

Alvarez and Reid (1999) suggest that Autistic children do not recognise people as people and this lack of recognition can only be understood as a two-person phenomena. Alvarez proposes that the Autistic child’s impairment, developmental delay, and readiness for interaction needs assessing. A preconception of persons is often missing and some coaxing away from disorder and deviance is needed for relationships to develop but personality factors, which loom larger in Asperger’s Syndrome, make such work difficult.

The literature that I have reviewed shows that psychoanalysts have tried to explain the behavioural presentations in quite different ways to the cognitive psychologists, often using dramatic images, to give verbal shape to phantasy, and to render emotional states and motivational impulses more tangible. Although the drama in the descriptions may sometimes appear excessive, we can see that there are obvious parallels between Tustin’s “segmentation”, Meltzer’s “dismantling” and the central coherence theory, and relations between Meltzer’s mental geography and Theory of Mind.

Summary

This sketch of the Autistic subject, as she or he appears in the differing discourses, in the psychiatric literature, the cognitive psychologists’ theory and reports of experiments, and in the psychoanalytical case studies, is characterised by heterogeneity.

There is agreement that interaction with the Autistic child, or adult, is difficult, sometimes extremely difficult, and establishing a relationship of reciprocity is problematic. This is agreed to be a core problem – a cause for identifying difference and abnormality. The literature I have reviewed emphasises that Autistic people do not meet cultural expectations in relation to social exchanges. They do not meet cultural expectations in relation to communication – although this is very variable and some individuals who are regarded as having Autism or Asperger's Syndrome have adequate, if not good formal language skills. But even with good language skills they get things wrong, they miss the point and cannot engage with the intentionality of others, and their own speech can be pedantic, literal and repetitious. Repetition is often used when describing the behaviours of Autistic people, for example in relation to art production and play. They are presented as lacking in imagination and focussed on immediate sensuous pleasures. Flexibility and spontaneity is absent, and Autistic subjects are perverse in relation to their obsessions, nevertheless they can exhibit surprising skills, when drawing for instance.

In the next chapter we will be considering drawing and art work produced in the art therapy setting where we explore the literature related to Autism produced by art therapists.

CHAPTER 3 ART THERAPY AND AUTISM

In chapter 2 I gave an account of psychiatric, psychological and psychoanalytic literatures which relate to Autism in order to provide background and context. I now intend to present some art therapy literature to give further shape to the context of this study. I begin with a brief account of art therapy in relation to psychoanalysis and work with children, as practices have developed in Britain, and I then explore the art therapy literature related to assessment and to work with Autistic subjects.

As we have seen the psychiatric literature aimed at agreement in relation to the behaviours and differences that the Autistic child exhibits. This literature agrees that the core obstacle for the Autistic child is his or her difficulty in relating to others, a difficulty which is accompanied by problems with communication, and ritualistic and repetitive activities.

In the cognitive psychology literatures I explored the hypotheses of failure in cognitive functions. Impairments are thought to be present in the development of theory of mind, in the failure to make use of central coherence, and in executive functioning. I reported that executive functioning covered a range of cognitive activities and that there was not a clear agreement on how this affected the Autistic individual in the literature. The central coherence hypothesis, more a matter of style than impairment, led to a research programme which looked at art production by Autistic subjects, but researches in this area did not produce conclusive evidence that art production by Autistic subjects was radically different to the art production of others, talented or not, and Autistic subjects were cognisant of, and made use of, the semantic element in drawing and picture making.

I noticed that the theory of mind hypothesis was contested, especially in terms of the verbal form in which it was often presented. Bruner and Feldman (1993) stressed the development of narrative competencies, often absent in Autism, whereas Hobson (1993a & 1993b) stressed the affective relationship to others, the failure of Autistic infants to recognise persons as persons. Differences in affective expression and understanding, are explored and described in the psychoanalytic literature which lay emphasis on anxieties aroused by separation (Tustin 1992), the difficulties in linking experiences, the problems of establishing mental space (Meltzer et al 1975) and the struggle to establish a two-person relationship (Alvarez & Reid 1999).

As might be anticipated in their account of Autistic subjects, the difficulties with establishing relationships, the presence of repetitive behaviours and a paucity of invention, is remarked on by Art therapists and reflects themes from the other literatures that I have presented. In particular psychoanalytical theory has been used, especially by British art therapists, to explore and understand the relational context which supports the development and understanding of meaning.

This literature review that follows explores English language papers published in British and American Journals and books. I have found no relevant literature in the Canadian Art Therapy Journal. In some European countries, Art Therapy has the character of an established profession, for example in Italy, Finland and the Nordic countries, Germany and Spain, but there are no regularly published European journals devoted to Art Therapy although papers are presented at conferences, for example at ECArTE (European Consortium for Arts Therapies Education) conferences, and some papers find their way into the English language journals (see Waller 1998 and Edwards 2004).

Art Therapy Theory and Psychoanalysis

Art therapists are naturally interested in the meaning that art objects produced in therapy might hold for their clients, and the content, what is immediately obvious, what is depicted, signified or referred to, and the latent content, what is regarded as lying hidden or implied, is of interest. Certainly, in their writing, Art Therapists often give interpretations to images and the processes of making art, although they may express a reluctance to do so, when asked directly about interpretation.

Case and Dalley (1992) in their "Handbook", approach art via the psychoanalytical aesthetic, and this approach represents an orthodoxy within British Art Therapy theory (see also Chapter 4 of Edwards, D. 2004).

Crudely put Freud sees art as resulting from an admixture of two forms of mental functioning. The primary processes which aim to reduce instinctual tension through hallucinatory wish fulfilling thinking and the discharge of affect, are shaped by the secondary processes, which have connections with verbal thinking and symbolic thought and are concerned with adaptation to the external world. In Freud's account of art making, the artist gains relief from the expression of repressed desires. Through the elaboration of phantasy material arising from the primary processes and, through the development of symbolism, the artist is able to express his or her desires in

conformity with social values (See Freud 1916 parts I & II, also Freud 1908, 1910 & 1931).

The creation of art in psychoanalysis is often referred to as an example of sublimation, that is of the discharge of “instinctual energies” “in non-instinctual forms of behaviour” (see Rycroft 1968). Although Freud’s model of artistic creativity draws on dream formation, parapraxes (bungled actions, forgetting etc) and jokes, he was undecided, according to Wollheim (1991), in relation to the detail of artistic production, and he allowed for a positive value in primary process thinking as well as in secondary elaboration.

Klein 1937 suggested that phantasies (see Chapter 2 this thesis) as mental representatives of instincts, usually unconscious, are expressed symbolically via play and art. In Klein’s account of the development of mental life the ego is constructed through the projection and introjection of material, affect, phantasy, perceptions and thoughts. During projection impulses wishes and aspects of the self are felt to be present in the external world, in others often, and during introjection, the relationship to, and function of external objects, notably the caregiver, are given internal form in the shape of a mental representation. The internal world which the individual builds in this way is regarded as the source of art. Klein particularly stresses a moment when the projection of destructive desires leads to the loss of a phantasised “idealised” object or caregiver. The phantasy of destruction and the phantasy of loss leads, out of guilt, to reparation, the wish to repair the damaged loved object, and it is these reparative impulses which motivate the production of art (see Klein, M. 1929).

Understanding art in art therapy is, of course, understanding art produced in a particular setting, a setting in which the artist/patient forms a therapeutic relation to an art therapist. As we saw in Chapter 2, Psychoanalysis developed the theory of transference and countertransference, as a tool for understanding the therapeutic relationship, and describing and exploring transference relations, became common practice within British Art Therapy, particularly when presenting individual work with children and adults. The theory of transference became a means for the construction of an intersubjective context, to which the images that are produced in art therapy can be related.

In art therapy transference and countertransference are seen as developing “through the response to the image” (Case & Dalley 1992 (P63)), and this view allows for the

transference situation to be represented and explored in the images. Schaverien (1992 & 1993), writing from a Jungian perspective, also suggests that a transference to the picture or the art object occurs which might dilute the transference made to the therapist, or at least give the therapist a different role than is usual in other psychotherapies. Case (2000) argues that a transference can be made to objects in the art therapy room as well as to the therapist and images produced.

In the literature that I reviewed, the psychoanalytical models of creativity and models of the therapeutic relationship, provide direction for the description of objects made and used in art therapy. They also provide a way of relating the therapist and the patient or artist to the work that has been made.

The approach to work with children in Britain is best exemplified by Case (2000) and Dalley (2000). They both draw on Klein and Kleinian developments in their provision of art therapy for children. Case (2000) stresses the shifting boundaries that exist between the internal world and the external and, like Dalley (2000), Case sees the image as a mediator between the inner and outer, linking unconscious processes to conscious thought. Painting, for example, is described as a “quintessential mixing of feeling and thought” (Case 2000 P50). In Case’s descriptions, she emphasises the way in which the child makes use of the whole setting, using art materials and objects in the room to communicate, for example tying string to the cupboard, drawing the curtains dimming down the lights, using puppets on the hand when drawing.

By way of illustration Case (2000) describes Simon aged 10. Confident in the new situation, he makes use of clay and made an “old bent tree” using a lot of water. Case comments that the “clay became very slimy. He was really smearing the pieces together” (P33) - a bodily function and a regression is hinted at here in this description, and Case sees Simon’s confidence as evidence of control over anxiety. In response to the tree Case comments “a possible base, maternal or/and paternal, in which to play” but perhaps lacking in strength, witness “the slime filled joins” (Case 2000 P33).

Simon next copied a portrait of Jane Seymour present in the art room. He described his work as "purrfect". His eye contact when producing those words suggested to Case that he was challenging her to question his assertion. Case describes her struggle with negative feelings that developed towards him and she saw him as behaving towards her as a critical adult (earlier he had commented on the “dirty table”).

Case argues that Simon is a child who is “projecting and communicating his sense of inadequate means”P36. He is telling her what he needs, that is he needs “firm” boundaries, however he is also “critical” and “contemptuous” of boundaries (he walks out of the room to collect a “better” felt tip pen for instance) in this way showing contempt and disguising “his dependency”P35.

As we can see, Case uses her countertransference (her struggle with negative feelings) to form a description of the transference (his dependency and his contempt) which is illustrated in the work and his behaviours.

American Art Therapy like British Art Therapy, has also made use of psychoanalytical ideas. Naumburg (1950) and Kramer (1971) the early pioneers of American art therapy both argue in favour of approaching images using Freud’s aesthetic, in particular viewing art as sublimation of repressed desire and aggressive drives. Kramer, for instance, has concerned herself with determining the success of a sublimation, and has been interested in looking for “the union of form and content” and the “evocative power” (P87) of the art productions of the children that she has worked with. She has been less interested in discovering unconscious phantasy, arguing that where sublimation has been achieved art making would, itself, be therapeutic. Sublimation is seen as strengthening the ego and Kramer’s approach to art therapy mirrors the development of psychoanalysis in the United States where Hartmann (1939) stresses the adaptive role of the ego (see Klein J. 1995). Naumburg (1950) was also concerned with ego development but laid stress on the release of feeling through “creative” and “spontaneous expression” (P2). Importantly Naumburg thought that spontaneously produced art work could be used as an aid in diagnosis, in assessing psychopathology and need, since unconscious symbolic material was present in art work.

An overview of Art Therapy with children in America is given by Malchiodi (1998). She argues that art expression is an appropriate way for children to communicate. Malchiodi sees her role as one of helping children to “externalise, thoughts, feelings, events, and world views” and this then helps her to provided “the best possible intervention” on the child’s behalf (P48). In interpretation Malchiodi uses an approach which she describes as the “phenomenological approach” (P35) (see Betensky 1995). This entails remaining open to a variety of meaning and avoiding the imposition of adult standards and prejudices, the aims of interpretation being to “amplify the images”

through the construction of meaning from different “vantage points.” (Malchiodi 1998 P35).

When discussing the emotional content of children’s drawings Malchiodi urges caution, she argues that to “deny that children express emotions through art would be to ignore a significant part of who they are and how they perceive themselves” (p111) but that “at best” there may be few characteristics in children’s drawings “that consistently indicate emotional problems.”(P110). Children experience emotion differently and “feelings are often complex, contradictory, and confusing” and it is important, she says, to “respect their creative work for its complexities” (P111). In contrast to the British literature, Malchiodi’s exploration of transference and countertransference is limited.

Assessment

Since Naumburg (1950) American Art Therapists have been interested in assessment and the possibilities of using art making to assist in diagnostic decisions, whereas the tradition in Britain has been for the therapist to distance his or herself from diagnosis, for example Edward Adamson an early British pioneer in art therapy stressed the importance of remaining in the role of the “artist”, to encourage image making but to refrain from interpretation, especially any interpretation that led to the recognition of psychopathology, this was the role of others (see Waller 1991). The British Association of Art Therapists (BAAT) have published a statement on their website which comments as follows:

“ Whilst art therapists may work along side medical colleagues who perform diagnosis, the art therapist is not directly involved..... Members of the British Association of Art Therapists do not diagnose, using imagery or otherwise and there is no literature or research to support this.” (BAAT Council statement issued May 2007)

Betts 2006 when exploring art therapy techniques in relation to assessment stresses that assessment is required content in Art Therapy Training in the United States and that 31% of the membership of the American Art Therapy Association provide assessments using tests. Like Malchiodi (1998) Betts is critical of projective tests and assessment tools, she argues that there is a lack of credible psychological theory to support tests, and interpretation is often subjective. The research on assessment tools and tests has been small in scale and methods for rating pictures often poorly developed. Betts argues that effective assessment should incorporate “formal

assessments; behavioural checklists;” and “portfolio evaluation” as well as making use of “the client’s interpretation of their art work” (P422).

The Diagnostic Drawing Test (Cohen, Hammer and Singer 1988) which exemplifies more recently devised tests, uses three drawings, a “free picture”, a “picture of a tree” and “a picture of how you’re feeling, using lines, shapes, and colors.” (P12&13). Cohen et al argue that “art expression can be an external manifestation of an internal or feeling state” and therefore there could “be a direct parallel between the structure of a picture and the disease or process within the individual who created it.”(P12). To give credence to their hypothesis Cohen, Hammer and Singer attempted to correlate their drawings with diagnoses given by psychiatrists and psychologists. The picture series were rated on the basis of structural elements and content, and it was thought that drawings from patients within a psychiatric diagnostic group would share similarities to the drawings of other patients in that group. There was also an attempt to correlate the drawings of hospitalised patients with drawings from hospital staff, but the results of the categorising of the hospital staff drawings are not given in the paper and the authors felt that these drawings could not be compared to the patient sample.

The patients were categorised under three diagnoses, dysthymia, depression and schizophrenia. The drawings from the dysthymia group were characterised as using light pressure, and the trees were regarded as “disintegrated” (the use of this adjective is not explained). In relation to the drawings from the depressed patients unusual placement on the page was noted and the lack of landscape in the tree picture. The schizophrenic patients used monochrome in the feeling picture and there was a lack of integration in the free picture. The statistical significance in the correlations is: P less than .05. Cohen, Hammer and Singer do feel that these results show that “there is some relationship between pictorial structure and psychiatric diagnosis” (P20). However, I would think that, since the drawings from the non-patient sample have not been given the same treatment as patient drawings, this seems hard to argue.

Gantt, and Tabone (1998) developed the Formal Elements Art Therapy Scale (FEATS) to use with the Person Picking an Apple from a Tree (PPAT) drawing task, and Gantt (2004) argues the case for “formal” art therapy assessments in response to Wadeson (2002) who sought to question the development of assessment instruments. Gantt suggests that “art based assessments are and must be different from projective drawings.” (Gantt 2004,P18). She outlines difficulties with *informal* assessments, these include; an “evaluator bias” which might include “projection” and “idiosyncratic

interpretations”; the danger of generalising from individual cases; the use of “imprecise” definitions; and a lack of “consensus” as to what is important (P19). Formal assessments she argues can address these issues.

The results of three formal art therapy assessments, completed by three adult patients who had been hospitalized, were rated and discussed by a panel at the 1999 American Art Therapy Association Conference in Orlando to explore differences and similarities in assessment outcome. Three assessments were used, the Ulman Personality Assessment Procedure, the Diagnostic Drawing Series and the Person Picking an Apple from a Tree drawing (see Cox, Agell, Cohen and Gantt 2000). Each author gave a response to the material from the assessments using the instrument with which they are associated, Agell used the Ulman Personality Assessment Procedure, Cohen the Diagnostic Drawing Series, and Gantt the Person Picking an Apple from a Tree drawing whilst Cox provided an overview.

Agell used features such as “the depleted image and minimal use of space” and a “combining of seemingly unrelated images” (this was related to the “word salad” of schizophrenia) to diagnose a psychotic disorder whereas Cohen saw “unsuccessful attempts at geometric shapes “ as evidence of “some sort of organicity”. Gantt in response to this patient’s work thought that the “amount of space used” and the “relatively few” details and the use of the colour black throughout indicated depression (Cox et al 2000 P63 – 65). Interestingly although Gantt in her 2004 paper argued that suicide is unlikely to be indicated in a drawing she does identify a suicidal patient from a drawing in this panel discussion by drawing attention to red lines used to connect a hand to an arm in a figure reaching for an apple, she also draws attention to the figure’s sad expression.

Cox (Cox et al 2000) in her overview comments that the psychiatric diagnoses of “two of the three cases examined” were “challenged by more than one member of this panel” (P65) although the panel agreed in relation to identifying a patient suffering from dementia. The panel focussed on formal elements, or structure as this was felt to represent an “easy way” of contrasting and comparing drawings and content did not engender much discussion.

In relation to assessment and Autism Martin (2008) used a portrait drawing task to assess children and adolescents. In her study, which takes the form of an experimental task, drawing the facilitator’s face, she documented the drawing

characteristics of 25 Autistic and 15 typically developing children and adolescents. While subjects drew her face she drew theirs. There was no “above average drawing skill” exhibited by the Autistic group and their drawings were “characterised by their variety in drawing style”. As might be expected, subjects who paid “close attention to the task” produced better drawings. More Autistic subjects had difficulty in “looking at the facilitator’s face” than did the controls, but it was observed that Autistic subjects “were actually more conversational than most of their neurotypical counterparts”. Drawing “became a structured way to be in a relationship” (Martin 2008 P22).

As we might expect the literature that addresses art therapy assessment directly, in Britain, is limited, however British Art Therapists do see “assessment” as important in formulating hypotheses (see BAAT Council 2007) and in agreeing, with the patient, on treatment.

Mottram (2000) describes her approach to the assessment of adults with Learning Disability and mental health problems, an assessment that contributes to diagnosis and treatment during short stay admissions. She uses a Gestalt theory of creativity that presents creativity as an intra-psychic process that can be categorised through levels. In “expressive creativity” there is no reference to the quality of the product whereas in “productive creativity” there is demonstration of mastery and an object is produced. “Inventive creativity” makes new use of old parts whilst “innovative creativity” develops new ideas and principles. “Emergent creativity” produces something different (P13). Mottram regards this theory as supplying a map which fosters empathy and aids understanding and interpretation when using an “inductive method” (P16) to examine notes and images. She proposes an “iterative” process “of constant comparison” where “themes are identified and tracked” and then “grouped into overall general categories” (P16).

A different set of categories are applied to art production by Davies (2000) when working with adults who have mental health problems. His categories include, “real world, internal world, psychotic, exploratory, defensive”, and “supportive”. He also categorises according to “figurative” versus “abstract”, and “diagrammatic” (P38). He is interested in “developmental age”, “choice of media”, and colour. He has a “Physicality Scale” which he used to assess movement and posture as well as the awareness of others and personal space (P39). However, in this brief paper he does not give a very clear account of how he achieves his categorisation, for example he does not explain what constitutes “psychotic” or “defensive” in relation to art work, and his judgements

are difficult to understand. Neither is it entirely clear to what end this categorisation is aimed.

Morter (2000) who also works with adults who have mental health problems, in her assessment advice, stresses the importance of being sensitive to other communications, for example body language. In a more traditional British approach she relies on her process notes and countertransference response to the image when making assessment decisions.

Evans (2000), in the same volume, describes her assessment of children with Autistic Spectrum Disorders. This assessment is conducted in the early stages of art therapy to help with treatment approaches. As part of her assessment, Evans conducts playground observations and uses video recordings. She also uses check lists which record interactive potential and turn taking as well as repetitive behaviours. Evans comments that children who are sensitive towards interaction may not be able to establish a reciprocal dialogue “even with the mediation of a non-verbal image”. Art is not able to step in as a “communicating medium” (P23). The sensitivity of these children, she argues, prevents sharing taking place. I shall return to Evans in the next section of this review when I consider art therapy and Autism.

Dudley (2004), working with adults, is keen to distance herself from the “discourse of psychiatry” (P14) and wishes to stick to the language of art psychotherapy. Using art psychotherapy rather than the older term art therapy is significant in this context as it gives emphasis to the therapeutic nature of the relationship that hopefully will be established between the client or patient and therapist, and between the client and his or her art work.

When assessing Dudley stresses the need to learn the language of the client, “I am unfamiliar with their social and political experience, their cultural and racial background, their philosophy, their concerns”, she observes (P17). She does not use the word assessment when communicating to the patient rather she suggests that there will be a discussion in relation to the possibility of art psychotherapy. In reports she endeavours to think about the patient’s social situation and gives a description of the person’s experience as it emerges. She also considers transference and likely outcome in regard to the therapeutic relationship. Naturally what happened in relation to the art materials is part of the report and she notes the patient’s response to any art work created and her own response. Dudley refers to Case (1998) and recognises that

patients can evoke images in the mind of the therapist, just as the patient might produce mental images in response to meeting the therapist. Dudley would consider it important to translate her mental images into words, when “showing the referrer what we can offer” (P21).

Although assessments in relation to children might be brief, they can, according to Case (1998), produce an “intense transference” which might be present “both person-to-person but also through the images made.” (P27).

To illustrate her approach to assessment Case describes Peter who was referred by his social worker. Peter refused school and barricaded himself and his mother in their flat, sometimes climbing out of the bedroom window, leaving his mother thinking he was still inside. His mother reported a history of domestic violence. Peter’s father threw things at “the nursing couple” and kept his “elaborate ‘adult toys’” in his own room, and the children could be “woken at night to accusations of having entered the room” resulting in anxieties and bedwetting (P28).

When with Peter in his first of three assessment sessions Case felt that she was either experienced as tyrannical or as tyrannised; “as he trembled” or as he produced “hard attacking looks with his eyes”(P29). This countertransference reflection was then linked to the painting that Peter began his assessment with, a painting of a figure he called “egghead”, a figure that appeared to change from “a tough guy, a battered woman,” to “a bruised burglar that might break in”. In this way, Case writes, “the disturbed family relationships” were “recreated in the session” (P29).

Case reminds us of the images she has to draw on in this assessment; she reminds us of the image of father throwing objects at the nursing couple; then she reminds us of Peter’s presentation a “peculiar mixture of sensitivity and aggression” (P31). Then there are the pictures; “Egghead”, which combines the fragility of Humpty Dumpty with the “tough guy burglar”; and finally there are the images arising from the countertransference, Case’s reflections on the feeling evoked by the child’s communications and behaviours. Here we have images of “tyranny and helplessness” and “strong concern” (P31 & 32). It is these images that Case uses to give us a description of Peter and his difficulties, to produce a subject who is related to his art work through his internal world, his experience of family life, and through the transference he develops in the therapeutic encounter.

As we can see American approaches to art therapy are different from British approaches. Art making is still presented as a projective process that facilitates emotional expression, a process that fosters insight through the exposure or sublimation of repressed material. But Americans have tried to make a clearer link between what is regarded as the psychopathology of the patient and the work that he or she produces. They have wanted to produce formal assessment procedures which, through the evaluation of formal patterns and signs, would be predictive, especially in relation to psychiatric diagnoses, an approach which reminds us of DiLeo (1973) to whom I made reference at the beginning of the thesis. In contrast to this Malchiodi (1998) argues for a phenomenological approach that calls for images to be treated cautiously and viewed from different “vantage points”.

British assessment orientates itself towards treatment (BAAT 2007 and Dudley 2004), rather than diagnosis, but British art therapists do relate art work to presenting problems and psychopathology (see Simon 1992, Maclagan 1998, Case 2000, Dalley 2000 and O'Brien 2004) although they might disavow such procedures when arguing against involvement in diagnostic assessment. Some British art therapists are interested in categorising art making (Mottram 2000 and Davies 2000) but their approach has not resulted in the production of assessment tools that others have used. Case (1998) relates her Interpretations, in assessment, to texts that explore familial and social relationships but she also gives emphasis to the transference, and it is through the lens of the countertransference that art work is interpreted. Evans (2000) makes use of video and studies communication more closely when assessing for treatment, an approach that appears to be very practicable in relation to Autism. Dudley (2008) is interested in the wider social and cultural experiences of her clients, just as Case (1998) is interested in family relationships, and this sense there is an awareness of the importance of context and setting when undertaking assessment. Some American art therapists, like some of the British art therapists, Mottram (2000) for instance, have tried to distance themselves from psychoanalysis, they have turned towards phenomenology and hermeneutics (See Malchiodi 1998, Betensky 1995 and Linesch 1994) but this has not resulted in a critique of assessment, or a significant change in practices.

Art Therapy and Autism

I shall now consider the art therapy literature that focuses on Autism and Asperger's Syndrome. It takes the form of exploratory case studies and concerns work with

individual children and adults, although some work takes place in groups. Evans (1997) uses case studies to research the development of communication in art therapy with Autistic children and makes use of video, as does Bragge and Fenner (2009). In relation to the case studies I have given more space to Case (2005) whose longitudinal study presents a psychoanalytical way of working which has been particularly influential in the development of British Art Therapy approaches –including my own.

I shall begin with some cases studies, three longitudinal studies, that appear in the American Journal of Art Therapy.

Steinberger (1987) describes some individual work with an adolescent girl that lasted for 10 years and interprets an idiosyncratic and obsessive production of numbers and letters as “an apt expression of the trapped state of the autistic person.” (P40). Seifert, when describing 7 years work with a boy, “Mike”, who she met at age 3 and a half years, observed that his figure drawing at age 10 remained “depersonalized, anonymous, and rigidly controlled”. She feels that “Mike” may have “sacrificed expressiveness to protect himself from pain and hurt”. His drawings, she proposes, shows us “the degree to which his inner life remains impoverished” (P52).

Weekly art therapy lasting for two years with an eleven year old boy is described in a case report by Kornreich and Schimmel (1991). “Bobby”... “drew objects in the art room, cartoons, people at the clinic, his family” and “memories of family vacations” (P78). When asked to produce pictures of his feelings Bobby produced pictures of “frightening monsters” (P80). Bobby’s “emotional and intellectual growth” can be charted in drawings of his family (P81), Kornreich and Schimmel argue, and here increase in detail and differentiation of gender is referenced.

A theme of obsessive repetition and the development of communication emerges from these American case studies and this theme is also present in the British literature. Goldsmith (1986), for instance, reports on work with an adult with learning disabilities and Autism who repeated simple geometric shapes, squares and circles. Rather than give directions Goldsmith imitated the actions of her adult client and this, Goldsmith reports, lead to an increase in communication in the sessions. Similarly Fox (1998), describes an adult client with severe learning difficulties. After Jason joined the art therapy group he began to work on a small piece of clay. This “comforting” activity with the clay, “which consisted of wetting his finger and slowly and tentatively rubbing a groove in it”, lasted for several months (P80).

Using a Kleinian approach, a favoured British approach, an approach that also makes use of Tustin's understanding of Autism, (Tustin 1992) Stack (1998) presents a case report that explores 2 years of individual work with a 44 year old Autistic man with learning disabilities. In individual work with Stack, "Dillon" drew boy/man pictures and pictures of scissors and houses. Stack was included in his drawings as an "idealized Christine" and later "Margaret" (the authors real name) and the two images were alternated "depending on whether he perceived" his therapist as a "good or bad object" (P97). Dillon's "most potent self-image" was of Humpty Dumpty. He produced this drawing after Stack announced a cancellation of a session, and he repeated the line, "he couldn't be put back together again". When Stack suggested to him that the cancellation might feel like a blow he replied, "He always falls and there is blood on the wall and on the floor" (P98). Through such exchanges, Stack argues, where Dillon used drawing, words and actions, he expressed his experiences of being handicapped, and of being abandoned by both his birth parents and adoptive parents.

In Stack's case study Dillon's drawing is linked to family experiences and institutional care, his world and his anxieties, and Stack, unlike her American colleagues, does interpret work as having reference to the transference. Stack also describes a defensive response to anxiety, an Autistic withdrawal into repetition, where anxieties are not always successfully expressed and explored through the mediation of art work.

Group work with children who have Autism has been described by Noble (2001) and Henley (2000). Noble uses art making in a group setting to help foster social reciprocity. She argues that an "art object" is "by definition, inculcated with the child's efforts to make his or her world meaningful" (P92). When working with more able children, 7 to 8 year old children with "varying forms of attention deficit disorder and high-functioning autism", in a group setting (Henley 2000 (P270)) used idiomatic expressions or figures of speech as a stimulus. After the stimulus, for example "Has anyone ever gone overboard", has been presented to the group, verbal associations are sought then art materials are provided for participants to work on the theme. Further discussion takes place at the end of the art making period when art work is shared. "Thought processes, recent memories, sensitive issues, and feelings were often stimulated and shared." (P274) Henley reports, and he argues that, in relation to this client group, "Idioms noticeably diminished stereotypical outcomes that often cloud artistic expression in art therapy." (P275).

Henley (1994) comments that “mechanical gadgetry and inanimate objects” are often used by Autistic children as “self-representations” (P100). Darius, for example, was interested in drawing test crashes with dummies in cars. Henley considers this work to be “a metaphor for the autistic condition” (P103) and he argues that the car could be read as “an equivalent for mother” and the “thick dark lines and solid form presenting a stimulus barrier” a barrier that protects the “psychologically unformed child within” (P104). Henley (2001) also reports a fear of annihilation in relation to Autism. This report has precedents in Bettelheim (1967) and Tustin (1992) and Henley regards this fear as generating “intense anxiety” (Henley 2001 P113).

Patterson (2008) a British art therapist, describes art therapy in a school with a 7 year old boy which lasted for four years. “The boy” as he wished to be called, is described as floppy and lacking in internal structure, constantly on the move. He was obsessed by “Beanie” a soft toy filled with beans, which he clung to, and his drawings represented different versions of such toys. Patterson thought his Beanie toy could be regarded as a “confusional object” (see Tustin 1992) an object used to “avoid” the “raw feelings associated with separateness and non-existence” (Patterson 2008, P127).

Patterson describes feeling in a “state of autistic stuckness” when working with the boy and feeling unable to speak or think. Although she stresses the repetition in his imagery, she comments that the “defensive imagery” was “very short lived” and his later drawings, she felt, illustrated how he was able to risk exploring previously “intolerable thoughts and feelings” (P138).

Jack a 10 year old boy with moderate learning disabilities and Autism is described in a case presentation by Damarell and Paisley (2008). Jack enjoyed drawing and using characters from cartoon films to “adapt and retell stories” (P145). These visual narratives appeared to connect to Jack’s feelings and behaviours, and to his experiences of others, but he could not tolerate the therapist commenting on his pictures instead controlled the interaction, by giving direction to the therapist in the acting out of the stories. They report that, on occasions, through the use of art work and play, Jack was able to reach an acknowledgement of feeling, but he is also reported as often evacuating his anxiety in an act of “projective identification”, his relationship to the therapist remaining ambivalent (P152).

Meyerowitz-Katz (2008) gives an account of work with an adolescent girl with Asperger’s Syndrome. Sally had a facility for drawing cartoon figures which, in their

repetitiveness and lack of “narrative or reference to lived experience” seemed meaningless. But over time there were changes in Sally’s art production, as she began to engage with “ordinary adolescent issues” (P242). There was a “pull towards autism” and a “pull towards relationship”(P243) Meyerowitz-Katz observed. Sally’s art making provided some “necessary ‘autistic’ safety” for Sally, a “retreat” from which Sally could “emerge, reaching out into relationship” when it felt safe to do so (P248).

In a longer study Case (2005) articulates her psychoanalytical understanding of Autism in her report of a child with learning disabilities and Autism who she also felt was best understood through Tustin’s (Tustin 1991) descriptions of entanglement and confusion.

“Sally” was obsessively interested in dogs, and at the beginning of her therapy rigidly adopted the role of a dog in repetitive play. Case regarded her adaptation of the dog persona, and later other animal personas, as containing elements of a “second skin phenomena” and “adhesive equation” (P206).

“Second skin phenomena” refers to Bick (1968) who describes a “false self” which is developed by the individual to disguise or conceal a lack of “sense of true being” (Hinshelwood 1991 P429). The word “adhesive” refers to an Autistic mode of “sticking to” objects in an identification with an object which is felt to lack any internal space (see Meltzer et al 1975). When using “equation” Case refers to Segal (1957 and 1991) who noticed that in psychotic states there is a confusion between the symbol and the thing symbolized, and Segal also noticed that where “parts of the ego and internal objects are projected into an [external] object and identified with it. The differentiation between the self and object is obscured.” (Segal, 1957, P53 – quoted in Hinshelwood 1991 P453).

Sally, Case argued, was borrowing the animal’s skin, via her play, for defensive purposes, but this also allowed her “a pathway out” from her “Autistic defences”. Case observes that as she began to comment on the dog play Sally began, through the dog persona, to construct narratives which allowed for the communication of “inner states, preoccupations and anxieties” P206).

As Sally began to use more speech she began to use the art materials, drawing and painting, then clay work. Her subject remained animals and birds and towards the end of therapy fish. Although her work appeared to be representational Case wishes to argue that “they show “equative feelings”“, they portray states of mind where there is

little differentiation, that is little differentiation between herself and the animal signified, or the animal whose persona she has adopted. The animal pets moved “towards becoming part of her and not part of her, and then to being metaphorical and symbolising her relationship with her mother and the therapist in the transference” P207. This movement towards being able to use images in a symbolic way enabled words in relation to feelings to emerge.

In her PhD research Evans (1997) sought to explore the growth of communicative abilities in art therapy in detail. She began by comparing the mark making of normally developing children, aged 2-5years and 1-2years, in a nursery setting, with the mark making of Autistic children in a special school, these children were aged 7-14 years. This was followed by work with three selected Autistic children, who also had learning disabilities, for 30 sessions in art therapy.

Her nursery observations showed the 2-5year olds as participating more frequently in art making than the younger infants of 1-2years. Language appeared to develop with mark making and the 2-5 year olds produced verbal associations to the marks that they produced.

In the special school setting with the Autistic children there was confusion and Evans remarks on the presence of repetitive actions and behaviours. Some of the Autistic children did not use art materials, others used them “in a very rigid (automatic) way” and Evans remarks, “they were not exploring the qualities of the materials” (P156 & 157). Although children named drawings, Evans thought that the communication was one-sided and lacking in reciprocity. Repeated drawings using a schema resulted in the destruction of images, she reports. Painting she noticed in one instance, caused distress, but she also noticed the systematic covering of sheets using one colour.

From her observations Evans constructed a hypothesis: that art making at the beginning, at the pre-representational phase, contributes to the development of symbolic thinking, and revisiting this phase of art making, she argued, when working with Autistic children, could lead to an understanding of communication.

The first of her case studies, David, who began therapy at aged 9 years 11 months, drew animals and could not be persuaded to draw other subjects. His drawings were constructed to a formula and although the schematic formula remained during his

therapy he was persuaded to paint. She describes his flexibility as increasing as the relationship developed.

Case No 2 Peter was aged 10 years when he began his art therapy. Evans describes Peter, Case No 2 as being “stuck” in a similar way to David’s but he did demonstrate a range of “drawing and painting skills” which he “moved through randomly” (P221).

Harry case No 3 was controlling in his interactions and drew under the table raising his hand for a crayon. His engagement with materials Evans regarded as fleeting. Evans says that she was unable to establish a working alliance with Harry and she describes each meeting as being different, sometimes he was aggressive, sometimes affectionate and sometimes passive. Evans suggests here that “art materials are not used flexibly or imaginatively” (P243).

In concluding her research Evans argues that there is an inflexible use of drawing devices (sometimes referred to as schema) which through over use become stereotypical, and repetitious reproduction of the schema results in withdrawal from interaction with the therapist. She describes the art therapist as being metaphorically thrown “out of the room”. There is a “shut down”, and then a failure in establishing a “socially interactive space”. (P249). However she suggests that the Autistic client will show how he or she can communicate and it is necessary for the art therapist to “attune” to this rather than panic. Attunement she says requires continual assessment and monitoring.

Evans argues that the mind functions in domains or through different frames of intelligence and that the iconic has a development that is distinct and separate from the linguistic (this has also been argued by Dubowski 1990). By reference to Langer (1979), she proposes that art works, produced in art therapy, can be experienced in an immediate way without interpretation.

This immediate understanding of art work is linked by Evans to Stern’s developmental theory in relation to the sense of “self and other” (Stern 1985). The infant can organise his or her experience to create a sense of self because perception, argues Stern, is amodal and the infant is able to “transfer perceptual experience from one sensory modality to another” (P47). Organisation is further supported through the experience of affect or “feeling perception” (P53). Stern differentiates between two kinds of affect, “vitality affects” and “categorical affects” (P55). Categorical affects are those emotions

which can be clearly signalled and identified, anger, joy, surprise etc, whereas vitality affects are described as intensities which fluctuate over time and give shape to actions. Vitality affects can be experienced with the categorical affects so that, for instance, one might experience a rush of joy.

Important to the development of a sense of subjective self is the sharing of affect. This is facilitated by the caregiver's response to the affect that is expressed in the infant's behaviours (P138). The mother translates a feeling expressed in one domain, an action for instance, into another domain, a vocalization, for example. The shape of the vocalization matches the shape of the action, in this way giving recognition to the affect that is expressed. As can be imagined rhythm shape contour and duration all play a part in these joint performances where affects are exchanged (P146). The response of the caregiver is a demonstration of "attunement", it is "a recasting, a restatement of a subjective state." (P161). Stern regards the performances which demonstrate attunement as expressing "virtual affects" (Stern 1985 P157).

In a later paper Evans (1998) argues that it is the therapist who is able to remain sensitive to the expression of vitality affects, in art materials and substances, who will find ways of extending experiences, ways of increasing the strength of the sensations which potentially transmit a vitality effect for the child. For instance spilt water will affect us in different ways, when absorbed by paper, or when allowed to run off, "and make us wet, dirty or cold"; and Evans suggests that "these feelings" can be shaped through art materials and through interaction "in a form children can understand" which will help in the gradual description of feeling (Evans 1998 P23).

Because the pre-representational stages of art making are involved in these non-verbal communications of vitality affects, they are given a special status by Evans. The processes and activities of the pre-representational stage can be used to "help build up" shared experiences, experiences which can "sensitise" children to the making of representations and to "creating symbols" (Evans 1998 P21).

This approach was developed through further collaborations and publications (see Evans and Ruten-Saris 1998 and Evans and Dubowski 2001). In Evans and Ruten-Saris (1998) the art therapist is described as acting with the "empathy of an artist". The involvement of the art therapist includes the "interpretation of the emerging qualities and meanings of the art work" (P58) and this entails the recognition of the vitality

affects, categorical affects and virtual affects (the expression of affect through art making and action).

An example of Evans and Ruten-Saris' interpretative procedures is given when they turn their attention to David's animal drawing. David was Evans' first subject in her research (see above). "The Vitality Affects conveyed by his first drawings" were "perceived as *lightness, floating and flying*" (italics the authors -P60), these were drawings "in delicate colours" and it is argued that David by "having drawn a closed form, and constructing this perfectly" did not want to share this with the therapist, this later interpretation is supported by the fact that David placed "his arm like a barrier" across the table when drawing. The categorical affect expressed here was thought to be "*sadness*" (P60) and on an "emotional and cognitive level" it was suggested that he was asking for the therapist not to come too close.

In this paper the sensitivity of the art therapist is stressed and it is expected that the therapist will become "attuned to a Vitality Affect and its corresponding Categorical Affect" (P65) and produce interventions that might take the form of bodily movement, or turn taking with materials, according to the perceptual and cognitive domains that it is thought the child is engaged in using.

In Evans and Dubowski (2001) vitality affects and attunements, as in Stern's theory, are explored by a "micro analysis" of a video of the assessment session. This creates a better understanding for the therapist who will then try to encourage more playful exchanges. However, there is an obstacle to the development of play with Autistic children, Evans and Dubowski argue, and this is represented by "*schematic drawing and activity*" (authors italics P77). David's animals are used again to illustrate this point, they are regarded as "circular in nature and they do not develop the representational possibilities of the activity" (P78). In response to repetitive drawing behaviours the therapist is expected to attempt to introduce different approaches to the art making, sometimes different materials, but the therapist will need to pay attention to the level of arousal, whether the stereotyped behaviour is the result of a lack of stimulation or over-stimulation (Evans and Dubowski 2001 P78).

Evans (1997), through her careful researches which explore communication and interaction in detail, has identified a repetitive use of art materials by Autistic children in the art therapy setting, which she regards as lacking in "imagination and flexibility". This observation supports the observations made by others in case studies. Evans

views the therapist's "attunement" as a necessary step towards providing a solution to the problem of repetition and obsessiveness. She emphasises the sensuous aspect of art making, art making in the pre-representational stage, which she believes can lead to the recovery of the communication of affect. This communication is anticipated to result in a more developed sense of self, a self that is related to others.

"Self" is referred to by Emery 2004, an American art therapist who describes work with a 6 year old boy of normal intelligence, diagnosed with Autism. His motor skills were poor and he practiced drawing around a flattened piece of play-doh. Emery reports that his early figures were "fragmented" but in one session "after drawing several figures", he said to the therapist, ""These are called people""(P145). Drawing a ground line across the bottom of the paper Emery felt was significant, as it "signifies being and feeling grounded" (P146) – this can be compared to Evans and Ruten-Saris (1998) interpretations above where David's animals are described as floating. Emery thought that the boy made progress in relating to others but concludes by reporting that it "is particularly" difficult for children with Autism to experience "the self" (P147).

Bragge and Fenner (2009), following Evans (1997), also use video to explore the therapist's interactions and communication with autistic subjects. The art therapy intervention that was researched was aimed at helping the child to "assimilate external phenomena and adapt to the social world" (Bragge and Fenner 2009 P17). Visual art was seen as representing an alternative "means of dialogue" (P18) and the therapist, in this work, was involved in art making and an "intersubjective approach" (P19) which draws on approaches in music, dance and drama therapy, as well as group art therapy, was adopted. In their paper Bragge and Fenner provide examples of communication from two sessions in two cases. The first case concerns a boy aged 7 years 5 months who was "talkative and theatrical" and a girl who was aged 12 years 5 months who was not speaking. The cases are explored by examining interaction between the child and the therapist, interaction between the child and his or her art work, interactions between the therapist and her art work, and interactions "within visual expression" where the art production is mutually influential (P22). The authors describe "playful and sensitive interaction interspersed with moments of separate individual activity" (P25) and they argue that "involvement of the art therapist in the creative process contributed to less intimidating therapy interactions" (P26). Emphasis is given to the "totality of interactive elements" within the therapy and art as "expression" that exists "alongside language".

Summary

The literature reveals that periods, sometimes long periods, of repetitive play with materials (see Fox 1998) and repetitive imagery (Evans 1998, Meyerowitz-Katz 2008 and Patterson 2008) and the repetitive production of signs (Seifert 1988 and Steinberger 1987) and designs (Goldsmith 1986) characterise art therapy with Autistic subjects. This repetition is interpreted as a manifestation of Autism, repetition offering retreat from interaction and “comfort” (Fox 1988) of a kind. Evans regards such repetition as a “shut down”, she observed that sometimes art is not able to serve as a “communicating medium” (Evans 2000 P23). This is close to Meltzer’s view that the Autistic state proper represents “mindlessness” (Meltzer et al 1975). However art therapists also report that out of this repetition, out of this, apparently unimaginative use of art materials, communication emerges and an exchange takes place with the therapist. The repetitive imagery becomes the occasion for reaching a “shared experience” (Meyerowitz-Katz 2008). Symbol use becomes possible (Case 2005) and Autistic children are represented here as achieving some expression of emotion, sharing their experiences of handicap and difference, and their experiences of others.

The expression of feeling, in the form of vitality affects, has been important to Evans (Evans 1997, 1998 and 2000, Evans and Dubowski 2001, and Evans and Ruten-Saris 1998) and emphasis has been given to amodal perception and the importance of action as well as the sensuous qualities of materials and products. Evans argues that art can be experienced in an immediate way but to study the details of this affective communication a micro analysis of video has been required, where movement is studied closely.

Bragge and Fenner (2009) when exploring communication stress visual communication as alternative and as operating “alongside” the verbal and they sometimes portray communication between the child and the therapist as direct. An intense “person to person” transference can be developed in assessment (Case 1998) argues, but she also emphasises the centrality of the image (Case 2005), and Transference and Countertransference are seen as developing “through the response to the image” (Case and Dalley 1992 P63). Drawing, Martin (2008) reports “became a structured way to be in a relationship”. Projective identification is important in understanding the child’s communication (Damarell and Paisley 2008) argue, and Case (2005) carefully explores and explains the transition from identifications towards symbolic understandings using psychoanalytical theory.

As well as being concerned with communication, direct and mediated, Art therapists present themselves here as interested in their client's awareness of a sense of self and there is a recognition that this sense of self is contingently related to communication. For example Evans makes much use of Stern's constructs in relation to "self". Stern 1985 proposes stages in the sense of self, these are; sense of emergent self (0-2 months); core self (2-6 months); subjective self (7-15 months); verbal self (15 months) – (see Stern 1985 Pages 26-34). Each of these four senses of self and other, or "organizing subjective perspective[s]" (P32), can be understood as "forms of social experience" that "remain intact throughout life" (P34). Evans (1997) would want her art therapy to facilitate this development and she would see her autistic charges as having particular difficulty with the subjective self and verbal self.

Case in her approach to the self draws on Jungian perspectives, suggesting that there is an "original state of integration" but this "primal self" creates structures through its "interaction with the environment", that results in a "deintegrate", a split aspect to the self which requires "reintegration" – this process is referred to as "individuation" in Jungian terms (see Case 2005 Pages 10 & 11). Drawing on Fordham 1976 Case refers to the idea that in Autism there is a failure to "deintegrate" to engage with the world because of a fear of disintegration. There is an avoidance of recognising the other as separate as this leads to a falling apart of the self.

Anxiety and defensiveness plays an important role in the literature we have explored and I understand this as representing the art therapist's response to power relations, and their expression, in therapy.

In Evans and Dubowski (2001) Autism is presented as a homogenous entity. Autistic subjects suffer in the same way, from a hypersensitivity that drives the individual towards social withdrawal. Henley (2001), working with more intellectually able youngsters, stresses "annihilation anxiety" and sees repetition as a defence against intrusion and contact with others which is thought to be threatening. Annihilation anxiety is expressed in art work, where robotic figures and shell like protection is emphasised. Tustin (1991), is often referred to by art therapists, and Case (2005), like Patterson (2008), uses Tustin's theory of entanglement to try to understand her patient's relationship to the art work and herself.

The art therapist's use of the art materials is seen as helping interactions to become "less intimidating" (Bragge and Fenner 2009). Evans stresses the therapists' sensitivity, as demonstrated through her "attunement", and the use of mirroring behaviours to assist in the development of communication.

Importantly Bragge and Fenner (2009) make use of insights that emerged in the Group Art Therapy literature and I would like to make a brief comment on this literature, here in this summary, as I think this supports my view that art production can be usefully viewed as a product of a situation, a situation that is culturally and socially shaped by the participants.

Drawing on analytical traditions, art therapy groups in Britain have developed in a manner that emphasises the interactions between members, and here the cultural and social is given more weight than in individual work (see Waller 1993, McNeilly 1987 and Greenwood, & Layton 1987 for instance). In feminist approaches to art therapy, for example, (see Lupton 1997), feelings are given importance but they are linked to social life and power relations, and the subjectivities of the participants are understood as being historically determined.

Waller (1993) for example, gives an account of teachers who use the occasion of an art therapy group to express their collective feelings in relation to professional selves. Waller links the interaction of the members of the group, and the relations that they establish to the task of using the art materials, to their social situation as teachers and their "feelings about authority" (Waller 1993 P106). In Waller's approach images are related to "the group's experience of each other, and the conductor, and their experience of the society 'outside'" (P115).

Skaife (2000 & 2001) has written about art making and verbal exchanges in groups. She draws attention to British art therapy's focus on the transference and the infant caregiver relationship, or as Skaife puts it "feelings about mother". Skaife argues that healing might be achieved, not through a change in the unconscious, but by addressing "what is between the individual and their environment" (2001 P40). Made objects are "other than us and part of the cultural world" (P40) and through art making we do not project an inner image or represent the inner, rather the inner image is "entirely dependent on what we make" (P46).

Our view of ourselves is shaped by our experience of others and through speech, gesture, and the use of objects and art making, through communication, we bring ourselves into existence, Skaife argues. Art is also a response to the art making of others, that is, in making art we participate in a cultural exchange, or a language game. The meaning of the work, process and product, resides in the way it contributes to the intersubjective space or affects this space.

We have seen in the literature that I have reviewed, that constructs in relation to self influence interpretation, they organise the models that are used to represent the relationship that Autistic subjects have and develop to their art production. They provide explanation for rigid and repetitive art production and for the avoidance of communication, but they also frame descriptions of the development of the relationship to the therapist, and they are used to explain how the acquisition of symbolic understanding is achieved.

The literature shows how transference, and countertransference, is used to create contextual understanding, how psychoanalytical models of Autistic subjectivity are used to understand repetitive behaviours, and the emergence of symbolic thought. In relation to communication the visual is often presented as existing “alongside” the verbal, and although the affective element through movement is given some importance, the social semiotic, that is “the complex interrelations of semiotic systems in social practice” (Hodge and Kress 1988 P1) is not given sustained attention. The art therapist’s and the Autistic subject’s relation to art making is not related to other external relations or contexts, for example Evans does not give us much description of interactions with others in the nursery setting, nor does she relate the art therapy to institutional contexts and the child’s social life. Case (1998, 2000 and 2005) does report on family experiences but in general it is the therapeutic dyad, and the subject’s pathology, especially deficiencies in the subject’s self development, that is emphasised.

My interest is in the larger social context, and how this context determines practices, practices that determine subjectivity, the relation of individuals to art production and the exchange of messages. How I intend to address what I perceive as a deficit here, and how I intend to use discourse analysis to explore the “self”, and how I intend to explore that intersubjective space where communication takes place and where I believe, like Skaife (2001), art production emerges and is interpreted, is the subject of the next chapter which looks at methodology.

CHAPTER 4 METHODOLOGY

I have shown how clinical literatures, the art therapy literature, the psychoanalytical, cognitive psychology, and psychiatric literature have constructed the Autistic subject, emphasising his or her pathology. In seeking the origins for difficulties in social interaction, communication, play and behaviours, the literatures have given weight to intra-psychic phenomena which restricts the development of relationship and mind. In my view this clinical literature impedes the exploration of social and cultural environments and contexts, through the focus on the individual, and in the psychoanalytical and art therapy literatures the therapeutic dyad. This is replicated in assessment practices where behaviours are interpreted in relation to diagnostic criteria. But can the social and cultural context be given more form? Can a discourse analysis be constructed to provide a more enlarged comprehension of clinical practice and the constructed subjectivity of the Autistic child and a richer representation of the relations and dynamics that shape the art therapy assessment, and art production?

Discourse, as a target for research, encompasses a range of objects and activities, speech, written material, visual representations, and social and institutional practices that structure communication and exchanges (Jaworski and Coupland 1999). I have not analysed discourse in this study by making use of ethnomethodology or conversation analysis, rather I have used a diverse group of theories and practices. This is allowable if we accept that discourse analysis represents an “*approach* or a stance” to communication and interaction, a stance which does not result in the production of a “manualised” collection of “procedures” for enabling analysis. However, it is anticipated that a discourse analyst will have “a repertoire of potential ways of making sense of discourse” (McLeod 2001 P100 & 101).

In the development of my own methods for analysing discourse I have made use of speech act theory as developed by Austin (1962) and symbolic interactionism as described and developed by Brisset & Edgley (1990), Charon (2007), Holstein and Gubrium (2000) and Goffman (1959, 1967). I have also made some use of critical discourse analysis as described in Jaworski and Coupland (1999), Ochs (1999) and Foucault (1963, 1977 & 1984) (see introduction chapter 1). I have included the use of art historical method as represented by Baxandall (1985 and 1991); semiotics as represented by Peirce (1985); social semiotics as developed by Hodge and Kress (1988); the study of children’s art as represented by Matthews (1999) and Atkinson (1991, 1998 & 2002); and play theory as represented by Piaget (1951), Vygotsky

(1933) and Winnicott (1971). Finally in order to synthesis my approach to differing discursive materials I made use of hermeneutic philosophy as represented by Ricoeur (1991).

My discourse analysis takes the form of case studies, and to produce my case studies I have attempted a qualitative analysis of three different materials:

- written documents produced in clinical work by professionals referring to Chestnut House and professionals conducting assessments at Chestnut House;
- the art products of the children and of the art therapist produced during art therapy assessments;
- video recordings used for reviewing assessments.

These three materials produce a range of material substructures which allow for signification to develop and discourses to be identified. It is from within these discourses that the subjects (the cases) are constructed. I have given names to the different analyses I have made of the clinic documents, art products, and the video material as follows:

- the “documentary subject” is my account of the clinic documents,
- the “ekphrastic subject” refers to art products,
- the “discursive subject” refers to my analysis of the video material.

My case studies have been structured in relation to these three subjects to give emphasis to the different analyses and approaches that I have used to construct cases. There is no synthesis of the three subjects but the “discursive subject” is more complex and inclusive than the first two subjects and contains material from the first two subjects to enable a clearer understanding of the exchanges in the assessment to emerge. A total synthesis has not been attempted in order to avoid given the impression of having discovered an essential subject. Althusser (2003), when discussing the ‘Theory of Discourses’, argues that it is possible to differentiate between the structures of discourses through their relation to the subject. He identifies four discourses; scientific discourse, aesthetic discourse, ideological discourse, and

unconscious discourse (i.e. psychoanalysis). The notion of the subject appears in ideological discourse, it is absent in scientific discourse, and the subject appears as a lack in unconscious discourse. In aesthetic discourse the subject is present through the combination of signifiers, in an “ambiguous structure of cross-references” (Althusser 2003 P50) – there is an absence of a centre in aesthetic discourse. The case studies, in this research, take the form of an aesthetic discourse, where the subject is dispersed across different sites, present in reports, in art production, and in the exchange of messages, without disclosing an essential being or synthetic whole.

Case Studies

I have chosen to use case studies as they are thought to be best able to facilitate the exploration of individual instances, they can best provide for an account of “a single situation in depth” (Galatzer-Levy, Bachrach, Skolnikoff, and Waldron 2000). Yin’s definition of case study (Yin 1989) also provides reasons for its use in this research:

“A case study is an empirical inquiry that:

- Investigates a contemporary phenomenon within its real-life context; when
- The boundaries between phenomenon and context are not clearly evident:
- And in which multiple sources of evidence are used.” (P23)

Yin suggests that the case study is applicable where the description of a context, where an intervention has occurred, is needed, and where an intervention has no clear “single set of outcomes” (P25).

Case studies can show “what is possible rather than what is common” (Galatzer-Levy, et al 2000 P238), and rather than the provision of answers that conform to a priori assumptions and paradigms, case studies, through their particular form, do enable schemas to be constructed which can be assessed in relation to other individual cases, as well as applied and critically examined in relation to clinical experiences (see Donmoyer 2000). Further case studies “are generalizable to theoretical propositions” according to Yin (P21) and could therefore help in building a model of the relationships I am investigating. In studying more than one case comparison is possible, and this can “sharpen the meaning of each case” (Galatzer-Levy, et al 2000) as well as assist in the transferability of findings.

Case studies are capable of providing “*vicarious* experiences” in the form of a “full and thorough knowledge of the particular” (see Donmoyer 2000 P60 and Stake 2000 P22). In this sense case studies are close to the way that clinicians think and work, and because they are often narrative in form they can reflect the researcher’s experience more directly. As Edwards (1999) points out the case study is a form of story telling where meaning emerges. The narrative nature of my cases will be more obvious in the “discursive subject” since I will be commenting on events that have been recorded on video, and also because I have shaped my transcript into a sequentially ordered dramatic script. However the documentary subject also has narrative processes embedded within in it, in individual reports as professionals and parents tell their stories about the child, but also in the way that documents in relation to a subject accumulate. Finally I shall argue that there is a narrative implied in looking or viewing art works, looking is a process and “the experience of viewing” is “imbued with process” (Bal 2006 P258).

I would agree with Gilroy (1996), that “Research-based” case studies that have “rigour” are still needed in art therapy, and to provide the particularities of experience and knowledge of individual instances that give value to case studies it is necessary to discipline the analysis of material, to be systematic and, as far as possible, self critical. Towards this end I shall show the reader how material has been collected and how material has been subject to analysis using the theoretical frames, referenced above.

Ethical Considerations

This research is retrospective in nature. It represents a reflection on clinical practice as it relates to assessment and diagnostic processes, that is, as it relates to the clinicians’ attempt, in agreement with parents and the child, to identify developmental delay or disorder. It is not a study of treatment. The research confines itself to the examination of material produced by assessment practices and I have not sought to engage with subjects after the assessment was completed. Assessment practices have not been changed or modified to enable this research to be undertaken. Although the subjects of the case studies had contact with me during the assessment, their experience was conditioned by the performance of my role as art therapist, providing my part in the assessment effort of the multi-disciplinary team. Subjects did not have direct contact with myself in a research role.

Here I think it could be helpful to say something more about the practice of assessment at Chestnut House. First it should be acknowledged that the subject children themselves do not volunteer for the art therapy assessment, or for any other assessments undertaken by the clinic. They do not refer themselves. It is parents, with the support and encouragement of a range of professionals, school or nursery staff, teachers, educational psychologists, GPs, Paediatricians, and Consultant Psychiatrists, who seek an assessment. Parents ask for assessments because they want a better understanding of the problems that their child experiences and the problems that the child presents to others in different environments. For example, the problems that the child might present at home and/or for staff in the nursery or at school.

Parents consequently bring their children to Chestnut House and present them to the clinicians as subjects requiring further understanding. Presenting difficulties are first explored in the initial appointment. Here the child will be present when clinicians first talk to parents and usually there is, at the beginning of this meeting, some attempt to gain her understanding of the situation that she finds herself in. This initial contact with the child in the presence of the parents represents the beginning of the clinicians' attempts to gain the co-operation of the child in the assessment process. A process of coercion on the part of the adults begins during this initial appointment and following this first brief dialogue the child will then be persuaded to spend some time with one of the clinicians who will then begin the process of exploring difficulties with the child. This might take the form of formal or informal assessment, usually focussing on communication and speech, social interaction and the awareness of others. Depending on the professional and the age and ability of the child, a range of activities might be introduced to the child. These include table top games and activities, exploration of social stories, completing of self-report questionnaires, responding to visual material, art activities, music making, more physical games such as table football, play with toys, or play in the garden or on the computer. During this initial appointment there will be a break and the professionals who have remained with the parents and explored the early developmental history of the child as well as current problems, will meet with the professional, or professionals, who have been trying to understand the difficulties from the child's perspective. During this meeting there is an exchange of experiences, and thoughts about the child and the family are shared. The clinicians next decide on future assessments – this could include the decision not to offer any further assessments. Whatever the outcome, we should note that, it is on *this* occasion that the decision to offer an art therapy assessment is made. After decisions

about assessment have been reached the team would then return to the parents and, often with the child present, although not always (depending on the level of the child's understanding), give some feedback about discussions and current hypotheses and the need for further assessment.

When an art therapy assessment is thought to be helpful in the diagnostic process then parents are sent a brief outline describing the nature of this assessment (see Appendix 6). However, when the child arrives for her art therapy assessment the therapist will give the child, in the presence of the parents, some verbal description of the art therapy assessment. The child will be told that there is free choice in relation to the use of art materials at the beginning of the assessment, for instance, and that some shared activities will be encouraged, and that the therapist might give instructions or directions at some point – "I might ask you to do something or draw something". Some explanation about the use of the video will be given, this includes the parents' ability to use the monitor in the family room to follow the assessment as it unfolds. As can be seen the confidentiality which is offered the child in a therapeutic or treatment situation is not present. Confidentiality in this situation is limited and the child is expected to acquiesce in a situation where the assessment material, art products and video, and following reports, are shared with others, with parents and the multidisciplinary team.

The dialogue with the child around the assessment practices is intended to demonstrate some recognition of rights, that is the right to "protection from harm and exploitation" and the right to "participation in decision making" (Daniels and Jenkins 2000 P129) but again this might be regarded as a coercive process which is principally aimed at gaining the child's compliance in an adult directed activity. Certainly it is the adults' discourses that dominate the situation and determine practices but the child does have an opportunity to refuse to participate, although it would require courage and some persistence to avoid all compliance.

Sections 22 of the Children Act 1989 endorses the "principal that children have a right to participate in decisions affecting their lives" (Daniels and Jenkins 2000 P59), allowance being made for age and understanding. The child's opinions and feelings should be respected when considering therapy, or assessment, but ethical decision making by clinicians will always want to include "other factors", for example, the child's safety, "their longer-term well-being", her relation to others, parents and siblings, and this may mean that a course of action which runs counter to the child's wishes is chosen (Daniels and Jenkins 2000 P60). Further, we should recognize that a disparity

between the autonomy achieved by the child and his or her rights as expressed in law and conventions (e.g. the United Nations Convention on the Rights of the Child 1989) often emerges when the child is negotiating with powerful adult institutions. In relation to the school for example, parents have the power to choose a school, or withdraw a child from sex education and can complain about school policy, whereas children are obliged to submit to the overall authority of the head, and parents, in relation to choice and participation in education (Daniels and Jenkins 2000 P54).

This research does not adjust the asymmetrical power relation between the child and the adult in the assessment situation. Instead the assessment material is revisited and re-examined from a fresh theoretical perspective, a perspective where there is less attempt to identify pathology or need, where the search is not for diagnostic signs, but instead an attempt is made to achieve an understanding of subjectivity, especially as it relates to art production in a situation. The research is predicated on the assumption that if the child can make a statement, in whatever form, in the assessment situation, then it is possible for him or her to contribute to the assessment discourse. As I have suggested previously the assessment discourse is a discourse which is disciplinary. It is constructed by the adults and it consists of practices which are productive of a power relation, a power relation that is created through the generation of knowledge and the promulgation of its truth (see Foucault 1994). In this research I have tried to “grasp the statement” [of the child and the therapist in this instance] “in the exact specificity of its occurrence” (Foucault 1989 P30) and to relate it to the statements of other adults, statements in written form, in the hope that some recognition of content and occasion will impact on understanding. I do not claim that I can achieve objectivity in respect of statements, or in the understanding of discourses, since my practices as a therapist implicate me in the production of knowledge and the use of a power relation.

In respect of empowerment it could be argued that a discourse analysis that is more collaborative (Cameron, Frazer, Harvey, Rampton and Richardson 1999), that might for example engage the children or subjects in reassessing the material produced by the assessment, is needed. Such a research would be ethically attractive and might prove to be beneficial to the children, parents and the adults engaged in assessment, but any fresh research would bring fresh difficulties in relation to power, and this power relation would also need careful explication. I would agree that it is important that therapists “examine their own use of power in their therapeutic work” (P130 Daniels and Jenkins 2000) and insofar as this research attempts to understand the power relation and trace

its effects in the semiotic exchanges and art production that is generated in the assessment, I believe it addresses this issue.

Having indicated that the material produced by the assessment encounter is the object of study in this research I now need to indicate how confidentiality, the confidentiality of the assessment process is protected. In the first instance, before the initial appointment parents will have been asked to complete two consent forms (see Appendix 2). The first consent form addresses the use of video in assessment it asks for four separate approvals. Firstly to use video for “record purposes” (an explanation of this is given at the top of the form); secondly approval for sharing video with other professionals “directly involved”; thirdly approval for the video being used for teaching and lecturing purposes; and fourthly approval for the video to be used for “research evaluation”. Parents are expected to supply a yes or no answer to the four questions and confidentiality is stressed in the third paragraph of the document where it is written in bold capital letters:

“Confidentiality is maintained at all times, and no reference is made to personal details regarding your family circumstances, and your names are of course confidential.”

The second form addresses the issue of consent for “members of the team” to use data on file at Chestnut House for “academic and general service development activities.” The importance of “Academic and general service development activities” to the Chestnut House team is stressed in paragraph 1 and 2 of this form and the nature of the material and information that might be used in these activities is outlined in paragraph 3 and it “may include art, music or written work produced by children during their time at Chestnut House.” Again confidentiality is stressed this time using italics:

“we protect confidentiality by ensuring that *all information presented to others, in any form*, is changed to allow anonymity and preclude identification....”

On this form parents are asked to supply and yes or a no in answer to the one statement.

The third questionnaire was sent to the parents of subjects selected for the research, accompanied by a letter which explained the nature of the research (see Appendix No 2). This questionnaire addresses the research directly. It asks parents for permission to use art work, information from the child’s file and video recording in the research

project and stresses that this permission is granted on the understanding that confidentiality will be maintained through the maintenance of anonymity.

As can be seen these three forms, and the letter, taken together formalise agreements in relation to the use of video and the disposal of clinical material, especially in relation to the research and the maintenance of confidentiality. The forms are intended to provide a safeguard for the family *and* the child and it is assumed that parents will provide consent on the basis of “protection of the person and property of the child.” (Gillick v. West Norfolk AHA 1985 at 420 – quoted in Daniels and Jenkins 2000 P16).

Once permission to use clinical material for research purposes was given no formal mechanism was provided to the parents or child to facilitate withdrawal. As permission was sought through the use of three separate questionnaires I felt confident that parents had given proper consideration to the use of clinical material. I did not anticipate any further risks from the research activity, which consisted of the analysis of video, documents and art products, but did not include any further contact with the subjects of the research. Had parents subsequently written to the researcher after having given approval, to seek to withdraw from the project, such a request would have been granted.

Following approval from parents the research project was presented in detail to the NHS Trust for approval by the ethics committee. As I have stressed agreement for the clinical material to be used in the research project was given on the understanding that the researcher would maintain anonymity. It was thought that the procedures undertaken, the careful approach to parental agreement and the clearance with the Trust’s ethics committee, would facilitate adult effort to minimise any risk of the child suffering any consequential harm, or having his or her interests compromised, by the research process, which includes the publication of results. I believe that the use of the material, recorded for clinical purposes, has been treated with care and that I have followed the “Code of Ethics and Principles of Professional Practice for Art Therapists” provided by the British Association of Art Therapists (BAAT 2009).

Daniels and Jenkins suggest, in relation to the ethical aspects of providing therapy for children, that the therapist should, as a matter of principle, be aware of “Self interest” and actively promote his or her “self-knowledge, self-protection, and self-development” (Daniels & Jenkins 2000 P49) . This research represents part of this effort but as can be seen such activity does impact on the boundaries of clinical practices, and does

require the consent and ability to use recorded material and art products for other than treatment or diagnostic purposes.

Selection of Cases

I now wish to discuss the way in which cases were selected for the research.

The research began in October 1999. Alphabetical lists of children who had received an art therapy assessment for the years 1998 to 2001 were consulted. Adolescents were not included as video for these assessments was not usually available. By working through the lists alphabetically I hoped to retain a random element where possible. After checking on parental permission 7 possible subjects which represented a range in terms of developmental level, chronological age, verbal and non-verbal IQ, were identified. Age verbal and non-verbal IQ are identifying markers for the institution and serve to differentiate subjects in the clinic's discourses. The selection was undertaken after assessments had been completed and before decision to research assessments individually and in depth had been reached. In this sense I was not primed to behave in a particular way during the assessment, and would be focussed on my duties as a member of the multi-disciplinary team.

My initial intention was to confine my analysis of the video to the beginning of the assessment where I "invited" subjects to choose from the available art materials, where I offered a "free choice". However after examining the art work and the video's relating to five subjects I became suspicious of the "free choice" category, feeling that there was no *real* free choice. There was usually some element of inducement or coercion on the part of the therapist which conditioned choice. I also felt that examining the whole of the assessment would give a more representative picture of the assessment situation and the child's response to this situation.

This led to a reduction in numbers, since producing and analysing one hours video and examining all the art products was much more time consuming and required more space, the production of more words. One subject from this selection of seven was rejected because the assessment was conducted by an art therapy trainee on clinical placement. This I felt introduced another variable and another difficulty. Another subject was rejected where there was a repetition in the use of clay and where age and developmental level were duplicated. In this way the list was reduced to 5. However a further subject was removed, mostly because of pressure of space after writing up but

also because this subject had been diagnosed previous to referral to Chestnut House. 4 is a small number and I had originally planned on 12 subjects. However the numbers have been determined by the length and detail of the presentations, and I would argue that what is sacrificed in breadth is gained in depth.

The four subjects can be identified according to age, developmental level, agreed diagnosis, and in their use of art materials as follows:

Subject No 1 “Henry”. Aged 4 years on assessment. Language skills assessed as being at 2 year level and symbolic play skills at 2yrs 8 months. On non verbal cognitive tests Henry completed age appropriate tasks. Diagnosis: Autistic Spectrum Disorder. Art materials used: play-doh, felt tip pens, paint and bricks. Note: mother present during assessment.

Subject No 2 “Annie”. Aged 5 years 8 months on assessment. Language score on CELF (Clinical Evaluation of Language Fundamentals) 76. Mental Processing Composite from cognitive tests 93. Diagnosis: Atypical Autism. Art materials used: drawing with pencil and biro, with chalk on blackboard, play with soft toy and use of play-doh.

Subject No 3 “Tim” Aged 7 years 7 months on assessment. CELF score 80. Mental Processing Composite not calculable as on sequential sub tests score 83 and on simultaneous sub tests 134. Non verbal IQ given as 121. Diagnosis: Autistic Spectrum Disorder. Art materials used: paint, drawing with pencil and play-doh.

Subject No 4. “Damien” Age 11 years 5 months on assessment. No language scores given from assessment reports but expressive and receptive language difficulties reported. On cognitive tests verbal IQ reported as average and non-verbal IQ as high average but no scores given. Diagnosis: Asperger’s Syndrome. Art materials used: clay and drawing with pencil.

Summarising; subject’s ages run from 4 years to 11 years 5 months. Subjects 1, 2 and 3 show some language difficulties on formal testing. Subjects achieve average scores or above on cognitive tests. Subject No 3 has a non-verbal IQ score of 121 which places his non-verbal abilities in the well above average range, this contrasts with his low language scores. Subjects 1 and 3 have Autistic Spectrum Disorder as a

diagnosis, whereas Subject 2 was diagnosed as having Atypical Autism. Subject no 4 was diagnosed as having Asperger's Syndrome.

The children referred to Chestnut House have been children who the Community Paediatricians in the Child Developmental Centres and the Child and Adolescent Psychiatrists in the Child and Adolescent Mental Health Services, have been unable to diagnose. This group could be regarded as inhabiting a borderline territory on the edge of the Autistic Spectrum. As can be seen I have tried to include a range of developmental levels and diagnoses in the subjects I have selected. The age range does not reach to adolescence and I have not included any child who did not receive a diagnosis (such subjects are rare in the Chestnut House clinic population). I selected one female subject and three male subjects, this reflects something of the preponderance of male subjects amongst the children referred. I have not explored the demographics of the population referred to Chestnut House and I have not investigated the class and ethnicity of the subjects presented in the thesis. I would want to recognise that class and ethnicity does impact on the family and affects subjectivity and self presentation, but my research concentrated on the impact of the assessment itself on subjects, and these larger considerations have not been explored. The small number of children I selected do not reflect the clinic population adequately, more cases would be needed, but I think the selection has provided some spread developmentally and diagnostically and gives a representative sample of children that find themselves in an art therapy assessment at Chestnut House.

I will now give an account of the three "subjects" that the analysis of the research material produced: the documentary subject, ekphrastic subject and the discursive subject.

Documentary Subject

The "documentary subject" represents the first part of my discourse analysis and is constructed from my analysis of the clinic's documents, which refer to the subject child in the art therapy assessment, and here I ask how is the child produced and constructed in this documentation?

Chestnut House receives documents from referring Paediatricians and other local professionals who have been involved with the child and the family. In their turn Chestnut House staff write documents which represent a reply to, and an elaboration

of, the referrer's documents and documents supplied by the parents. Copies of the documents received and sent, are housed in a file and identified through name and date of birth. The file is organised into sections as follows:

1. Referral letters and accompanying reports - these might include, the results of medical examinations, reports from Child Development Centres, Educational Psychologists, Child and Adolescent Psychiatrists, Occupational Therapists and Speech and Language Therapists. Sometimes parents seek out professionals privately, such as Clinical Psychologists, and these reports would also be included in this section. This section also includes reports from nursery staff and teachers as well as more overtly legal documents such as the Statement of Special Educational Needs.
2. Chestnut House reports - Here an early history of the subject, usually constructed from verbal report by parents who are questioned according to agreed procedures, the "Autistic Diagnostic Interview" for example, and assessment summaries, co-ordinating letters and reports from individual staff members, psychologists and therapists, are presented.
3. Investigation and Charts. - this includes forms used in cognitive tests, speech and language tests, motor assessments, completed self-report questionnaires, and sometimes drawings produced by the child, during assessment procedures. This section also includes hand written notes by professionals. The accounts of telephone calls, and/or notes written in response to some observation or interaction with parents and/or the child.
4. Admin - contains letters despatched offering appointment dates or agreeing dates for school visits.

It was not my intention to undertake a study of the form of this large range of documents, but it is worth noticing that the style and language used is variable. Medical reports and investigations, the results of psychological tests and speech and language tests, can often be presented in the form of graphs and statistics and may employ a technical language such that it requires some expertise in interpreting these documents. Parents do receive copies of all reports, and there is thereby some pressure on professionals to make their assessment findings accessible. But the reports are also a conversation, a conversation that is held between professionals, and

an agreement on the conceptual and formal content of reports is implicit in their production. Chestnut House staff would be expected to make use of diagnostic manuals, DSM IV and ICD 10 (See Appendix No 1), when describing developmental difficulties. These diagnostic manuals, which provide a structure for the assessment discourse, for the interpretation and analysis of observations, are really critical to an understanding of the language and the form of reports.

Descriptive formulas are often present in reports, and short hand communications can be used. For example the reference to the use of eye contact and gesture, the regulation of social interaction, social and emotional reciprocity, spontaneity in sharing of emotions and interests, the delay in spoken language, a restricted or a narrow range of interests, rituals and routines and motor mannerisms (see Appendix No 1). Such language must be present if assessment for autism is to be credible and elicit support. As well as the language of diagnostic manuals, manuals which describe procedures for the administration of tests will influence the form of the reports, and the research literature which relates to development disorders will also impact on language and style.

Not all the reports are laden with technical language, reports from the nursery and from teachers are often more accessible to the lay reader. Also the reports from art and music therapists, although they might employ some psychodynamic terms or concepts particular to their practice, are often more openly descriptive. The parents too contribute to the documents and give reports of their own. Their reports might record their bewilderment and difficulty in understanding their child, or a frustration with their child's behaviours which they are unable to modify or change. They may be requesting educational help which is not currently available or expressing disappointment with previous social and medical interventions. Parents do borrow the language of the clinicians, especially where they have taken an interest in searching out information about particular diagnoses but also where they have visited several assessment centres. The clinicians also change or convert parental reports and answers to questions to the terms required for diagnostic accuracy, so, for instance parents might say that their child does not show signs of having heard them when they call his or her name, this might be recorded as "failure to orientate to voice".

These documents can be regarded as presenting a particular form of social reality. They are not straightforward unmediated descriptions of the child or unproblematic accounts of his development. It would not be possible to report everything in an

interaction and professionals are looking for particular objects or behaviours which can be regarded as symptomatic, signs for the production of a particular identity, and signs indicating the presence of impairments or disabilities. As can be seen documents “refer to *other* documents” and they refer to “organizational settings and their systems of record keeping” as well as to other authoritative literatures (see Atkinson and Coffey 1997).

Assessments generate specific kinds of documents which serve several functions, they act as a communication between clinicians, and between clinicians and the family. They present information in relation to the individual clinician’s practices – they attempt to show what has been done. In producing the subject child through the documents each individual clinician or professional will assign attributes, or developmental levels, personality and character to the subject child according to their profession specific practices. In this respect the form and content of the documents are linked. For example, the Nursery Teacher may rely on description and describe the child as interacting in the nursery setting in particular ways, as playing alongside other children, as having problems joining in group activities, or difficulty with the routines of the nursery and so on. The Educational Psychologist, when discussing test results, may refer to a child’s performance in a particular domain, presenting her test scores in a statistical form, she may refer to a child’s ability to process information, to understand numbers, and to concentrate. A more psychodynamically orientated therapist might refer to the child’s phantasy life, to a predisposition for violent themes in play, whereas the Paediatrician will usually make reference to observed behaviour and developmental norms. There may be reference to medical interventions and tests, to height and weight and to the family’s history of illness, mental health and development. In short a range of representations of the child will appear in the documents. Each contribution is seen as contributing to a picture of the *whole* child. In a sense the child has been divided up amongst the professionals – each professional assigned her or his part. As might be expected not all the representations will carry the same authority (although this depends on readerships) and not all accounts of the subject will agree, where there is overlap often contradictory reports appear.

It is often a lack of completeness and/or coherence in reports of the child, and the lack of agreement amongst clinicians, which leads to referral to Chestnut House. Chestnut House is usually expected to provide a more *complete* assessment, an assessment that will enable, or assist, in the remediation or management of difficulties. Through this action, which is effected by the production of further documents, the Summary and

Case Co-ordinators Letter and attached Assessment Reports from individual clinicians, the service will provide what is usually referred to as a differential diagnosis, a definitive naming and representation of the child's problems. These final reports also represent a collation, an interpretation and summation, of previously produced documents.

A complete picture of the subject, if not an exhaustive account certainly a reasonably full and consistent account where differences amongst professionals have been resolved, is intended. Here the ideal power of the medical gaze to “unravel the principle and cause of an illness through the confusion and obscurity of its symptoms, know its nature, its forms, its complications” is evident in the practices of the team (See C.L. Dumas E'loge de Henri Fouquet Monthellier 1807 – in Foucault 1963 P107). It is this process of reconciling differences whilst producing a subject child, in his or her oppositions, difficulties, problems, developmental delays, powers and abilities, that I attempted to trace in the documents.

After first reading the file for each selected case, I then read individual documents more carefully, in turn, looking for the principal representations of the subject and searching for agreement and disagreement, attempting as I proceeded to construct a narrative which might show how the child is shaped in the process and how description at the end of the Chestnut House assessment compared with the referral description and the description of other professionals.

Ekphrastic Subject

The second part of my discourse analysis I have called the “ekphrastic subject”. It is the subject as he or she appears through my description of the art products produced in the assessment setting. An ekphrasis is “a verbal representation of a visual representation” (Mitchell 1994 P152) To represent, I understand as meaning, to stand in for, or to serve as a sign or symbol for (See The Penguin Dictionary 2004). The verbal representation, which I have called the ekphrastic subject, takes a written form and it represents my experience of looking at the art products produced by the child and the therapist in the art therapy assessment. These products, which include pencil drawings, paintings and models made with clay, often act as representations in turn. Play-doh was also used by some subjects to make shapes and figures, but these products were quickly destroyed and I have confined my description of them to the video analysis (Discursive Subject). I have not tried to reproduce frames from the video as I felt that this might compromise confidentiality. In respect of subject No 2 I

drew some designs that were originally produced in chalk on a blackboard but then rubbed out. To accompany descriptions I have supplied a reproduction in the form of a photograph. I would accept that this reproduction is itself an interpretation.

Art History

I have used the approach to the description of visual experience and art works developed by the art historian Michael Baxandall (1985 & 1991). His approach attracted me because it is clear and concisely stated.

Art products are usually experienced visually, i.e. seen, and in explaining an art product what is actually explained is not likely to be the object but the object “considered under a partially interpretative description” (Baxandall 1985 P 11). Baxandall suggests that, given the nature of language, the description is less a direct representation of the object or picture but more a “representation of thinking about having seen the picture” P11. Baxandall here speaks of a “sharpening to-and-fro, between” elements in the description and *seen* elements in the picture (description as having an “ostensive” relation to the picture). The description is a kind of “verbal pointing” towards an object or a reproduction. In this sense, argues Baxandall (1991) the words used are not so much descriptive as demonstrative.

Baxandall (1991) proposes that the words used in descriptions of art products be grouped into four “rough divisions”. He presents the reader with a table:

	Similia	
	(I)	
	.	
	.	
	.	
The Maker	[The Object]	The beholder
(II)	.	(III)
	.	
	.	
	Matter of representation	

(Baxandall 1991 P70)

Similia (I) refers to those words that describe shape, geometry or design, and texture, those properties that provide visual interest. For example we might use the word “square” or “rounded”, or “jagged”. The maker (II) refers to words that have a causal load, words that emphasise the actions of an agent, the artist or producer. For example “calculated”, or “roughly”, or “painstaking”. “Rough” itself might refer to texture and would then become a Similia (I) type of word. The beholder (III) refers to subjective or, as Baxandall calls them, ego words. Here the impression or impact of the work on the beholder is emphasised and such words as “imposing”, “unexpected”, or “enigmatic” might be used. Matter of representation refers to images and iconography, words that describe the representational content of works, or in semiotic terms the signified, usually as if the thing referred to were present in some way. For instance figures represented might be described as “graceful” or “clumsy”.

Baxandall argues that in using words to describe visual experiences it is difficult to avoid metaphor and the subjective ego type words in particular are much more likely to take on a metaphoric form. Also Baxandall indicates that he is not asserting that words used in descriptions of art works will always fall readily into these categories. Some words will fit more than one category, for instance excited might be found in Matter of representation; as a property word in Similia (I) referring to surface; as a reference to the maker(II) and his or her manner in making; as “exciting” referring to the effect on the beholder (III), that is, as an ego type word. Neither is it the case that simply single words will fit the categories but “sentences are framed within one type or another” (Baxandall 1991 P70).

In this research, I focussed more on the categories of Similia (I), the maker (II), and matter of representation. Subjective ego type words which record the impact on the beholder (III) I have tried to use sparingly, although I anticipate my descriptions will imply some impact on the beholder. In focussing on form or design (Similia (I)) I shall be pointed towards that which I hope can be seen in the reproduction (the photograph). In using maker (II) type words I shall be suggesting action and the intentionality of an agent, we might say that I am constructing a narrative of production (see Bal 2006), and in using words to refer to the matter of representation I shall be finding signification in the marks or the forms that I can identify.

Semiotics

Baxandall does not say this, but the signified element in an art product might be contested, it may be difficult to decide what a drawing or a painting is “of”, and shifting interpretations could be generated, in this sense description is not as straight forward as Baxandall’s table might imply.

The confusion of multiple significations insists that I should attempt some clarity in relation to *how* signs, that present themselves in art products, work, how they achieve signification. To provide some understanding I made use of semiotics (the study of signs and signification). I regard my use of semiotics as consistent with the account of subjectivity that I provided in Chapter 1.

The classic founding accounts of semiotics are those of Charles Peirce and Ferdinand de Saussure. I found Peirce’s presentation of semiotics more helpful (see Peirce 1985) as Saussure’s writing is more directed towards spoken and written language (Silverman, 1983). Peirce’s classification of signs is complicated and I have tried to simplify his classification to provide myself with a practical tool when thinking about semiosis (Semiosis is “the name give to the action of signs” See Copley 2001).

“A sign, or *representamen*, is something which stands to somebody for something in some respect or capacity.” Peirce asserts (Peirce 1985 P5). Signs operate or function through a triadic relationship, between the sign (the representamen) its object (that “with which it [the sign] presupposes an acquaintance in order to convey some further information concerning it” P6) and its interpretant. The interpretant is a further, more developed, sign, a response from an interpreter that links the original sign, the representamen, to its object and provides the ground for signification. The interpretant completes the sign relations, which are triadic and indivisible. Peirce argues that “they are bound together” in such a way “that does not consist of any complexus of dyadic relations” P6.

“A sign is either an *icon*, and *index*, or a *symbol*.” (Peirce 1985 P9). Icons, indices, and symbols refer to their objects in different ways, on the basis of different groups of ideas, on the basis of different grounds. An icon depends upon a similarity of some kind between it and its object. The likeness might be aided by conventional rules, they may be diagrammatic in which case they refer to the “parts of one thing by analogous relations in their own parts” (Peirce 1985 P10) or they may make use of a “parallelism

in something else” in which case they are metaphors, but some likeness between the sign or representamen and its object remains the ground for the interpretant. Images and pictures are of course icons, but Peirce stresses that “anything whatever, be it quality, existent individual, or law, is an Icon of anything, in so far as it is like that thing and used as a sign of it.” (Peirce 1985 P8). An index refers to its object not through similarity but because it has a “dynamical (including spatial)” relation to its object and a dynamical relation to “the senses or memory of the person for whom it serves as a sign” (Peirce 1985 P13). Indices include such things as weathercocks, which show the direction of the wind through a direct relationship to the wind itself, just the same as smoke stands as a sign for fire, the pole star shows north and so on. Here we can see that ideas of contiguity and causation serve as a ground for the sign. Peirce’s third category of signs symbols, operate through rules, convention or habit. Letters are symbols and they produce words which are also symbols, their capacity for producing interpretants in the mind of any would be interpreter is dependent upon the understanding of the rules for the composition of written or spoken language. A badge or theatre ticket is a symbol, as is a flag. A symbol does not denote any particular thing but “a kind of thing”, for instance the word cat does not identify an individual cat in the way that an image might. Symbols develop out of other signs and out of symbols new symbols grow. To complicate matters, Peirce tells us that, the symbolic, the indexical and the iconic can be grouped together in one sign or representamen. Finally in connection with the interpretant itself, since it takes the form of a sign which stands to an object for somebody, and produces a fresh interpretant in turn, it creates a chain of significations which are potentially endless.

Children’s art

Children, as Hodge and Kress (1988) argue, are exposed and immersed in the world of signs, in the semiotic practices of the community, from the beginning. They develop an understanding and a relationship to signifying practices and they soon begin to use their understanding to effect changes and negotiate exchanges with others. In children’s art work we can see how children make use of sign production in visual media.

Atkinson (1991 and 2002) argues that drawings can function in many different ways for children and this results in the creation of many different, local and personal, semiotic codes or graphic syntaxes. These will change according to how the marks are produced, how they might be arranged and related to each other on the paper, but

more importantly it is how the child understands the relationship between the marks and between the whole drawing and the referent that counts. In other words, to use Peirce's terminology, his or her interpretant, the ground by which the child is constructing the sign relation, needs to be understood if we, the adults, are going to know what a drawing is of or about, or how signification works for the child. The marks may be metaphorical in nature, acting as a substitution, providing an "association" between the drawing form and the referent, an association that has significance for the child alone. Such things happen in play, when marks change in their meaning as the play progresses and as action supports the use of the drawing. Drawing, Atkinson indicates, for the five year old, represents a "powerful tool to perform a variety of representational tasks, depicting for instance, actions, events, time sequences, people, objects and narrative".(Atkinson 1991 P64).

Kress, G. 1982 who also approaches children's drawings from a "semiotic" perspective reaches a similar view to Atkinson but presents his thoughts in a different language. Kress differentiates himself from other semioticians in that he regards the relation of form (signifier or sign) to meaning (object and interpretant or signified) as having a motivated character. This "motivated" character of signs is present in the production of children's drawings. Kress describes a three year old boy drawing a car. The illustrated drawing consists of seven loosely circular enclosures produced with a pink marker. The child spoke whilst drawing.

"...I'll make a car// got two wheels// and two wheels at the back// and two wheels here// that's a funny wheel." (Kress, G. 1982 P200)

Kress emphasises that a car for this child is about wheels, wheels are used in driving the car and the child notices the wheels because wheels loom large to the small child. Using circles, circular motions which through repeated actions recreates the form and motions of the wheels, the child produces a sign for the car. In choosing this form the child displays his interest in the car, that which captures *his* attention in the object and in this sense his sign is motivated. Wheels and circular movements have a likeness to cars and, in Peirce's terms, this likeness is the ground for the interpretant.

As the above exploration of semiotics, in relation to the description of children's art products and their signification indicates, it is difficult to be sure how the "Matter of representation", to which Baxandall (1991) refers, might be accurately identified. Although we can feel more comfortable in describing shape, design or texture ("Similia

(I)”) we could easily go astray in relation to iconic and symbolic signs. In consideration of “The Maker (II)” we will be responding to marks as indexical signs but we still might miss the intentionality of the artist. In the subjective realm of the “beholder” we have finally to rely on our sensitivity and honesty.

After cases were selected I spent some time just looking at the work that the assessments produced, sitting with it on my studio floor. Taking photographs also took time and resulted in my gaining further familiarity with the work. When I had reached a stage of feeling that I could see what was there I focussed on each item in turn. I then wrote my descriptions using Baxandall’s table (see above) as a guide whilst looking at the original work and editing after further examination of the object or drawing. Looking at the video’s obviously added another dimension to my understanding of the art products but I tried not to allow the knowledge that I gained of intention and signification to influence my description in the Ekphrastic subject, I produced the Ekphrastic subject before attempting a full analysis of the video material although I did return to further editing later. In conformity with Baxandall I saw the aim of the ekphrastic subject as indicating to other viewers “the kinds of visual interest” (Baxandall 1991 P68) which I have found in the object, which is presented to the viewer in the form of the photograph. Sentences and phrases were assessed by a process of writing and looking and reflecting on the fit between the words and the object. The criteria being: were the words and sentences justified by my view of the object and could others share in my visual assessment and awareness of the object?

Discursive Subject

The discursive subject is constructed from my analysis of video recordings, recordings that are made routinely during assessments to assist in the production of assessment reports. The discursive subject focuses on the processes of art production and relates this to the developing interaction that constitutes the assessment. In particular it explores the negotiation that confers meaning, in relation to art making and verbal communications, the mutability of the power relation, and the production of subjectivity. Because it includes the analysis of a range of semiotic material, gesture and movement, visual representations and signs, and verbal exchanges, it is more complex than the ekphrastic and documentary subject, but it also draws material from these two subject areas to enable an understanding of messages and practices that the video discloses.

My regular use of video was constricted by the aims of the institution. I was obliged, when using video in my institutional role, to focus on report writing which entailed the identification of specific objects, for example a lack of reciprocity in social interaction, impaired communication, and incapacity or difficulty in relation to symbolic play. This resulted in a habit of looking at the video's in a particular way, searching for particular signs, examples of exchanges that would argue for developmental descriptions, positive and negative. But in the research I have used the video material differently. I have focussed on art production and I have placed this art production in the developing assessment discourse – to this end I returned to Baxandall (1985) again.

As well as being concerned with description Baxandall also concerns himself with intention. In his use of the word "intention" Baxandall (1985) explains that he is not aiming to reconstitute an "historical state of mind" but he aims at establishing a relationship between the object and its circumstances. He goes on to say "'intention' here is referred to pictures rather more than to painters."P42. The picture is regarded as a product of the culture, and of the situation in which it was produced more than simply of the painter.

Baxandall suggests that the painter's "charge" (Baxandall intends here a command, exhortation, instruction or directive) is to "make marks on a plane surface in such a way that their visual interest is directed to an end" (Baxandall, 1985 P43). This directive is given further refinement through an individual selection of a brief or briefs. For example when describing Picasso's portrait of Kahnweiler he indicates that a charge arises from Picasso's estimate of all previous painting - what Picasso would acknowledge as painting. His brief is a more "personal affair" and Picasso selects the elements of his brief from an array of problems, "he did so as a social being in cultural circumstances." (Baxandall 1985 P47). Baxandall suggests he is influenced by the market, the exchange between painters and their culture, the buyers of pictures and the critics. Much more is exchanged than money, "approval, intellectual nurture and, later, reassurance, provocation and irritation of stimulating kinds, the articulation of ideas, vernacular visual skills, friendship and - very important indeed - a history of one's activity and a heredity" (Baxandall 1985 P48). Baxandall uses the word "*troc*" (barter or swap) to describe the relationship of the painter to his public/culture and it is this *troc* that influences Picasso's choices.

Baxandall's emphasis on exchange and motivation arising from contact with an audience, from the charge supplied by a patron, from the bartering process he names

as “troc”, provided a frame for viewing the exchanges between the art therapist and the subject child, seen on the video. This relation of artist to public, this “troc” which determines choices, became an object of inquiry in the analysis. It was possible to reconstruct elements of the barter between the child and the therapist in the ekphrastic subject, where I searched for an intentionality that could be found in the object, but mostly I was reliant on achieving an identification of the “charge” and the “brief” through an analysis of the messages that passed between the child and the therapist during the assessment, seen on the video, messages that related to art production and art consumption.

Intentionality reconstructed by a later viewer through hypothesised causal relations does assume an author whose purposes remain transparent, whose endeavours are fully realised in the object, and that the objects appearance is not changed through time and subsequent viewing. But as Bal 2006 argues “what happens between the work and its future viewers” is not in the artist’s hands, “agency can be attributed neither to the artist nor to the viewer only to the process that happens between these two parties” P237 & 238.

Play

Children are not immersed in the world of dealers and critics and identifying the “charge”, “brief” and “troc” which impacts on intentionality in the work of the children in the assessment, is problematic. I therefore made use of the idea of play, as a further frame and focus, to help in my search for intentionality (see Atkinson’s comments referenced earlier). Play might be regarded as important to Picasso, especially in his later work, but I think the imaginary, and the reverie of play, are determinate in a more fundamental way to the shifting aims and purposes of children’s making and marking.

Matthews (1999) in his exploration of early pre-representational mark making emphasises the manner in which denotation through marks emerges from a family of representational endeavours which involve movement, sound and the handling of objects. Action, he argues, is central to the nature of children’s development of expressive and representational skills. The “choreography of play”, Matthews indicates, often determines the content of children’s drawings.

In support of his arguments Matthews (Matthews 1999 pp 2-4) presents a description of nursery school children, average age 3 years, responding to the task of drawing a

plastacine model of a figure. Some of the children are attentive to the model and capture some of its characteristics but Matthews focuses on two boys who show little interest in the task, they give themselves another “charge” to use Baxandall’s terms. They are excited by lightening and rain outside the classroom, which has just made its presence felt and they focus on this phenomena. The boys actions could be regarded as anarchic, but the boys represent the actions of the lightening through a sequence of gestures, noises and drawing actions. For example, on hearing the thunder and rain, “ a boy called Evan makes a sudden drawing action involving his pencil being pressed hard against the paper and then pulled and pushed vigorously to and from his body. As he makes the mark he says, ‘Aaaaaaaa...’” P2. This is followed by him raising his hand high into the air, “describing a descending arc in space”, and bringing it down on to a pencil box and then letting the pencil go. This action is also accompanied by descriptive noises.

Matthews stresses the way in which the child’s drawing actions, motor movements, noises and facial expressions, together reveal a field of interest and exploration. However we could also say that the motor movements noises and facial expressions are signs, signs which placed together in sequence produce a series of messages, which constitute a text. It is through this text, of which the drawing is part, that the meaning of the drawing - its semiotic and signifying capacities takes shape.

Matthews’ example, drawn from his own video analysis, is helpful to my project as it demonstrated how theories of play could be used to supplement the art historical method I am borrowing from Baxandall (1985).

When Piaget discusses the beginnings of play (Piaget 1951) he emphasises the repetition of actions. Repetition arises in a situation where the child can exhibit a competence, where an “assimilation” – to use Piaget’s term - has been achieved, where a limited mastery over the environment has been practiced and motor movements, in the form of a “schema” have been adapted towards an end. The enjoyment of repetition, a reproduction of a competent action for pleasure, is important and Piaget stresses that is through repetition that variations arise which result in fresh adaptations. This enables a further mastery of the environment, a process Piaget referred to as “accommodation”. Piaget also argues that repetition also leads to the development of substitution and symbolic understanding.

Vygotsky 1933, when discussing play, stresses the generation of the imaginary situation. An imaginary situation, which often reflects an experience of social practices, is generated through the use of objects, and/or actions, where the original function and meaning of the object or action has been changed. For example a dinner plate becomes a steering wheel and the child sits on a chair which becomes the front seat of a bus. See also the child's use of the pencil and arm movement to signify lightning in Matthews' example above (Matthews 1999). Objects and actions are used to refer, and this reference is usually supported by some speech. Art production is often related to an imaginary situation, joined to other actions with, and without objects, in support of the play.

Meaning is also related to other aspects of context, the exchange with an other who may be present when play occurs. This other introduces his or her own material into the play, as well as interpreting the child's gestures and communications. The child in turn may look for some confirmation or approval for the content of the play, or the child may be involved in interpreting the other's contribution. It is this relational aspect of play that is stressed by Winnicott (1971). He describes play as taking place in an intersubjective space where images, communications and interpretations arise.

What we should notice here is that actions and words are of equal importance and the imaginary is not discovered in the art work, the speech, or the actions, alone. Attention needs to be paid to the whole semiotic environment if we are to grasp the task or charge as it presents itself to the child, and the brief that subsequently develops as the child interacts with the art materials and interprets the changing situation that is the art therapy assessment.

Transcripts

I first viewed the video's through without making any written notes. This I did to try to gain a sense of the structure of the assessments and the direction of events. In general, the videos are not of good quality, they are recorded from a camera placed in a fixed position and subjects move in and out of view. The sound is also poor. Some detail would be hard to discern and identify, for example facial expression, gaze patterns, finger movements, and some sounds in speech.

On a second viewing the search for Baxandall's (1985) categories, charge, brief and troc began to yield some results. For instance although I had the preconception that

the “free choice” category might be clear at the beginning I began to realise that the manner in which this is presented to the subject child is not without direction. For example the therapist passes pencils to child and this is accompanied by “would you like to use the pencils?” This is more than simply a question, it is also an offer, and if the child subsequently takes a pencil to use it could be regarded as the result of some pressure to make use of the pencils. Another example: the therapist describes H’s use of play-doh; “He’s squashing it – squashing it like that”. This speech is accompanied by actions. The therapist squashes a piece of play-doh flat using the same movement as H bringing his palm down hard on to the play-doh, exaggerating the movement and increasing the noise of the action. H then returns to this movement imitating the therapist. Here we see that a description accompanied by actions has an effect. It leads to an increase in H’s interactions with the art materials.

Clearly it was going to be important to produce a good transcript of the speech if I were to gain an understanding of the intentionality of the art production. But what I had also realised from the above observation was that speaking is acting (see Austin 1962). Austin suggests that many utterances that simply look like statements are either “not intended at all” to impart information, or “only intended in part” P2 to be propositional. Uttering a sentence “is, or is part of, the doing of an action” P5.

Austin divides speech into the locutionary act, the illocutionary act and the perlocutionary act. The locutionary act is an utterance containing “full units of speech”, the act of “saying something” in the ordinary sense. In performing a locutionary act we might be answering a question, giving information, identifying or giving a description. The uses or “functions” are numerous. However when advising, suggesting or ordering, using speech in a specific context with a specific intentionality we are performing an illocutionary act, in Austin’s terms. The speech act, the saying of something, will often produce an effect in an audience, or of the speaker, or of other persons. The illocutionary act may be produced with this intention, for instance in persuading or commanding. When the illocutionary achieves its end Austin describes it as a perlocutionary act. A perlocutionary act often represents the success of the illocutionary act, for example I may say “It is drafty in here” thereby drawing attention to the open window and somebody consequently closes the window. We can say, at an illocutionary level I have drawn my audiences attention to the climate in the room and at the perlocutionary level I have got the window closed. But this example might not represent success, if I did not intend the window to be closed, and alternatively, although I intended to have the window closed, my audience might simply agree that it

is drafty, and the window stays open. We can see from my account of the offer of pencils above that the offer could be described as a successful perlocutionary act as I was intent on persuading, and the child subsequently took up the pencils and began to use them.

This reflection led me to realise that I needed a transcript of the speech in the session which could allow me to follow the effects of utterances and consider carefully their consequences and possible intentionality, especially if I was going to be able to relate the speech to the behaviours with the art materials and to the exchanges that were taking place.

But how to record speech what form to put it in? Ochs (1999) argues that transcripts should not have “too much information”, that a transcript that is “too detailed is difficult to follow and assess” P168. She also suggests that transcribers should be conscious of their editing or “filtering” processes and that the basis for their selective approach should be clear. For example a transcript which wants to give an accurate account of a child’s verbal behaviour might want to include a more elaborate phonetic representation of the sounds. Also where a child’s utterance is naturally read as a response to a previous adult utterance, where it appears underneath in the transcript, and this response is in question, for instance when the child is “tuning out” is bored, confused, or otherwise unco-operative, then a different format might be more applicable. Leftness on the page is also associated with prominence or priority according to Ochs and those transcripts which give prominence to adult utterances will place the adult utterance on the left of the page.

In conformity with the above reflections I decided that I would use a format that simplified the recording of speech but that also allowed me to present alongside the speech brief descriptions of actions, actions that I regarded as closely related to the words spoken. As can be seen from Appendix No 4 I divided my transcripts into two columns, one headed behaviour which presents actions, and one headed speech which records speech and on occasions speech-like sounds. The actions appear on the left of the page, which I have orientated horizontally into a landscape format. I have tried to align these actions with the utterances that are coincidental with it so that some more accurate temporal account of speech and actions occurs. The speech is arranged vertically on the right of the page and ordered sequentially but I do not want to imply that all utterances are a response to previous utterances, although I think that they mostly are. Sometimes the transcripts begin with speech on the right hand

column and the left hand column is blank until action which I regard as significant in relation to the speech occurs.

I have adopted the view that “verbal means are employed conjointly with nonverbal means and *together* they convey the child’s intentions.” (see Och 1999 P172). This is consistent with the speech act theory of Austin (1962), and I felt that it was important to report a sufficient amount of non-verbal behaviour in order to gain a clear account of reference and the use of speech by the child and the therapist. However, I did not want the transcript to become too long. Since my emphasis was not on communicative competence, or conversational structures, I did not focus on sound or on the *detail* of non-verbal behaviours – the quality of the video did not allow this, and I felt it would detract from my aim of placing the art production in the narrative of the assessment. I did use modified orthography which allowed me to show some elements of prosody, for instance stress and volume. I also marked the ends of utterances, pauses of a significant length, from 5 seconds or more, and I have described some sounds, for example as singing, or whispering, or laughing, or babble. I have shown overlaps in conversation and breaks, self interruptions (See Appendix No 3 Key to Transcript).

To produce the transcripts I viewed the video’s twice to gain a clear account of the speech and twice to gain a clear account of the actions and their relation to the speech.

Dramaturgy and Symbolic Interactionism

It will be seen from looking at an example of a transcript (appendix No 4) that I have given it a form which is close to the dramatic script, where there are directions for the actors and speech. A dramaturgical account of social interaction has been developed by Goffman, Blumer and others (see Brisset and Edgley 1990) and Goffman’s account of interaction ritual and presentation of self (Goffman 1967 & 1959) have been helpful to me in achieving understanding of the social interaction in the assessment setting.

This dramaturgical approach to interaction, has also been called symbolic interactionism (Charon 2007). The self in this approach to interaction is a social object created through action, and through an interpretation of situation, it is a social object “that the actor finds useful in achieving his or her goals” (Charon, 2007 P73). The self is a presentation on stage before others and actors can become objects for themselves because others, in exchanges, respond to him or her, they act towards, or in response to, the self that is presented in the encounter. Individuals present

themselves to others through symbolic activities, or through the use of semiotic processes, and they seek a response to the self that they create in this way. The response helps in determining the nature of the situation for the individual, what self is appropriate to present, what self and what actions will be supported by others. Initial perspectives in relation to the situation, or frames, may have to be revised, and the self is regarded as a process, open to change, not a fixed object that we carry with us to all situations.

I believe this model of social interaction is consistent with the account of the subject drawn from philosophy, critical theory and semiotics, which I presented earlier in my introduction, where the subject (or self) is immersed in the semiosis of the culture, subject to others but able, through the use of performances and iterations, to produce a self and shape his or her own subjectivity.

Reading the transcripts as a drama, and as a narrative, enabled me to edit them and construct the “discursive subject”. I tried to remain focussed on Baxandall ‘s (1985) account of intentionality when thinking about art production and I tried to ensure that I was able to give an account of the semiotic environment that the assessments generated – the signs that were in use and which were exchanged. Obviously it was not possible to include any where near the whole of the semiotic environment or a complete account of all exchanges. However, I held two considerations to be important when editing. Firstly finding exchanges that appeared related and that developed a topic, for example, the interpretation by the therapist and the child of some art production; and secondly narrative coherence, and here I was particularly thinking about readability and the generation of meaning. However, I did try to make sure that I included some elements in the edited version of the transcripts that might be regarded as anomalous and obscure. I have included a complete transcript (appendix No 4) so that readers can see what has been edited from the transcript.

Hermeneutics

As Baxandall (1985) suggests in describing objects interpretations inevitably intrude. A description free from interpretation would be impossible to achieve and art products are inevitably interrogated for meaning, such a search directing my gaze and constructing frames. Since I hope to understand, in part at least, how the process of reading a text, verbal or visual, might be characterised, I turned to hermeneutics, the philosophy of interpretation.

Of practical assistance to me was Ricoeur (1981, 1989, and 1991) who developed his approach, partly in response to Gadamer and his ideas on play. Gadamer argued, not unlike Schiller (See Wilkinson and Willoughby 1967), that play and the impulse for play is central to understanding the character of art (Gadamer 1986 and Neill and Ridley 1995). Ricoeur (1991) stresses that a world is presented in a work of art, playfully, in a playful way, “worlds are proposed in the mode of play” P91. In play something is presented or “given in representation” P91. However, Ricoeur is careful to distance himself from a too “Romantic” hermeneutic and argues that it is a mistake to imagine that interpretation is simply “recovering by congenial coincidence the genius of the author” (Ricoeur 1991 P95) nor should we think that it is simply a matter of identifying with the original audience in order to recover the meaning of a text. Ricoeur refers to Marxist and Freudian criticism, to the interpretation through suspicion, whereby we are led to the “prejudice” of “subjectivity” we are led to acknowledge that we “are propelled by hidden interests”. When discussing the subjective position of the interpreter, Ricoeur suggests that there must be a “letting go” if “appropriation” of the text is to take place.

“Appropriation”, is a key term in Ricoeur’s thinking, and he argues that “it is in allowing itself to be carried off towards the reference of the text that the ego divests itself of itself” (Ricoeur 1991 P96). If a reader is to inhabit the world of the text it is necessary for the reader to follow the reference of the text. “The reference of the text is the projection of a world” and “it is not, in the first instance, the reader who projects himself” P96. Ricoeur insists that interpretations must follow the direction of the text, they must be in agreement with the injunction which the text presents and interpretations must show thinking in accord with it. Only such an approach is capable of producing fresh understanding, because only in absorption in the world of the text can the individual escape the hidden interests of his or her subjectivity.

This reaching of a new self-understanding in relation to the text represents for Ricoeur a movement from “appropriation” to “distanciation”. “Distanciation” could be regarded as a coming to one-self, after an immersion in the world of the text. Distanciation is a return to a subjective vision, to a vision that has interests, but one that has been changed through immersion in the world of the text. There is no finality in the process Ricoeur recommends since the end of the process, just described, prompts a return to the text to another reading, another following of the injunction of the text, leading towards another self-understanding. This is a continuous process as “absolute

knowledge is impossiblethe conflict of interpretations is insurmountable and inescapable” (Ricoeur 1991 P98).

Ricoeur stresses the “productive imagination” and he suggests that the imagination is productive “when thought is at work” P122 in a work, and when “imagination” is at work, through thought in the production of the work, then the work “produces itself as a world”P123. The work of painting, for Ricoeur, is like that of writing (here he refers to Plato’s Phaedrus) it is the “exteriorisation of thought in external marks” P131. A picture has to be condensed into a frame and a process of abbreviation is essential. Writing increases the generative power of marks but painting has to “capture the universe in a web of abridged signs” (Ricoeur 1991 P131), signs which create images.

I regard my repeated viewings of the art products and the videos, and the repeated reading of the documents and the transcripts I constructed, as reflecting the hermeneutic process as described by Ricoeur (1991). It is this process that facilitated the construction of the case presentations.

As I have indicated earlier I have deliberately tried to avoid a complete synthesis of the documentary, ekphrastic and discursive subjects, as such a synthesis encourages the idea that there is some essential being or aspect to the subject that my analysis can disclose. The documentary subject represents the parental and professional version, or versions, of the subject. The ekphrastic subject reflects the results of the application of an art historical frame to the products of the assessment. It is contingent upon the gaze of the researcher, it is what *his* view reveals about the art products that remain after assessment has been completed. The discursive subject reveals the subject in formation and shows how the art products emerge from a process of exchange, and the joint development of a text, it shows the variability of the subject. Although there is some synthesis, which takes a narrative form, presented in the discursive subject, which bestows some unity and coherence on the subject, I regard this unity as illusory. It is a retrospective unity and the unity belongs to the narrative, constructed by the researcher. Insofar as the subject is the product of the narrative he or she has unity, but I am inclined to argue, in agreement with Silverman, that subjects are “partitioned” and “overdetermined” by ideological and social circumstances (Silverman 1983 P125).

Observation and participation

As can be seen, from the above descriptions, the researcher, the subject “observing” others and attempting an analysis of the art products from the art therapy assessment, the video material and the clinic documents, is a participant, as the art therapist, in the assessment that is being used in the research. My gaze has a particular range of interests to assuage, interests that arise from my employment by the institution and interests that arise in attempting to produce a good thesis. My interpretations are also very likely to be influenced by the discourses that the institutional setting generates, through document production as well as in discussion.

In Chestnut House the Art Therapist’s task is to use the art products, and the processes entailed in using art materials and art making tools, the recorded behaviours, including speech, in order to produce subjects, subjects who are formed through the discourse peculiar to the identification and management of developmental disorders and neurological impairments. The ‘ideological’ is likely to therefore colour my enquiries. In particular there is my past experience of the ritual practices of the institution, the repetition of particular processes and formulae in relation to the understanding of Autism to which I have been exposed in my role. It is also important to notice here that the Art Therapist himself is observed, via the video, during the assessment, by other team members and by parents watching the assessment as it unfolds. Therefore the Art Therapist, as well as delivering the goods in the form of the report with the requisite observations, is also required to present himself during the assessment as a professional, competent according to the standards of the institution and the parental expectations.

The ways in which the setting, and this task which the art therapist is required to complete, influences *his* motivations and his subsequent actions and interpretations will be described in the discursive subject as this unfolds, and I shall try to make some estimate of the art therapist’s contribution to the assessment whenever I present findings or attempt to synthesise analysis. I shall also give this further exploration by examining his official account of the art therapy assessment, the description he gives to parents to prepare them for the assessment, and through his reports produced after the assessment has been completed (See Appendix No 5 & 6). This will be presented after the case studies in Chapter 9 along with further reflection on the therapist’s interests as practitioner and researcher.

Although I would accept that the researcher has an impact on the behaviour of the subjects he is researching – in this research the impact arises from clinical practice and not from the research practice which is retrospective. However, in qualitative research of this kind the subjectivity of the researcher unavoidably influences findings. Whilst I have not made reference to insider research literature so far in my thesis, I believe that I have addressed issues that are debated in this literature (see for example: Hammersley 2000, Hammersley & Gomm 1997, Kvale 1995 and Rooney 2010). As the literature suggests there is no definite answer to the problems of validity in insider research, rather validity becomes something that is aimed at, or worked towards, rather than being fully achieved.

Having outlined my methodology I shall now present the four cases that have been the subject of analysis. They are presented through the three subject demarcations I have described, the documentary subject, the ekphrastic subject and the discursive subject. The cases have been presented in order of age, the youngest Henry first and the oldest child Damien last.

CHAPTER 5 SUBJECT No 1

Henry - aged 4 years at assessment

Documentary Subject

Henry was referred to Chestnut House by a Community Paediatrician who enclosed her Child Development Centre report. She commented that Henry presented with “some autistic features” but that parents describe behaviours which “would dispute this diagnosis” and she asked for an “opinion” in relation to diagnosis.

The Child Development Centre (CDC) report is based on observations of Henry at 3 years 9 months. Henry at nursery is described as spinning his hands in a circular fashion. He had started to produce some echolalia, echoing the ends of sentences, and he imitated father’s verbal and non-verbal behaviours when seated in a car. Henry also hums a buzzing noise but remains very frightened of the Hoover.

Henry is said to have had a best friend from his previous play group, a friend who was quiet. “Noisy or boisterous” children are avoided by Henry and his mother reports that Henry does not initiate social interaction. He does play with cars and figures imaginatively and will pretend to talk on the phone and make “cups of tea” for his parents. He likes cuddles and he can be responsive to interactions, for example enjoying having stories read to him, but he, in contrast, also appears to be “in his own world”, parents say.

The CDC report that Henry did not orientate to name and was generally self directed in play. It was possible to “coax him” away from his play and he would hand over toys when requested. Verbal instructions were thought to be difficult for him to comprehend and Henry refused to point to body parts, but parents report that he can do this.

He was able to produce sentences of 2 or 3 words but his speech was regarded as unclear. However, his mother can understand his speech and she reported that Henry asked “what” and “where” questions.

The Community Paediatrician drew the parent's attention to comprehension, speech and language difficulties, and "certain obsessive traits" (presumably the echolalia, the circular movements with the hands, and the buzzing noise) which are regarded as autistic in nature. But she noted their own reports of joint attention (sharing a book with parents) and imaginative play (pretending to talk on the phone), features which do not support the diagnosis of autism.

The CDC recommended tests for organic acids in the urine, chromosomal analysis to search for a possible genetic disorder, and an EEG (Electro Encephalogram) to look for abnormal electrical activity in the brain. No organic acids were found and no abnormalities found in the EEG. There is no record of the chromosomal analysis being completed.

Henry came to Chestnut House with his parents when he was 3years 11months old. During the "initial appointment" a detailed developmental history was constructed from parental interview and descriptions and observations of Henry were produced from his interaction with the music therapist. Chestnut House's initial appointment report, which records the clinic's observations and Henry's history, gives substance to this appointment, which we can regard as representative of the beginning of the assessment practice of the team.

The Chestnut House report Henry as being able to use non-verbal cues and communications, but there has been a delay in the development of spoken language. Henry produced some echolalic phrases at 2 years and also began pointing at 2 years. Pointing was used with verbal language both for requests and to show or share. Before 3 years he showed no interest in his peers but is now reported to be a "follower". Recently Henry has shown some spontaneous initiation of social contact but he is described as inconsistent and the initial appointment report refers to Henry's "lack of" social and emotional reciprocity.

Henry, the report indicates, enjoyed early social games such as peek-a-boo but there was no evidence of exploratory play. He now uses toys functionally but also might use them "inappropriately", for instance, he enjoys spinning wheels obsessively. Henry produced some pretend play at 3 years 6 months spontaneously but this often consisted of repeating

learnt patterns of play. Parents report Henry liking routines, although he is not rigid in relation to these routines.

In the Music Therapist's hand written notes, which are not sent to the referrer, she describes Henry as naming objects and referring to her, but at other times his attention was elsewhere and it was difficult to "re-engage" him. Henry "feeds" the dolly but is not responsive when the Music Therapist tries to introduce role play with the dolly. Henry gives the fork on request but not the knife, instead he names and looks at the spoon. Occasionally he spun the circular blade on the pizza cutter. The Music Therapist describes Henry's responses as "frustration for the adult".

When these handwritten notes are produced as observations in the initial appointment report the contradictory nature of Henry's behaviour is emphasized. The presence of attention regulation turn taking and willingness to interact with others is contrasted to Henry's social withdrawal, in relation to the same person in the same situation. Henry is described as demonstrating few showing and sharing behaviours. The report observes that there were gaps in his communication skills and the skills he appeared to have developed were not often used consistently and reliably.

The Chestnut House report argues that the information obtained from parental report and observation is "equivocal" and the clinicians indicate that further assessment is necessary. It is necessary to decide on a diagnosis which explains Henry's problems and two competing hypotheses (diagnoses) are presented in the report; Expressive Language Disorder or Autistic Spectrum Disorder.

Before Henry returned to Chestnut House for assessments the local Speech and Language Therapist sent a report. She describes Henry at age 4 years as being "limited in his ability to sustain concentration for adult lead activities", and in a comment which reminds us of the Music Therapist's notes, reports that Henry "resists prompts to re-focus once he has lost interest". Henry is described as having demonstrated a flexible range of interests, an increased interest in pretend play but presenting with delay in symbolic play. His understanding of language is at the 2 key word level but his response is inconsistent. He seeks social contact but his limitations with language are affecting the development of social relationships, the local Speech and Language Therapist writes.

After completing their assessments, the Speech and Language Therapy assessment, the Cognitive assessment, the Physiotherapy assessment, the Art Therapy assessment and the school visit, Chestnut House next produces a series of individual reports which are prefaced by a "Co-ordinator's Summary" (the co-ordinator in this case being the Music Therapist). The Co-ordinator's Summary is aimed at presenting a unified account of the assessment results, and at providing a rational description of Henry and his difficulties. The Summary begins with a brief history of Chestnut House's involvement and outlines the action taken to answer the questions raised by the referrer. "The main question" in Henry's case is whether the difficulties with comprehension and expressive language accompanied by "obsessive traits" indicates the presence of a Speech and Language Disorder or an Autism Spectrum Disorder. The production of a detailed early history, the clinic based assessments and the school visit are presented as the means to gaining a fuller understanding of Henry's particular problems and of answering this question, a question of "differential diagnosis".

The Co-ordinator refers to the therapist's reports. As well as presenting the results of the formal testing in more detail the individual reports attached to the Co-ordinator's Summary give further description and interpretations of Henry's behaviours in the different settings with different adults.

For Instance, the Speech and Language Therapy assessment report presents the results obtained from the use of standardised assessment tools. Delayed language skills are reported, at chronological age of 4 years 3 months Henry achieved a score equivalent for 2 years on comprehension. In response to the symbolic play test Henry scored and age equivalent of 2 years 8 months.

These formal procedures were supplemented by informal observations. For example the Speech and Language Therapist from Chestnut House wrote that Henry did not want to include the adults in his play activities, and when he played with the play-mobile figures he was echolalic and he enjoyed knocking things over repeatedly

The psychologist also used standardized assessments and on non-verbal cognitive tests Henry completed age appropriate tasks, but he failed on tests that required recognition of

quantity and number and his non-compliance prevented a reliable estimate of overall IQ being achieved.

Formal assessment of motor skills were administered by the Physiotherapist who indicated that his motor skills could be regarded as variable. She described Henry as “cautious and unadventurous” and when engaged in activities could become “oblivious” of the adult. Henry “could/would not follow instructions fully” she explains and was “unable/unwilling” to “adapt”.

The Art Therapist’s report takes the form of a description with interpretations and observations. He noticed “heavy breathing which suggested anxiety” and reports that Henry was “slow to interact” with him. There was no clear evidence of using eyes for communications and Henry rarely used gesture, but could point. There were signs of “an emerging understanding of symbolic play” but the Art Therapist thought that Henry’s understanding of representation remained at a “rudimentary level”. He felt that Henry wanted to share his enthusiasms with others and that he appreciated social reward in the form of praise.

The School Visit Report completed by the Case Co-ordinator consists of observations of Henry at school and reports of discussions held with the school staff. At school Henry was happy to play alongside others, happy to comply with a little girl’s commands, but he had difficulty in interactions, for example in knowing how to join a group. He is described as watching on the periphery and then leaving. His play was mostly solitary. He “sometimes followed group instructions, but needed instructions individually explained” and usually some demonstration, for instance when presented with a colouring task.

The Co-ordinator’s Summary, which accompanies the detailed reports, concludes that Henry has delayed language and that there is evidence of disordered social interaction, disordered social communication and disordered play. It continues, “Henry had in the past some obsessive behaviours” and he finds it difficult to adjust to changes in routines. Henry’s presentation is regarded as meeting the criteria for a diagnosis of Autistic Spectrum Disorder. Recommendations for support at school, remedial therapeutic interventions and future assessment are then made.

In reviewing this documentary evidence it can be seen that the referral begins with the Community Paediatrician seeking some resolution from conflicting reports and evidence. Speech and language problems and his obsessive traits, are compared with the positive accounts given by the parents, accounts of his enjoyment of sharing and his imaginative play. Medical procedures are subsequently undertaken which aim to reveal some signs, for instance chromosomal abnormality or increased electrical activity in the brain. Presumably this would enable Henry's subjectivity to be constructed with more authority.

The Physical sign does not appear and the conflicting evidence is explored in the Chestnut House report of the initial appointment. A "detailed" developmental history is produced, but Henry is inconsistent in his social interaction, and further assessments are planned which aim at exploring social interaction and communication, cognitive skills, and motor skills, at discovering "impairments" or delays in development. Chestnut House wants to produce a rational and consistent subject and this can be done through the use of a diagnostic label, providing such a label can gain assent. A differentiation is thought to be required between Language Disorder and Autism.

The local Speech and Language Therapist presents Henry's difficulties in social interaction as resulting from his difficulties with language. Chestnut House, however, in their Co-ordinator's Summary which presents the assessment team's agreement, argue that language delay, delay in the comprehension of language and in the expressive domains, results from a social impairment. That is to say that, an impairment in cognitive functions that regulate social interaction and social awareness has resulted in a difficulty in acquiring language skills. With this hypothesis an Autistic Spectrum Disorder diagnosis would be appropriate. It is not entirely clear why the hypothesis of the local Speech and Language Therapist has been rejected except that the early history suggests the existence of a social impairment *before* the emergence of speech problems.

Whatever the "correct" diagnosis the subject's responses, as they are presented in the documents, and produced through the assessment procedures, are variable. Activities, shared or promoted by adult intervention, mediated through language, and accompanied by non-verbal communications and demonstrations, are often resisted, but not always. There is social withdrawal when engaged in some activities, just as there is a "failure to comply", a refusal of adult power. Competence and skills are difficult to determine

although there is an agreement amongst professionals that the acquisition of language skills, verbal and non-verbal are delayed, when Henry's progress is compared to "normal" development. These delays are presented as explanation for Henry's variable responses.

Ekphrastic Subject

I shall begin this account of the art products that Henry produced with the drawing at Fig 1. The paper was aligned vertically and Henry stood, later sat, near to the bottom left hand corner when he marked the paper. Two felt tip pens have been used a red and an orange. Henry began with a small orange patch, constructed from overlaid oblique marks, placed at the bottom edge of the paper near to the left. From this orange patch larger circular or looped lines spread out into the empty space of the paper. There are two different circular forms produced. Larger circles which increase in size as the pen freely circles across the surface of the paper, lines which spread towards the top and to the right of the space, and smaller circles of about 5 inches across, which overlap and which remain closer to the orange patch. Some shorter lines and smaller movements where the pen turns abruptly produce small ovals. Some lines towards the top of the paper thin out, lose their consistency, become feint and disappear.

Placed along an axis that is running at about an angle of 30 degrees from the orange patch are two further patches made with the red pen. Positioned above the orange patch they are evenly spaced, about 5 inches apart. The first of the red patches is similar to the orange patch, consisting of mostly overlaid oblique marks, but there are marks that stray out of the patch which is thinner or elongated. The patch furthest from the orange patch is also formed by oblique marks, but with this patch the marks are more upright. A clear emphatic line extends from this patch and forms an attachment in the shape of a right angled triangle. The right angled edge of this triangle gives a boundary to the denser part of the scribble. This second red patch appears to be placed on the edge of an orange line which has been pushed into the blank empty paper and pulled back to make a stretched oval.

The orange patch which began the drawing, drawn near to the body and down near to the edge towards the corner, is produced by a pressured marking and the surface of the paper has lifted. As we can see this overlaid intensity gives way to broad sweeping movements, the movements of the fingers and then the wrist, giving way to arm movements, out from the body. In this way the paper is explored and a willingness to venture further out is indicated. The intense marks which require focus and concentration break the rhythm of the circular movements and more meandering marks, and they required Henry to hold a

bodily position for longer. In placing his patches more towards the right and the top of the paper Henry places his marks closer to his mother and the therapist. He exposes himself in this way and risks interaction.

All the patches are different to each other and show development. They lose some of their density, they become less solid, and paper appears through internal structures. This is especially true in relation to the last patch which has a more visually arresting and definitive shape. These changes in the movement of the pen indicate experiment and discovery, experiment and discovery which is accompanied by increased exposure to others.

I have attached a drawing at Fig 2 to show how Henry's marks relate to the physical space of the assessment and the position of Henry's mother and the therapist.



Figure 1 51cm x 63 cm

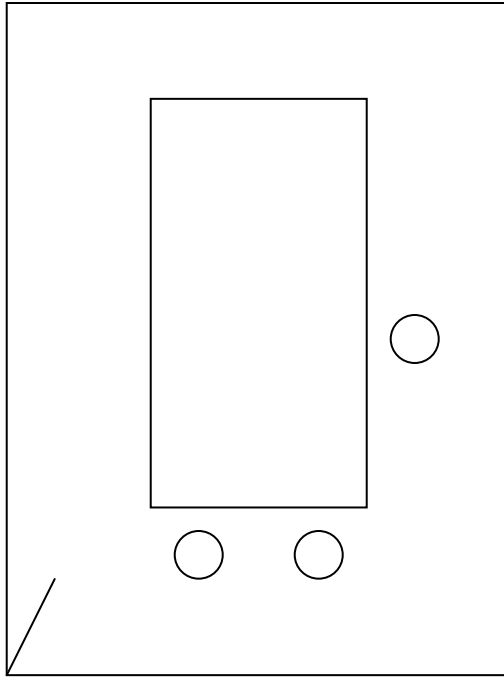


Figure 2 - Henry is represented by the circle bottom left, next along the bottom to the right is Henry's mother. The therapist is placed behind the central table, represented by the rectangle, to the right.

In the next drawing (Fig 3) the paper was placed horizontally. When drawing Henry was positioned along the bottom edge of the paper and the therapist, who also drew on this sheet, was positioned along the top edge of the paper. Along the bottom edge of the paper are arranged a series of enclosed shapes. The first two shapes tend towards the circular. They have a kink in the left hand side. The first shape on the left is almost enclosed by another line except the line does not meet at the top and strays off the bottom of the paper. On the right this line abruptly turns back to produce a half arrow effect. Where the join is made on the first enclosure on the left there are about five changes of direction, suggesting that a struggle to complete the enclosed form has taken place.

The second enclosed shape (moving towards the right along the bottom edge of Fig 3) repeats the kink and has some changes of direction in the line as enclosure is completed but this time the line overlaps at the join. In this shape a short line which changes

direction abruptly twice has been placed. This line does not appear to have any necessary relation to other marks. Here Henry seems to have begun something briefly and then abandoned it.

The next enclosed shape, the third along the bottom edge, could be called triangular. Like the other two shapes to the left it has a definite kink or dent in it, but the dent here accommodates the rounded corner of its left hand neighbour and in this way avoids an overlap. There is more evidence of a struggle to complete the enclosure, more changes of direction and a slight overlap at the join.

To the right and slightly above this first triangular enclosure is a fairly regular circle. This circle was produced by the therapist and is constructed from a single line that turns smoothly but strays into the centre at the join.

Below the therapist's circle and to the right is another triangular shape which mirrors the previously described triangle. Its rounded apex points to the left and the kink, where the join is, is on the right edge this time. The two triangles together seem to support the regular circle as they nearly touch along their top edges.

Midway up the paper starting from the left can be seen a cross. The cross produced by the therapist has been overlaid by Henry's lines which meander as they struggle to stay on the line. To the right appear some stray dots then a rectangle which has rounded corners. Inside the rectangle can be seen some dots which cluster together. The clusters indicate that they have been targeted to hit almost the same spot on the paper. They have been made with some force and tiny splatters can be seen where the felt pen made contact with the paper. Above and to the right is a flattened triangular shape which also contains dots. These dots are mostly separated and do not have the density or splatter marks of the other dots. To the right of this are some overlaid oblique marks which have attached to them a semicircular line.

Above these marks, starting on the left of the paper, are two parallel lines moving towards the right. The top line is shorter than the bottom line. These lines have been made from broken dashes by the therapist and Henry has marked along these lines. Henry's line crosses the gaps, changing the therapist's broken lines into continuous lines. When Henry

is about to cross a gap his movements change, just where the supporting line ends. This produces the three hump like shapes. Maybe Henry is unsure about the gap, does he stop or does he continue?

To the right of these lines and slightly above are two more patches of scribble. The first patch to the left I would describe as multidirectional patch with circular movements and oblique marks interspersed with zig-zags. A dense patch of almost vertical overlaid marks appears on the right. Here it appears that colour has been pushed into the paper, the paper is saturated with ink. This patch was produced by the therapist.

The different marks, enclosed shapes, cross and enclosed shapes containing dots, the parallel lines and the scribbled patches, run across the paper. Shapes are close together at the bottom of the paper and there is little room for movement. They touch and then nearly touch. Henry is rehearsing enclosed shapes, practicing the join necessary to produce enclosure and fitting shapes carefully into available spaces. The dots in the square shape suggest energy and exuberance. More evidence of struggle for motor control appears where the lines are overlaid on the therapist's line, on the cross and the broken horizontals. The therapist has employed energy in his scribbling and encouraged Henry to do the same. In this drawing Henry and the therapist exchange marks, but it is the therapist who is leading the activity.



Figure 3 63 cm x 51 cm

The next drawing (Fig 4) was begun by the therapist, it has been placed on the reverse side of Fig 3. The therapist is positioned at the top of the paper, aligned horizontally, and Henry is positioned at the bottom. Using a green pen the therapist has drawn an oval in the centre of the sheet. He has added dots inside the oval to suggest the eyes of a face. Inside the oval Henry has drawn a rectangular enclosure. Attached to this rectangular enclosure is a secondary line which skirts across the bottom of the rectangular shape, up the side and along the top, then it reverses direction and enters the interior of the shape to join some horizontal marks which have been scored heavily across the two dots, the eyes. Henry has placed, towards the bottom of the oval, just inside the rectangular shape, some circular scribble with a dot in the centre. This, I am assuming, is Henry's representation of a mouth. The rectangular shape placed as it is suggests that, if the whole is to be read as a face, then it is a face or head wearing some kind of helmet. The scoring out of the eyes

may represent some action against the figure or a slit in the helmet. The horizontal lines through the eyes break the contour of the oval as does the line that reinforces the rectangular shape. There is also a line which overlays and reinforces the oval. Below the larger oval shape are two little patches of dense overlaid marks, and three dots which could be described as having formed a triangle around the two patches of green. This last group of marks appears redundant and superfluous and it is difficult to know what might be signified, if anything.

We do not know for sure if Henry was intending to refer to a face or a head through the marks he produced in this drawing. The energetic scoring through of the eyes or dots does imply a resistance to the project initiated by the therapist.



Figure 4 63 cm x 51 cm

After this drawing with the green pen Henry did some painting (Fig 5). For this painting Henry was positioned along the bottom edge of the paper which was orientated horizontally. Pink, blue, some touches of green, raw umber and yellow ochre, have been painted on to the paper. Colours have been brushed over colours to produce layers, and colours bleed from behind patches and brush marks. The yellow ochre is pushed forward from the surface and engages the attention of the viewer immediately. The paint has been applied to the centre right of the paper almost touching the bottom edge. All the colours retain some traces of the brush and thereby show movement. This is especially so with the yellow ochre and raw umber.

It would appear that when Henry applied his first load of yellow ochre he dragged his brush across the painting, left to right, running his marks parallel to the bottom edge. He then

turned his brush in towards the centre and back down to produce a circular shape. On the way the brush has picked up some blue and raw umber. This has contaminated the yellow ochre and it is thereby darkened towards khaki. The second load of yellow ochre also runs from left to right, producing a small loop. The brush then appears to rise vertically and marks fan outwards to partially fill the circular enclosure made from the first application of yellow ochre. Through its surface articulations the yellow ochre appears as dramatic and dynamic. Interpreted as an indexical sign of Henry's movements it signifies energy and confidence.

Behind the yellow ochre the blue or ultramarine appears. At the top of the yellow ochre some raw umber has been applied. Behind the raw umber is a bright red/pink which contains traces of yellow. To the right of the central pyramid of paint and colour is a little green mark that suggests a stray accidental touch by a wet brush.

The marks or applications have clearly been targeted to fall on top of each other and the whole is held together in a pyramid or triangle. There is some drawing with the paint, notably with yellow ochre which makes some longer horizontal strokes and looped enclosures, this form providing cohesiveness and preventing too much fragmentation or chaotic overflow. The overall effect is of a brief but energetic application of colour.



Figure 5 63 cm x 51 cm

Discursive Subject

The assessment begins with the adults attempting to persuade Henry to participate in some play with a soft toy rabbit (see appendix 3 P330 for Key to transcript).

Henry's mother sits the toy rabbit on the edge of the table facing it towards Henry.

Mother: Aahh poor rabbit/

Thpst: He's sad now/

Mother: Aahh/

Henry: ((coughs))

Henry retreats and withdraws from the imaginary play initiated by the adults. He shakes his head and moves behind mother's chair.

The adults acknowledge and comment on Henry's withdrawal and resistance.

Thpst: Does he often/

Mother: Go shy in company? – Yeah/

Mother: *I mean* ((almost inaudible))/

Thpst: Yeah/

The quiet "I mean" suggests that mother feels that there is more to be explained, shy is inadequate. It might be difficult to describe Henry's response to others in positive terms and the therapist seems to acknowledge feeling here with "Yeah".

The adults next coerce Henry to use the art materials. First they offer him play-doh. The adults demonstrate the use of this product, they show how the material can be handled and what is required in this situation.

The therapist rolls a piece on the table with the palm of his hand making a sausage like shape. Mother rolls a piece between the palms of her hands making a ball. She turns towards Henry as she works the play-doh. Henry continues to hide behind her back. She rolls her ball along the table towards Henry. She then offers him a small ball of play-doh

with her hand. Henry takes the small ball in his hand but remains out of view of the camera. Henry next places the small ball on the edge of the table.

Mother: Look what's this/

Mother: Shall we make som'ing/

Mother: What's that/((whispered))

Mother: *Do you want to squash it*/

Henry's mother has to work hard to persuade Henry to handle the play-doh but her whispered enticements appear to instill some confidence and Henry, whose silence suggests uncertainty, begins to imitate his mother's rolling. Henry then turns towards the therapist and in this way begins to engage in the assessment process. He is now using the art materials and is acknowledging the presence of the therapist.

After rolling for a while with a small ball Henry moves his face in front of his mother's body and looks very briefly towards the therapist. Henry briefly places three pieces together on the table, two small balls and a thick sausage shape. The sausage shape is momentarily placed on top of the balls. The therapist rolls out a sausage, which is then rolled across the table towards Henry's mother. Henry moves pieces, balls and sausage shapes, around on the surface of the table near to his mother. Mother moves a smaller ball towards Henry and then does some more rolling on the surface of the table using her palm. Henry drops a piece of play-doh on to the floor.

Henry: Ooherr/((voice rising in pitch))

Thpst: Where's it gone?/

Henry: Going down/

Henry has now answered the therapist and the therapist next begins to re-enforce Henry's movements through comment, imitation and exaggeration. He endorses Henry's actions and shows approval.

Henry pats a piece of play-doh flat using the palm of his hand. The therapist squashes a piece flat using the same movement but he brings the palm down hard on to the play-doh, exaggerating the movement and increasing the noise of the action.

Thpst: He's squashing it/

Thpst: Squashing it like that/

Henry then returns to this movement imitating the therapist making more noise. Henry uses his left hand then his right.

The therapist has indicated that squashing is welcome to the adults and Henry responds to the prompt enlarging his movements, and the therapist then seeks to extend the play further by introducing a rolling pin and the cake cutter.

After Henry rolls a piece flat and cut a cake he lifts it up with extended arm, punching out with emphatic movements as he speaks.

Henry: Cakes/

Thpst: Cakes yeah/

Henry demonstrates an ability to name shapes and the therapist introduces a new cutter in response, a duck cutter. The therapist makes a duck which he passes to mother who then shows it to Henry. Mother places the duck back on the table.

Thpst: *What's this look like*/

Henry: Quack/

Thpst: Quack - yes it's a duck isn't it/

Thpst: How's it go/

Mother: How does the duck go Henry/

Henry: Wohh ((sounds like dog barking)) ee ee ((some other animal?))/

Henry rests his head on his arm, he is turned away from mother and therapist. He continues to play with his piece of play-doh using his fingers to pull it into smaller pieces.

Henry has been following the adult initiatives and prompts but Henry's response to the duck is teasing. He gives a "quack" once, identifying the signifying element in the cut shape. However he does not produce the repetition, when prompted. His subsequent use

of animals noises signals that he knows very well what is required in this situation, the noise which identifies the animal, but he denies his mother and the therapist the “quack”, the right noise or anticipated response, when it is demanded. Having asserted himself he shows his lack of interest by turning away and continuing with his preferred play, pulling at the play-doh with his fingers, play that might be interpreted, by the adults, as obsessive.

Henry rolls with the rolling pin and mother looks on with raised arm suggesting she is anticipating that she will have to help. Henry uses the small duck cutter. Mother then helps Henry to remove the duck from the cutter.

Henry: Yes/

Mother: That's it?/

Henry: ((coughs))

Mother: Look there you go/

Henry: Quack quack quack quack quack/

Thrpst: That's it/

Notice how mother's word's "That's it" and the therapist's use of the same words frames Henry's actions, re-enforcing his compliance. The required quack is repeated. Henry has used the rolling pin with a cutter, producing a shape, an iconic sign, which refers to a duck, and Henry has repeated the right and necessary noise or onomatopoeic word, as he had done previously, the noise or word being a metonymic that signifies duck. The semiotic schema demonstrated by the adults has been replicated by the child. Maybe because the duck was *his* production Henry is more inclined to repeat the "quack" as an identifying marker.

Next the therapist then introduces another cutter which refers to human figures, the gingerbread man.

Standing on the other side of the table the therapist places the ginger bread man in front of Henry. The therapist moves the gingerbread man up and down on its legs. Henry leaves the gingerbread man on the table. Henry holds on to his own piece of play-doh (a remnant of a duck) with two hands. Looking at it he then lifts the piece up into the air and brings it down, with force, unto the table. Henry then raises his empty hand to bring it down on to

this piece, and again energetically, he repeats this action. Henry then stands up and walks towards the corner away from the adults, making noises as he turns away. The following verbal exchanges accompany these actions.

Thpst: Look what's this one/

Henry: Ohh dear ((babble in a high pitched voice))/

Thpst: *What is it*/

Henry: Pohh blood/ ((high pitched pohh))

Thpst: What's happened is it/

Henry: Ohh bloody/

Thpst: Is it/

Henry: Bastard it's blatt duh blatt ((last duh blatt in a deeper voice))/

Thpst: It's getting blasted is it/

Henry: Tuh tuh/

The gingerbread man, perhaps the way in which it is introduced, excites Henry in an unusual way. Taken together the actions, noises and words, and changes in pitch, that Henry produces, give expression to violence of an imaginary kind, a fantasy of opposition and destruction. After this expression Henry retreats to a corner of the room – as if he himself might now be subject to violence. The therapist's questions show him to be puzzled by this excited response.

The therapist encourages further use of the play-doh and supports Henry in making another gingerbread man who the therapist names as a "friend" in this way suggesting an imaginary situation and social play. He places a flat piece play-doh down with the gingerbread cutter on top in front of Henry and then Henry pushes on top of the cutter with his hand to make a new gingerbread man.

Thpst: Push/

Mother: Look/

Henry: Ohh grrrwater/

Henry's "Ohh grrwater" seems to signal the presence of a violent response and Henry lifts up his previously made gingerbread man in a violent movement, then brings it down gently

to lay on top of the freshly made gingerbread man. Then he lifts him off again. The therapist lifts up his gingerbread man and “walks” him towards Henry’s gingerbread man. Henry pulls the head off his man. Henry moves his gingerbread man up and down on the table holding him upright. He tries to repair the head. The therapist animates his gingerbread man again holding him upright. Henry pulls off the legs and arms of his gingerbread man. He continues to pull his gingerbread man apart, into small pieces. Henry walks towards the door turning away from the adults. He stamps his feet on the floor and makes noises.

Thpst: Hello hello Henry/

Henry: Oh me/ ((high pitched))

Thpst: Ohh what’s happened your head come off/

Mother: ((laughs))

Henry: Ohh urrgh/((high pitched))

Thpst: What can we do to help?/

Thpst: He’s all his legs and arms come off now/

(0.05)

Henry: ((Coughs))

(0.10)

Henry: Puh puh tuh/

Thpst: [Oh dear]

The therapist appears to be promoting an imaginary situation imitative of ordinary social exchanges, that involve recognition, “hello hello...”. But Henry’s figure becomes a falling apart figure, a figure that is dismembered and fragments. Henry does try to repair the figure in the first instance but this is not pursued and the adults are unable to “help”. For Henry the encounter of the two figures ends in destruction, perhaps this reflects his anxiety in relation to social exchanges, this anxiety also having been expressed through Henry’s retreat to the corner of the room.

As we can see in this beginning of the assessment Henry’s mother and the therapist introduce Henry to the toy rabbit, play-doh, rolling pin and cutters. The use of these objects and materials are demonstrated but also demonstrated are the use of semiotic schemas, patterns of signification. The therapist encourages representation and the

construction of imaginary situations through the use of materials and actions. Tentatively Henry follows the direction of the adults, replicating semiotic processes, but often retreats, for example behind mother's chair. Small exchanges, for instance his eye contact with the therapist and his response to the question "where's it gone", bring him into a relationship with the therapist. The therapist endeavours to maintain the initiative in exchanges, to direct proceedings, but Henry has the ability to withhold responses and can extricate himself from a subordinate role, and Henry introduces imaginary material which references violent interaction.

Henry has been able to assert his independence and has imposed his own shape on the play that the therapist has introduced. The exploration of imaginary situations, comes temporarily to an end here as the adults move the assessment on.

The therapist places paper and a felt tip pen on to the table. Mother turns and tries to engage Henry with her gaze. The therapist is on the other side of the table to mother and moves the paper towards Henry, holding out the pen for him. Henry moves round to the corner of the table and takes the pen from the therapist. He struggles to remove the pen top but then begins marking holding the orange pen in his left hand fist. The drawing that ensues is described in the ekphrastic subject – see Fig 1.

Henry begins with circular marks – mostly clockwise and reaching out from his corner into the space on the paper. Henry then concentrates on a patch near to him. The therapist and his mother watch him carefully. Henry suddenly raises his hand into the air. Then he places his pen down on the paper.

Henry: Bee::ss/

Thpst: Well done/

Thpst: Two little orange bit isn't it/

Thpst: Do you want to try another colour/

The "Two little orange bit..." refers to Henry's patch and the circular marks. The therapist hands another pen to Henry. Mother passes it on to Henry. Henry begins marking with this red pen.

Mother names the colour and Henry shows some recognition of the naming process, which is emphasised by the adults.

Mother: Red/

Henry: Is it red/

Thpst: Yeah – that's a red/

The therapist next invites Henry to use a chair and lifts a chair round the table to place near Mother. The therapist points to the chair. Henry looks towards the therapist and climbs on to the chair and mother assists Henry in getting seated. The therapist is breaking the close link between Henry and his mother, encouraging Henry to work independently and re-enforcing Henry's activity, drawing or marking, which Henry appears to be enjoying.

Henry continues marking producing a small red circular shape. Henry begins a second patch of dense red overlaid marking. Henry lifts the pen up and bangs it on to the paper. The therapist moves a tub of pens on to the paper and places it near to Henry.

Thpst: Which one would you like?/

Henry doesn't appear to understand this last gesture, this invitation, or he does not wish to use more colours.

Henry: Liking that/

Thpst: Pardon which one would you like/

Henry looks at his marks and whispers, the whisper is almost inaudible and it is not possible to recognise words.

Thpst: You like this bit here do you is that a little boy there?/

Thpst: Do you want another one?/

Thpst: Oh you're putting it *back*/

Henry: ((Noises))

Thpst: Is that finished/

Henry: Finished/

During the above exchanges Henry places the pen back into the tub. The therapist holds the tub towards Henry and Henry places a second pen back into the tub. Henry moves the paper on the table sliding it towards the therapist and back again.

Henry's "liking that" seems to refer to the drawing itself. The therapist wants to give some representational content to the drawing, maybe he heard something in Henry's whisper that was not audible on the tape. Henry shows that he has finished his drawing that he does not wish to add more marks. Henry's gestures are, in some ways, more eloquent than his speech, which is echolalic, or whispered and thereby inaudible and uncertain. But raising his hand suddenly and bringing the pen down flat on to the paper, and the push and pull of the paper towards the therapist, gives emphasis to "finished".

Approval of Henry's drawing is shown by displaying the drawing and inviting Henry to look. The therapist picks up the paper and carries it over to the wall. Henry and mother turn to look at the wall and the drawing. The therapist lowers himself and squats besides the drawing and looks towards Henry. Henry turns towards the drawing and waves his arm, towards the drawing. He then turns towards the table. The wave is an acknowledgement of some kind but it also ends the looking and turning to the table Henry prepares himself for further activity.

We can see that the therapist's interest in the drawing is important in sustaining Henry's use of the pens. Henry might well have finished with the first orange patch had not the therapist encouraged more marking, through speech and the presentation of pens, and Henry's reaching out into space in the drawing, which I commented on in the ekphrastic subject, is also a response to a prompt, a reaching out to meet the therapist who offers pens, and thereby asks for more. In this sense the drawing, and its internal structure, are a joint production – the result of the exchange of messages, of a bartering process that takes the form of prompts and responses.

Now that Henry has produced some drawing the therapist, wishing to gain more understanding of Henry's capacities in relation to drawing, but also to "test" Henry's flexibility, introduces some drawing tasks. He fetches a sheet of paper and places it on the

table in front of Henry and mother. Squatting down he takes a blue pen from the tub and draws a circle.

Henry: Errr – errr/

Thpst: You have a go ((softly))/

Henry takes the pen which is presented by the therapist and begins drawing. Holding the pen in his right fist Henry draws a circle anti-clockwise and repeats the circles.

Henry: Errr/

Thpst: Very good good boy/

Mother: Well done/

Henry understands what is required of him and complies. There is demonstration and imitation, an exchange which pleases mother and therapist. After this the therapist invites Henry to produce more shapes and in response to a cross Henry produces a circle. Then Henry copies dots.

Thpst: Oh you're doing more circles/

Henry: Yeah that a easy one/

The therapist gives more prompts. He marks in the corner vigorously and then hands the pen to Henry. Henry marks vigorously and then marks slowly, in the place where the therapist had pointed.

Thpst: Can I turn it over/

Henry: Yeah that one finished/

Thpst: *That one finished*/

Next the therapist lifts up the sheet of paper and turns it over and Henry sits back.

The first period of directed marking has ended. Henry does not appear to object to the paper being turned, he does participate in moving processes forward by declaring the

drawing finished. We could say that he finishes the drawing through his speech act and by sitting back from the table.

This shared drawing is shown at Fig 3, and we can see that Henry did comply to instructions, rehearsing enclosures and practicing joins, marking where indicated by the therapist's pointing. The therapist re-enforces the subordinate role in the exchange and the drawing that Henry is expected to adopt, with praise, "very good good boy". Henry used the occasion to present himself positively, as a child with ability, "Yeah that a easy one".

The therapist takes a green pen from the tub, he then draws an oval in the centre of the reverse side and adds two dots.

Thpst: What's that/

Henry: HE wee/

Thpst: Boy is it/

Thpst: His eyes/

The idea of representation, the representation of people, is introduced back into the assessment by the therapist, this time through drawing and speech. Henry acknowledges the signs and adds marks.

Henry adds a circular mark below the eyes then horizontal marks across the eyes. He then encloses these marks in a square like shape.

The circular mark below the eyes or dots can easily be interpreted, as a mouth, but the other marks are more enigmatic, less easily understood.

Henry next brings the pen down with force onto the paper at a place below this head - several times. With each mark he produces a sound – suggesting a word. The therapist and Henry's mother look closely at what is happening.

Henry: Back bink bat bing bull it/

Thpst: *It happens every time*/

It looks like Henry has returned to his more violent imaginings that were present during the play with the play-doh. The therapist looks at Henry's mother and quietly suggests that this appears to be Henry's typical response to signs that signify the presence of a figure, boy/gingerbread man or other.

We now understand that the marks below the face in Fig 4 are the result of an imaginary "attack" of some sort – the "Back bink bat bing..." This action could be regarded as Henry's way of re-asserting himself after having endured a period of subordination, bringing his own imaginary interests back into play.

The therapist keeps the assessment moving, now the drawing activity with pens is ended he prepares some paint, pouring some paint from a tub into small pots. Henry sings quietly, not using recognisable words, his singing suggests contentment. The therapist shows the paint to Henry and encourages Henry to name the colours, to demonstrate his ability to identify colours. Henry has previously shown an understanding of the naming process, and in an echolalic form giving a label to colours, or a pen at least, but he has yet to convince the adults that he can recognise colours.

The therapist points to the pot and Henry extends his forefinger and points to the pot.

Thpst: What's it called/

Henry: Called/

Thpst: It's yellow can you say yellow?/

Henry: Lellow lellow/

Thpst: Yeah yellow/

Thpst: Yellow and what one is that?/

Henry: *That is splash it*/

Thpst: Yeah what colour/

Mother: Colour/

Henry: Colour/

Thpst: Rrruh/

Henry: Rut/

Thpst: Red/

Henry: Red/

As can be seen Henry gives responses but they are echolalic in nature, except for “That is splash it”. This appears to be his name for paint or his way of referring to the activity of painting. Colour is a property of paint, of “splash it”, and perhaps Henry does not understand that names can refer to properties. Mother tries by referring to green marks on the paper. She points to the green marks on the paper.

Mother: What about that/

Henry: That/

Henry taps his forefinger on the marks and his tapping develops into a bashing with his open palm. Henry doesn't appear to understand and the therapist gives up on this, momentarily.

The therapist moves paper containing the drawing aside and brings over a fresh sheet of paper and places it down in front of Henry. Henry looks at the paper, shifts it a little and watches the therapist as the therapist goes to fetch a brush from the materials table. A tray with pots of colour is placed on the paper by the therapist and the therapist hands a brush to Henry.

Henry's watching indicates visual interest and motivation and when offered a brush he soon begins.

Thpst: Do you want to try them/

Henry: Do it/

Thpst: Very good/

Henry: A ree ree yush ((babble))/

Thpst: Yellow yes/

Henry: I be dinging more than that ((babble))/

Henry's enthusiasm is expressed in his “do it” and in the babble. The therapist is still encouraging some naming of colours but Henry is “dinging more than that”, painting is more than an occasion for naming or for identifying colours.

The therapist goes to the materials table and brings back two pots which he holds in front of Henry – a green pot and a blue one.

Thpst: Which one do you want/

Henry: The greent/

Thpst: Green which is the green?/

Henry: Greent/

Thpst: Yeah which one is that/

Henry: That is greent/

Thpst: Which one here point to one/

Henry: Point that one/

The therapist removes the paint brush from Henry and places the green and blue down on the table in front of Henry.

Thpst: *Alright* show me which one/

Henry: One two/

Thpst: Yeah which one do you want./

Henry: Green green/

Henry points to each pot in turn.

Thpst: Green blue/

Henry points to each pot in turn again.

Henry: Green blue/

The therapist holds up the green pot followed by the blue pot briefly.

Thpst: This one or that one/

Henry: This one or that one/

In these exchanges Henry is expected to supply the adult with the correct answer, which is not only verbal but should be in the form of a gesture, pointing for instance, before being allowed to continue with the enjoyable painting experience. Henry is not able to satisfy the adult with his answers, which become echoes. He does not seem to differentiate green from blue and when the therapist uses the word “one” this leads to Henry supplying numbers, the situation becomes more confusing. From Henry’s point of view it is a one-sided exchange, he gives answers and makes a request for “green” but does not get the paint, immediately. The therapist conveys his thoughts about Henry’s abilities to Henry’s mother who confirms the therapist’s opinion.

Thpst: I don’t think he’s sure are you I don’t think you know what which one means./

The therapist looks towards mother who shakes her head.

In making his somewhat confused statement the therapist produces an assessment. The assessment is, in this instance, an exchange between Henry’s mother and the therapist, who together decide on Henry’s capacities.

Henry is now allowed to continue painting.

When given more paint Henry continues contentedly and sweeps his brush over previous marks.

Henry: Splashing the wall splashing the splash ((singing))/
/

The therapist is interested in the origins of this singing, these words.

Thpst: Splashing the wall ((singing)) – is that what you sing at school/
/

Henry: Err err/
/

Thpst: Splashing the splash/
/

Henry: Splashing on the wall/
/

Thpst: Splashing on the wall/
/

Henry: Splashing the wall?
/

It is the therapist who is now echolalic! Notice how Henry varies the phrase. In this exchange the therapist is trying to understand Henry's communication through some imitation, just as Henry appeared to be trying to understand the therapist's communication previously. Henry's speech or singing, its origins and its significant content are related by the therapist to some possible past experience of using paint.

Henry next raises his hand and brings down the brush with each vocalisation.

Henry: Tic toc tack tac ((high pitched))/
/

His singing and his movements express his enjoyment of painting. Everything has become musical and rhythmic.

Henry transfers the brush to his left hand and produces a circular line and then moves the brush along the edge of the paper to underline his shape or patch. Henry adds more paint to the paper and produces circular marks. He then moves the paint brush up and down holding the brush briefly in two hands.

Thpst: Think you have better control when you use left hand/
/

Thpst: Ohh/
/

Henry: Splashing water splashing the water ((singing))/
/

Thpst: Splashing water/
/

Henry: A wet in a wide and a black oh ohh/
/

Thpst: You got wet/
/

Henry: Oh ohh/
/

Mother leans back and places her hand on Henry's arm.

Henry places the brush in the pot and then moves hands away placing them under the table in his lap.

Thpst: You've finished/
/

Henry: Finished/
/

Thpst: Alright/
/

The therapist holds on to the brush and moves the paint pots off the paper.

Mother remains anxious about mess, checking Henry's movements, and the therapist notices the change in hands. Henry uses each hand successfully and then uses his two hands together. He continues with the splashing theme and ends his painting with a strange poetical kind of exclamation "A wet in a wide and a black...". The reverie belonging to play suffuses the activity of painting and Henry has been swept along. But he does know how to bring his painting to an end. He signals the end by placing his hands under the table. The end is also identified, agreed and achieved, through the exchange of words with the therapist who also produces actions which signal ending, the removal of the paint pots for instance.

When I described Henry's painting in the ekphrastic subject I commented on the movement (see Fig 4) and we can see that the sensuous enjoyment that Henry experiences when painting is expressed in movement, the circular and push and pull movements with the brush, but also through singing which adds its own dynamic to the activity as well as signifying space, "wide", and qualities "wet", including colour "black" – although this last appears to be a misidentification. As can be seen the therapist used the painting activity as an opportunity to assess Henry's colour recognition.

There now follows what might be described as a transitional period, putting the paints away and cleaning and preparing for the next activity.

After putting the paints away the therapist displays the work. He takes the drawing over to the wall and pins it up. Henry turns to look at the drawing. He then turns his face away from the drawing towards his mother, to look at her face, then he turns back to look at the drawing on the wall. Henry points briefly towards the drawing on the notice board. The therapist also pins the painting on the notice board next to the drawing.

Thpst: *I'll put this one up there*/

Henry: ((soft babble))

Thpst: I'll put this on the wall as well Henry/

Thpst: Circles/

Thpst: Circles/

Henry does look at the work when it is displayed. The triadic movement of his eyes from the drawing to mother's face and back to the drawing indicates that Henry is aware that others may view things differently, and he seeks to share his interest in the work, he also points. Henry produces some soft babble but it is the therapist who gives the works titles, names the shapes.

Henry squats down on the floor between his chair and his mother's chair and he looks toward the pictures on the wall. He is swinging himself a little using his arms and the back of his and his mother's chair. Henry points with his hand on the chair.

Thpst: Can you see them/

Thpst: Yellow/

Henry: *Yellow*/

Thpst: Blue red/

Henry: Red/

Thpst: There's a big circle there isn't there/

Henry: Yes circle that one again that that quick/

Thpst: That's great/

Thpst: This one was circles too wasn't it/

Henry: Circles that one he were/

Henry: Circles that one come to an edge/

Thpst: Yeah/

Henry: *Painting that one*((whisper almost inaudible))/

The looking is encouraged by the therapist who models looking, describing and naming. Henry participates in this activity which, at the beginning, is lead by the therapist. Henry takes the initiative and although some of his comments take the form of his familiar echoes, he introduces ideas of his own, describing and naming what he is noticing and remembering from production, "that quick" and "that one come to an edge". Speed and edge are important considerations in relation to his painting, this is evident when we look at the painting (ekphrastic subject Fig 5) as well as being evident from the transcript. The

whisper at the end of the above exchange could indicate a lack of confidence in the naming process or a recognition that this exchange is coming to an end.

The therapist moves the assessment on again. He now goes to the cupboard and takes out a large cardboard cylindrical box containing some wooden bricks and unloads the bricks onto the table. Henry watches and climbs on to the chair.

The bricks interest him, and he soon begins building. He builds a tower which collapses. The bricks spill across the table on to the floor and the therapist picks up bricks and brings them back to the table.

Henry: Yellow one brick and bricks and seeze and ee a ee we woo we will we will
((unclear words babble))/
Henry: Themse hands ohh lets whens it hoo great ((unclear babble))/
Thpst: Ohh what's happened/
Henry: ((babble)) yes/
Thpst: What happened/
Henry: All right children we like try again again and again all right trying again all right
'gain and again all right/
Thpst: Trying again are we/

It's interesting that Henry begins with a colour word, identifying a brick by its colour, something he appeared unable to do previously in relation to paint. He also refers to number "one" as if demonstrating his abilities. The "we will" repeated expresses his enthusiasm, he approves of this task which involves hands, "it hoo great". We are left feeling that Henry must have had some good experiences using bricks, that he has enjoyed learning the lesson of trying "again and again".

The therapist joins Henry in his building, he begins to add to the next tower of bricks. He could be looking to see if Henry can share his enjoyable experience through some turn taking, or it may be that therapist simply wants to join in the fun!

Thpst: Ohh/
Henry: Ohh/

Thpst: Ohh/
Thpst: Ohh/
Thpst: Ohh/
Henry: Ohh ((each ohh gets louder))
Thpst: Ohh/
Henry: Oh dear yes/
Thpst: Ohh ((sharp intake of breath))
Henry: Ahh/
Thpst: *Uugggh ugggh*((whispered))/
Henry: Aa::hh/

Thus the game of building a tower with the bricks until it falls becomes a shared activity which is accompanied by suitable vocal expressions, vocal expressions which increase in intensity as the tower grows and gradually becomes unstable. There is a moment of suspense, signalled by the sharp intake of breath, and then the anticipated collapse is signalled by an exhalation “Aa::hh”. Henry and the therapist produce this musical and rhythmic accompaniment together. Together they give shape to the experience of building. The whole suggests a pattern with which Henry is familiar and competent to reproduce, a pattern of build until it falls that he enjoys.

Henry builds again. He tries to add a heavy or thick brick to a thinner one, failing at first he succeeds a second time. This pleases and amuses his mother as well as surprising the therapist.

Henry: We like have the bricks again/
Henry: We have the/
Thpst: Allright one more/

The tower collapses but Henry begins building again and he tries again to add a heavy brick then a further thin brick.

Henry: Ahh ahh I like bricks to play it again/
Thpst: Yeah that's better/
Thpst: No I don't think so/

Henry: Yes/

Thpst: [Yes]/

Mother: ((laughs))/

Thpst: Oh very clever/

Mother: ((laughs))/

Having achieved this, demonstrating his abilities to the adults who celebrate his success, Henry now tries to build higher but he is unable to reach. The therapist gives him some physical support but it proves to be too difficult.

Thpst: You can't reach can you/

Thpst: Stand on the chair/

Thpst: Wait a minute I'll lift you up/

The therapist moves round the table to lift Henry up so that he stands on the chair but Henry has difficulty in maintaining his balance as he tries to place the brick.

Thpst: That's it good boy careful now/

Henry: Aa::hh/

Thpst: Never mind/

Henry accepts the support of the adult and now seems comfortable when interacting with the therapist. There is a shared commitment to increasing the height of the tower, some solidarity in the exchanges. The play is enjoyed by the therapist and Henry and this shared enjoyment assists Henry's communication. He can express himself clearly in relation to the use of the bricks. Although you could say that Henry is endeavouring to complete a task that has been presented to him by the adults, building with the bricks is an enjoyable task, one which has its own pleasures regardless of its significance for the adults, and Henry has been able to decide for himself, how to approach this task.

The therapist now ends the assessment.

The therapist brings the cardboard box over to the table and begins putting bricks back into the box. Henry helps to put the bricks back.

Thpst: Shall we put them in Henry and we'll go back upstairs./

Thpst: Where is it/

The therapist picks up a brick from the floor and drops this last brick into the box dramatically. Henry climbs down from the chair and looks towards his mother.

Mother: Well done/

Thpst: Right that's it/

Thpst: We're finished/

Henry: We're finished/

Mother: Finished mate/

As can be seen the therapist shows through actions what is required next and Henry helps. Henry looks towards his mother to check on what is happening. His mother rises from her chair to signal an ending, in response to Henry's look, to show to Henry and the therapist that she is ready to depart. Henry echoes, "we're finished" in response to the therapist. Mother, Henry and the therapist join together to produce a group of short phrases that reinforce each other, these phrases complete the assessment, they make an ending.

In the discursive subject we can see that the therapist was keen to introduce different activities, to keep the assessment moving – this represents his response to the documentary subject, where Henry appears as a subject who is difficult to engage in activities. The discursive subject shows how Henry responded to prompts and encouragements and how art production emerged from the direction given by the therapist and the encouragements of his mother. Henry appeared to be familiar and at ease with the tools and materials which were presented to him, and he used these tools and materials to rehearse semiotic routines. Often he was responding to messages from the adults, which took the form of verbal suggestions and questions as well as gestures and the presentation of objects, but he also introduced his own routines and comments, in this way the text of the assessment took shape. Henry appeared to draw on previous experiences when shaping his brief, for example previous experiences of painting and

building with bricks. Some times he deliberately refuses adult requests, for instance the quack with the play-doh duck.

On occasions his responses could reasonably be explained as a lack of understanding, especially in relation to verbal language, but Henry contested the power relation. The meaning of his imagined violence might be difficult to determine, and I have linked it to his anxieties in relation to social interaction. But there was some excitement and enjoyment in the violence, a violence which allowed him to incorporate the therapist's figures into his play, and take full control of the interaction, in this way assuming power. Imaginary situations where figures are beheaded and dismembered, could be regarded as a representation of an imagined possession of sadistic power, or an expression of the fear of such power. What we do notice is that Henry appeared at ease when he participated in activities in which he had confidence, painting and building with bricks for example, and he gave a rhythmical and dynamic shape to these activities, so that sensuous enjoyments, and the enjoyment of motor movements, became experiences, experiences that he appeared to enjoy sharing with others.

CHAPTER 6 SUBJECT No 2

Annie aged 5 years 8 months at assessment

Documentary Subject

Annie was referred to Chestnut House for an “assessment of needs” by an Educational Psychologist who describes Annie as having difficulties with fine motor skills and complex instructions. He reports that Annie fails to take turns in conversation, but she was observed to have a wide vocabulary and expressive grammar, and she was able to tell parents about events at school although her articulation was not always clear. Annie does not always respond immediately to questions and will say “I’m not Annie now I Biff and Chips” in order, the adults say to avoid “tasks in hand”. Parents report that it is difficult to gain Annie's attention but she shows good attention for self-directed activities. In the classroom she sat at a table but did not work.

Annie’s poor social skills prevent her from participating in co-operative play with other children, and the Educational Psychologist reported that her play was “somewhat repetitive”, she did not talk to her doll and showed few signs of symbolic play. In contrast, at home, Annie is reported as pretending to be a teacher taking the register. Annie loves books and retells stories and can copy shapes. Drawings seen by the Educational Psychologist are described as containing circles, vertical and horizontal lines. When The Educational Psychologist asked Annie to talk about her drawings she gave the name of the colours, but when the class teacher asked about the same drawing she said it was her brother, her sister and her dad.

Summarising, Annie was thought to have made progress in her development but she continues to have “complex needs which have features of general delay, specific language disorder and features of social communication difficulty”.

At the initial appointment at Chestnut House Annie’s mother described her as a very good baby who seemed very happy. She took part in early turn-taking games and produced phrases at 20 months, for example “want drink”, but at 2:6 Annie was referring to herself in

the third person, for example “Annie wants drink, she will have a drink”. Her speech was described as repetitious and her mother commented that if she said “we’re going out” Annie would repeat “we’re going out, we’re going out”, “over and over”. Annie turned when her name was called but would not comply with requests unless the requests were repeated several times. Annie did produce pointing to share her interests with others and she showed an understanding of non-verbal communication. Annie demonstrated a wide range of interest in toys but was “bossy” when sharing her toys with others, including adults. Symbolic play was spontaneously developed, her mother reported. Annie did not have any specific obsessions. She did display a wariness or avoidance of motor activities.

Chestnut House suggested that there was insufficient evidence for a *primary* social communication disorder but there was evidence of some delay in social development. Annie’s parents were asked to return with Annie so that further assessments could be undertaken with a view to resolving apparently conflicting hypotheses.

In formal tests on language, using the Clinical Evaluation of Language Fundamentals, Annie achieved a total language score of 76. Her mental processing composite was recorded as 93 after cognitive assessment.

The Art Therapist was asked to assess Annie and contribute to the diagnostic formulation. The briefing note provided for the team assessing Annie suggested that assessment could help in determining target areas for learning programmes but also in helping to resolve discrepancies in the history. The art therapist was asked specifically to “look at social interaction”.

In his report the Art Therapist suggests that Annie experiences difficulties with communication and social interaction and that there is a lack of reciprocity in her social interactions. It was also argued that Annie had little interest in sharing or seeking social reward and that she had developed strategies for the avoidance of tasks that are either difficult or lacking in interest for her.

Similar comments can be found in the Speech and Language Therapist’s report, for example, “Annie’s interaction with me was very much on her own terms.... and her attention for adult-directed tasks were often poor.” The Physiotherapist said, “Annie

appeared to co-operate when and if it suited her and was therefore somewhat controlling albeit in a gentle way”.

After assessment and discussion within the team it was agreed that “Atypical Autism” was the best solution to the problem of diagnosis. This diagnosis is not often given and it indicates that Annie’s presentation was not regarded as fulfilling the full DSMIV and IC D 10 criteria for Autism (See Appendix No 1) but her problems could not be accounted for by a language disorder, developmental delay or motor problems. Mother’s account of her early history shows that Annie’s problems, her autistic symptoms, do not appear in infancy, and this late onset of autism is also regarded as “atypical”.

The reports, from the Educational Psychologist making the referral, the reports from Annie’s mother and the reports from assessments all have different things to say about Annie, in terms of her abilities and responsiveness to others. Many of the descriptions in the documents agree in relation to her lack of co-operation, or her resistance, when presented with tasks by adults, or when responding to adult requests. It is also agreed that she has difficulties in relating to her peers and tends to dominate them in play. This, along with other descriptions of a lack of reciprocity in her exchanges with others, is reported as social immaturity or social impairment. Annie does provide evidence of development in play and in use of language but this is variable and she is shown as changeable in her behaviours. There is not agreement in this area. Her actions appear to be closely related to situations. For example when giving an account of her drawing for the educational psychologist Annie stresses the colours but when discussing her drawing with the teacher she names the persons that her drawing depicts. The Educational Psychologist describes Annie’s work herself in formal or geometric terms and fails to find signification in the marks. It is quite possible that Annie is constrained by the context to produce particular responses. Annie emphasizes the formal element when interacting with the psychologist, but emphasizes the reference or representation when interacting with the teacher.

Play which is described as repetitive and lacking in relation to symbolic content meets diagnostic criteria, but play where persons and roles are explored, that is when Annie plays at teacher taking the register, has to be regarded as requiring some degree of social imagination – a contra-indication to use the language of clinicians. This lack of coherence

and unity in the constitution of the subject through the reports is the occasion for further assessment by Chestnut House who wish to achieve a more unified and trustworthy account of Annie's presentation.

As we have seen the documents show that Annie's behaviours are not predictable and that it is not easy to account for her behaviours either in terms of innate capacities, disposition or response to environment and situation. However, a causal chain resulting in the presenting problems and difficulties that Annie is assumed to experience is implied in the final diagnostic formulation, and agreement on how behaviours should be interpreted is sought.

Ekphrastic Subject



Figure 6 60 cm x 42 cm

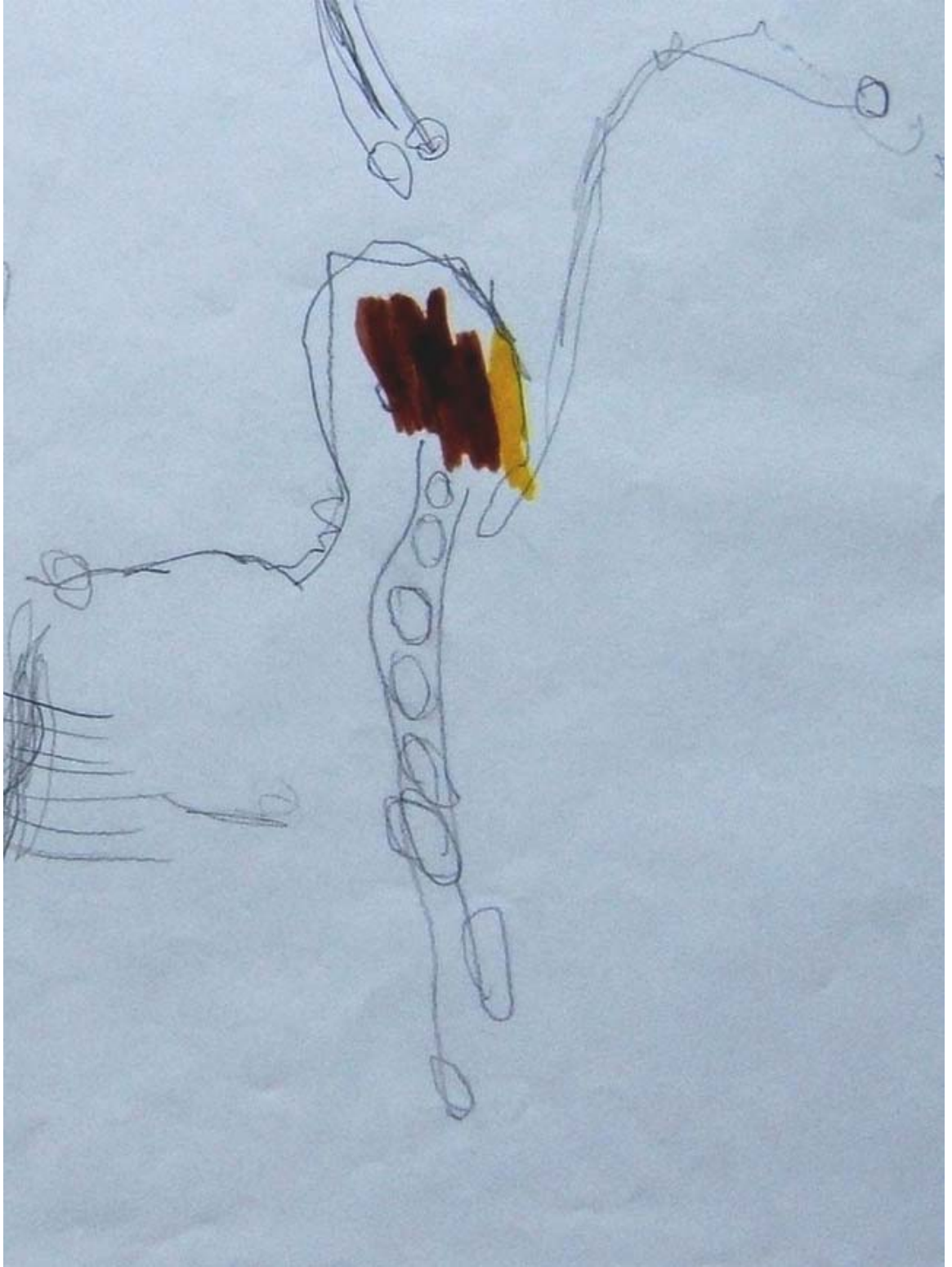


Figure 7 (detail of Fig 6)



Figure 8 (detail of Fig 6)

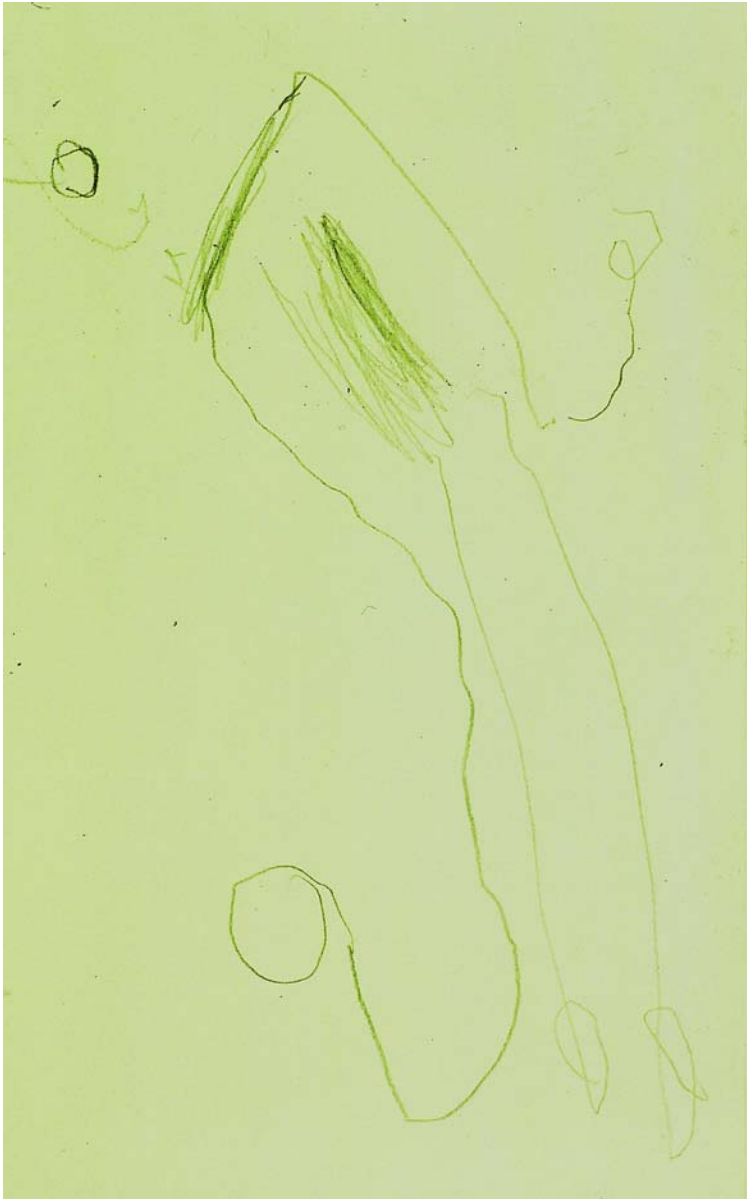


Figure 9 (detail of Fig 6)

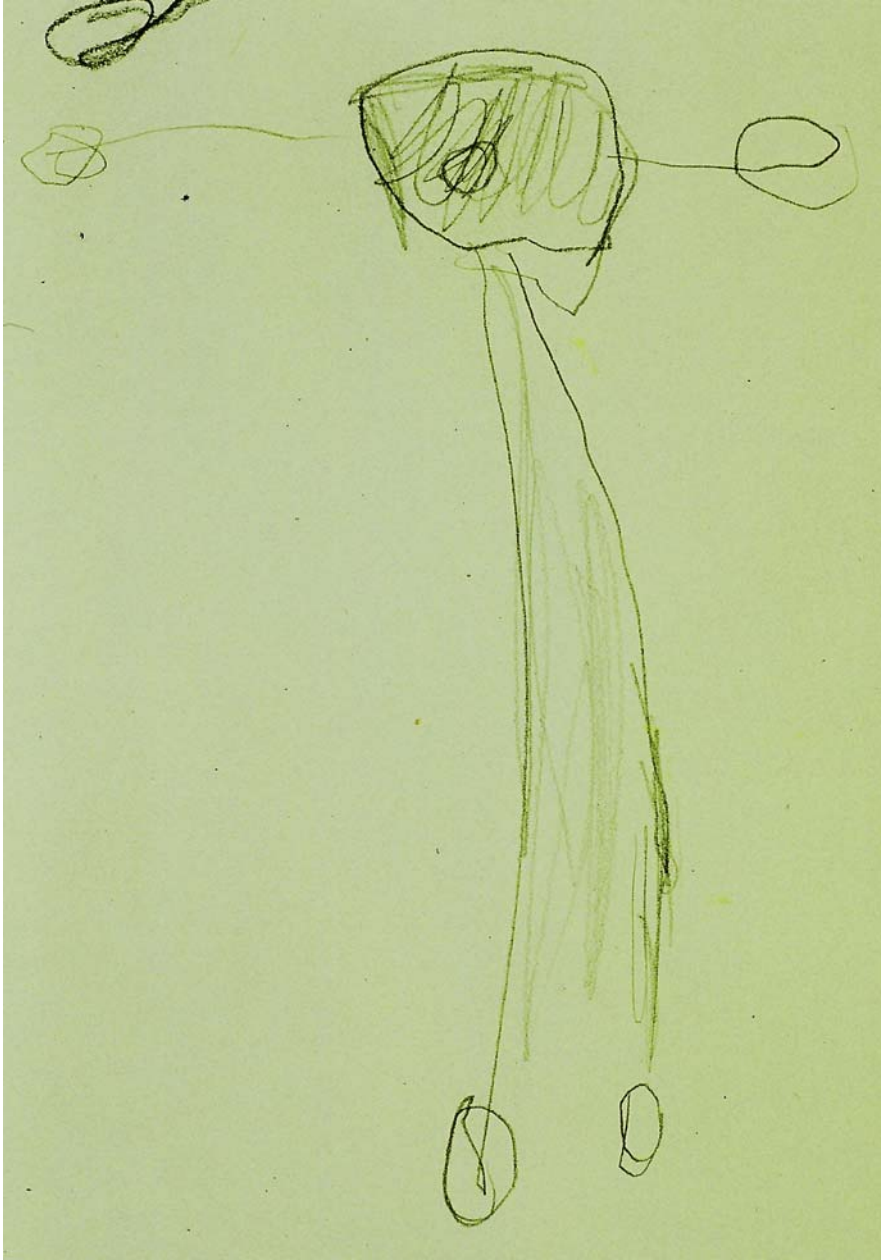


Figure 10 (detail of Fig 6)

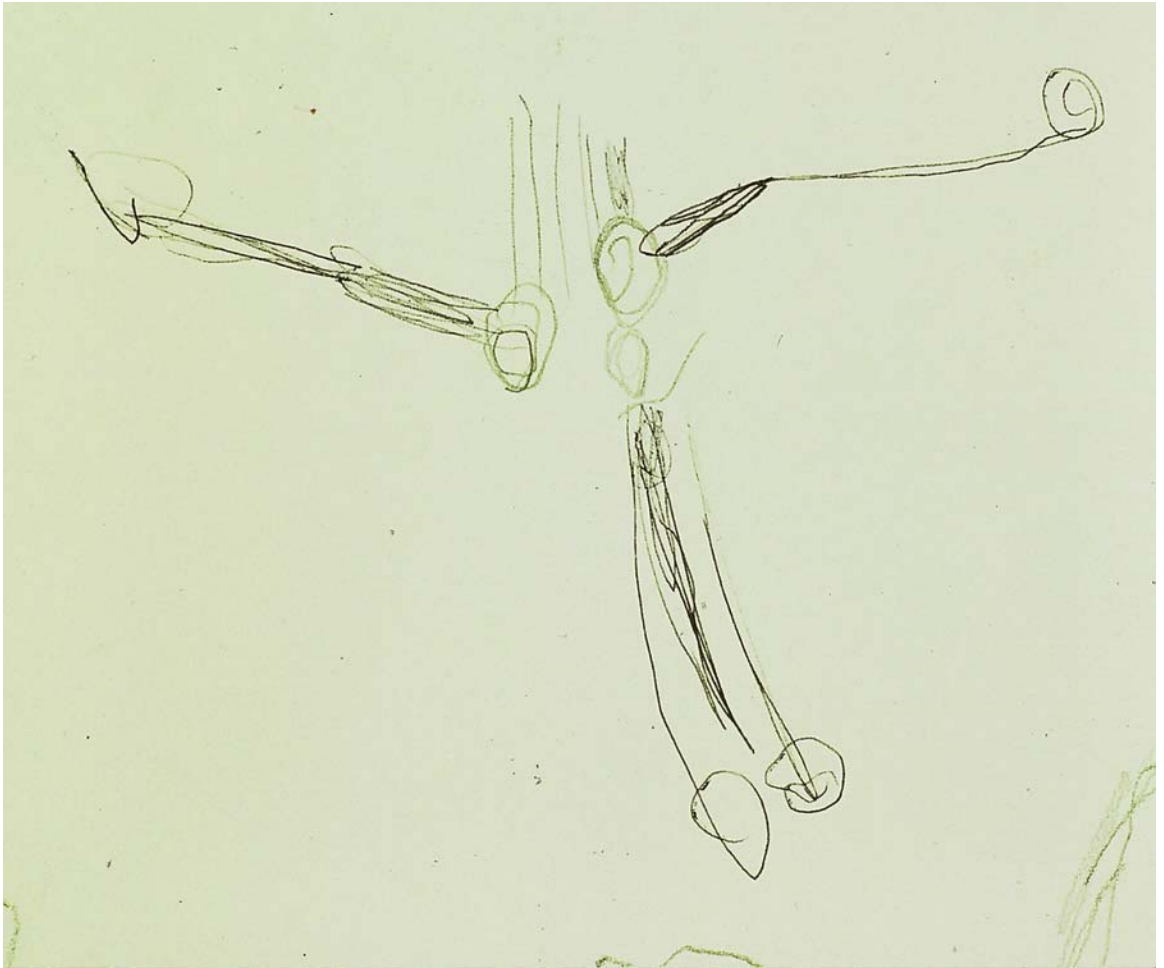


Figure 11 (detail of Fig 6)

Pencil, biro and felt-tip pen have been used for Annie's initial drawing (Fig. 6). If we orientate ourselves to the paper in the way that I have presented the work, we notice that there is a series of figures drawn on the paper, five in all, three of which are placed vertically, one horizontally and one inverted. The placing of the figures feels on initial inspection disordered, but there are no overlaps and no truncations.

A number of different simple graphic or geometric elements have been used in the construction of the figures. A line, sometimes straight, sometimes gently curving with a movement indicating contour, ending in a loop or circle serves to depict arms, head, possibly shoulder, hands, legs and the sides of bodies with attached feet or shoes. Circles without the preceding line are used for features, nose and eyes, and for parts of the body, perhaps buttons or clothing. A single line has been used for a mouth. Horizontal or vertical lines are grouped together for rendering hair. Overlaid marks have also been used for hair and to give substance to the body. Although elements are repeated in the figures some different drawing solutions have been used at different times.

In the first figure to be drawn (Fig. 7) an energetic line describes the contour of a head, possibly neck and shoulder, leading directly to arms. The line is accompanied by a secondary line which zigzags a little. Two lines ending in circular feet descend from inside the head/contour. There is an interesting curvature to the lines representing the body and legs. The left side line contrasts with the slight convexity of the right side. This interesting curvature is suggestive as I can read it as hip, buttocks, thigh, maybe even knee, if I treat it as contour. The complementary nature of the lines gives the figure grace and movement. The body or area between the two lines, is completed by the addition of several circles, six in all.

Colour was added to this figure, when other figures had been completed, using felt-tip pens. The colour has been placed in the face area and consists of a patch of brown and a patch of yellow formed by vertical marks. This is the largest figure in the composition, in terms of height and arm length.

The second figure to be drawn (Fig. 8) is constructed in a different way to the first figure. There is a large head which is given shape by some hair. Marks are placed inside the head, circles for eyes, a circle for a nose and a straight line for the mouth. The body/leg lines

which end in circular feet produce an A shape as they narrow towards the top. Annie has placed a circular mark between the converging lines towards the apex. There are horizontal lines crossing the hair line on the right side of the figure, going in the direction of the arm and the arm attaches itself to one of these lines. At a representational level these lines could be the result of thinking about the location of the arm, different positions being considered before attachment is made.

Because of the features, the eyes and hair, and size of the head, this second figure has a compelling presence. The geometry of this figure gives it a robust and substantial appearance, different to the first figure. This figure directly faces the viewer in an unequivocal way.

In the third figure to be drawn (Fig. 9) arms, head, neck and shoulder, are drawn using one continuous line, again. The line ends form a loop representing hands. Some horizontal marks are placed along the top of the head and vertical marks in the centre of the head. These marks suggest hair and there are no other features present. Lines for legs and body run parallel along the length of the right arm and the left arm is smaller, perhaps to fit it in, as the figure is near to the right edge of the paper here. The head turns in towards the centre of the paper, and the figure could be regarded as a figure turning, turning or bending around towards the previous figure or away from it.

Inside the head shape of the next figure to be completed (Fig. 10) a small circle has been placed, more or less centrally. There is also some loose open loops, covering the face or filling the interior of the head shape. The marks are grouped together more, as if a target has been reached, across the nose/mouth circle. The arms in this figure are represented by a straight line moving at right angles to the side of the head and they end in circular movements. The leg and body lines have a graceful curvature and between these lines some softer verticals, producing a different tone, have been inserted.

The last figure to be drawn (Fig. 11), placed above the head of the third in from the left, is drawn using biro and pencil. The figure slopes in towards the centre of the paper. The body, legs and feet, are drawn with lines ending in circles, like the other figures. Biro has been used and the lines have been repeated, thickening the arms. The body is represented by circular marks at the top and overlaid verticals descending towards the

feet. There is no line in this figure to show the edge or the extent of the head, the vertical hair produces a limit at the top but there is nothing at the sides of the head and everything is very closely attached to the features of the face. There is a kind of compression at work on this figure; everything pushed in towards the features of the face.

There is some composition in this drawing of figures (Fig. 6). The figures are grouped towards the centre right of the space and we can see that the gaps, first between the hand of the first horizontal figure on the left, then between the hair and hand of the second and third figure, then the gap between the hand and head of the third and fourth figure, set up a kind of rhythm. The gap underneath the fifth figure, which is placed above the head of the third figure, could also be thought of as playing a part in this rhythm.

Both the therapist and Annie were involved in the drawing on the second sheet of white paper which I have presented as Fig. 12. The therapist was positioned by the bottom edge when he produced simple geometric figures and marks in blue felt tip.

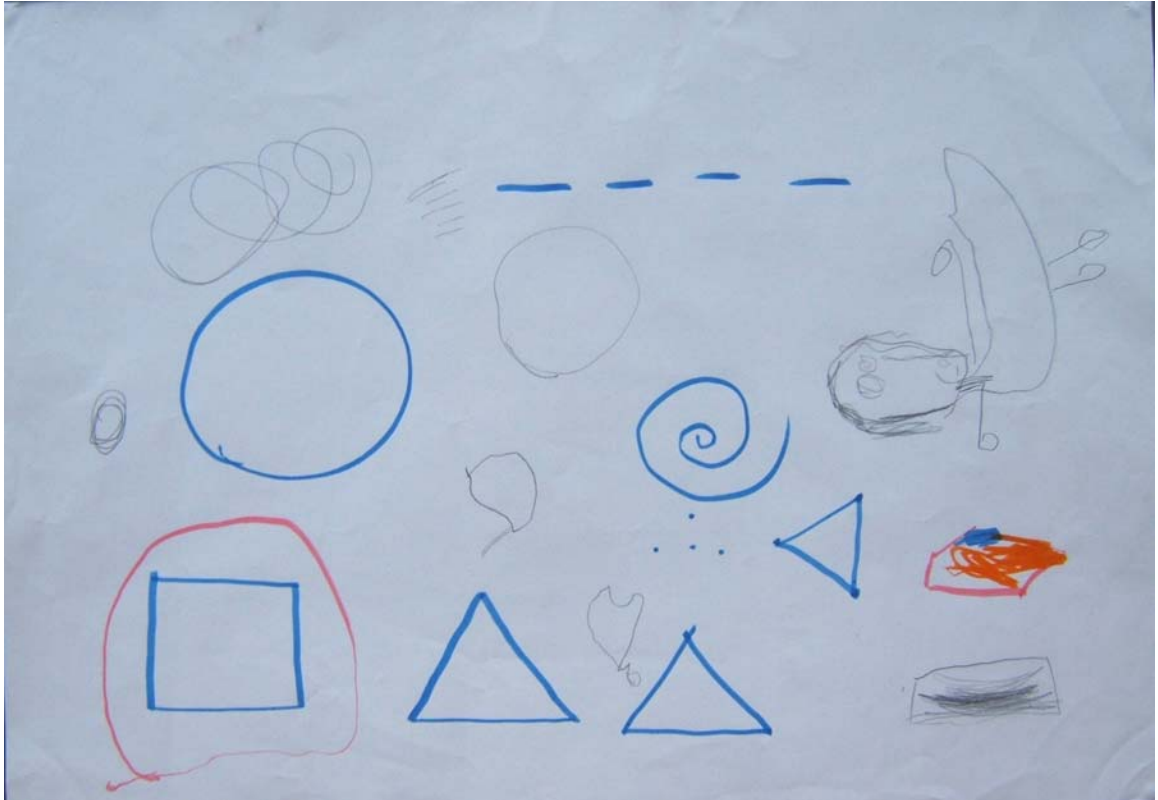


Figure 12 60 cm x 42 cm

In contrast to the therapist Annie completed her drawing in biro, pencil, pink and orange felt tip pen. Next to the therapist's blue circle, to the left, Annie has placed a small circle in biro, the marks overlaid through continuous circular tracings. Above the blue circle are more circular movements in biro which spread across the sheet. These marks ending in a spiral movement represent a response to the therapist's blue spiral. Also in biro Annie has produced some short horizontal lines which have been placed near to the therapist's blue horizontals. Annie's horizontals are stacked vertically rather than moving horizontally across the space. At the bottom left around the square a roughly circular enclosure has been drawn.

To the right of the blue circle, below the blue horizontals, is another circle in biro. Midway across the sheet are two smaller triangles which compliment the two blue triangles below them. They are both shaky looking forms, the edges of the triangles being irregular,

convex and concave in places. Both shapes have a tail or extension attached to the bottom junction, or from Annie's viewpoint at the apex. The higher triangle, drawn in biro, has two parallel lines, added, it appears, as an after thought. The lines trail off to the left. The lower triangle, drawn with pencil, has a short line with a circle or loop attached.

Along the bottom of the sheet is a rectangle drawn in pencil which Annie has partly filled in with overlaid horizontal marks. Above this rectangle is a pink shape, rectangular, but since the angles deviate from the ninety degrees we might expect in a rectangle, depth or a third dimension is implied, or the shape could be regarded as a diamond. The outline is partly filled with orange felt tip and a small portion of blue.

Above the pink rectangular shape Annie has drawn a figure in pencil (see Fig. 13) which provides some extra visual stimulation amongst otherwise routine shapes and marks. The body of the figure is duck shaped, or is it banana shaped? The elongated head is straight on the left of the face and gently curved on the right of the face. On the right side Annie has produced a contour which moves in at the eye level, out at the cheekbone and towards the chin, sloping up at the jaw line, a contour that might be expected when depicting a three quarter view of a head. The face is divided by vertical lines which can be interpreted as the nose in profile. Towards the bottom of these lines a small circle has been added, presumably a nostril. Underneath the circle is a short line which I assume is the mouth. To the left of the mouth is a curved line which appears to refer to the crease below the cheek running from nose to corner of mouth. The eyes differ in size, the larger left eye consist of two concentric circles whilst the smaller right eye has a spiral form. Marks signifying hair move around the head's circumference from the left side, where more hair is shown. The broader expanse of hair on the left side adds to the three quarter view. The large eyes and the short mouth gives expression to the face, a startled or at least a serious look.

Where the duck/banana body of Fig. 13 narrows to form a neck, some vertical marks with biro have been added. The function of these lines remains obscure but they could represent hair, a beard attached to the jaw line, or an area of darkness under the jaw line, or perhaps they were added to simply give emphasis to the neck. The arms are attached to the body near to the neck, and the legs attached to the bottom of the body. They follow

the pattern of her previous figures (see Fig. 6) the lines ending in loops. Together the head and the body of the figure feels strange, like a human head on an animal body.



Figure 13 (detail of Fig 12)

Annie's reply to the regular and simple shapes of the therapist, sometimes repeated the regularity and the simplicity, the circle, the short horizontals, and the rectangle in pencil, for instance. But Annie often introduced her own elaborations, the shading in the rectangle, the tails on the triangles, and the vertical stacking of the horizontals, for example. Annie has also added a figure as well as shapes, a representation of a person or an animal, a figure that holds interest for viewers, including the artist herself, who may struggle to determine exactly what the picture is of, or about.

I shall next describe Annie's drawings on the blackboard. These were rubbed out almost as soon as produced. In order to be able to look at these drawings more closely I stopped the video recording and drew them in biro on white paper whilst looking at the stopped

video. I have since reproduced them using white crayon on black paper (see Figs. 14 to 18)



Figure 14 (Actual size)

The first drawing Fig. 14 is a pear shaped figure. The features of the face are summarised by two circles and a line, eyes and mouth. Arms are attached to the upper part of the pear shaped body and the legs to the curved underside of the body. They are represented by a

line ending in a loop. The left arm is curved whilst the right is straight and hangs down pulling the figure over to the side. The placing of the features of the face suggest a turning of the head and because one of the short legs is above the level of the right hand there is falling over motion or leaning forward indicated. Above the figure is a row of four verticals ending in small circles or enclosures, two look like nines, or P reversed, and two look like Ps.



Figure 15 (Actual size)

Next Annie drew a face Fig. 15. This is a long face shape with two large circular eyes. The white lines on the black give this simple configuration, which lacks any other features, a skull like appearance. This was referred to as a “ghost”.



Figure 16 (Actual size)

Fig.16 follows after the face. This drawing consists of seven verticals which end in circular movements. The verticals to the left, the first three, curve as they rise. As we move to the right the verticals become straighter and shorter. Sometimes the top, circular or semi-circular, forms a P like shape, for example the first vertical on the left and the vertical nearest the farthest on the right. Counting from the left, the verticals 2, 3 and 4 have small circular tops. With number 4 the top has become a dot. Verticals 5, 6 and 7 have larger circles. The circles in 5 and 7 sit on top of the vertical line and have been drawn with a slightly different movement.

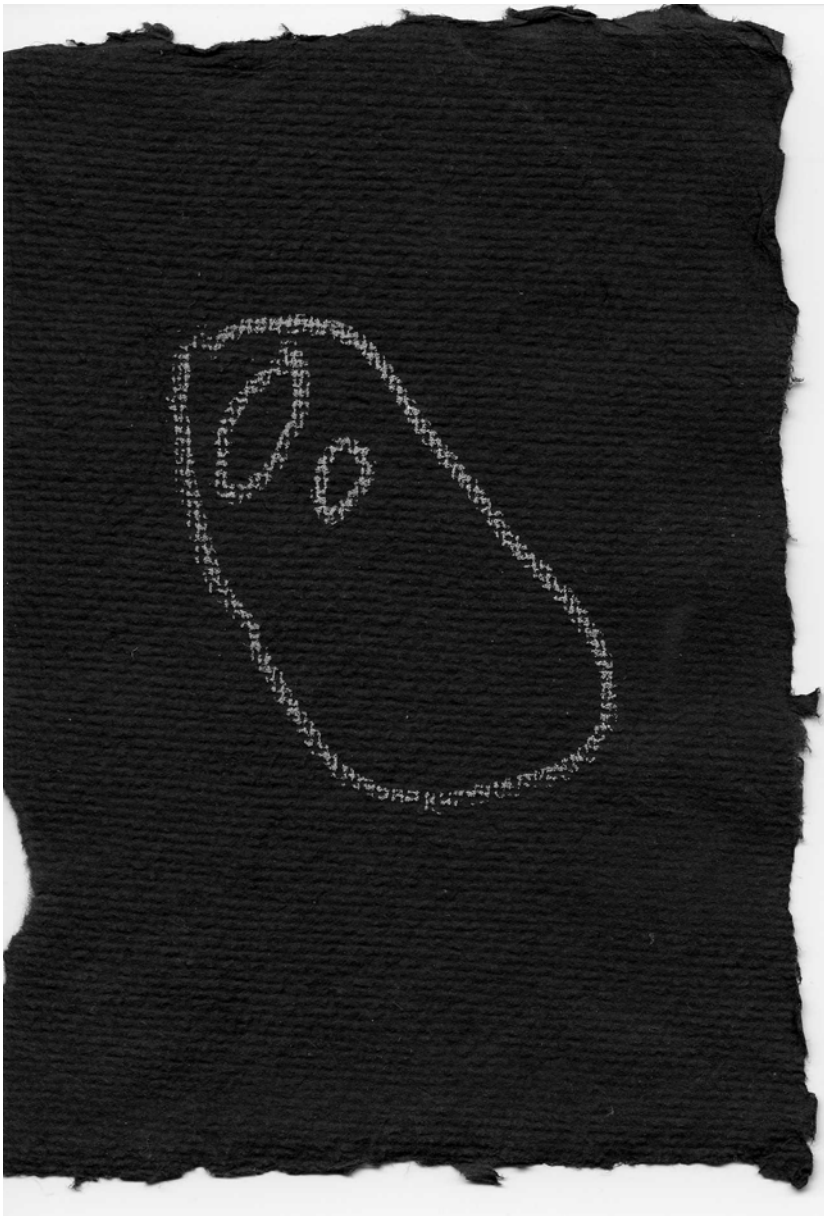


Figure 17 (Actual size)

The next black board drawing Annie referred to as “Baby Jesus”. This is reproduced at Fig. 17. A long potato shaped enclosure with two eyes, a larger oval eye towards the narrow end of the shape and a smaller circle below. The shape is placed at a 45 degree angle but the eyes are orientated to another angle, closer to 80 degrees, in the opposite direction.



Figure 18 (Actual size)

Fig. 18 represents the final blackboard drawing, on this occasion, produced on the blackboard by the therapist. He has produced a simple heavy round face with a nose shown by a vertical line. The left eye is rendered by a line and dot and the right by a dot only. There is some curvature in the mouth produced by overlaid lines, a smile perhaps but little given to be sure of expression.

The blackboard figures were rubbed out quickly but they were also drawn quickly, including the therapist's drawing. They all rely on lines and enclosures to signify figures faces and names. Annie clearly has a liking for the repetition of the P like sign, a sign which sometimes serves as arms or legs, with hands and feet, and sometimes as a version of writing, representing her name. When we look closely, we see she does not always reproduce this form in exactly the same way each time. Her first figure on the blackboard Fig. 14 does differ from her first drawn figures (Fig. 6) in that the body/head is much rounder and is given in the form of a complete enclosure and the arms and the legs appear to be more appropriately attached. It's interesting to compare Annie's "ghost/face" with the "baby Jesus". Both are simple enclosures containing two smaller enclosures but the ghost face does have quite a different impact to the baby Jesus image. The vulnerable peering out from the eyes of baby Jesus could be contrasted to the large round empty eyes or eye sockets of the ghost face. You might want to argue that this reading is prompted by the verbal label but the labels do seem to be appropriately applied.

Discursive subject

The assessment begins with Annie looking behind a screen in the room. The therapist then goes over to the screen to see what Annie is looking at.

Thpst: Come and sit this side Annie/

Thpst: Tell me what you would like to do what sort of things do
you like to do/

Annie: I like to get a photo/

Thpst: A photo you like photographs – what sort of photograph
do you like/

Annie: With a camera/

Thpst: Ah you like taking photographs with a camera/

Annie: What's that there?/

Thpst: That's a television camera/

Thpst: That's so that dad can see you upstairs./

Thpst: Do you like using pencils/

Annie: Yeah/

This exchange shows how the therapist presents the child with the task of using the materials. Through his speech he gives instructions and seeks information, ensuring that Annie makes a choice that meets the assessment needs. Annie for her part informs the therapist about what it is she would like, “to get a photo”, and information about the camera. The camera refers to the outer frame, parents and professionals watching the assessment. Annie is not encouraged to pursue her questions about the camera and agrees to make use of pencils. The therapist places some pencils on the table near to her when he asks if she like using pencils by way of providing further pressure to comply.

Annie is happy to use pencils and begins her drawing with the third figure in from the left (See Fig. 6 & Fig.7).

She aligns the paper so that it is in a vertical or portrait format, placing herself so that she is facing the shorter edge. This means that her curved line representing head and arms of the figure (Fig. 7) is drawn almost vertically in a movement towards her body. Having

quickly completed this figure she begins the second more orthogonal figure in from the left, by drawing the hair, made with horizontal marks and shading (Fig. 6 & 8).

Annie: What's your name again/

Thpst: Robin/

Annie: Robin Hood/

Thpst: Yes its like that/

Annie: Why does everybody call you Robin/

Thpst: Why do they call me Robin – well – that was the name
my mum gave me – why do people call you Annie/

Annie: That's the name my mum gave me/

Thpst: Yeah it's the same reason isn't it/

Thpst: Do you like Annie it's a nice name isn't it/

Annie: It's not very nice/

Thpst: It's not very nice?/

Thpst: Have you got any other names/

Annie: Yeah I got mum – and I got Annie – Annie Brown –
Annie Mary Annie see me that why they call me Annie
Mary/

Annie is interested in identity and the therapist attempts to explore her curiosity with her. Her response to his last question suggests a confusion between having names and having family. The therapist did make a link between names and family and it is likely that Annie is just trying to describe her place in her family.

The therapist now leans across the table and points to the drawing.

Thpst: Who are these people have they got names/

Annie: Well that one's called – Mum that one's called Mary –
they have got some names but I'm not telling you/

Thpst: You want to keep it a secret do you/

Annie points to a picture on the cabinet with her hand holding the pencil.

Annie: What who's that picture up there on the cabinet/

Thpst: What does it look like? What can you see in it/
Annie: Lady – man/
Thpst: Yeah – there’s two ladies – and a man – it looks like –
looks like a teapot on the table – can you see that/
Annie: Yeah/
Thpst: And – err – I think they’re sitting in a café – they’re
sitting in a tea shop having a cup of tea and a chat/

As can be seen the therapist explores the possibility of the figures in the drawing having identity. Anne names the first figure (Fig. 7) but then withdraws her co-operation. Asserting herself she changes roles in the naming game and becomes the one who asks questions, she asks the therapist about *his* picture, can he name the figures in his picture? The therapist does not name the people, he stays with Annie’s “what” rather than “who” and diverts Annie towards the action that the picture, a reproduction of “Chop Suey” by Edward Hopper pinned on the cupboard, portrays.

Annie is drawing on the face area of a new figure suggesting a beard, and she points at it with her finger (Fig 9).

Annie: Does it hurt that bit/
Thpst: Does it what/
Annie: Does it hurt that bit/
Thpst: Does it hurt – my beard – did you say – did you say/
Annie: That bit/
Thpst: [That] bit – what is that bit/
Annie: Well it looks like a bit of hair/
Thpst: Looks like a bit of hair/
Thpst: Why should it hurt – *do you think*/
Annie: ‘Cause it’s hair isn’t it/

Annie is noticing other markers of identity, appearance, and is seeking some understanding of the therapist’s subjective experience.

Thpst: Does your hair hurt?/

Annie: No/
Thpst: It's lovely long hair isn't it/
Annie: Why you – why did you say something/
Thpst: Why did you say something/
Annie: 'CAUSE I SAID SO – that's why/

Annie looks to the side, towards the window.

Although Annie has felt free to comment on the Therapist's beard she does not appear to welcome compliments about her hair. The Therapist's echo of her question "why did you say something" may have also confused her here. The therapist in this exchange, and in the previous one, avoids the position of one who answers questions and Annie did not get an answer to *her* question and perhaps that is why she spoke loudly.

Thpst: I was just asking you what you were saying really/
Thpst: It's an interesting drawing that you've done do you want
to tell me about it/
Annie: Can't 'cause haven't finished yet/
Thpst: Oh all right/
Thpst: When you've finished you can tell me/

The therapist attempts to repair the situation and this time Annie refuses questions.

Annie looks towards the therapist before speaking again.

Annie: Why did you talk?
Thpst: Why did I talk to you/
Annie: Well I SAID SO – yes that's right you can tell me –
What's this what am I drawing/
Thpst: What are you drawing well I think you know better than
me – what does it look like/

Annie: Does it look like a hairy piece – little children know –

looks like a hairy – if you just listen to what you’re
saying/

Annie expresses her frustration with the therapist with her loud “I said so”. He still does not answer her question and she makes it clear that he could very well answer, “yes that’s right you can tell me”. If he cannot answer her question can he tell her what she is drawing. Annie knows, as do “little children” and she has a description or a label for her drawing of the Therapist’s beard, “a hairy piece”. The last part of her speech, “if you just listen...”, like the earlier part, could be directed at the Therapist or herself – which confuses us. Pronoun reversal is regarded as symptomatic of Autistic speech, where subjects refer to themselves in the third person, and Annie’s predilection for this kind of speech was reported in the documents (see documentary subject). Benveniste (1971) points out that pronouns refer to an “instance of discourse”. When “I” and “You” are used they imply roles, the roles of speaker and listener, each works in opposition to the other, and together they facilitate cultural identity (see also Silverman 1983 P44-46). There is contention in relation to roles here, and, I would argue, Annie wants to establish just who is the listener and who the speaker, who answers questions and who asks questions in this situation.

Thpst: Is your drawing finished yet/

Annie: No – know when you select pencils/

Thpst: Yeah what about the pencils/

Annie: Well pencils are not just usually for people are they?/

Thpst: They’re not usually for people/

Annie: No ‘cause if they’re naughty they’re not usually for them
if they’re good they are/

Thpst: So – you – got some pencils this morning – does that
mean you’re being good?/

Annie: Yes/

Thpst: And if you were naughty I’d have to take the pencils
would I/

Annie gently nods.

Thpst: Are you naughty sometimes/

Annie gently shakes her head.

Annie shares thoughts about the situation, with the therapist. Is she behaving as the situation demands? Although Annie selected pencils, she uses the word “select”, they are only offered to people on the basis of being good, according to her estimate. As can be seen she agrees that she is being good and is not willing to admit to being “naughty sometimes”.

Annie: Can you just tell me what I did/

The therapist comes forward and looks at the drawing, squatting down by the table edge.

Thpst: Well these are people aren't they – is this a person/

Annie: No/

Thpst: Well it's got arms and legs/

Annie: That's the big girl/

Thpst: That's the big girl is it/

Annie: She's a big sister/

Thpst: Have you got any brothers and sisters/

Annie: Go and sit back on the chair/

Thpst: Have you got any sisters or brothers/

Annie: Only one one I got only one brother now go and sit
down/

The Therapist is invited to look at Annie's drawing, to answer questions and offer an interpretation. He responds positively but Annie rejects his labels. She does not want to label her figures as “people” or “a person” but she does give the larger figure (Fig. 7) an identity. The therapist wants to connect the drawing to her experiences, in particular her family, and Annie does link the “big girl” to a “big sister” which she has, and also a big brother. She confirms this with her last statement, but ambiguously, and Annie seems to treat enquiries about her family as unwelcome. Perhaps she is reluctant to answer questions as this places her in a subordinate position. She ends the exchange by giving

the Therapist instructions, thereby assuming power. He is too close and needs to sit down.

Annie: People can't get real with pencils – cause they're
hu::mans – human beings - *I want you to be a human being*/
Thpst: You want me to be a human being – I thought I was a
human being/

Again the problem here is who does the “you” refer to. It could be Annie herself that she addresses or, and this I think more likely, she could be addressing the drawing when she speaks quietly. The assertion that “People can't get real with pencils” would indicate that the drawing is lacking in some way. A drawing could never be a substitute for a “human being” and if Annie is thinking in this way then it might explain some of her reluctance to name the figures. The inadequacy of the figures discourages this. We noticed in the ekphrastic subject that Annie was trying different drawing strategies for the figures, within the limits of her schema, and this would also support the idea that Annie is trying to make people “real with pencils”. If Annie is addressing the Therapist then we would want to know in what way she thinks he falls short of being human – the same would apply to herself if she were addressing herself.

Our questions are not answered instead Annie returns to drawing using a biro found in the pencil tin (Fig. 11). Using the biro might make the people more “real” too.

Thpst: That looks like another – sort of person – you think/
Annie: Yeah/
Thpst: Perhaps we should do something - together now –
would you like that/
Annie: I have n't fi::nished/
Thpst: You haven't finished – what have you got to do to this
Picture/
Annie: Some eyes – some where – some crowns on here/
Thpst: Crowns?/
Annie: No crowns in a circus/
Thpst: Clowns – oh/

The therapist wants to move the assessment on by introducing some shared activities but Annie wants some more time for her drawing of figures (Fig. 6) she clearly has some intention that she has not yet fulfilled. Annie, with the help of the therapist, finds some coloured felt tip pens.

Thpst: Is that the clown you are colouring in/

Annie: Oh no/

Thpst: Is that the lady or the mum/

Annie: That's dad/

Annie points of taps each figure – this is accompanied by inaudible naming.

Annie: (())

Annie: I don't know what you're talk – I don't know what you're talking about/

Thpst: Don't you/

Annie: This one's working if you get things like easy things that work you'll be able to do it/

Annie: We have hard spaces don't we/

Thpst: We have?/

Annie: Hard spaces/

Annie: We like it my thought/

The large figure which has colour applied to the face (Fig. 7) surprisingly, given what Annie has said, is not a clown but identified as “dad”. Annie gives emphasis to the word dad suggesting she is quite clear about this. Other figures are identified in an inaudible, and therefore ambivalent way, and then Annie makes a comment which again could be directed towards herself or the Therapist. Maybe naming is a strange thing to do, especially since figures produced with pencils are not “human beings”. But she has experienced some success with her drawing it is “work you'll be able to do it”. The task was not too difficult for her although the assessment “space” or experience might be more problematic or “hard”. Is it the picture space or the space of the assessment that she

refers to? “Space” might not be the word she needs here. “We like it” might refer to the drawing as activity and product, or the experience of the assessment so far.

We can now see how the drawing of figures that we explored in the ekphrastic subject (Fig. 6) emerged in response to the first task or “charge” of the assessment, presented to Annie by the therapist. The video enables us to see that Annie has drawn all her figures horizontally and Annie moved round the paper and faced different directions for each figure when drawing. She has grouped the figures around the larger figure (Fig. 7) with which she commenced her drawings. Earlier I suggested that the gaps between the figures is of interest and in considering the way in which she produced the drawing the gaps do appear to have been calculated to hold the group together. It is a kind of circular dance that we can feel has emerged and this sense it echoes her movements. As well as providing visual interest for herself and the therapist, Annie’s drawing was related to identity, first by the therapist and then by Annie. The larger figure (Fig.7) was identified at different times as the “big girl”, the clown, Mum and Dad. Fig. 9. and Fig. 10 refer to the therapist, they are linked to Annie’s exploration of “hair” or beard. We do not have an identity for Fig. 8 or Fig. 11 but we did notice that Fig. 11 follows on from Annie’s remarks about drawn figures and is drawn using biro which, as we have noticed, gives this last figure a particularly emphatic character. The different positions that the figures occupy on the paper and the movement that is suggested, do echo the movement and contention in relation to position, or roles in interaction, that the verbal exchanges reveal.

The therapist next presents Annie with a different instruction. He directs Annie to copy his shapes (see Fig. 12) in the ekphrastic subject. The copying task is introduced in order to explore Annie’s response to instructions and her fine motor skills. The therapist places emphasis on geometry in this drawing and, apart from the naming of shapes, signification and imaginary construction is discouraged.

Thpst: I’m going to start and I want you to draw the same thing
as me ok/

Thpst: Wait a minute/

Thpst: Let me start/

Thpst: Here we go/

Thpst: Can you draw that shape/

Annie: No I don't like drawing circles/

Thpst: That isn't a circle is it/

Annie: *Don't know what it is*

Annie does not identify the shape as a square and whilst she speaks she produces a line that encloses the therapist's drawing, the square. There seems to be three refusals or confusions here, both in her "No I don't like" and in her naming "circles" and in her drawing actions. Her last comment suggests she does not know, or care to give, names to shapes, although she speaks quietly which might indicate some shame in not knowing. The shape that she has produced in enclosing the therapist's drawing is circular (Fig. 12).

The therapist repeats his presentation of the task. He places his Hand on Annie's side of the paper to re-enforce his instruction.

Thpst: See if you can draw that shape/

Annie moves to the other end of the paper and draws a square.

Thpst: Very good very good/

When Annie complies with the copying task she is given praise for her drawing. The praise is intended to encourage compliance and next the therapist introduces a triangle as a shape to be copied, but despite prompts, verbal and pointing, Annie does not respond. Instead Annie continues filling the square she produced with orange felt tip. Some blue was tried in the square, then Annie returned to orange.

Thpst: See if you can draw the triangle look Annie here this
one./

Thpst: You're colouring in the square now lets see if you can
draw the triangle.

Thpst: Have a go/

Annie: I like colouring in the square/

Thpst: You like colouring in the square do you/

Thpst: But I'd like you to try and draw the triangle let's see if
you can do it/

Thpst: Have a go//

Annie is quite clear about what she wishes to do and the therapist tries to persuade through speech. Both the Therapist and Annie emphasise the word "like". The Therapist is acknowledging her liking but implies that his liking should have some priority. During the exchange the therapist glances briefly at the camera, sharing his exasperation with the adults watching and seeking approval for the adoption of his position as the adult directing tasks. He tries further cajoling.

Thpst: I like your squares squares are good but let's see if you
can do a triangle/

Thpst: Shall we/

Annie: *Mmm*/((very quiet))

As she quietly muses Annie looks briefly at the therapist's face suggesting she is giving the idea some consideration. She then begins another shape in pencil above her squares starting with a line but producing a more meandering movement (this drawing eventually results in Fig. 13).

Thpst: What shape is that then/

Thpst: That's a wiggly wobbly shape isn't it/

Annie: No it's a sea side shape/

Annie is managing to shift the agenda and continues with the sea-side shape. In desperation the therapist lifts her hand from the paper and urges Annie to join some dots to produce a triangle. The impasse is eventually broken by a more interpretative comment by the therapist.

Thpst: You don't like doing the things I ask you to do what do
you think will happen if you do the things I ask you to do/

This comment results in a gentle nod from Annie who then draws a triangle in biro, just above the therapist's triangle. We could regard this, in speech act terms, as the kind of perlocutionary effect (See Austin 1962) the therapist was seeking from his utterance, his comment on Annie's likings was less a propositional statement and a question, more a successful piece of persuasion.

Thpst: Very good that's a triangle isn't it/

The therapist points to Annie's sea side shape which has been elaborated into a figure (Fig. 13).

Annie: A monkey/

Thpst: A monkey./

Thpst: *That's nice*/

Thpst: What sort of monkey is he/

Annie: Ohh it's a girl monkey/

Thpst: A girl monkey/

Thpst: Does the girl monkey get up to tricks?/

Annie: No/

Thpst: No what does she do/

Annie: *She never gets up*/

Thpst: She never gets up to anything/

Annie: No she just stays like that/

In naming her figure which began as a sea-side shape Annie could be producing an interpretative response to what she has drawn rather than referring to an initial intention. But Annie has moved the drawing into the imaginary realm, using iconic signs and verbal association. The therapist appears to be thinking about Annie's relation to the image of the monkey. He is encouraging verbal associations and imagines that Annie might identify with the "girl" monkey, given her recalcitrance. Annie does not follow the Therapist in his associations and refuses to play this game. She refuses, or does not understand, instead she appears to refer to the concrete nature of the drawing. The drawing "never gets up" it "stays like that". Her response reminds us of an earlier response during the free choice drawing, "people can't get real with pencils". Annie's seaside shape/monkey does appear

to have been completed in the spirit of the imaginary, in a playful and open way, but Annie seems unwilling to explore associations especially when directed or prompted by the therapist and his interpretations. Moving the shape production into the realm of the imaginary does reverse the power relation and allows Annie to avoid the subordinate role of one who follows instructions, but to maintain this position Annie has to have control over the interpretation of her imagery.

The therapist points to the drawing that Annie has just completed.

Thpst: What's this one here/

Annie: A ghost what/

Thpst: A ghost/

The "ghost" takes the form of a second triangle, a heart shaped triangle with a tail, situated between the two blue triangles (see Fig. 12). This drawing ends the copying task.

Annie asks for this picture to be pinned on the wall and the therapist pins both pictures on the wall and enlists her help with the drawing pins. After a brief comment on what has been done, by the therapist, Annie next initiates some drawing on the blackboard.

Annie: That's a face/

Thpst: That's a/

Annie: A face/

Thpst: A face alright/

Annie: Haven't fish yet/

Thpst: No/

Annie continues with her drawing and produces a figure (Fig. 14) then adds what appears to be her name. Her writing or drawing above the figure being in the form of verticals with a semicircular top, like number 9 or letter P (see Fig. 14) a form used in her figure production (See Fig. 6). Annie spells out her name as she writes, or perhaps more accurately I should say, as she produces a form of writing.

Annie: *Annie P and P and P Annie P*/

Thpst: What does that say?/
Annie: And P/
Thpst: Can you write your name Annie/
Annie: I can/
Thpst: How do you spell it/
Annie: Annie P./
Thpst: Show me/

Annie appears to be satisfied with her writing but therapist wants more proof of her ability to spell. Instead of producing more writing or spelling her name Annie rubs out her figure and letters and draws a face.

Annie: Chalk – a picture/
Thpst: That isn't your name show me what your name looks
like/
Annie: *Ohh I don't want to*((doubtful inaudible))/
Annie: Right now who remembers to draw a ghost/
Annie: *You remember to draw a ghost*/

Ignoring the Therapist's prompts in relation to writing Annie has conducted a dialogue with herself. She appears to teach herself or address herself as if she were a teacher. Annie remembers how to draw a ghost, her face which she now suggests is a ghost, is a very simple face but effective in being ghost like. (See Fig. 15). It is different to her previous ghost which doesn't obviously resemble a ghost.

Thpst: See if you can do your name and then you can show me
a ghost/

Annie returns to the blackboard and does some more drawing (Fig. 16).

Annie: Now chalk has mess./
Thpst: What's those bits/

Annie: It's my name/

Thpst: It's your name is it it looks like the letter P./

Annie: Oh it's daft/

Thpst: It's daft is it/

Annie: Yeah/

The prompt from the Therapist encourages Annie to try again. Annie's attempt at writing turns into her usual graphic primitives, a line ending in a loop (See Fig. 16). Annie shows more awareness this time, she is aware that she has not been successful in her writing, that her writing does not meet the criteria for writing. She can manage the letter P. Her "Oh its daft" expresses her embarrassment and disappointment. However its worth noticing that although her P form is repeated it is varied (see Fig.16 and description in the ekphrastic subject) and this does suggest that Annie is aware that the difference in letters is important.

Following this exchange the therapist attempts to engage Annie in writing and gives directions. He first tries to interest Annie in the spelling of his name and the recognition and reproduction of letters, but she does not try reproducing letters or lines when the therapist draws lines.

Thpst: Can you do this one look this is an easy one to do/

Annie: No not easy/

This is not a comfortable place for Annie to be in although it may enable the therapist to comment on her abilities. He continues to prompt and holds out the chalk towards Annie.

Annie: Nooo we'd like to see daddy/

Thpst: I want to see if you can do some lines like that can you
show me/

Thpst: Come on here's the crayon/

Annie: My fine folder ((doubtful inaudible))/

Thpst: Sorry here's the chalk/

Annie: *That's nasty*

Thpst: Well get your own piece then and use one of those/

Annie shakes her head and walks past the therapist and back to the blackboard. Annie then rubs out the lines with the duster. In this exchange Annie presents herself unequivocally as a recalcitrant child and plays the part accordingly. The Therapist expresses the appropriate exasperation with “Well get your own piece then...”.

When Annie appeals to a higher authority and asks to go and see her daddy she walks on her toes holding out her blue dress with one hand in front of the therapist and camera. She smiles and looks at the therapist shaking her head when he holds out chalk for her to use. She is superior in her disdain, but this performance probably covers her anxiety, the difficulty she has with the tasks. Maybe it is the therapist who is “nasty” with his persistence, not just his chalk.

Annie: Now made rubbers lying there now after you write your name start doing a lovely picture of Christmas where you had your presents/

Annie: Now this is baby Jesus ‘cause you know you can’t do it can you/

Annie: *Right now*/

Annie: *This is called um*/

Thpst: That’s baby Jesus yeah/

Annie: Yes ‘cause you’ve got to draw lovely of the stable now if you do it Jesus if you finish your stable come to me and write your name then but I don’t want it squiggled/

After rubbing out the therapist’s lines with the duster Annie finds a piece of chalk and begins drawing. She cleverly prevents the therapist regaining control by filling the adult role herself, in an imaginary identification she becomes a teacher at school, using words that a teacher might use she directs herself. If speaking of oneself in the third person is aberrant in some way here we can see that it serves a useful purpose, it enables Annie to resist directions from others. She is also giving the therapist a demonstration with this dialogue, this is how teachers behave, asking children to do things that they cannot do. The vulnerable looking baby Jesus contrasts with the ghost, (see Fig. 15 and Fig. 17). It is the helpless baby without arms or legs.

There is some confusion here again because the instruction that Annie gives to “write your name” is given directly in front of the therapist and he asks if it is he who should write his name.

Thpst: You want me to write my name on there/

Annie: No/

Following this there is some attempt by the therapist to address the issue of power directly. He does not want to surrender his power but Annie and the therapist are both looking for some form of reciprocity or solidarity – but what might this mean, for each of them, in this situation?

Annie stands beside the blackboard which has her drawing of Jesus on it Fig. 17.

Annie: Well I'm thinking if you like doing things with me 'cause
there they chalk like/

Thpst: I do like doing things with you but I don't think you like
doing things with me do you/

Annie: No/

Thpst: I think you want to be in charge/

Annie: No I don't want to be in charge/

Thpst: You don't?/

Annie: No/

Thpst: Were you going to draw something for me then/

Annie: No/

Annie does not want to be in charge but she wants to avoid following the directions that the Therapist gives her. She goes on to assert her autonomy in dramatic movement and confusing speech. She rubs out the baby Jesus. Next she turns towards the therapist, then speaking walks in circles, finally finishing up quite close to the therapist, facing him directly.

Annie: Right now this one says APGSIR if you're R snucker (more quietly) she just put the
things over/

“If you’re R snucker” refers back to the therapist’s previous attempt to involve her in spelling his name, when the therapist introduced her to the letter R. I would think it is Annie who “put the things over”, with the list of random letters she shows how the adults give direction, and she takes command thereby.

The therapist responds to this with a drawing and he attempts to interest Annie in his drawing, a rudimentary face (see Fig. 18) but Annie shakes her head when asked to look.

At this point the assessment is interrupted and the blackboard drawing comes to an end.

The blackboard drawing was initiated by Annie and, as we can see, the drawings (Figs 14 to 18) are related to the development of the relations between Annie and the therapist. Annie introduced the idea of writing but the attempt by the therapist to gain an understanding of Annie’s writing abilities led to further conflict, and resulted in exchanges that reveal the assumed adult/child power relation at work in the assessment. In respect of writing, the adult being one who gives instruction and who knows, the child being one who submits and learns from the adult. Annie demonstrated how this power relation appears to her, and also how it can be used by her to avoid adult imposed tasks that may well result in the exposure of failure.

There is a problem with the camera which Maureen (a team member) helps to repair. Meanwhile Annie sits herself on a chair. She asks the therapist to talk to her again. The therapist responds by taking a soft toy rabbit over to show Annie. Annie looks at the rabbit and smiles and she takes the rabbit when handed to her by the therapist and looks into its face.

Annie: Talk to me/

Thpst: Alright/

Annie: Right now/

Thpst: Have you seen my rabbit have you seen this/

Thpst: *You like*/

Thpst: He’s called Arthur/

Annie: *Is he a rat*/

Thpst: Umm/

Annie: A rat/

Thpst: He's a rabbit/

Annie: A rabbit/

Thpst: Yeah/

Annie: Where did you buy this from/

Although she appears to be sarcastic in relation to her mistake Annie does respond to the soft toy and cradles the rabbit in her arms briefly, she holds the rabbit at arms length by the ear then brings it close into her body for a brief hug. Animating the rabbit she stands it on its legs and moves it along the table top.

Thpst: Where did I buy this from he's lived here a long time he
was here before I came here/

Thpst: He's nice isn't he is he friendly you think/

Annie: Yeah/

Thpst: Are you making him walk/

Annie: yeah/

Annie: Aek ook ook/

The therapist capitalizes on Annie's liking of the soft toy and creates a new imaginary situation, the rabbit lives in the art room and is friendly, and Annie joins in this proposed imaginary situation by making him walk and giving him speech (the noises).

The Therapist then moves the assessment on by introducing play-doh. When the therapist lifts off the lid of the play-doh tub Annie leans over the table and looks in. The therapist takes out a piece of play-doh and places it on the table pushing it down with his fingers. Annie pushes it gently with both her hands.

Annie: What's that/

Thpst: What is it/

Annie: Play-doh/

Thpst: Right/

Thpst: Do you like it/

Thpst: Soft isn't it/

Annie: Where's dad/

The therapist does not respond to the question about dad, which suggests that Annie is now anxious to end the assessment, but breaks off a piece of play-doh and rolls it with the palm of his hand. Annie takes a piece and rolls with both hands, hers is more of a squashing movement than a rolling. Annie next lifts the length that the therapist has rolled, looking at the therapist and smiling, she holds the rolled out piece above the table.

Annie: Making him a snake/

Annie: Sssszz sss sss/

Thpst: It's snake is it/

Annie: [ssss ss ss]/

Thpst: Can you make a snake/

Annie: Ssss sss SSSS/

Annie: Making him a snake. Sssszz sss sss.

Producing the ssss sound and holding up the length of rolled play-doh is "making a snake" but the Therapist wants Annie to try some more rolling. However, Annie enjoys the hissing and wants to extend the imaginary situation, the play, by bringing the soft toy back. The therapist does not encourage this as he is interested in assessing her fine motor skills, he wants to see how well she can manipulate the play-doh.

Annie: I want to see if Arthur want a snake/

Thpst: See if you can roll can you roll something like that/

Annie: [Sss sss sss]/

Annie: Ssss she over there jumping there/

Thpst: [See if you] can roll Annie/

The overlap in speech shows the Therapist interrupting. He is still trying to move Annie away from the imaginary situation where Annie appears identified with the snake, and he repeats his request for rolling. The therapist rolls a second snake and Annie reaches over to take the second snake and moves it over to join the first snake. The therapist rolls out a third snake and Annie joins the three pieces together.

The imaginary snake enables Annie to maintain some autonomy in this testing situation. The therapist next decides to supply Annie with shapes. He rolls another piece and joins the ends to make a small circle which he passes over to Annie. Annie then plays with the circle and snakes together, lifting up the snake to drop it in the circle.

Thpst: What's that/

Annie: A no snake for me ((singing)) she's she's/

Thpst: See if you can make a circle like that Annie/

Annie: [((singing))]/

Annie: He's going in it/

Annie next lifts up the snake and drops it in the circle. It is interesting that Annie gives the snake a gender identity. It is also a 'no snake' which supports Annie in her refusals.

Thpst: Ok? Can you make circle the same as me look/

Annie: Oh oh oh/

Annie picks up the second circle that the therapist has made and joins it to the other one. The therapist points to a long roll then Annie picks up this piece and joins the two end of the length together to make a circle. Then she pulls it apart again. She joins it back into a circle and tries a smaller circle inside the larger circle.

Thpst: See if you can make a circle with that one/

Thpst: Very good/

Annie has demonstrated some manipulative skills and been willing to follow some instruction. She now picks up one circle and rubs it against the bottom of her chin. Annie looks at the therapist and smiles.

Thpst: What else can you make/

Annie: Making a beard/

Beards were of course explored earlier with the drawing and Annie is thinking of the therapist again but this time her actions feel playful. She is demonstrating a different use

for the play-doh. She is not now asking about beards but reminding the therapist of his beard and his difference, reminding him of her awareness of him.

Next Annie and the therapist cut the play-doh cakes into small pieces.

Annie: These cookies/

Thpst: Cookies what sort of cookies are they/

Annie: Pancakes/

Thpst: Pancakes?/

Annie: Yes/

Although direction is with Annie there is turn taking in the second part of the exchange and Annie is happy to respond to questions and agreement is reached.

Annie pretends to be eating her cake pieces and the therapist imitates with his quarters. Annie nods her head. The Therapist continues to extend the play he places a flat round piece on the table and Annie picks up some small pieces.

Thpst: What can you do with that one/

Annie: These are for after breakfast/

Thpst: For after breakfast?/

Annie: And these are for after tea/

Thpst: Ha ha after tea yeah/

Annie: Umm they're not dinner are they/

As can be seen there is turn taking. Annie is able to answer the Therapist's questions and has no difficulty in inserting her own ideas into the play. The therapist will be interested in her use of the imaginary for his assessment report and he next fetches a gingerbread cutter and places it on the table. The therapist pats a large flat piece.

Annie: I'll use the gingerbread man/

Thpst: Ok/

Thpst: Press it down hard that's it/

Annie: His neck's undone see/

When Annie removed the gingerbread man from the cutter his head fell off. She did repair the figure and then laid it on the table but when she picked it up again she removed the head and pretended to eat the head.

Annie: Gingerbread man he wants eating/

Annie: Cop chop ick ((smacking lips))/

The therapist makes a second gingerbread man which he places down on the table near to Annie.

Thpst: Here y'are there's another one/

Thpst: Shall we give him some eyes/

Annie: Yeah/

Thpst: Can you do that/

Annie: Yeah/

Annie: *Let's* don't want to give him some eyes/

Thpst: You don't why not/

Annie: Lets give him some buttons/

Thpst: Buttons instead/

Annie initially agrees to the therapist's project of adding features, but she has ideas of her own. The therapist rolls some small pieces that can act as features and these are placed on one of the gingerbread men to form eyes and he encourages Annie to continue his work. He points to a small piece he has made and Annie uses this to make a mouth. Annie also adds pieces to the gingerbread man whose head was removed, to the body of this figure, presumably these are the buttons she speaks of.

Thpst: Here y'are I'm giving this one some eyes look/

Annie: And the mouth/

Thpst: And the mouth here y'are there's the mouth look/

Thpst: Umm that's good/

Thpst: There is a nose look/

Thpst: Does he need a nose/

Annie: No/

Thpst: How's he going to smell/

Thpst: I'll give him a nose shall I or can you do it give it
you put the nose where the nose should be/

Annie places the nose on the gingerbread man.

Thpst: Very good.

Annie is probably thinking of the gingerbread men who have chocolate buttons or another kind of sweet stuck into their bodies. Placing the emphasis on facial features as the therapist does takes the pretence, or the representational nature of the play-doh figure, one step further along a signifying chain. The play-doh figure represents the gingerbread man, and the gingerbread man is capable of representing a real man. The therapist in directing Annie in placing features, is wanting reassurance that she can place features correctly, this is part of the assessment, the examination, the discourse that intrudes on the reverie of the play and the imaginary. Annie next asks if she can "go and see daddy now". She senses that the therapist is changing the direction of the assessment and seeking control through his repeated prompts and the changes in turn taking.

Annie: Can I go and see daddy now/

Thpst: Alright lets put all this together and we'll put in in this
tub here/

The therapist proposes to end the assessment and invites Annie to help gather up the play-doh and they both push pieces into the tub.

Thpst: What did you enjoy doing the most/

Annie: I don't know/

Thpst: You don't know/

Thpst: Ok/

With his question the therapist is making an ending and he then turns off the camera.

As can be seen the discursive subject allows us to explore interaction in detail, a detail that does not appear in the documentary subject. Detail appears in the Ekphrastic subject but this is confined to the art object and an intentionality is constructed from the visual aspects we have been able to find words for. Our analysis in the discursive subject shows that Annie's responses to the situation, the brief that she developed in relation to art production, developed with the exchanges and communications that the assessment ritual, as performed by the therapist, generated. The conversation and social interaction sometimes became confused and was characterised by disruptions and disagreement. Understanding each other seemed difficult and both Annie and the therapist sought to use the routine of giving instruction to gain power, or avoid the subordinate position. There was also some contention over the interpretation of art production. Annie did not allow the therapist to decide what her drawings were about, or of, and she treated reference with suspicion and scepticism, suggesting some unease with symbolic communication. However Annie and the therapist both made use of the imaginary and were able to generate playful exchanges, when using the play-doh for instance, exchanges that generated some solidarity or more mutually enjoyable interactions. Annie was wanting to gain an understanding of the assessment situation, and she wanted to avoid the exposure of her vulnerability. However she did seem able to make statements about her understanding of the situation, through the use of the materials, verbally and through movement, and gave direction to the assessment. The therapist wanted to explore social interaction as directed by the briefing note (see the documentary subject) and he attempted to conduct some inquiries in relation to communication and social understanding, using the same semiotic resources as Annie.

CHAPTER 7 SUBJECT No 3

Tim Aged 7 years 7 months at assessment

Documentary Subject

Tim was referred to the service by a Consultant Paediatrician who reports on Tim's behaviour, concentration and social relations. At school the teachers, and Tim's mother, were concerned about his failure to complete tasks. He is described as "very disruptive" in class and has to be placed on a separate table to allow others to complete their work. He has no friends and does not play with other children at play time and he is bullied. Tim says "I'm not good enough to play with anyone" and "I wish I were dead, so that I wouldn't be so naughty". Tim's parents are also worried about his obsessive behaviours, for example needing to go the toilet very frequently to urinate. The consultant ends her letter asking for an assessment and an "opinion" in relation to Tim's difficulties.

Reports by an Educational Psychologist, the Class Teacher's comments and comments by parents were attached to the referral letter. The Educational Psychologist suggested that Tim found it difficult to appreciate other people's thoughts and he finds it difficult to respond to "implicit social rules". The Class Teacher reported that the biggest problem in class appeared to be the lack of motivation. She felt that Tim was capable of "doing more" of "producing higher quality work". More positively the school do say that Tim's acquisition of basic literacy and numeracy skills are within age appropriate levels.

Parents were concerned about argumentative episodes with his child-minder and with other children. Tim also thinks up reasons why he should not go to bed at bedtime, he says, for example, "I can feel a lump in my throat" and "I can't feel my heart". Parents write that Tim is not a "monster", "he is a lovely, sensitive and normally happy boy".

Tim's difference, in some respects, seems insignificant, for example having arguments with the child minder, finding excuses for not going to bed, and the teachers feeling that he could produce more work, but the adults collectively were anxious about his social relations and the disruptive effect of his difference required some explanation.

At the initial appointment at Chestnut House Tim's parents gave an account of Tim's early history, and parental scales for oppositional behaviour, inattention, hyperactivity and a "Strengths and Difficulties" questionnaire were completed, and Tim was also observed in Music Therapy. Tim was described by his parents as a social baby, giving good eye contact, smiling and enjoying peek-a-boo. He was slow to learn to point and to respond to points and he did not check back to his mother to gain assent or approval and his non-verbal communication was regarded as poor. He did produce single words before 2 and phrases at 2 years but his spoken language was thought to be delayed. In play Tim was reluctant to share his enjoyment and showed no social interest in peers. He was described by his parents as lacking in empathic understanding of others and interpreting literally, jokes, puns and sarcasm being impossible for him to understand. Tim's play interests are not detailed in the account of his early history but he is reported to be able only to write simple stories which are "lacking" in "imagination and creativity". Rituals and routines are important to him, for example after circumcision the doctor advised him to keep the area clean to avoid secondary infection and now Tim has to have a bath and clean his penis before he settles to sleep.

The Music Therapist commented that it was difficult for Tim to follow a point and he often spoke quietly and too quickly. However in the Music Therapy he produced good eye contact and used gesture. He was able to liken objects to other things, for instance trees in the garden resembled a roof. Tim also pointed out things that interested him which he wanted to share, he was also helpful and his attention was good.

After the initial appointment it was thought that ADHD (Attention Deficit and Hyperactivity Disorder) could explain Tim's difficulties but there was some uncertainty about his language abilities and the degree or extent of his social impairment was not known therefore Chestnut House proposed further assessment. On the briefing note for the assessment a question was posed: can his behaviour be explained by ADHD or by ASD (Autistic Spectrum Disorder)? Therapists assessing Tim were asked to make "general observations re behaviour, attention, concentration etc".

Formal assessments gave Tim's Non-verbal IQ as 121. Language tests give an overall score of 80, expressive abilities also at 80 (age equivalent of 5:11).

After the Art Therapy Assessment the art therapist reported that Tim did understand pretence and his “symbolic understanding reaches to giving inanimate objects animate qualities and feelings” but he did not “elaborate on his primitive scripts.” Some of his “social interactions felt like the social interactions of a younger child, perhaps a 3 or 4 year old.”

When the larger assessment was complete an agreement amongst the assessment team was reached, and it was thought that an Autistic Spectrum Disorder was better able to explain Tim’s difficulties than ADHD. It was suggested that Tim’s behaviours were hard to explain but “when examined closely” it could be seen that problems in social communication, social interaction, and social imagination were present from an early age and that Tim was still experiencing difficulties in these areas.

Tim’s presentation does not fit the diagnostic criteria neatly and there are still accounts of Tim that do not easily fit the team’s hypothesis. The disciplinary environment of school was clearly difficult for Tim and here he failed to produce the behaviour expected of him. All reports emphasize the difficulties he had in relating to his peers and Tim appears to recognize this difficulty himself. But he was a “social baby” and there are reports of him being polite when interacting with adults, the comment “a boy who concentrated well and whose attention appeared to be good”, appears in the final report from Chestnut House, for example. His play may have been slow in emerging, but he does now demonstrate a capacity for symbolic play and surprisingly his class teacher describes his written work as “imaginative and original”.

Ekphrastic Subject

Red, yellow, green, blue, purple and black have been used by Tim to paint his picture of Chestnut House, Figure 19. The painting began with a red outline, in the form of a rectangle which is surmounted by two triangular roof sections. The right hand corner of the house looks lumpy, there is a suggestion of an overhang, this lumpiness appears as the outline turns at the corner and meets the vertical right side of the house. No base line to the house has been drawn and the outline emerges vertically from the bottom of the paper. The shape of the roofline gives the house its character, it's distinctiveness. Decorative timbers or supports appear in the triangular roof sections and these were painted in black after completing the outline although most of these marks or timbers are lost now under green paint for the wall.

A spiral staircase is represented using blue paint. There is a square platform at the top of the staircase. A looser more ambiguous bridging section links this square to a blue spiral which is reached from the bottom of the house by two sweeping parallel blue lines. Single short purple lines are placed at intervals between the parallel lines and move into the spiral in this way indicating steps. Four elements, the rectangular or square platform at the top of the staircase, the spiral or turning movement of the staircase, the individual steps and, the sweep of the steps down on to the ground level have been emphasized.

After the staircase the door was added. An outer gothic arch to the door is outlined in purple paint, the interior of this arch is left white. The outline of an inner door following the gothic contour but rounded at the top is painted in a light leafy green. In the centre of the door towards the top a small arch like movement with the brush has produced a door knocker and below this a horizontal line has been placed, presumably a letter box. A square form to the left of the frame of the door could be a door handle but is more likely to represent an entry phone.

Three windows have been added to the house, outlined in red with red frames dividing the window into four sections. The separate sections are clearest on the upper window on the right of the house, most of the interior structure of the other windows has been lost through the movement of the paint brush.

The movement of the paint brush is well preserved, the direction held on the surface because the paint is composed of mixtures, of yellow with red and green. This movement or energy is an immediately apprehensible attribute of the picture. For instance the spiralling circular movements, used to indicate the structure of the staircase, have been repeated in some of the brush movements on the wall, just above the staircase and to the right. The spaces between the decorative timbers in the triangular roof sections have been applied with a particular emphatic directness, especially the verticals on the triangular section above the door. The green verticals, which mix with the black and the red to make a brown colour, have a carefree application, they jump forward and overlap the timbers and exist independently of the surface of the wall they presumably represent.

Considering the impression of the whole, it is of a house pushing itself into the contrasting white space of the paper. There is no representation of surroundings, no signs for environment. The apex of the roof sections, the triangles, point vertically and the right corner pushes horizontally into the surrounds. The left triangular roof section gains direction from the sweeping movement of the staircase which pushes up into this section. The right centre triangle gains direction from the gothic door and the emphatic verticals that intersect the timber. The right hand corner gains in direction from the angle of the window frame on the right at the top. Metaphorically the house could be read as inviting, a head (the centre triangular roof section) framed by outspread open arms (the left triangular roof section and the right corner). In respect of execution, overall there is suggestion of speed, economy and confidence. The looser uninhibited movement of the brush is held in check by the red outline in this way the painting expresses compressed or contained energy.



Figure 19 60 cm x 42 cm

The first two drawings I want to briefly describe are composed of simple geometric shapes arranged one above the other. Figure 20 shows the therapist's drawing and the copies produced by Tim (the therapist's drawings are on the left). As can be seen Tim does not quite achieve a closure when drawing his circle and when producing his triangle. His lines are firmer than the therapist's but they waver in direction suggesting less pencil control, as might be expected. The diamond is not symmetrical.

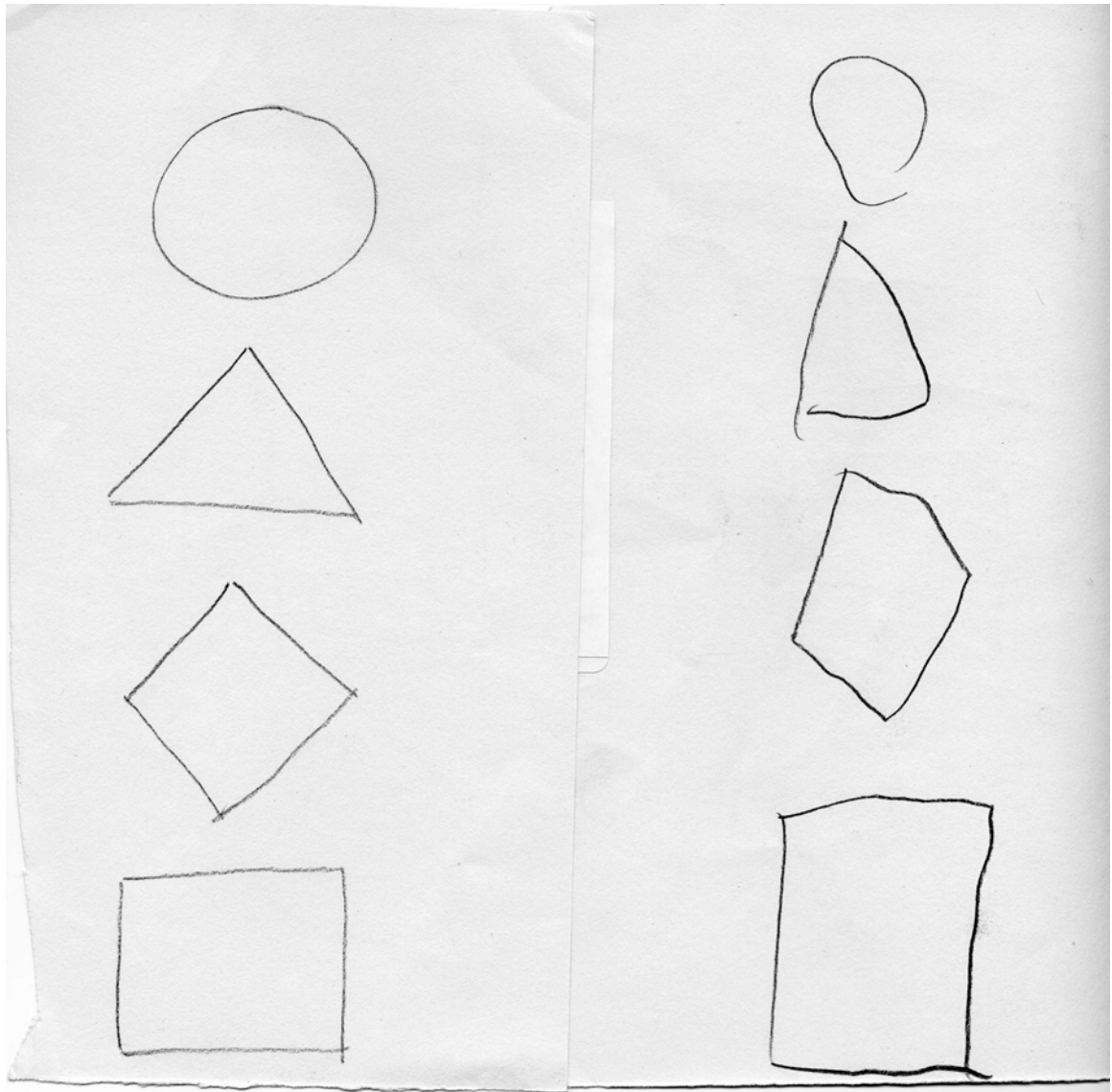


Figure 20 21 cm x 21 cm

Figure 21 shows the overlapping shapes that the therapist drew and presented to Tim. Tim's responses can be seen on the right. Again his lines are firm but the closure on the circle is not achieved. There have been some revisions in his drawing, for example down

the right hand side of the bottom overlapping shape, where he has rubbed out and redrawn the edge. It appears, judging by the two faint remains of horizontal marks, that Tim wanted to place the horizontal rectangle over to the right. Tim has also given emphasis to the top of the vertical rectangle by repeating a section of the outline. The buckle like design above these two rectangles is probably more complicated but there is less revision here, Tim has simply removed a line, a line that was not needed and would have destroyed the occlusion, when copying.

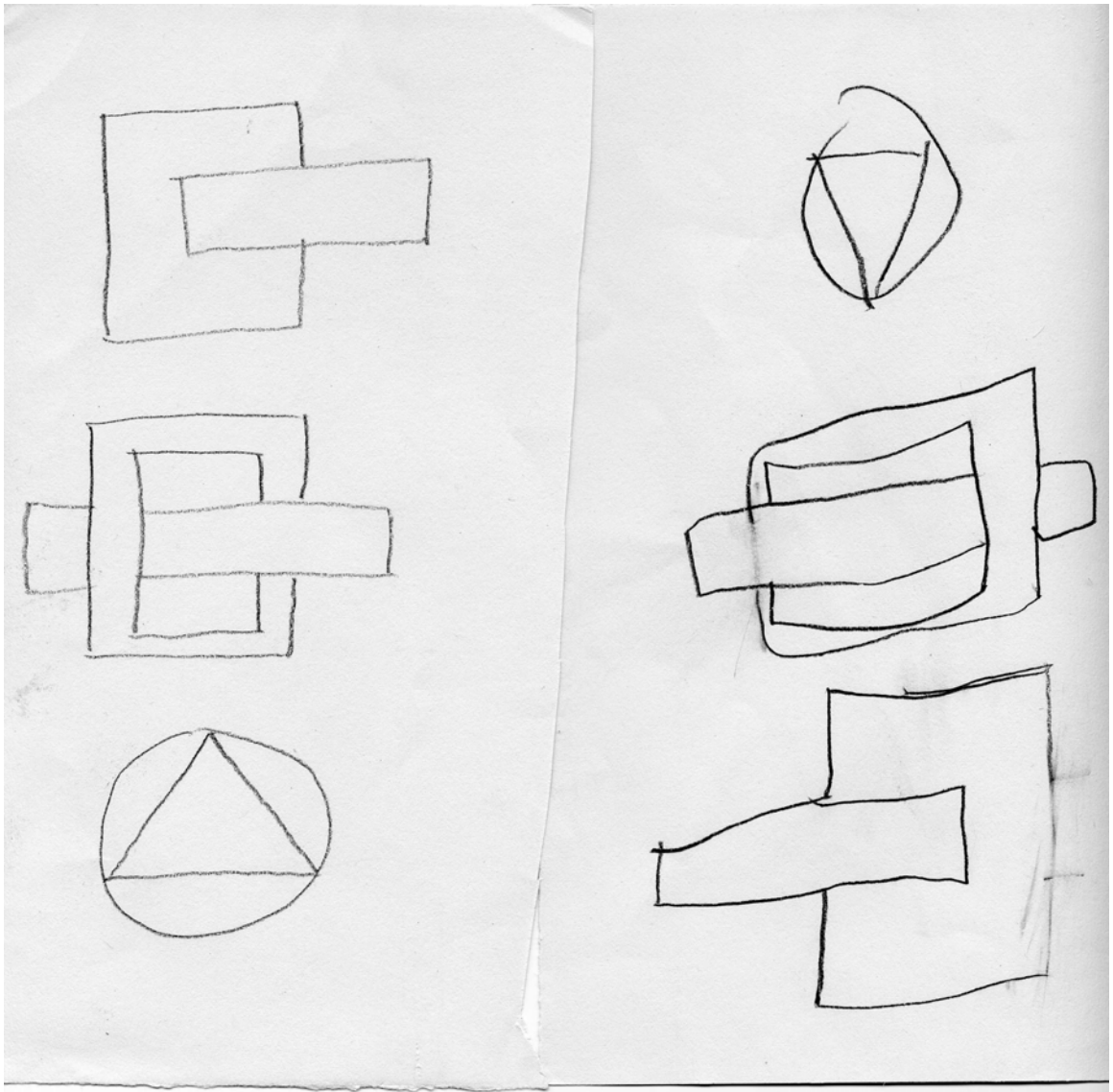


Figure 21 (reverse of Fig 20) 21 cm x 21 cm

Figure 22 is the first drawing resulting from the squiggle game. There are two images. The first made from a roughly rectangular shape with triangular sections arising from the upper edge. These protrusions have been given some identity by the addition of little wavy lines below the apex, in this way making summits, six snow capped mountains, bound together. Three of the mountains arise directly from the squiggle produced by the therapist, the first two on the left of the shape and the fourth one in from the left edge. Tim has awkwardly squeezed in two small mountains and added another mountain to the right. From this mountain a right hand edge and horizontal bottom edge are formed, producing a gestalt, as if it were a geological section cut out of the landscape. The overall shape reminds us of the house painting. Responding to the ambiguity of the mountains lack of context, perhaps, Tim turns the paper and suggests the drawing is of a fox. The second image, a jelly fish, is made from a circular top and wavy tendrils or arms. The top has an inner circle surrounded by an outer circle which descends in wavy lines. Other undulating lines are added, sometimes running parallel to give the tendrils more substance, others branching out add variety and suggest movement. The mountains/fox were drawn by Tim in response to the therapist's marks and the jelly fish by the therapist in response to Tim's marks.

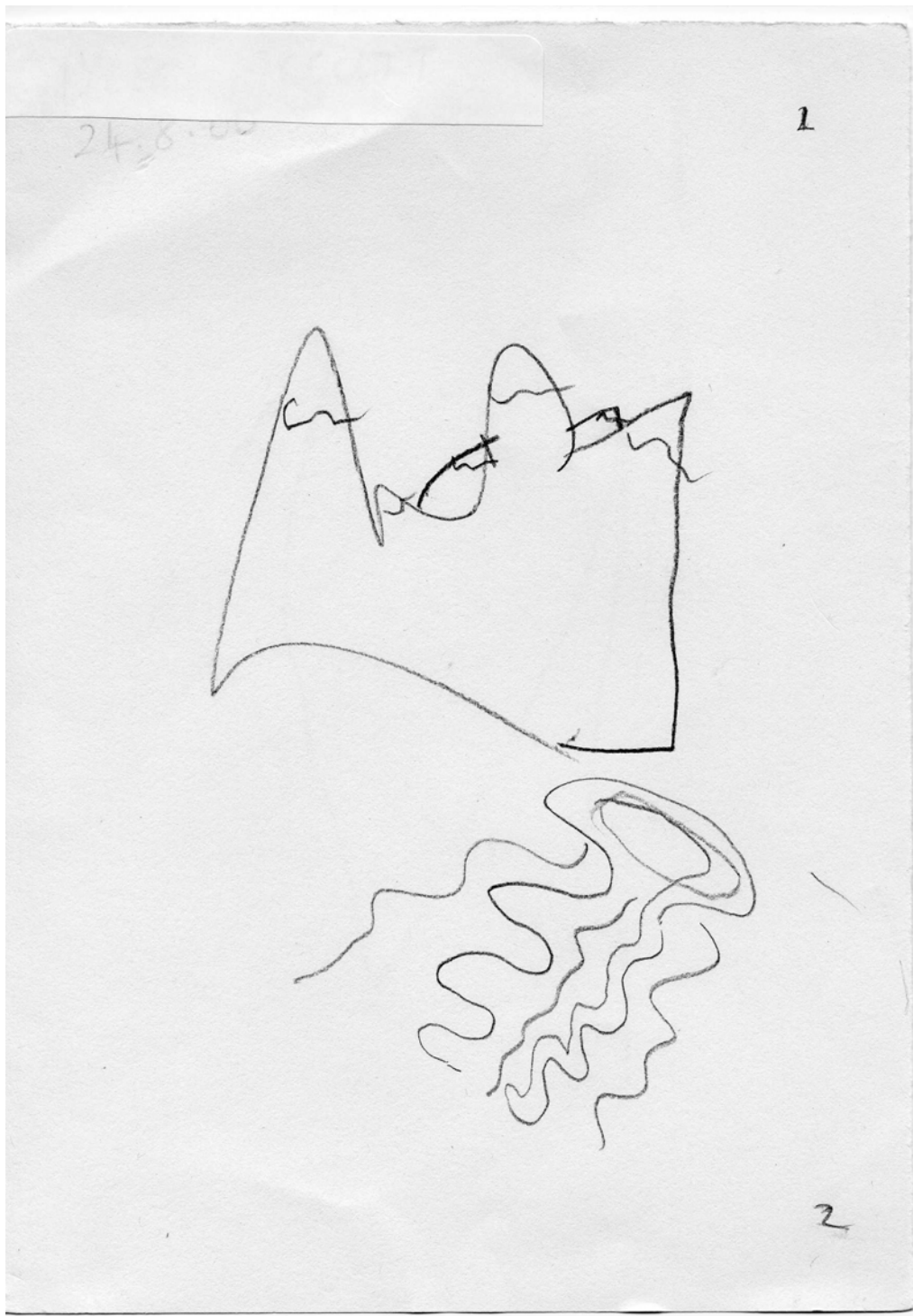


Figure 22 15 cm x 21 cm

The next drawing, a snake Figure 23, is produced from a heavy line that approximates to a number 2 and a fainter line running parallel. The fainter line is the therapist's squiggle. An eye and a forked tongue has been added by Tim who has also ended the snake abruptly with a right angled cut. The head turns back.

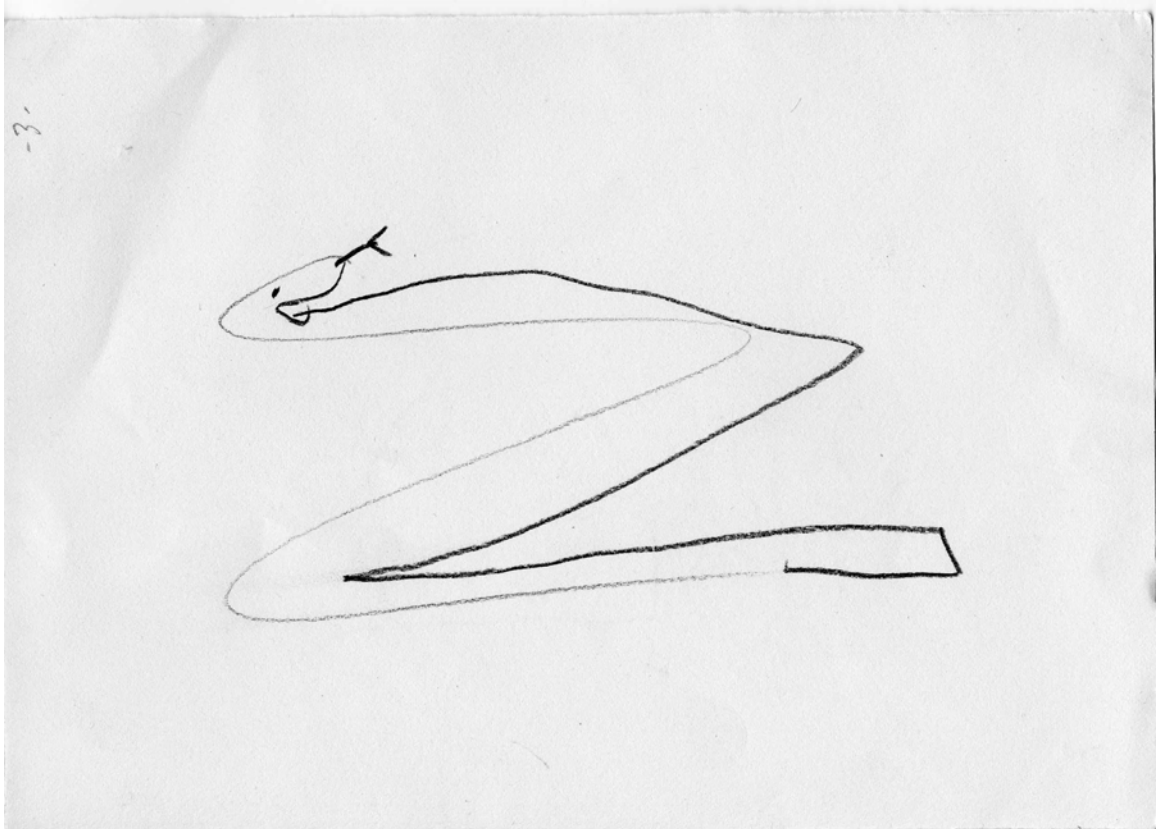


Figure 23 21 cm x 15 cm

From Tim's squiggle, a line that produced a series of loops, an image of people riding a bicycle with five wheels has been constructed by the therapist, see Figure 24. The back wheel of the leading bicycle became the front wheel of the following rider's bicycle and this was repeated as each figure was reduced in size to match the diminishing size of the loops and wheels. Lines and marks for arms hands, handlebars, legs and pedals have been added, and the wheels have been given some spokes, but the loosely drawn sketch

grows more obscure as the figures become smaller. The two leading cyclists look out towards the viewer. They are not smiling. There is some indication of a road surface or ground for the cycle, but the cycle floats above this horizontal line.

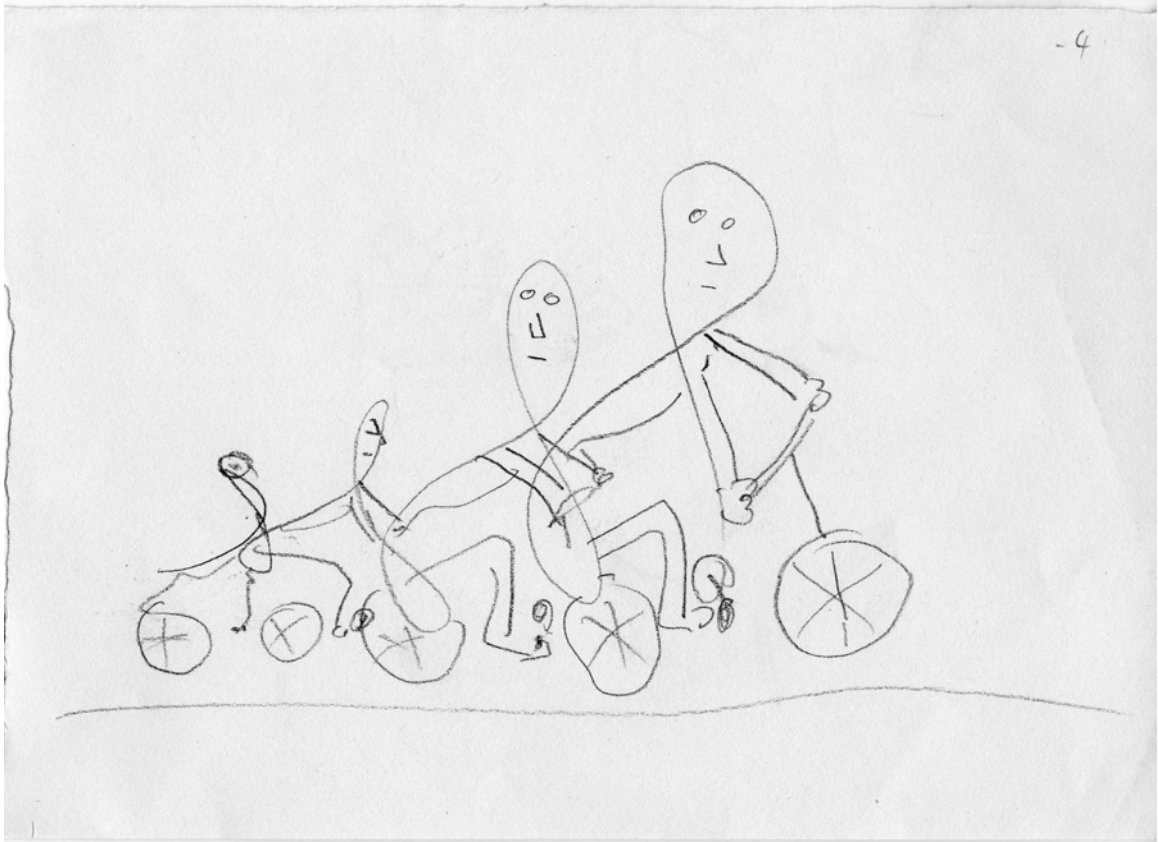


Figure 24 21 cm x 15 cm

Tim, in response to the therapist's squiggle, next produced Figure 25. The larger part of the drawing shows the head or face of a chef wearing the traditional hat. The face a lumpy circle, has no ears, and the eyes differ in size. The left eye is large and has a heavy black pupil with a tiny white centre. The smaller right eye is drawn with a heavy line but the circle is incomplete and the pupil less dense. Below and between the eyes is a curly w shape, the therapist's squiggle, on which has been superimposed a thick heavy smiling mouth. Behind the face or head, partially occluded and therefore at a distance, is a

rectangular cooker with three knobs and a door. On top of the cooker is a chicken, the two legs are visible and steam or smoke arises from the bird, represented by looping lines, another part of the therapist's squiggle. The face with its odd staring eyes pushed towards the viewer, the smile and curly moustache, give this little image a comic intensity, reinforced by the rapidly produced heavy lines.

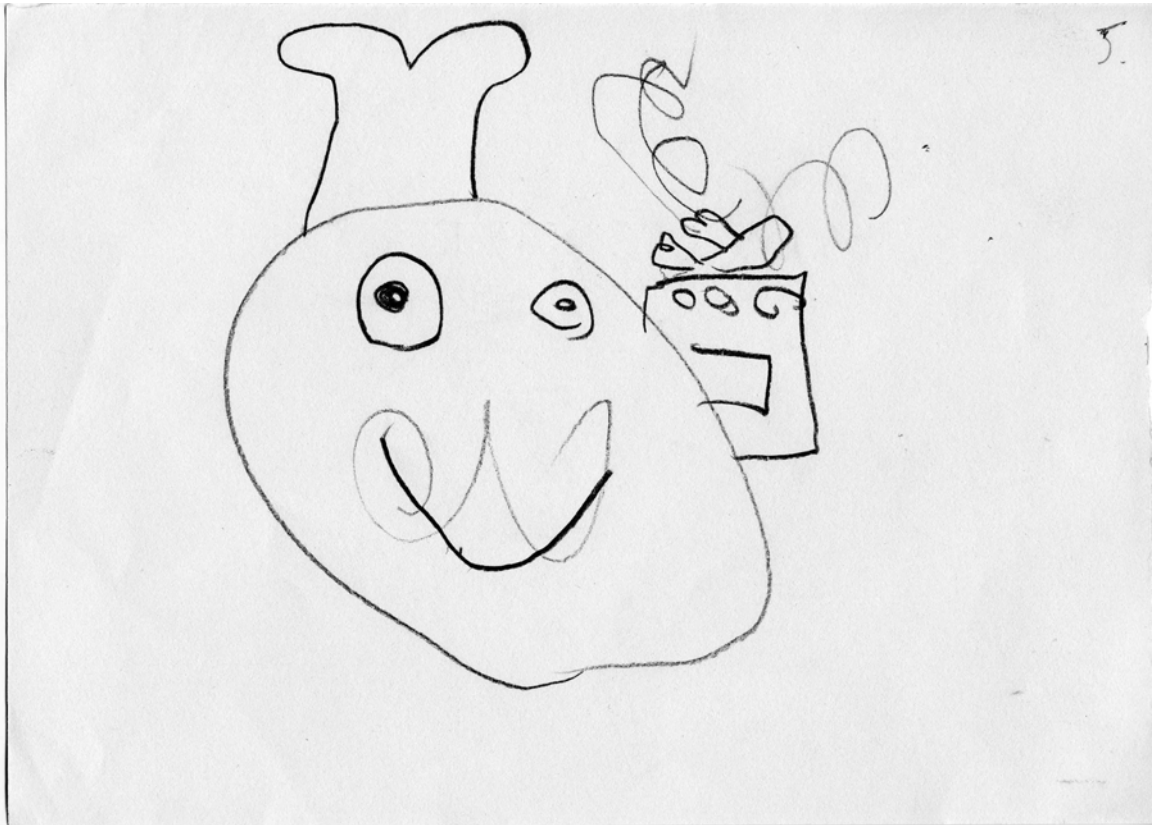


Figure 25 21 cm x 15 cm

The next squiggle is produced by Tim and takes the form of a heavy looped line above which an elongated figure eight has been placed Figure 26. The therapist has turned this into a head and face with arms and diminutive legs. The figure eight shape has become hair and inside the larger loop below the figure eight the therapist has added rudimentary

features, two circles for eyes and a triangular nose. The mouth, which dominates the face is broad and big, with a horizontal line crossed by verticals representing large teeth. This could be a smile or a grimace. The lines for the teeth are duplicated in the grid below the figure which represents a wall.

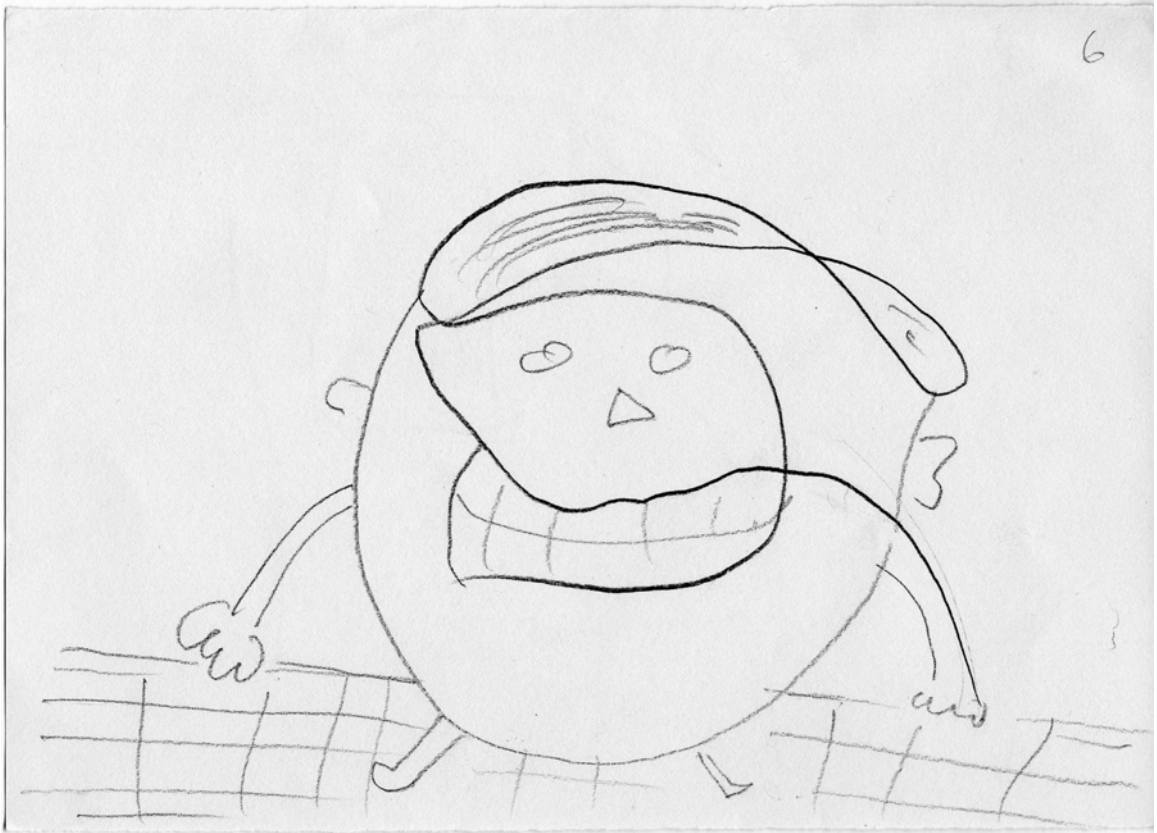


Figure 26 21 cm x 15 cm

The final drawing from the squiggle game can be seen at Figure 27. Tim has changed the therapist's rapidly produced line into the profile of an old fashioned car. Wheels, rear window and a suggestion of a windscreen complete the image which has been quickly produced and uses the minimal means to signify its object. The bonnet has a squashed up look and the back of the car drops vertically as might be expected in an antique vehicle.

The lines convey energy in a manner that reminds us of the snake drawing, the chef drawing, and Tim's brush strokes when painting.

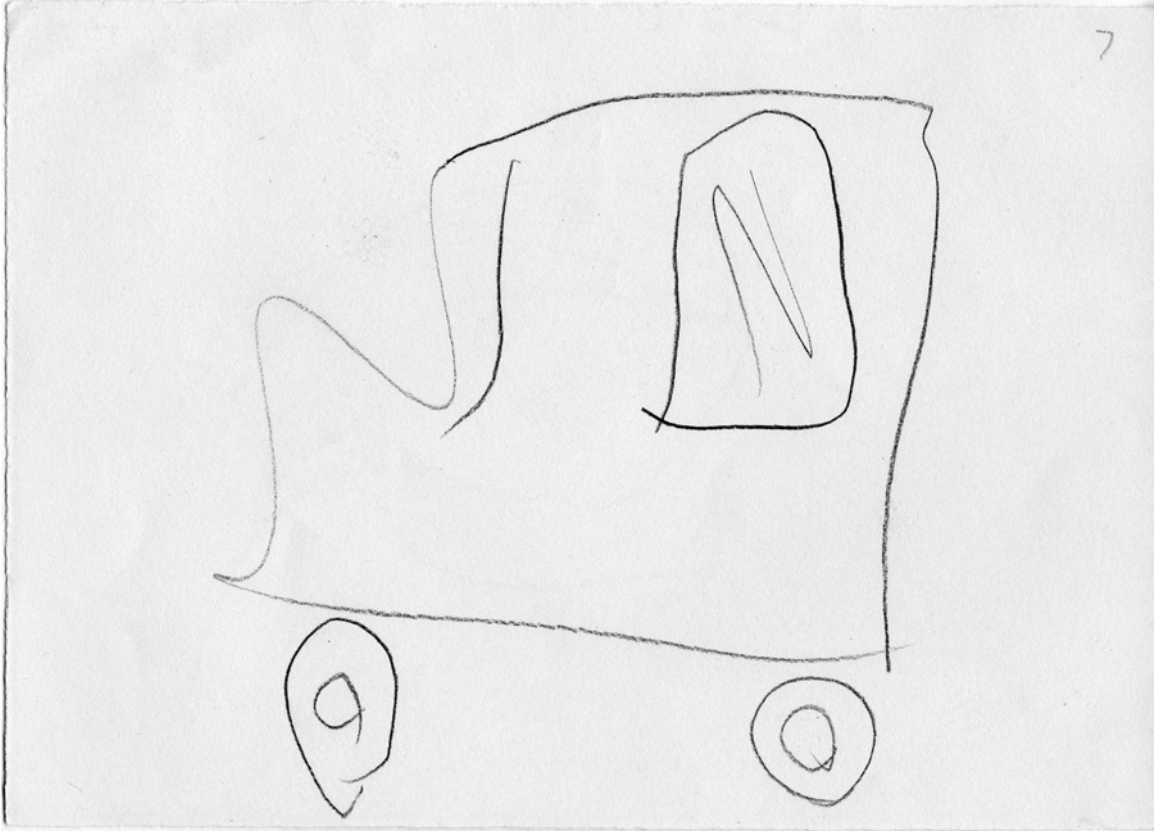


Figure 27 21 cm x 15 cm

Discursive Subject

Paint is being prepared as Tim has already made his choice in relation to the use of art materials. The art therapist's report does say that Tim *chose* painting at the start of the assessment. The therapist takes an active part in gathering the necessary materials together. He invites Tim to join him in this and he suggests that the consistency and colour of the paint are important considerations.

Thpst: Do you want to pour some of that out/

Tim: *Yeah*/

Thpst: I'll pour some of this out shall I/

Thpst: *What else shall we have?*/

Thpst: That might be a bit watery/

Tim: Yeah it is/

Thpst: I don't know if this is the same colour/

Tim brings more paint bottles over to the table to fill the small tubs with paint. He asks for blue paint. The therapist encourages Tim to wear an apron and helps him into one.

Thpst: Let's do that – 'cause I think you might - get things on your clothes – mightn't you/

And a little later after the apron has been tied on.

Thpst: They're ready for action – now what else do you need?/

There is an implication here that painting might be a messy business as well as an energetic activity. Notice how the therapist places emphasis on the word "action". This could also be an attempt by the therapist to generate excitement and perhaps suggest that this situation is not assessment, but having fun.

Thpst: What else do you need?/

Tim: Paper/

Thpst: Paper – yeah/

Thpst: There's some paper here/

Tim: Shall I go and put colours back/

Thpst: Yeah all right/

Thpst: Is that piece ok?/

Tim: Yeah/

Thpst: Brushes?/

Tim: Yeah/

The art therapist places brushes down on the table.

Tim: *Yes you got the things what I use*/

Thpst: Pardon?/

Tim: Yes 'cause you can't do it with any else/

Thpst: You can't do it with any thing else/

Thpst: Well no – you could use your fingers I suppose –
but/

Tim: Yeah/

Thpst: Shall I get you some water as well – just in case/

Tim: Yeah/

Thpst: Here we are – water/

The art therapist fetches some water and places a jug and a pot of water on the table near to the brushes.

The exchanges above show that through the use of objects, paint, paper, brushes and water, as well as speech, the task is represented for Tim who indicates his awareness and experience of the activity which is about to commence, or is anticipated. The questions about need show how the necessities for painting are pedantically organised by the art therapist and Tim's comment "'cause you can't do it with any else" emphasises his understanding. The therapist does hint at a knowledge of alternative practices "- you could use your fingers...." a comment that may be used to excuse his questions and help him maintain his role as the one who knows about this situation.

The therapist next invites Tim to give more detail to the task, to select a subject for painting, to formulate a brief.

Thpst: We all ready to go?/

What do you think you're going to paint?/

(0.11)

Tim looks ahead in a way that suggests thinking.

Tim: Chestnut House/

Thpst: You're going to paint Chestnut House – oh that'll be
good – ok/

Thpst: You can begin when you're ready/

“What” hints at a representation of some sort and Tim takes 11 seconds to decide, during which time the therapist is silent, in order to avoid influencing him, but also to see if Tim can generate ideas. His choice meets with the therapist's approval.

Tim takes the brushes and begins painting. He first dips into the red paint and produces an outline of the house. He then raises his brush and dips it into the yellow and adds roof timbers. He rinses his brush then adds blue for the spiral stair case – he produces a spiralling line. This is followed by the painting of the door and windows. Yellow is painted in the windows and green painted on the walls. He mixes green with yellow and orange on the paper as he paints and then goes back over the staircase.

Tim has painted quietly for 13 minutes and 5 seconds. Tim declares the painting to be finished and looks towards the therapist.

Tim: Done/

Thpst: It's done – can I come and have a look/

Tim: Yeah/

Thpst: What d'you think?/

Tim: It's all right/

The therapist is interested in verbal associations and his “What d’you think?” is open ended and intended to invite Tim to speak about his painting. Tim’s response is not sufficient for the therapist who then seeks to explore how the painting can be related to the house. How marks might relate to the structure of the house, the placing and location of the various rooms, its geometry and interior.

Thpst: This is the umm staircase the spiral/

Tim: You can see it there/

Thpst: Yeah yeah/

Tim points out of the window to the staircase on the side of the house that goes past the art therapy room’s window. He brings attention to the proximity of the staircase and it’s concrete presence in so doing he indicates that the painting refers to elements of the house that he can see. The Therapist, in the dialogue, confirms his understanding. The “yeah yeah” appears to be placatory, as if Tim’s “You can see it there” was intended to rebuke the therapist for not seeing what was obvious.

Thpst: So where are we then – in the house./

Tim: *That part*/

Tim points to the window above the staircase in the picture.

Thpst: That’s the staircase – look – so we’re just here
aren’t we are we here somewhere./

The Therapist points to the picture below the spiral staircase (see Fig. 19).

Tim: Yeah/

The therapist seeks to determine where the child and the therapist himself might be located in the painting. Tim responds by pointing. But his quiet speech suggests some uncertainty in his reply and the therapist then corrects him, indicating that the painting’s configuration, in his (the therapist’s) view, should directly link to the configuration of the house, the placement of the windows and rooms of the house. That the painting ought to

have the same kind of correspondence as a map, perhaps, or at least record faithfully the location of the windows as seen from the front of the house, in which case the spiral staircase would overlap the window. The therapist shifts Tim's original location of the art therapy room, the place of assessment, in the picture, with his pointing. Tim probably wanted to avoid an overlap with the spiral staircase so he positioned his window higher in the painted house, thereby avoiding complication and ambiguity. The exchange indicates that the art therapist and Tim differ in their understanding of resemblance, how denotation in pictures should function. However, Tim is encouraged to continue with his account of the picture, this time the therapist uses his knowledge of the house and the function of its rooms to enlarge on Tim's brief nervous comments.

Thpst: This is the upstairs where your mum and
dad is somewhere – up there ummm/

The art therapist points and looks towards another window in the picture, on the right at the top. Next Tim points to another window in the picture, a window below the one that the art therapist had just pointed to.

Tim: And that's one of somebody's office/

Thpst: Yeah – yeah that's – I think that the physio room –
yeah/

Thpst: And these might be offices an' all/

Although Tim is invited to interpret the picture and takes a turn in the conversational exchanges and gestures that identify how the picture refers to the house, it is the Therapist's knowledge that allows him to claim precedence in interpretation, despite Tim having his own view on intentionality.

Having explored the picture's relation to the house the therapist asks Tim about his experience of doing the painting.

Thpst: Did you enjoy painting that/

Tim nods.

Thpst: Yeah – you – you looked as if you were
concentrating hard/

Tim: If I tried painting in there instead it might try colouring and
it did./

Tim pointed to the door area of the picture.

Thpst: You tried to keep your colours clean so that this is green
and that's yellow – stop them mixing up/

Tim: Yeah I tried to make it mixed up there 'cause it – umm –
make it the right colour/

Thpst: Oh I see you mixed up there on purpose to make it the
right colour – that was a good idea wasn't it – yeah/

Tim's comments about the door area of the picture, "If I tried painting in there...." are difficult to understand. If we look at the painting Fig. 19 we see that he left the paper white for the interior of the door area and used the brush to draw the shape of the door and the attachments, knocker and letter box. The therapist assumed he was wary of mixing colours and that some of the mixtures we see in the picture were accidental and unintended, but Tim is clear that he intended mixtures, perhaps he wants to avoid the embarrassment of acknowledging accident. However, he goes on to explain further, why he intended the mixtures.

Tim: It looks like it's got cooked there/

Tim points to an area in the picture which is orange, to the right of the door.

Thpst: It look like it's got hot/

Tim: [hot]/

Thpst: Yeah – orange is a sort of hot colour – isn't it/

Thpst: It's like the sun/

Tim: When you've got orange in yellow it looks like that when
you've got fire/

Thpst: *Yeah like fire*/

There is an agreement that orange and orange and yellow are good colours for signifying heat and Tim wanted to capture some aspect of the building that appeared to be “cooked”. The idea of heat and fire lead the art therapist to return to the subject of the staircase. The spiral staircase is a fire escape.

Thpst: Do you know what that staircase is for?/

Tim: No/

Thpst: You know you were talking about it getting hot here
- well you see if there's a fire people can get down
a staircase quicker and get away/

Thpst: So it's a fire escape really/

Tim: Uh uh/

The art therapist points to the window, at the spiral staircase outside.

Tim: I can see it's been used it all umm like burned./

Tim looks towards the window.

Thpst: You think it's been burned do you?/

Tim: Yeah 'cause it looks like it/

The idea of the house being “cooked” or “burned”, there having been a fire of some sort seems confirmed for Tim, the appearance of the staircase signifies as much, it's a matter of interpretation. The Therapist next goes on to discuss the colour of the staircase and wonders if it is related to the painting. We can see from the dialogue that the Therapist is doubtful in relation to Tim's interpretations and he wants to explore Tim's thinking.

Thpst: Yeah it's a sort of mixture of green yellow isn't it/

Thpst: Is that where you get the idea of mixing them up?/

Thpst: Umm it's got sort of red bits on it hasn't it – I think that's
paint though/

Tim: I didn't know it was going to take this quick to do it/

Thpst: You didn't? – to do your painting – well – how long do
you think it took/

Tim: An hour?

Thpst: Probably a bit less than that./

As we can see the Therapist pursues the topic of colour, relating it to the staircase and the painting. Tim does not immediately respond to the Therapist, the Therapist has three turns in the conversation before Tim speaks. When Tim does speak he does not comment on colour but changes the topic, appearing uncomfortable with the further exploration of interpretation, and instead remarks on how quickly the painting seemed to have been done. If it was done quickly Tim still thinks it took an hour.

In the ekphrastic subject we noticed that Tim's painting has something of the character of a frontal view of the house and Tim did not try to produce a perspective view or any other kind of regular projection and our discourse analysis does indicate that he was prepared to move a window to avoid ambiguity. The exact geometry of the house did not appear to be important to him, certainly he did not share the therapist's view of how the painting should be read. The therapist used his knowledge and his experience of the house to interpret the painting. If there was a difference of view in relation resemblance, there was also a difference in relation to experience of the house. We have observed in the ekphrastic subject that Tim used gesture and the mixing of colours to enliven his painting and Tim gives the impression, through his less understandable comment, "it might try colouring and it did" that the paint has a tendency to behave in certain ways. However verbal associations, shared with the therapist, led to the idea that there was a fire and the house was burnt. This interpretation allows Tim to explain the colour on the steps and in the other parts of the painting, colour which, it has been agreed, represents heat or "fire". The transcript does suggest that some colour by the door had excited Tim's imagination, before this final interpretation was reached but we can see that intentionality and meaning is a shifting phenomena that often appears retrospectively and engages both the therapist and Tim in verbal association *and* negotiation. An important element in this negotiation is Tim's desire to present himself as competent both in using the paint, and in assigning meaning or interpreting signification. The therapist, on the other hand, holds on to *his* experience and adult understanding of the house and how it *should* be represented.

After the painting the therapist introduces the idea of drawing together. He goes and sits by the pencils and he takes with him a large sheet of white paper which he folds and tears in half, in this way he begins to prepare for the drawing task that follows.

The therapist draws a circle, a triangle, a diamond and a square on a small sheet of paper. Here is a drawing task which will allow the Therapist to compare Tim's performance with others. The shapes are placed in front of Tim along with a blank sheet of paper.

Thpst: I'm going to draw some shapes on here/

Thpst: Can you copy them on to there/

When the therapist gives instructions he can also gauge Tim's response to being directed in his activities. These assessment practices are determined at an institutional level. The briefing note asked the therapist to make "general observations" in relation to "concentration" and "behaviour" (see Documentary Subject above). Tim completes the adult imposed task although he is prompted to complete the square which he would have otherwise left unfinished.

The therapist begins some fresh drawings, overlapping rectangles and a triangle in a circle, Figure 21. Tim watches the therapist draw and then copies the overlapping rectangles.

Tim: Gone wrong/

Thpst: Do you want a rubber/

Tim: Yes/

Thpst: Here y'are/

Thpst: Very good/

After receiving a rubber from the therapist Tim corrects his drawing and goes on to draw the triangle inside the circle. The therapist supports Tim's compliance with praise and then attempts to explore the difficulty that Tim encountered.

Thpst: Very good which is the easiest one of those/

Tim points to the triangle and circle, and looks at the therapist.

Thpst: Yeah/

Thpst: And which is the hardest/

With two fingers extended Tim points to the two overlapping designs.

Tim: The same/

Thpst: The're about the same are they/

Thpst: This one isn't harder that that/

The therapist points to the second overlapping design and then the first overlapping design. Tim shakes his head.

Thpst: You think that they are about the same/

Tim: *Yeah*/

Thpst: *Oh right* you did that well didn't you/

The Therapist appears to think that the two designs are different, in terms of difficulty. His surprise at Tim's comment is expressed quietly but he gives more praise with his "you did that well didn't you". Tim is next instructed to write his name along the bottom of this sheet of paper and after completing this task he puts his pencil down and points to the shapes and moves his finger across the paper. Tim is clearly still thinking about the designs as he brings attention to the combination of shapes, circle and triangle that the second sheet Figure 21 contains.

Tim: I know what we've done 'cause we've put umm that in
there they're all the same on there the same/

Thpst: [Yeah]
yeah they're the same shapes but it's the way we've
put them together/

Tim: Yeah/

Tim points to the triangle and circle.

Tim: That one must be the easiest to know and then/

Thpst: Yeah yeah that the easiest to do isn't it yeah/

Thpst: That's a bit like a road sign isn't it/

Tim: Like a ball/

Thpst: Like a ball yeah/

Tim: [Yeah] children's ball/

Tim first gives an account of his understanding of the shapes. He wants to show that he knows what the test is about and this seems part of his strategy to avoid appearing incompetent in any way. The Therapist suggests a reference for the two shapes but Tim also has an interpretation for the shapes, he has another idea of what they might denote or refer to. In the last utterance Tim simultaneously repeats the therapist's agreement and elaborates on the nature of the object of reference in order to consolidate his own interpretation.

The therapist now moves the drawings aside and picks up a fresh sheet of paper. The "squiggle game" is started.

Thpst: What we're gonna do now is play this game called
Squiggles have you ever heard of it/

Tim: Yeah/

Thpst: What do you do/

Tim: [I was just] thinking of squiggles 'fore you said that/

Thpst: Were you?/

Tim: Yeah and what you going to do is a little wiggly line and
you got a make a picture out of it/

Thpst: Yeah who did you play that with then/

Tim: Nearly everyone/

Thpst: Nearly everyone you've played it with nearly everyone/

Tim: *Yeah*/

Thpst: Have you?/

Thpst: Who's everyone/

Tim: *Michael* next door neighbour *Robert and friends*
((almost inaudible))

The therapist appears surprised that Tim is familiar with the game and there is some suspicion in his repetition of “nearly everyone”. Tim’s quiet replies to the questions do suggest some anxiety, perhaps he is unsure of the position he has taken in relation to the game. He gives the impression that his assertion, “Nearly everyone” might not survive too much interrogation and the presentation of himself is at risk, he might lose face. Alternatively his inaudibility represents an objection to the interrogation since he has given a good description of the game.

The Therapist accepts Tim’s account of his experiences and moves on to the start of the game. He produces a quickly scribbled line and presents it to Tim. Tim draws and then puts the pencil down. The therapist turns the paper as he looks at the drawing.

Thpst: Is it this way up/

Tim: *Yeah it’s mountains*/

Thpst: Yeah and this is snow on the top/

Tim: Yeah/

Tim has turned the therapists squiggle, “a little wiggly line”, into mountains, Figure 22. But Tim points out that the drawing is open to another interpretation. He turns the paper so that it is horizontally aligned.

Tim: You look at it that way it looks like a fox/

Thpst: Looks like a fox how which way that way/

The therapist points to the drawing.

Thpst: Oh these are legs/

Tim: He hasn’t got any legs or feet/

Thpst: That’s his head/

Tim: Yeah that’s his head/

Tim: *I do a squiggle for you now*/

Although Tim demonstrates that a drawing might have more than one interpretation he refuses the therapist's view in relation to signification. By asserting authority in relation to interpretation Tim is able to direct the exchanges and move the game on. Further debate of the mountain/fox image is discouraged by Tim as he now presents therapist with a squiggle.

The therapist completes his drawing and turns his paper to examine his drawing.

Thpst: I don't know what this could be I'm just drawing/

Tim: I know what it could be/

Thpst: What could it be/

Tim: Snake or worm/

Thpst: *Wiggly long arms*/

Tim: Jelly fish/

Thpst: Yeah it actually would make a good jelly fish/

Thpst: Here's the top/

Tim: Huh hmm/

In this exchange the therapist encourages Tim to interpret his drawing – see Figure 22. Whilst he does not confirm that it is the snake or worm that Tim first suggests he does support Tim in his second interpretation. There is a didactic element in his statement “it actually would make a good jelly fish” which is aimed at instructing Tim in relation to the signifying elements in the drawing. This exchange shows the therapist attempting to regain authority in the semiotic and interpretative process.

Next the therapist turns the paper over and produces a rapid zig-zag. He passes this drawing to Tim who looks at it and adds to it, Figure 23.

Tim: Quite easy that is/

Thpst: *It's a snake in it*/

Tim: Snake making an N/

Thpst: Making a letter N./

Thpst: Uhh/

Tim brings back the snake idea. Notice here that he elaborates on the therapist's interpretation, to show that he sees more. He next draws a line, a squiggle, on a fresh sheet which the therapist has passed to him.

Tim: I've made it hard if it's squiggly and too hard I just make
a snake/

Thpst: That's an easy way out a snake is it/

Tim: Umm/

Tim has given a further account of his familiarity with the squiggle game.

The therapist now adds to Tim's squiggle.

Tim: Is it one of these really long bikes?/

Thpst: Yeah/

Tim points to the drawing and the therapist adds more to the drawing.

Tim: Umm huh huh ((laugh))/

Tim: Baby seat/

Thpst: Yeah/

Tim: *Huh* ((laugh))/

Thpst: *Do another person*/

Thpst: It's a big sort of family bike isn't it/

Tim: Uh huh/

The therapist and Tim agree on how this drawing, Figure 24, should be interpreted. Tim's "baby" is approved and babies leads naturally to "family". There follows a brief discussion on the therapist's drawing of figures.

Tim: That's how I sometimes do my people/

Thpst: Is it/

Tim: Oh yeah/

Tim: When I can't be bothered/

Thpst: When you can't be bothered just doing it quickly/

Tim: Oh yeah/

Tim: I do it quickly/

I don't think Tim is being critical but there is a recognition that the drawing is inadequate, on some level, because it is very quickly produced. However Tim does want other signifiers to be present in the drawing.

Tim: Where are the peddles/

Thpst: *Oh here*/

The therapist adds more to the drawing, the marks for the missing peddles, and then returns to a discussion of the image stressing the family element.

Thpst: This is the family that's dad that's mum/

Tim: [That's Johnny]/

Thpst: That's – are you the smallest in the family/

Tim: Paula who's my cousin yeah he's got Charlie yeah he's
the second youngest/

Tim: They've got a little baby called Charlie/

Thpst: Have they – but in your family you're the youngest are
You/

Tim nods in agreement.

It may appear that Tim is reluctant to see himself as the youngest but we have to consider his understanding of the word “family”. When using “family” in the more extended sense he is able to say that he is not the youngest.

The therapist next makes enquiries about Tim's family. He has some knowledge but he wants to see how Tim talks about his family, how he views his family. Answers to questions about family may become findings to be reported to the Multi-disciplinary Team.

Thpst: And there's Robert how old's Robert/

Tim: Ten/

Thpst: Ten/

Thpst: And you're seven nearly eight/

Tim points to the figures in the drawing and places himself on the bicycle, he identifies with one of the figures, he makes this a picture of his family, and in this sense he now inhabits the therapist's drawing, and he adds meaning and reference to the signs. Tim is using the drawing to give an account of his family.

Tim: That's dad that's mum, Robert me/

Thpst: Oh right/

The therapist next asks about his sister. There are only four figures in the drawing consequently Tim's sister has been left out in the naming process.

Thpst: Do you do things with your sister?/

Tim: *I must have forgotten*/

Tim: Play bus the movie two it's boring/

Thpst: Bust the movie/

Tim: No bus the movie two it's play station/

Thpst: Oh bus the movie/

Tim: It's a play station game it's boring/

Thpst: But your sister likes it does she/

Thpst: And you have to play it 'cause she likes it/

Tim: Yeah/

Thpst: *Ah hoh*/

Tim: But we've got a new game/

Thpst: What's that called/

Tim: Me and my dad/

Tim: It's only one player and it's called MDK./

Thpst: MD?/

Tim: K./

Thpst: K./

Tim: Yeah/

Thpst: Oh and have you played it yet/

Tim: Yeah/

Thpst: So you like playing that game with your dad do you best/

Tim: Yeah/

Tim: Dad's um my dad he's normally playing it/

Thpst: Is he/

Tim: It's his age my sister not allowed to play it she's not
not older enough nor I'm I but my dad let's us/

In this exchange the Therapist tries to take the conversation beyond boring by suggesting a way forward, "But your sister likes it..." followed by "And you have to play it..." The quiet "Ah hoh" is supportive, intended to be sympathetic and to encourage fatalism. The second game, which the Therapist is also slow to gather the name of, is linked to the theme of age and age is associated with power and privilege, as is gender. Despite his status, Tim can gain access to pleasures that might normally be denied him, rules are not applied rigidly.

Thpst: Do you like doing things with dad/

Tim: Yeah/

Doing things with dad is pleasurable, as compared with doing things with sister, and this may be, in part at least, because of dad's status. Dad is the source of power in the family, certainly he is at the front of the bicycle. His sister could be regarded as the least important from Tim's perspective, hence she is left out of the drawing.

Tim now reminds the therapist that he has to do a squiggle and the therapist does some marking that he passes on to Tim.

Thpst: That's like two squiggles for the price of one/

Tim: Buy one get one free/

Tim and the therapist share a joke. They are both enjoying the game.

Tim adds to the squiggle.

Tim: *I know what that can be*/

Tim: Chef/

Thpst: Umm he's got a/

Tim: [I know]/

Thpst: Curly moustache hasn't he/

Thpst: Tha's his cooker/

Tim: Yeah umm/

Thpst: *What's he doing*/

Tim: Chicken/

The therapist and Tim share in the interpretation of this image, Figure 25. Tim begins with an initial interpretation, naming the figure, who or what it is a picture of, and the therapist then names two further signified elements in the picture, the curly moustache and cooker. The account of content is ended by Tim who explains the action, he names the food that is being cooked. The expressive nature of the drawing, for example the comic aspect of the face which pushes forward towards the viewer which we noticed when describing this image in the Ekphrastic subject is not commented on, but the assertive energy and confidence in Tim's response to the squiggle must be an important part of the communication here.

After producing a line on a fresh sheet of paper Tim passes it to the therapist. He shows the direction of the line by pointing with his finger.

Thpst: Yeah it's complicated this one isn't it/

Tim: Oh must be two there/

The therapist looks and turns the paper and Tim points to the drawing. As the therapist adds to the drawing Tim points to the drawing again.

Tim: That's a moustache/

Tim: That must be an arm father Christmas/

Tim: I know what it is already/

Thpst: Here y'are who could this be he's a very famous person/

Tim: Father Christmas/

Thpst: No/

Tim: He's not that fat ((a little laugh))/

Thpst: No it's not father Christmas/

Thpst: This is a clue this bottom bit/

Tim: Sooty/

Thpst: No/

Thpst: He's sitting on a wall/

Tim: Humpty Dumpty/

Thpst: Yeah/

Tim is willing to surrender his initial interpretation. As he regards it as his drawing the therapist maintains the right to determine the identity of the figure, to decide what the picture is of, but he continues to encourage Tim to work it out, bringing Tim's attention to signs in the drawing and providing verbal cues. After Tim correctly names the figure the therapist shows the drawing to Tim.

Thpst: He's got a funny sort of grin/

Tim: Looks like he's got a nice smile/

Thpst: ((laughs)) Yes it does doesn't it/

Tim translates the "funny sort of grin" into a "nice smile".

The therapist produces a fresh squiggle which he passes on to Tim for completion. Just before Tim adds to the squiggle the therapist asks Tim about Humpty Dumpty.

Thpst: What do you think of Humpty Dumpty/

Tim: *I like it* looks like father Christmas/

Thpst: Umm/

Thpst: What do you think of Humpty Dumpty?

Humpty Dumpty is the therapist's interpretation of the drawing and represents an intention and interest belonging to the therapist. Tim's quietness when he suggests he likes

Humpty Dumpty indicates some uncertainty and ambivalence and Tim then asserts that his original interpretation has justification. The therapist probably introduced the character because of the story. Exploring Tim's reactions to the Humpty Dumpty story may have been of interest to the therapist but Tim is not willing to comment further on the therapist's associations, preferring to end things with his father Christmas interpretation.

After Tim has responded to the new squiggle produced by the therapist the therapist praises the drawing and gives his interpretation.

Thpst: *Oh that's quite good*/

Thpst: Looks like a sort of old fashioned car doesn't it/

Tim: Yeah it's what it is/

Here there is agreement.

Production is shared in relation to the images that emerge in the squiggle game, although authorship is granted to the player who converts the squiggle into an image that others can recognise. Reference and meaning is negotiated and interpretation, which provides intentionality retrospectively, can become the occasion for contention as the therapist and the child seek to give direction to the assessment processes. Tim often appears reluctant to give way and to accept the interpretation of the therapist, he is not intimidated by adult power and demands that preference is given to his interpretations, however, he does share in verbal associations that construct imaginary situations, for example inhabiting the family bicycle drawing, and responding to the therapist's associations and questions in relation to family, which the bicycle drawing facilitates. The discursive subject allows us to see how the verbal and visual are related, how the visual is given verbal content, and how verbal associations result in further elaboration of the drawing, the adding of particular signifiers, for example the pedals in the bicycle drawing. Verbal associations give direction to the gaze of the assessment participants, they provide a frame for further interpretations. But there are visual elements in the drawings that must still impact as silent communication, in particular Tim's chef drawing the expressive qualities of which were identified in the Ekphastic subject.

The squiggle game having ended the therapist takes some play-doh over to the table and introduces a new activity. Then he opens a plastic bucket containing play-doh in a polythene bag.

Thpst: Alright have a seat you can bring over these things if you

Like/

Tim: What these things/

Thpst: No these things you said we used to make cakes/

Tim responds to the therapist's directions and places a bowl with some wooden spoons in it and some plastic cutters on the table. Then he fetches a plate and another wooden spoon, wooden spatulas and more plastic cutters. Tim holds up a spatula to show the therapist.

Tim: That's old fashioned/

Thpst: Yeah/

Tim: You usually have two of those/

The therapist leans across to the bowl and lifts up another wooden spatula to show Tim. He also lifts out a third spatula.

Thpst: Yeah there's another one in there look/

Tim: There's another one leave that out/

Tim waves two spatulas in his hands and then puts them in the bowl.

This brief exploration of the tools shapes the forthcoming activity, that is, it is now established that the activity will be about using the play-doh with tools. To start the activity the therapist begins handling the play-doh encouraging Tim to do the same. He pushes down on some play-doh and rolls a piece briefly then shows his open palm to Tim.

Thpst: Shouldn't stick too much look my hand is not too bad/

The therapist seems to be thinking that the stickiness of the play-doh might be unpleasant for Tim. But Tim does not look towards the therapist instead he inspects the cutters. Tim picks up a yellow cutter then a red cutter. These are identified as signifiers, that is producing shapes that signal or represent animals, objects and so on.

Thpst: What's that one a penguin/

Tim: Yeah/

Tim: First I thought that's a funny shape but it's a duck/

Thpst: Yeah/

Having identified what is available in the way of tools Tim attempts to use the heart shaped cutter, removing the heart a larger lump. He runs into difficulties and the therapist reaches over and picks up the plastic spatula to lift the play-doh. The therapist also gives verbal encouragement.

Tim: It's stuck on to the table/

Thpst: Oops no try again/

Tim: Oh yeah that's helping/

The therapist then passes to Tim a flat piece he had previously flattened out.

Thpst: For your heart/

Tim: *Ok*/

Thpst: Alright/

As can be seen the therapist is helping directly and Tim and the therapist are working together. Tim uses the heart cutter on this piece of play-doh and the therapist lifts away the surplus play-doh. Tim picks up the remaining heart and looks at it in his palm.

Tim: *Good one*/

Thpst: Has it done it/

Tim: Uh humm/

After the production of the heart the therapist begins rolling out some more play-doh, using a rolling pin to make it flat. Both the therapist and Tim go on to use the gingerbread cutter which is shaped like a man. Tim also uses the penguin cutter. They continue to work together the therapist supporting and directing Tim.

Thpst: Is it big enough for that/

Tim: *Got to roller it bigger* it's quicker I've done it/

Thpst: You've done it/

Tim: Yeah/

Thpst: You need to press it right down on to the table/

The therapist lifts his gingerbread man from the table using the spatula. Tim removes the surplus play-doh from his cutter and the therapist picks up a plastic knife and cuts briefly along the edge of Tim's figure.

Tim: That wants is what/

Thpst: You can use this knife as well/

Tim watches the therapist's demonstration and then uses the knife himself to inscribe features on the gingerbread man he has cut.

Thpst: You're giving him a face are you/

Tim: Humm/

Tim continues to remove play-doh from around his figure which is lying flat on the table. The therapist lifts up his own figure and walks him over to Tim's figure. He shakes his gingerbread man as he speaks.

Thpst: What are you doing down there get up quick

((high pitched voice))/

Tim: Huh huh ((laugh))/

Tim: *I don't want to*((high pitched))/

Thpst: Quick get up/

Tim: I'm stuck on to the table((high pitched))

Tim: Urrggh/

Thpst: Mr penguin is stuck as well/

Tim: So is his body he's dead now/

The walking and the shaking and the high pitched voice indicates that the speech is coming from the gingerbread man, the situation is imaginary and play is thus introduced by the therapist. Tim responds positively to this prompt and adopts the play voice, he announces the death of penguin, but he is still concerned with the production of his figure, getting the shape right and removing it from the table. Being stuck is dangerous for the body. It's interesting to note that the imaginary situation corresponds to the real situation, the gingerbread man is stuck to the table.

Thpst: Are you managing to get him up/

Tim: Yeah I've got him now but he's stiff he's always hungry/

Tim: Do you think the man is going to survive/

Thpst: Don't know I hope so you'll have to do your surgery

Carefully/

The problems of production are now subsumed into the imaginary situation, which includes hunger, the possibility of death and surgery as a remedy. "Surgery" is the imaginary label that the therapist applied to Tim's careful cutting around the figure with the plastic knife. The therapist assists by sliding the spatula under the figure and Tim then lifts the figure up.

Tim: Oh uh ((high pitched)) you're up/

Thpst: There he is/

Just as the imaginary situation is shared so is the production of the figure which took time and needed the therapist's physical assistance as well as verbal support. The therapist continues with the play and the gingerbread figures are now given names, identities and character.

Thpst: What's his name/

Tim: What mine/

Thpst: Yeah I think this one's

Tim: [sticky]

Tim: My one is called sticky/

Thpst: Sticky/

Tim: Yeah/

The therapist is modelling his gingerbread man trying to ensure that the head stays on.

Thpst: My one's called heads nearly falling off/

Tim: Huh hah ((laugh high pitched))/

Tim: Is his head fall fell off/

Thpst: Yeah floppy I'll have to call him/

Tim: Floppy hum/

Tim: I'm calling mine sticky/

Thpst: [Floppy] and sticky/

Tim: His surname can be sticky/

Tim now plays with the plastic wire cutter cutting some play-doh. The therapist tries to make the penguin stand up on the table.

Thpst: Here's your penguin a floppy penguin/

Tim: What's your penguin called/

Thpst: I don't know *really*/

Thpst: Flappy/

Tim: Flappy hu huh hah hah ((laughs))/

Floppy, Sticky and Flappy form an imaginary family - see Tim's suggestion in relation to using the surname. Tim continues with wire cutting and he picks up a another lump of play-doh with the wire cutter. The wire cutter becomes attached to this lump and Tim removes it. As he does so he speaks, using the third person and speaking quietly, he re-introduces the imaginary.

Tim: Ohh *pull that off*/

Tim: He's a naughty boy/

Thpst: You're being a naughty boy/

Tim: No I haven't he has/

Thpst: Sticky/

Tim: Yeah so you could slap him/

Tim: Uh humm ((laugh))/

Tim then raises the spatula and slaps it down on to his gingerbread man and then cuts the figure in half with the wooden spatula.

Thpst: Ohh he's cut right down the middle/

Tim: Huh huh/

Thpst: What's he done wrong/

Tim: Couldn't quite watch his tongue told him off/

After this dialogue the therapist interrogates Tim in relation to disobedience.

Thpst: Oh I see being disobedient/

Thpst: Do you always do as you're told/

Tim: Some not all the time/

Thpst: Not all of the time/

Tim: Something go wrong/

Tim is not very clear about what he does that is naughty or "disobedient" although he has suggested previously it might be to do with watching his tongue. We do know that "something go wrong" and the therapist then makes suggestions – asking leading questions.

Thpst: What are the times when you don't do what you're told
What happens/

Tim: I just get told off/

Thpst: Why do you think you is 'cause some things you don't
like to do/

In a clumsy way the therapist introduces desire into the discussion about disobedience and naughtiness.

Thpst: Do you get told off at school/

Tim: No/

Thpst: No never/

Tim: Sometimes/

The “No never” of the therapist is an attempt to apply pressure, as a speech act it has an effect, it leads to an admission. There is a reluctance to acknowledge that he is “told off” at school but having reached this point in the confession Tim is now under pressure to give some account of why things go wrong.

Thpst: Do you what for/

Tim: Not listening/

Thpst: Not listening/

Thpst: Is it hard to listen sometimes/

Tim: Sometimes ‘cause he’s always talking fast/

Thpst: ‘Cause he’s talking fast/

Tim: No there this woman in year 3 she talks fast/

As the conversation continues the therapist and Tim do seem to reach some sort of agreement about what happens in school although the therapist proposes that the cause of the difficulty might lie in Tim’s lack of “concentration”. There’s no real evidence for this in the conversation but Tim does not contest this word.

Thpst: But Mr O’Brien does he talk fast/

Tim: No no he talks very slow/

Thpst: Oh yeah/

Thpst: Do you listen to him/

Tim: Yeah/

Thpst: So sometimes you don’t hear what they’re saying/

Tim: Yeah sometimes I don’t sometimes I do/

Thpst: Sometimes you do and sometimes you’re not
concentrating/

Thpst: You concentrated well here to-day/

Tim: Yeah I know/

Tim emphasizes the “do” mitigating his faults and giving a positive content to his behaviours in school. The therapist contrasts the bad behaviour, what he regards as a failure in concentration, with the good behaviour, or the success in concentration. This confirms Tim as a subject (child) who is capable of both good and bad behaviour. The therapist’s construction of Tim also repeats some of the description found in the documents. For Tim the fault lies with the rapid speech of the adult. It is impressive that Tim maintains his independence when under pressure. When the therapist is intent on imposing his own categories on experiences “disobedience” and “concentration” Tim is still able to use his own words and thus avoids too much blame.

Whilst the previous conversation about “concentration” at school has been unfolding the therapist and Tim have been engaged in handling the play-doh and tools. The therapist gathers up pieces and pushes them together. Tim lifts up pieces of play-doh using the spatula then pushes at the play-doh with the spatula. Tim scrapes pieces off the rolling pin. The therapist then lifts up the polythene bag which contains the play-doh.

Thpst: Shall we put this back unless you want to keep it/

Tim: No/

Thpst: Alright/

Tim: I don’t know what to do with it/

Thpst: Just put in here the rest of it in here/

Thpst: Then we’ll go and see mum and dad heh/

Tim: [Yeah]/

Thpst: You can wash your hands when we get upstairs/

The therapist then places some play-doh in the bag and Tim places the play-doh he has been using in the bag. The therapist has announced the end of the assessment and Tim places tools in the bowl.

Thpst: You enjoyed this red stuff the play-doh/

Tim: Yeah/

Tim then holds up the gingerbread cutter which has some play-doh attached to it – some “red stuff”.

Tim: Look he’s bleeding now ohh/

Thpst: He’s bleeding/

Thpst: Poor Mr sticky/

Thpst: I’m Mr sticky/

Tim: *I’m sticky*/

In a surprising move just at the very end Tim brings back the imaginary. The therapist’s words “red stuff” appear to have acted as a prompt. The therapist and Tim both seem to be identified with Mr Sticky who is bleeding. Perhaps there is some unacknowledged feeling gaining expression here, some shared feeling about the assessment. However, the imaginary situation does coincide with the real situation again, being sticky is a condition of playing with the play-doh, hence the need to wash hands which the therapist referred to earlier.

Tim now gathers up the remaining tools and places them on a plate and takes them over to the materials table and the therapist reaches up and turns off the camera.

We can see how the therapist focuses on interpretation, play and concentration when interacting with Tim, items that appear in the documentary subject. The discursive subject shows how the painting described in the ekphrastic subject becomes an object which occasions negotiations in relation to interpretation and intentionality, it shows how the therapist and child responds to what has been done with the paint. We can also see from the discursive subject that Tim, like Henry and Annie, contests adult authority and seeks to shape his own representation of self to find a subjectivity which does not place him in the wrong – at fault and subordinate to adults.

CHAPTER 8 SUBJECT No 4

Damien age 11 years 5 months at assessment.

Documentary Subject

Damien was referred by a Consultant Paediatrician who requested a diagnostic opinion from Chestnut House. Damien was thought to have an Attention Deficit and Hyperactivity Disorder (ADHD) but doubts were also raised in relation to Autism. Medication used to alleviate symptoms of Attention Deficit, "had little effect" and the Paediatrician writes that Damien's achievement at school "appears reasonable". The referral letter also notes that "mother was well educated" on the subject of Autism.

Attached to the referral letter were reports from Damien's school, the results of examinations and minutes from meetings, reports from the educational psychology service who observed Damien in the class room, and a local speech and language therapy report. The parents submitted their own reports and comments and as Damien had been previously referred to another specialist service where he was assessed for a "neuropsychiatric disorder" reports from this national institution were also forwarded on to Chestnut House.

Judging by the comments they make the parents appear to find Damien's behaviours at home difficult to understand and to tolerate. His faults and difficulties are listed in three and a half A4 pages. Bullet points are used throughout to isolate each comment.

The parents write that during conversations Damien watches television and also reads a book. He talks to you regardless of your activity and interrupts, then doesn't stop talking. He is literal in his understanding, for instance when giggling his parents asked if he was sitting on a feather and he then got up to look for the feather. The parents also report that Damien does not appear to understand the difference between fact and fantasy. His parents write that he is constantly moving, and he cannot sit still. He is described as "fidgeting, tapping, twiddling, picking and biting at clothes". "He does not seem to understand our feelings" the parents say, "From morning until night it's got to be his needs, it is very tiring". At home Damien is antisocial and solitary. He

plays on his own for hours and talks to himself as well as making faces to himself in the mirror. “It’s like he is in a bubble and we can’t get in”, and “he says we don’t understand”.

His parents also write that he lacks concentration and has a sleep ritual and usually wakes at 1 or 2 a.m.. He finds it difficult to get up in the morning. His mood changes continually and he can become excited, anxious, frustrated, impulsive and aggressive. His impulsive behaviour is dangerous, for instance he insists on cycling down the middle of the road at speed.

Damien refused to attend school when he was moved on to the Junior School into bigger classes. The teachers did not understand him, the parents report, and he does not like change. At school he sat in the book corner in his own little world.

At the end of this list the parents apologise and express feelings of guilt; “We know this sounds all so negative”. They then give some more positive accounts of Damien stressing his abilities. He is good at practical things and likes cooking. He is talented in relation to his art work and in putting things together and making things. He is regarded as the “computer whiz” at school. He is loving, “but his cuddles hurt”.

At 9:8 Damien attended, with the whole family, a specialist service with a national profile, for assessment. A Lecturer in Child Psychiatry commented that it was “both difficult to identify the problem and find solutions” but noted that the “entire family are at the end of their tether with each other”. Damien was compelled to complete 25 tests in all at this specialist service, but a “neuropsychiatric disorder” was not identified, and the lecturer commented on the conflict at home, suggesting that it was particularly “marked between Damien and his mother”. It was felt that the behavioural difficulties that the parents reported were the result of “emotional difficulties”.

Two months later Damien returned to this service and undertook a cognitive assessment, and a test exploring his understanding of grammar. Damien’s performance IQ placed him in the average range, his verbal IQ was slightly lower but still in the average range (no scores were given in the reports) and his scores on the grammar test were reported as being in the average range.

Three months later Damien was seen by a local Consultant Paediatric Neurologist who began his report by commenting that Damien “has been seen by colleagues all over the place”. This Consultant reviewed the records, considered Damien’s history and noted that at Nursery School problems were encountered with his concentration, “his inability to stay on task”. The Consultant concludes his report by saying “In my opinion, there can be no reasonable doubt that the primary diagnosis in this boy is that of an attentional deficit disorder” and a trial of Ritalin was prescribed.

One month later at age 10:1 Damien was referred to a Speech and Language Therapist by a local Paediatrician. The Speech and Language Therapist indicated that, in her view, Damien presents with “high level receptive and expressive language difficulties”. In particular difficulties with the pragmatics of language which affect his ability to use language socially. Specifically she thought that Damien had problems in conversation with turn-taking, maintaining relevant topics, eye contact, and social skills.

Damien was next observed at school by an Assistant Educational Psychologist, who commented that Damien responds appropriately in class, he responds to teacher’s instructions and engages with his peers, but is slower than others in completing tasks. There was no hyperactive behaviour to be seen and the school were left with an Asperger’s Syndrome check list to complete. This check list does not appear on the file.

Damien’s parents requested a statutory assessment of his educational needs. In their submission to this process the school report that Damien finds it “very difficult to settle in class” and observe that he is unable to concentrate for long periods. Damien also finds it difficult to accept the answer “no”. However he is described as a “delightful boy who is always keen to socialise and offer his time for useful activities around the school.”

In the initial appointment at Chestnut House Damien was described by his parents as an easy baby who slept well. His babble was normal and he was a “chatty toddler” who liked early social games, for example building and knocking down, and he also liked exploratory play. His language developed normally but he was thought to misunderstand facial expressions and showed some literal understandings. He showed a lack of reciprocity in his relations to others and at nursery, infants and juniors, he hated joining the group and refused school. He imposes his topics on others, in conversation, and at parties insists on

his music. At Chestnut House the parents revealed that they were both so stressed by Damien's behaviours that they needed time off work and both took antidepressants.

During the initial appointment Damien spent some time with the Music Therapist and she commented on his "long winded explanations" and "monotonous voice" when responding to questions relating to social stories. On self-report questionnaires Damien reported more social worries than his parents identified but thought he had more social skills than his parents felt was the case.

The Child and Adolescent Psychiatrist conducting the initial appointment used the "Gillberg Asperger's screening Questionnaire" to help with diagnosis. She concluded that a diagnosis of Asperger's Syndrome was appropriate and suggested more assessment to gain a clearer picture of his current situation.

Damien was next invited back to Chestnut House for a Speech and Language Therapy Assessment and an Art Therapy Assessment. In the interim Damien's parents wrote to Chestnut House to describe the difficulties Damien was having in attending school and they write that "at long last " the "Education Department have agreed to make an assessment of David's special educational needs".

The Speech and Language Therapist at Chestnut House reported that Damien had significant difficulties in both the receptive and expressive domains of language. She did not discover a lower pragmatic language ability but felt that he was reaching answers through a cognitive route that might not be available to him in functional situations. This last comment has strange implications for the subject as it suggests that he has a capacity for demonstrating understanding which he cannot (or does not by report) use in situations where that understanding might be useful to him.

After the art therapy assessment the art therapist reported that there were aspects of his social interaction that showed a lack of understanding. That Damien was "clear about difficulties at school" and the Art Therapist did think that instructions "could be given to him in a way that helped him succeed."

What this documentary history does show is that Damien has been difficult to live with. He has clearly been the source of much anxiety and distress for his parents. His parents have presented him as a subject whose behaviour is in need of correction or change. They present themselves as exasperated by his resistances, and his lack of social and cultural compliance. They have sought to gain help from professionals, but it has been difficult for others to agree on the nature of the problems that the parents face, and that Damien himself experiences. His behaviour in the school setting, although presenting the staff with some difficulties, appears to have been quite different to his behaviours at home and the school did not initially feel that Damien presents with difficulties that warrant investigation and remediation. His behaviours have been differently interpreted, he is for example described as socially isolated at home, “being in a bubble” but as a “delightful boy who is always keen to socialise” at school. The parents themselves present contradictory accounts of Damien, for instance as a “chatty toddler” who liked social games but being unable to respond, to others, with reciprocity. In this way Damien becomes a subject whose construction is in dispute.

Damien himself reports that he is bullied, and he clearly has had periods when he was determined not to attend school, for whatever reason. He has also had to endure a great deal of assessment, but he does not appear to have complained about this.

Whatever the source of Damien’s resistance to parental discipline and failure to meet cultural expectations, the parents have expressed satisfaction with the outcome of the consultation with Chestnut House and are now anticipating more help at school and at home. Chestnut House’s production of Damien as a subject having Asperger’s Syndrome is endorsed by parents and this subject presentation has gained some support from Educational Authorities as there has been an agreement to begin a formal investigation of Damien’s “Educational Need” in response to the reports. The diagnosis supplied by Chestnut House will form an important part of Damien’s future production as a subject, that is, in descriptions in documents such as the “Statement of Special Educational Needs”.

Ekphrastic Subject

A figure made from clay about five and a half inches tall has been placed in a pot, made of clay, of about three and half inches in diameter. The figure has been made using a gingerbread cutter. Seen from the side it is no more than a quarter of an inch thick in its thickest part. This 2 dimensional nature of the figure suggests that it is best viewed from the front see Figure 28, 29 and 30.



Figure 28



Figure 29



Figure 30

The basic shape of the figure has been determined by the ginger bread cutter. This shape has been extended through the addition of flattened pieces for the hands and shoes. Hair ears and fingers have also been added in the same way. As well as these additional pieces, detail has been created through drawing, scratching or engraving with a pointed tool. Engraving can be seen on the face and head and in the body of the figure. The hair, for example, has vertical marks across its surface. The hair extends down to the

eyebrows which are rendered by tiny oblique marks difficult to see in the photograph. The eyes are represented by elongated slits. The nose is drawn with a U shaped line, and there are faint suggestions of a nostril on the left side of the nose. The face appears to have been pushed flat. A smiling mouth is present in the form of a curved horizontal which rises at an acute angle on the right side of the face. This scratched line is ended by a small indentation suggesting the place where the cheek meets the mouth. There are vertical lines engraved within the ears. Although the face could be described as very simply produced there is sufficient detail and distinction, the flattened look, the narrow eyes and the broad smile, to give it character and interest. Confidence and contentment are the adjectives that most readily present themselves in relation to the mood conveyed.

On the chest of the figure a deeply cut tic shape arrests our attention. It is deeper and broader than any other surface marks and in fact pierces the body so that light from behind filters through at the bottom of the tic. Underneath the tic, which is the logo for the Nike company, the word "Nike" has been scratched, using a capital N small i and k and capital E.

The left arm is longer than the right arm and appears to have been extended with the addition of a flat rounded patch for a hand. Four fingers have been added. There is no clearly represented thumb except the clay curls over on the edge of the hand where we might expect the thumb to appear. The shorter right arm appears to have been broken near to the hand and then repaired with an additional piece. On this piece, which can be regarded as a hand, four fingers have been stuck. The largest finger is scored in a way that suggests two fingers stuck together. If we accept this interpretation then the first finger, which is shorter and does move in a different direction, could be seen as a thumb. Where the right arm meets the body a fracture is visible in the form of a line and indentation running from the armpit to the left side of the neck. This fracture and repair is clearly visible when the figure is viewed from behind, see Figure 29. The back is in fact deeply grooved, scored and pitted with irregular marks and flattened lumps, indicating a disregard for surface appearance, as well as effort in holding the whole together.

Viewed again from the front and above Figure 30, we see that the figure is pushed up against the wall of the pot and his arms are extended forward to rest on the edge of the

pot. The right leg moves slightly forward of the left leg, and the figure appears to be leaning comfortably against the wall of the pot.

The pot is made from a flat rounded base and coils, which circle round the base and which are placed on top of each other to make walls. The pot has an irregular hand made look.

The smiling contented figure, leaning against the wall of the pot suggesting ease, extends arms and hands in an open gesture of display. The gesture allows and invites the viewer to peer into the pot, to view the body of the figure, the feet of the figure and the interior of the pot. This comfortably situated figure confidently addresses the viewer.

The surface is mostly smooth and regular. The deliberate incisions or engravings are functional, they demonstrate an interest in detail and signify features. The deeply cut Nike badge, a sign prominent on the chest of the figure, indicates a contemporary identity of a sporting kind. The finished front contrasts with the scratched and fractured clay of the unfinished back of the figure. The back betrays the struggles that the artist experienced with the material, the difficulty of holding the figure together, of repairing a break and of removing sticky clay from a flat surface.

The following drawings were produced during the “squiggle” game. The first drawing can be seen at Figure 31. The therapist began the drawing game with the red line, literally the first “squiggle”. This line occupies a central position on the paper. It describes a rising arabesque, curving and changing directions and Damien converts it into a wave, adding broken water to the crest, droplets, and lines which add movement. Damien also added a sea using a gently swelling horizontal suggesting some rising and falling of the surface but not violent waves.

The wave appears to suddenly irrupt. On the top of the wave is a surfer on a surf board. The board does not actually touch the wave but floats magically just above it. On the surfboard a figure is drawn with outstretched arms, smiling. The body of the figure is bell shaped and the legs attached give the impression, perhaps erroneously from Damien’s perspective, of wearing Wellingtons. The hair of the figure is raised, caught by movement and wind maybe. The figure looks free from concern. There is no danger of getting wet.

He, or she, is riding the wave with ease and confidence. He, or she, faces the viewer directly, the implication being, "I can play this game easily".



Figure 31 21 cm x 15 cm

In the second drawing, Figure 32, the therapist now responds to Damien's pencil line, a double hump design. This is changed into a man lying on the sand. In this way the therapist keeps to the beach theme and thus makes a connection with the surfer. The figure is drawn in profile, viewed from the side, the viewer is lower than the figure which occludes the horizon. The man is, possibly, asleep, his one visible eye is closed. There is a little sharp triangular nose. He is not smiling and the body appears to be stiff. If the picture were to be turned vertically he would be standing stiffly to attention. So although relaxed, or "laid back", he is also "stiff". Could he be dead? The sun is conventionally drawn, positioned in the right top corner of the paper. Radiating lines separated from the roughly circular disc signal heat. The man is wearing trunks, he is getting a tan. His body being baked rises like yeasty dough.

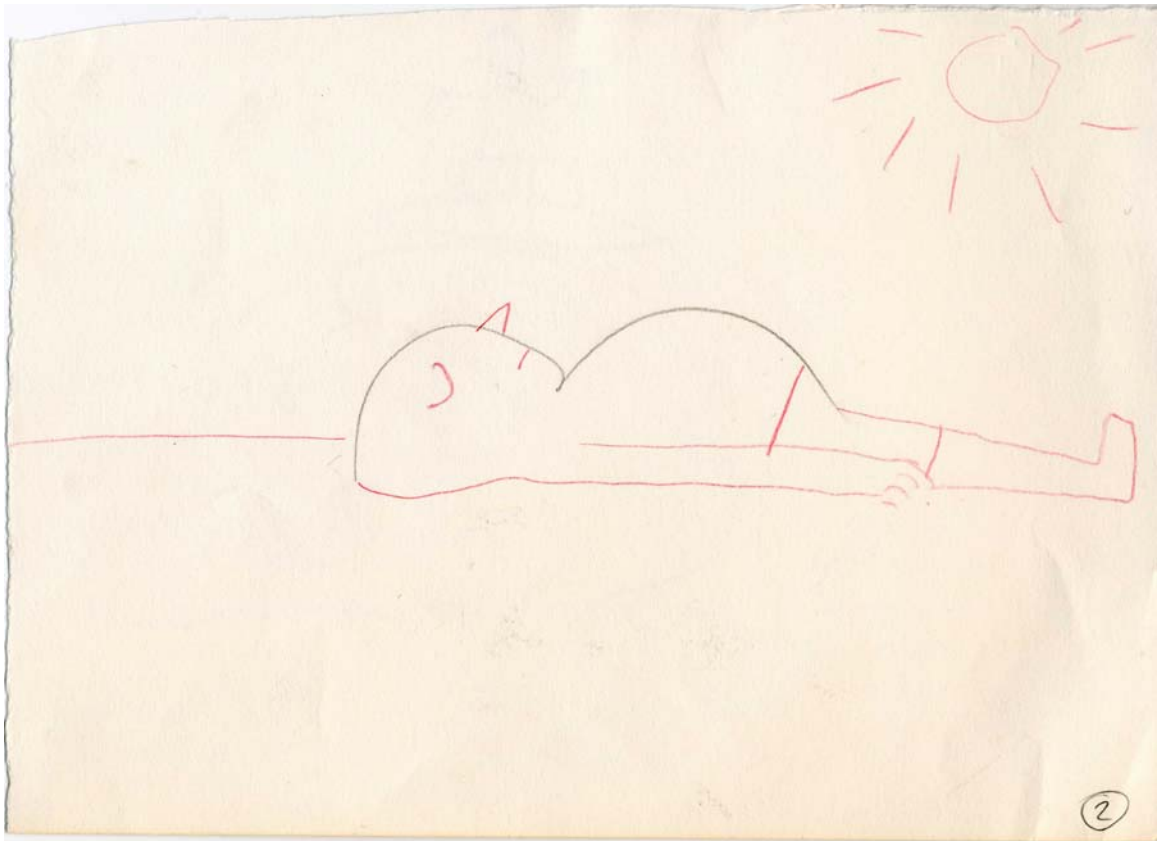


Figure 32 21 cm x 15 cm

In drawing number three, Figure 33, Damien changes the therapist's zig-zag shape into a tee-pee. The tee-pee is supported by two guy ropes and tent pegs; a modern addition perhaps. There are marks on the surface of the tee-pee which are not easily interpreted but a credible reading is to read them as patches, repairs, but also as decoration. A triangular entrance is drawn which appears to be covered by a blanket which is also decorated, or has some kind of fastener attached to the blanket. There are sticks poking from the top of the tee-pee and smoke arising, indicated by faint wavering lines. The viewer faces the closed door directly and is left wondering about the interior. There is no horizon line in this picture and the tee-pee is floating in the centre of the paper, the guy ropes suggesting the arms of a ghostly floating figure.

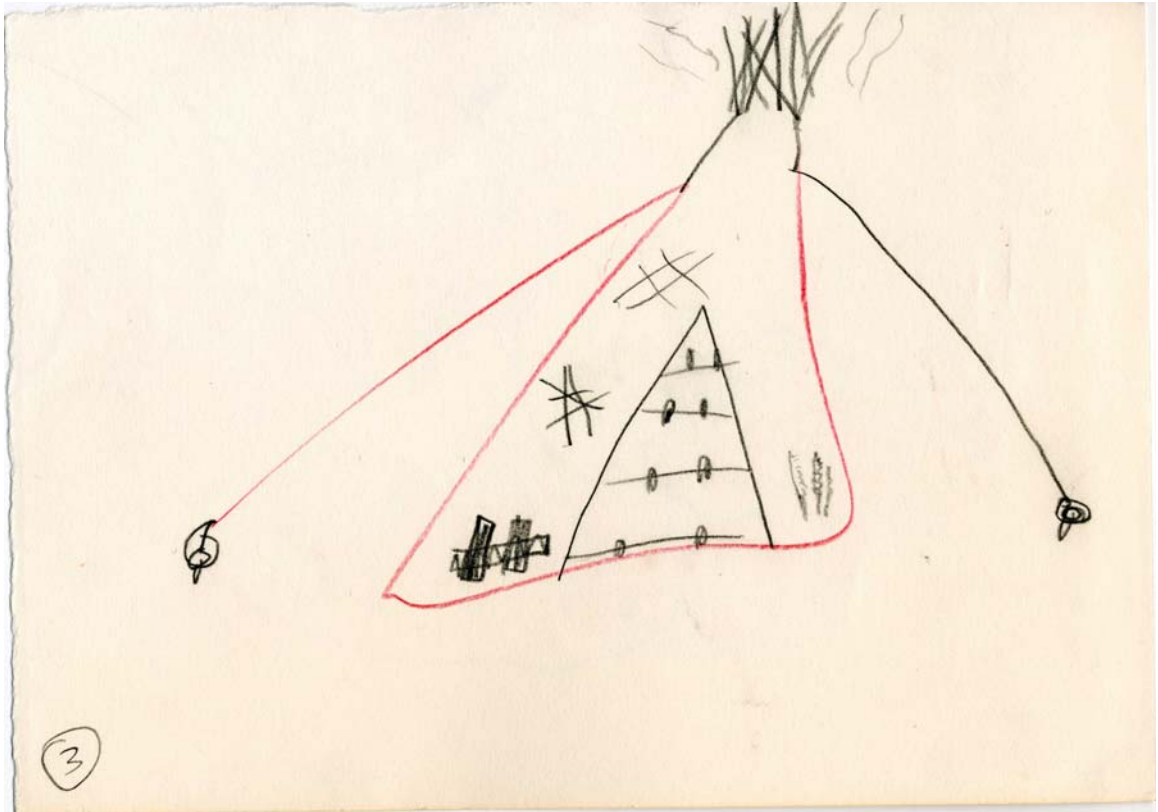


Figure 33 21 cm x 15 cm

Damien responds to the therapist's marks again in drawing number four, Figure 34. The therapist has drawn an hour-glass curve and separate undulating line. The hour glass curve is used by Damien to form a glass dish. It is topped with ice-cream, decorated by a cherry and two sticks of something, chocolate and wafer maybe. The ice-cream is dotted suggesting more decoration. The separate undulating line seems to have been converted into another wafer or food item of another kind.

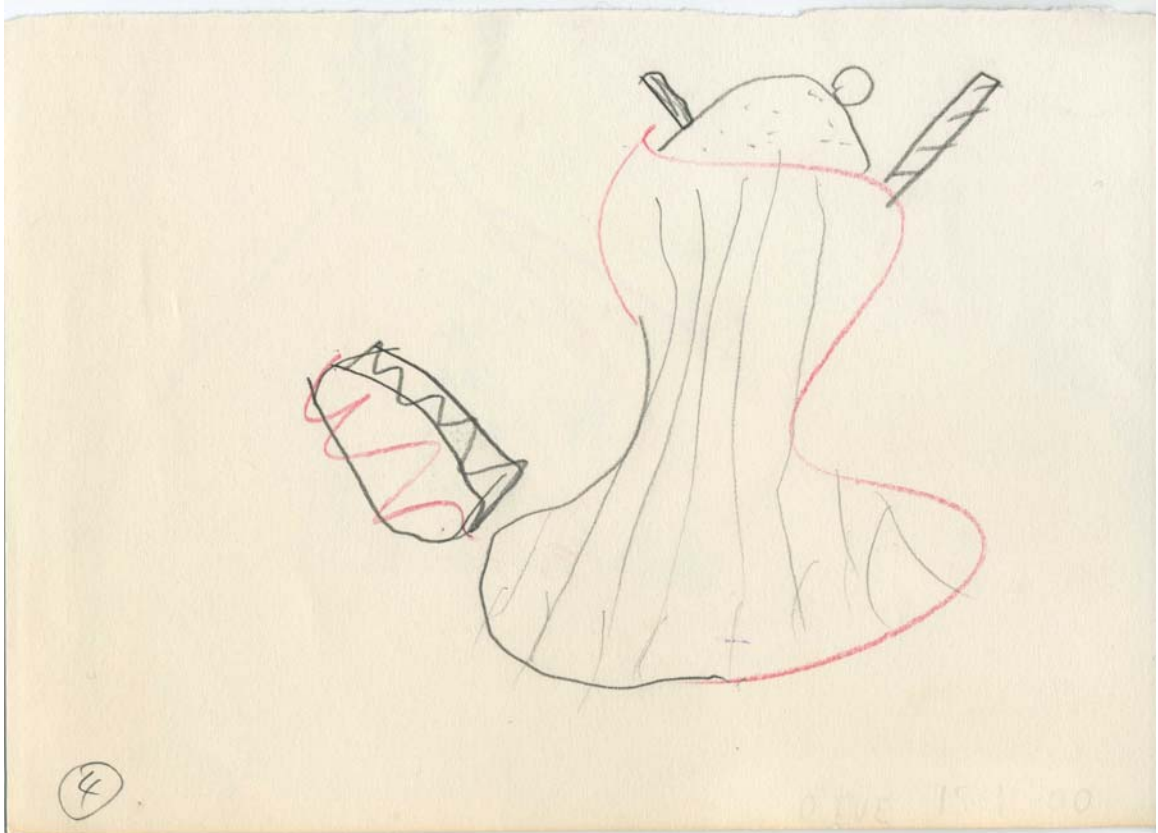


Figure 34 21 cm x 15 cm

In drawing number five, Figure 35. Damien produces two lines which almost touch. A V shape and an S shape on it's back. With the red pencil the therapist changes this into a camel. A camel with his head raised in the air, looking proud and content, haughty perhaps, certainly self-assured. There is a suggestion of a smile on the camel's face. Lines are added to ground the camel, indicating a landscape of some kind. A stray red mark above the tail was added by the therapist. A redundant mark that was probably unintentional. Around this mark Damien added a face and then constructed a body. The arms point downwards but also outward. The face turns towards the left edge of the

picture away from the camel. The nose merges into the mouth, with square teeth in the upper part and triangular teeth in the lower jaw. The mouth is open. The red mark or short line hangs off the teeth to the right, suggesting a tongue, or blood, or stray piece of flesh, remains from a carnivorous meal. The spiky hair and spiky eyebrows add to the aggressive angry looking face whose large open mouth signals an animal about to bite. There is a discordant relationship between the haughty camel and the angry man. The camel is moving towards the right of the picture frame, disdainful, and the frustrated and angry man is looking in the opposite direction towards the left edge of the picture as if directing his gaze to someone outside of the frame. Perhaps he has a piece of the camel's flesh in his mouth, if so the camel is not concerned.



Figure 35 21 cm x 15 cm

The next drawing, number six Figure 36, is begun by Damien's pencil line. This line presents itself as an incomplete gestalt, a riddle which requires a particular answer or definitive translation. The red guitar produced by the therapist is the obvious solution. Some depth and tone is indicated in the drawing which is otherwise uncomplicated, stressing recognizable and significant elements of the object, the strings, and the hole in the sound board. The therapist has responded to Damien's visual cue, through an elaboration of the image, adding signifying elements to clarify the communication. This elaboration suggests an agreement, a willingness to respond or reciprocate.

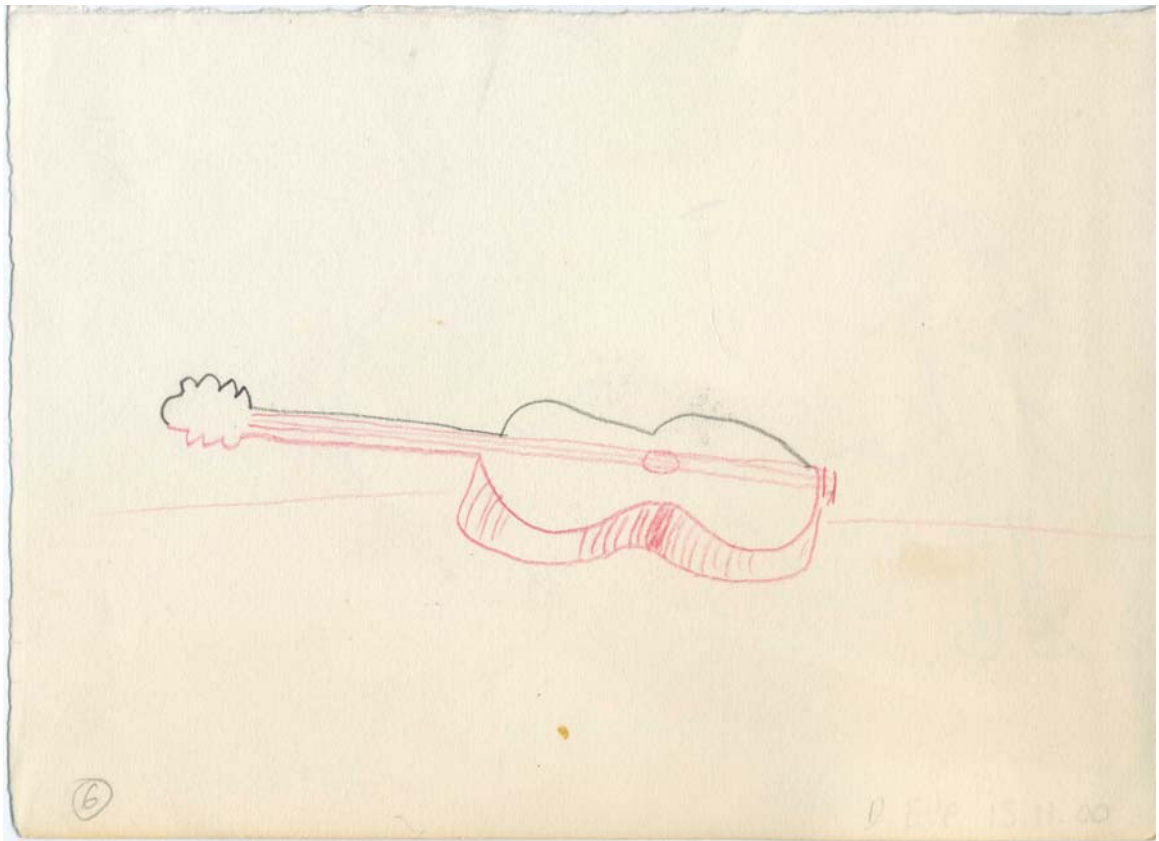


Figure 36 21 cm x 15 cm

The red line produced by the therapist begins the next drawing, drawing number seven Figure 37. Three joined semi-circular movements precede a rising line which moves up towards the top right of the paper. These red lines become the basis for a representation of a golf club. The bottom of the golf club is drawn very large and placed in the centre of the paper. A golf ball on a tee is drawn next to the club, to scale. There is writing, "top flite 2", as well as markings to indicate the pitted surface, on the ball. One hand of a figure grasps the golf club. The figure is squeezed into a fairly narrow space on the right of the paper. The left arm of the figure is laid straight against the long trunk. The figure faces the viewer directly, although there is a hint in his eyes, a faint indication in the bottom right of his right eye of a pupil, that he maybe looking towards the golf ball and the end of the club. The figure is wearing glasses and he has a straight mouth with a row of little jagged teeth in evidence, his hair rising vertically is shown by a zig-zag, he has raised eyebrows. He looks frustrated as if he could be struggling with a club that is too big and clumsy, having been backed into a corner. Given the size of the end of the golf club the viewer could be regarded as positioned on a level with the tee and the ball, the figure would then be tall and in the distance, but there is no horizon line to help with this interpretation.

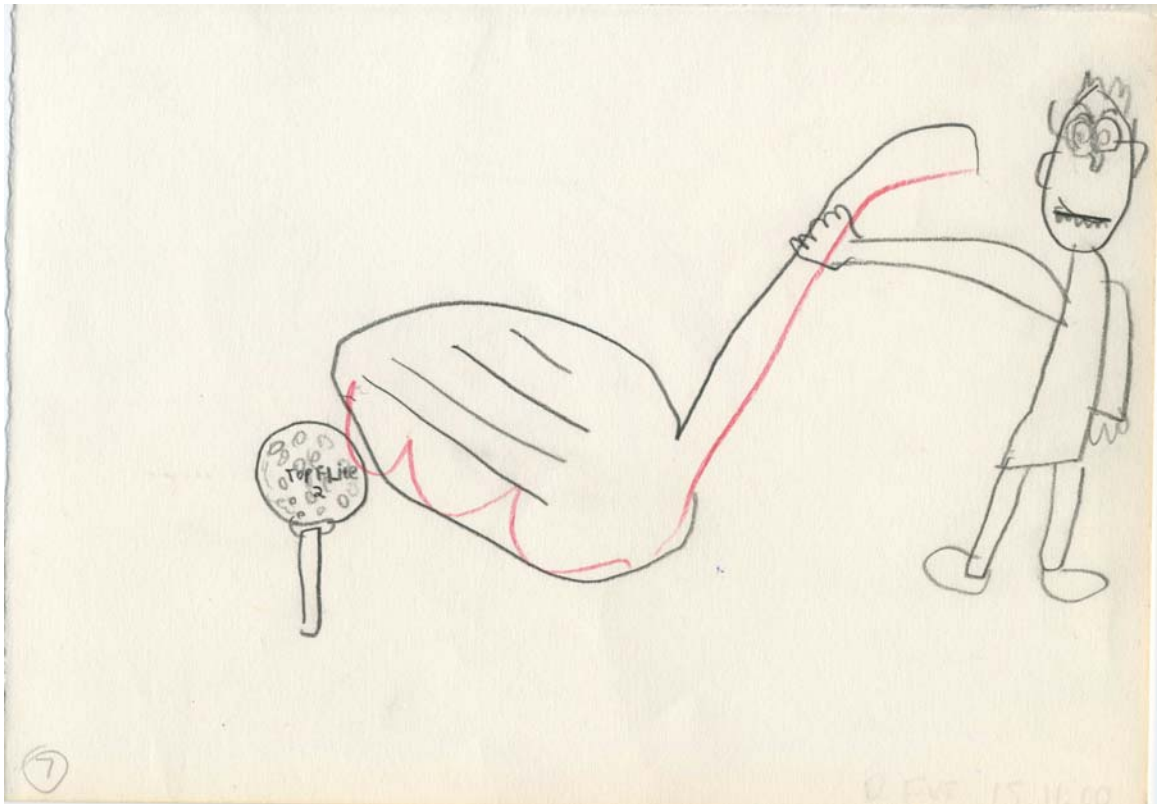


Figure 37 21 cm x 15 cm

For drawing number eight, Figure 38, Damien produced a spiralling pencil line in the centre of the paper. The therapist has turned this into the boot of a jester. The rest of the figure, with a complimentary large boot curling at the toe, occupies the right side of the paper and bends below the top edge. The jester seems to be bending, to stay on the paper, but also to look at the viewer who is positioned by the large boot. The jester is waving and smiling. His features are minimally signified with dots for eyes, an L shaped line for nose and a gently curved line for smiling mouth. He is wearing a hat with four

elongated sections ending in bells. His hands are only briefly indicated but his knees are given some prominence, and a belt and a collar are shown. He has a very thin long bendy body. The horizon runs from the centre left edge down towards the bottom right of the paper. The figure in this cartoon is tall and in the distance, although he smiles and waves. This was the last image in the drawing game.



Figure 38 21 cm x 15 cm

Discursive Subject

The transcript shows the therapist adjusting the camera and providing an agenda for the assessment and establishing some rules.

Thpst: Let me just – umm – right – ok well I'll tell you what we should do – what's the time now? It's about half past – it's It's a bit five minutes late/

Thpst: Umm we'll have some time in which you can choose/

Damien: [yeah]

Thpst: And if you want to choose clay

Damien: [yeah]

Thpst: That's fine an' then we'll have something together after/

Damien: [yeah]

Perhaps something like clay/

It is not clear why the therapist is occupied by time, he appears to feel that the assessment has started late, and he is struggling to get his thoughts in order, his first utterance is fragmented. The emphasised “do” in line one indicates that the assessment, as far as the therapist is concerned, is about doing, and there are things “we should” be doing. The we includes Damien of course. “If you want” and “That's fine” endorse the choice that Damien has made in relation to clay whilst still maintaining authority. There are signs that Damien has already chosen clay and Damien's final comment proposes clay for the latter part of the assessment, when “something together” is to take place. What is important to notice here is that the therapist presents himself as the one who makes the final decisions, he is the adult who maintains authority, and he does not accede to Damiens last proposal instead he directs Damien towards the chosen material and provides some tools.

Damien asks about the use of the tools. He thinks he has some knowledge of the tools and their use but his quiet response suggests uncertainty.

Thpst: Well there's lots of different things here/

Damien: What are they? What - they for/

Thpst: These for cutting - *I'll show you*

Damien: Oh I see yeah – I know what you mean/

Thpst: Do you?

Damien: Yeah/

Thpst: Have you seen them before/

Damien: *I think so*/

These cultural products, the tools and the clay have now been presented to Damien and it is clear that the task is for him to make use of them in some way. He has to convert this open ended task into something more concrete, construct a brief for himself, a brief containing detail and direction. Of course it will be helpful if he has some familiarity with the tools, “What are they?”. The emphasis on they suggests that they are new to Damien, however his “I know what you mean” implies confidence, but the therapist is doubtful. The tools are objects that have been shaped for a purpose and as such do carry meaning, meaning in relation to use, and Damien’s more confident comment may well refer to his interpretations of appearance.

Damien: Do you know where the clay comes from?/

Thpst: Where does it come from?/

Damien: Yeah/

Thpst: Do I know/

Damien: [yeah]

Thpst: What do you think do you think I know/

Damien: Yeah/

Thpst: Do you know/

Damien: No/

Damien: Do you like mud kind work/

Thpst: It comes out of the ground/

Damien: Out of the ground - it looks like mud do'n't it/

Thpst: *Yeah* - you just cut it like that./

Damien: You make things out of mugs./

Thpst: I do?/

Damien: Mugs/

Thpst: Mugs/

Damien: Yeah/

Thpst: You can use it to make mugs/

After his question about the tools Damien begins to think about the material he has decided to use, the clay, its origins and nature, its “mud” like quality. First he asks the therapist a question about the origins of clay. It is a very clear question but the therapist does not answer, instead he prevaricates and appears more interested in frustrating Damien. Is this a way of contrasting Damien’s ignorance with his knowledge or is it about being a therapist, playing a part? Clay looks like “mud” since it comes “out of the ground” and Damien’s subsequent comments are interpreted as meaning that “mugs” can be made from clay. However, the word “mud” appears to get mixed up with the word “mug” in a way that creates confusion.

Damien looks in the bowl containing tools and uses the ginger bread cutter shaped as a figure. He presses down with both hands and then removes the surplus clay.

Thpst: You’re rolling it nice and thin/

Damien: No too thin or it just broke - right now/

Damien: Oh it’s come out very well/

Thpst: Err:: - should - you should be able to lift it off./

(2.00)

Damien: *Ohh look*/

Thpst: What’s it like?/

Damien: *Not excellent*

The therapist gives him compliments and advice and continues to present himself as one who knows. He demonstrates the use of the roller and the spatula by gesturing with the tools. There is a pause (2 minutes) whilst Damien lifts the gingerbread man from the table. Removing the figure from the board is not easy but Damien perseveres with the cutter and with the spatula and achieves some success, although he moves from the thought that it has “come out very well” to, more quietly, more subdued and with less emphasis, “not excellent”.

Damien holds the figure up off the board and does some modelling with his fingers and then places the figure back on the board and does more modelling.

The tools have helped Damien in determining his brief, what he can expect if he uses particular tools, and he assesses his performance and adjusts his intentions as the making progresses. The gingerbread cutter produces the basic structure for a figure and Damien now decides on detail. He begins with the “Nike” sign, a badge which implies some kind of identification for the figure, certainly some clothing of a trendy sort.

Thpst: What’s that bit do?/

Damien: Umm nothing basket ball to have to have name on the team he’s got the “Nike” team ‘cause/

Thpst: Oh he got basket ball strip on/

Damien: Or basket ball wear - it’s got some of the team in it/

Thpst: Uh uh/

Thpst: A sports person of some sort/

Damien: Yeah/

Damien clarifies the interpretation and agrees with the therapist’s larger category, “a sports person”, a category I used when describing the figure in the ekphrastic subject (Figs 28 – 30).

Damien smooths the face of the figure with a small plastic tool.

Damien: *His face I don’t like that*/(?)

Thpst: Pardon/

Damien: I don’t like his face it * it gets creases in it*/

Thpst: What’s wrong with it?/

Damien: It’s too rough like I need to/

Thpst: You - it - needs to smooth it out/

Damien clearly has some idea of how his figure should look, the quiet speech suggests an almost interior dialogue. He clarifies his intentions with the therapist and having achieved the smoothness he desires by gently tapping the figure with the rolling pin, which probably

accounts for the squashed look we noticed earlier, Damien next makes fingers for the figure. The conversation that follows whilst Damien adds fingers to the figure is directed by the therapist via the topic of sport towards questions about friends, that is Damien's relationships with his peers – a topic that assessment team will be interested in. The therapist's task is formulated in the documentary subject; the Consultant Psychiatrist wrote that more assessment was needed to gain a clearer picture of Damien's current situation. Just as Damien has to formulate a brief in relation to the requirement to use the materials and tools, the therapist has to formulate his brief, a brief needed for his activity in the assessment, from the charge in the documentary subject.

Thpst: Do you play basketball in a team?

Damien: No I play in umm the back garden and at some one's
home round at my friends/

Thpst: Round your friends/

Damien: Yeah/

Thpst: What's your friend called?

Damien: Umm - Jimmy *loads of others really*/

Thpst: Pardon/

Damien: Some others as well/

Damien's quiet passage could be interpreted as showing a lack of confidence with this topic. Notice that Damien changes "loads", delivered quietly, to "some", when the therapist seeks clarification. Clearly Damien wants to present himself as having more than one friend. As we shall see below the therapist's task in the assessment process promotes further questioning. Damien talks and works at the same time but he tries to give the therapist a visual picture of the island where he lives through a verbal representation.

Thpst: There's quite a few people live on Cadbury Island isn't it/

Damien: It's not a very big place/

Thpst: No/

Damien: Have you ever been there?/

Thpst: I've seen it from Sandbourne I've never been out to it./

Damien: It's very small/

Thpst: Is it./

Damien: Not big at all really because/

Thpst: Oh well/

Damien: Well it is but not a lot on it you've only got go up the road
and you're off the island/

Thpst: Yeah yeah yeh/

Damien: I live right near the sea anyway don't I/

Thpst: Do you/

Thpst: Does it get cold in winter?/

Damien: Yeah - one of the banks run a lot there/

Thpst: Yeah but it blows a lot of wind doesn't it/

Damien: It's not right behind us its just like ((inaudible passage
followed by a cough)) five or six rows along they're
quite really long ones another six rows away - som'at
like that/

Thpst: Yeah/

Damien: You walk end of road something like a really massive
small range of buildings like a really really big pitch
you could make 15 or Wembley stadiums out of it/

This is a confused conversation. There are comments in Damien's description that are hard to interpret, for instance "Yeah – one of the banks run a lot there". This is an introduction to a new topic and Damien appears intent on explaining something about the "banks" whereas the therapist appears to stay with the winter topic through reference to wind and does not respond to the cue, just as Damien had ignored the therapist's question about wind. The last passage may refer to the banks or be a description of another feature of the island. Here Damien gives the impression of finding the task of conjointly producing a conversation, sharing and building a topic together, difficult. However, I'm not sure that the therapist provided much support, he did not encourage Damien to clarify his remarks, for instance.

Damien also gives the therapist an account of school and he provides some report of the difficulties he has experienced there.

Thpst: What do you think goes wrong at school/

Damien: Nothing really it's just that the work and the teachers stuff
like that/

Thpst: The work and the teachers. Is it too hard?/

Damien: Not too hard *I don't know*/

Thpst: What about the teachers what's wrong with the teachers/

Damien: They go a bit fast like/

Thpst: What talk fast/

Damien: Yeah/

Thpst: So what happens when they talk fast/

Damien: Can't keep up with them/

The conversation is directed by the therapist whose comments hint at possible answers to the questions he has posed.

Damien continues to work on his figure whilst answering. He works on the hair of the figure and trims the edge of the figure. Through more questions and encouragement to disclose experiences the therapist learns that as well as finding it difficult to "keep up with" the teachers other children appear to accuse Damien of telling lies.

Thpst: They used to say stuff/

Damien: [they thought it was me] that done something and it wasn't
like but don't they found out who it was and they are
alright with me now apart from one or two who I don't
really like/

Thpst: They used to say that you did things/

Damien: Yeah/

Thpst: [What] to your parents to the teachers/

Damien: Like um yeah - in the computer room years ago I was
doing like on the computer - I was doing these things and
they gave you these sheets and if you done the things on
computer they tick them off. - I done nearly all of them
so I done so I done the best - like all the children only not
done a few - in the end but I have 'cause I spend a lot of
time on my computer/

Thpst: Ohh – so they didn't believe you was as good as you were
saying you were/

Damien: [Yeah] I didn't never put everything in 'cause I
knew some of them I didn't do right because (pause) umm
something like I don't know really./

Thpst: [You]

Damien: [Design] your own programme
email net but or something like that/

Thpst: Yeah – web page you mean./

Damien: Something like not web page 'cause I know it's something
Isn't (inaudible)/

Thpst: But anyway you practice a lot on your computer you're good
at it/

Damien: Yeah/

Thpst: And they didn't believe you/

Damien: No/

The therapist interprets Damien's recollections and proposes to Damien that his peers, the other children, do not support Damien's self presentation. Damien is emphasizing that others do not appreciate his knowledge and expertise, "so I done the best", he says, but he also suggests that he didn't "put everything in" when ticking the sheet and he was misunderstood, he knew that there were things he "didn't do right" but he was unable to communicate fully, or understand, the reasons for this. This topic of self-presentation, and ability, is explored throughout the assessment, in the making and presentation of art work, as well as the making and presentation of self through conversation.

At the end of his complicated story Damien initiates another kind of exchange. He seeks a demonstration.

Damien: How do you make a bowl like that/

Damien looks towards a bowl on the window sill and looks towards the therapist.

Thpst: Shall I show you/

Damien: [Yeah] – can do it but like a circle bowl like
that./

Maybe the recollection has allowed him to recognise that there are some things that he cannot do as well as he might hope and that he can learn from others. Nevertheless placing himself in the position of one who needs help to learn a skill is still difficult, “can do it but...”.

Damien hands the lump of clay to the therapist who leans forward and takes the clay.

The therapist takes up the rolling pin and begins to roll out the clay. He picks up the cup which holds the tools and takes out the tools then inverts the cup on his clay and cuts round the cup using a plastic tool. Damien watches carefully. The therapist next hands Damien a lump of clay.

The therapist offers Damien advice and Damien imitates the actions of the therapist. After Damien has produced a base for his pot the therapist shows him how to make walls.

The therapist takes a piece of clay which he squeezes in his hand and shows to Damien. The therapist then rolls out some clay using the palm of his hand and Damien rolls out a piece in the same way. The therapist then shows how to coil the rolled out length around the base of the pot to form a wall. Damien works beside him following the demonstration with his eyes. The therapist continues to build walls and Damien builds his walls.

As well as showing and offering advice the therapist compliments Damien and encourages him. Damien gains in confidence and his pot grows.

Thpst: Yours has gone up higher than mine already/

Damien: * Yeah yours is the same as mine yours*(?)/

(0.20)

Damien: I'm making some kind of jug you know/

Thpst: Jug/

Damien: Yeah like a tall one I could start it start from here/

The therapist's comments at the start of this exchange seemed to be aimed at positively endorsing Damien's abilities, his learning quickly, the emphasise being on “already”. In

response. perhaps, Damien quickly becomes ambitious and the therapist asks Damien what he might put inside the pot.

Thpst: What could you put in there/

Damien: I don't know couldn't put water in it it'll go soggy/

Thpst: Yeah it would now but when it dries you might be able to/

(0.05)

Damien then comes up with a suggestion

Damien: Perhaps put my little man inside?/

This suggestion encourages the therapist to elicit other associations to the figure.

Thpst: Yeah right why would he go in/

Thpst: Have a bath?/

Damien: Huh something like that yeah/

Thpst: What's his name your little man/

Damien: Umm (pause) is it ok if I use that/

Can a narrative be constructed from the image of the figure in the pot and does the figure have an identity? The therapist suggests a possible interpretation of Damien's proposal, but Damien does not explore interpretation, he does not answer, he does not try to give his figure a name instead he picks up a plastic tool to mark his figure. He then concentrates on improving the Nike tic and lifting up the figure from the board, and judging from his quiet comments and the therapist's response, the operation is not without its difficulties.

Damien: *Not too bad getting him up*/

Damien: *The problem is now is to*/

Thpst: Umm/

As well as presenting Damien with questions the therapist encourages play, through the making of a golf club. This prompts Damien to make a base ball bat.

Damien holds up his bat and the bat falls in half.

Damien: Uhh not all that good (laughs)/

Damien: *Thin too thin*(?)/

Thpst: They sort of go thick don't they/

Damien starts rolling pieces rapidly and constructing goal posts.

Damien: Hockey player could even make him into a hockey player
what about that.

Damien: *Something else*(?)/

Damien: Can't git him up/

The conversation, followed by the demonstration and the sharing of activities, the therapist and Damien both making objects, the golf club, the base ball bat, and the goal posts, leads to some relaxation. The therapist encourages imaginative exploration, the production of verbal associations, but although some playfulness emerges, for example he has now taken up the idea of identity in relation to the clay figure and has provided the therapist with a suggestion. "...could even make him into a hockey player", Damien is ultimately more concerned with keeping his figure whole when lifting him from the board using the spatula. This has always been a source of difficulty in relation to the making of the figure. Damien's indistinct "something else" is related to his struggle with the clay, he "Can't git him up".

The tape ends at this point but the assessment continues on a further tape. In the interval the clay figure has been placed in the coil pot.

The discourse analysis enables us to see how the exchanges, the presentation of materials and tools, and the verbal communications, led to the production of the figure in the pot. Objects, for example the gingerbread cutter, and the pots in the room, also provided a prompt as Damien constructed his brief. Possibilities presented themselves as Damien developed his interactions with the materials *and* with the therapist. Damien asked about the use of tools, where the clay comes from and if it can be used to make "mugs". This represents part of his exploration of the assessment situation. The therapist

does provide advice and demonstration, for example he shows Damien how to use the spatula and provides explicit instructions in relation to the pot. Damien wanted certain things from his figure, he wanted it to be smooth and he wanted detail, but he has to struggle with the “mud” like nature of the material he has chosen to work with, and the vicissitudes of this struggle, the stickiness and resistance of the clay, appear to determine results. The possibility of not keeping the clay figure whole arises.

Whilst Damien struggled with the material aspects of his task the therapist enquired about friendship, this led to an account of the island where Damien lives. From home the therapist directs the conversation towards school and through his questions he encourages the recollection of experiences and disclosure of difficulty. This leads to some reflection on self presentation and the transcript allows us to see how presenting a self that needs help or guidance is difficult itself, because of the danger of losing a positive identity. But Damien does find a way of asking for help, so that he can make a pot and display his competence. As I observed when describing the clay figure in the ekphrastic subject (Figs 28-30), from the front, the figure presents itself confidently, its carefully finished detail, and its smoothness, facing the world, demonstrating achievement, but the scarred and roughened back, hidden to immediate view, shows signs of struggle, of difficulty. In this way the figure reflects the progress of the assessment, its theme and direction, the task that Damien negotiated, as well as the enquiry that engages the therapist in his role as assessor.

The new tape begins with Damien folding and tearing paper and using scissors to trim small sheets of paper which are for the squiggle game, which the therapist introduces to Damien next. He takes up a piece of paper and draws a wavy line with the red pencil. As he speaks he holds the paper with the line out towards Damien. The therapist also gestures with his pencil over the drawing (Fig 31).

Thpst: Now what you have to do - *I'll show you how to play shall I* - what you have to do/

Thpst: I'll make a scribble line or you make a scribbly line for me we do it in turns like that/

Thpst: You have to see if you can turn that into a picture of some sort/

Thpst: You can add anything you like to it.

Damien: [What] on there/

Thpst: Can you do it/

Damien: Can I have it up that way/

Thpst: Yeah you can have it anyway round that you like and you can add what you like/

The therapist first gives instruction, the verbal instruction is accompanied by gesture and drawing, his "Can you do it" presents a challenge, and Damien's question which follows seeks to establish rules. He now begins drawing, adding to the therapist's marks. When the drawing is complete, to his satisfaction, Damien turns the paper and passes it towards the therapist, and looks towards him. The therapist looks at the drawing.

Thpst: Umm/

Thpst: *Ok*/

Thpst: He's riding a big wave isn't he/

Damien: [Surf board]/

Thpst: *Good*/

Not much has been said about this first image, but perhaps not much need be said since the drawing speaks to both players. There is agreement in relation to its interpretation and the therapist approves of the start. Damien's figure floats confidently above the wave and communicates an ease with the game which reminds us of the clay figure from the front, a presentation of sporting ability (Fig 31). The drawing demonstrates Damien's ability to meet the challenge of the game. Damien refers to the surf board which enables the figure to achieve success, ride the wave, and it is the wave that the therapist emphasises, the difficulty that the figure has to negotiate.

Damien now draws a squiggle and hands it to the therapist.

Damien: I think I can think of many things you can make out of it/

Thpst: Can you/

Damien: Yeah/

Damien: I was thinking of a bunny rabbit/

Damien points out the openness of the game and shares his thoughts about possibilities. The therapist demonstrates independence in his drawing decisions although he is interested in Damien's thoughts about the marks.

Thpst: *Know what it is*

Damien: A man huh/

Thpst: [yeah]/

Damien: Yeah its good/

Thpst: You were thinking of a bunny rabbit/

Damien: Yeah thinking of ears coming down there/

Thpst: [Oh yeah]/

Damien shows by gesturing with his pencil how he would have drawn a rabbit (Fig 32).

Damien complements the therapist and he appears to accept the therapist's response to the squiggle, this laid back or sleepy presentation of self. The therapist is showing that he also is relaxed about the game – he could do it in his sleep, perhaps!

When the therapist passes the next squiggle to Damien he emphasises choice, that each player chooses in his turn. This was also communicated in his drawing and the subsequent discussion about the rabbit, “you were thinking of...” emphasises the difference between Damien's thoughts and the therapist's.

Thpst: Right here's one for you/

Thpst: You can turn it round *don't forget*/

Damien studies it for a while then, after turning the paper begins drawing (Fig 33).

Damien: *Patch* tepee/

Thpst: Yeah?

Damien: Indian house I wouldn't like to live in one of them/

Thpst: You wouldn't why's that then/

Damien: Too cold. 'Cause I/

Thpst: You think it would be too cold/

Damien: Yeah/

Thpst: Umm well I suppose they have a fire in the middle don't they - *that must keep them warm*.

Damien: [Yeah] not much room to sleep is there/

The therapist encourages Damien to explore associations to the tepee. Damien is less positive about living in a tepee, even if it were not cold it would be cramped. The floating nature of the tepee (see ekphrastic subject Fig 33) is not commented on.

The therapist draws another squiggle which is passed on to Damien and Damien draws (Fig 34).

Thpst: This is some sort of ice-cream is it/

Damien: Yeah a cornet don't know what you call it knicker bocker glory./

The therapist responds as before, using the drawing as means of generating verbal associations and conversation he now asks about food.

Thpst: What's your favourite food/

Damien: Chicken nugget and chips/

Thpst: Chicken nugget and chips/

This conversation does not develop, and Damien then passes his next line, or squiggle, over to the therapist. The therapist looks at the line for a short while before drawing.

Damien: Camel/

Thpst: Yeah/

The therapist turns the paper and passes it to Damien and he points to a red mark, to the left of the camel, made with his red pencil (Fig 35).

Thpst: *I don't know what this bit could be do you*/

This is a quiet invitation for Damien to be inventive, to respond to another mark a stray or redundant mark that the therapist added to his image whilst drawing. Damien converts the mark that the therapist points towards, into a signifier.

Damien: *Could be*/

Damien: Sort of a man/

Damien: I don't know what he's supposed/

Thpst: No/

Damien: To be doing looks like a monkey/

Thpst: Umm you have given him a mouth here – he has a big nose now/

Thpst: Giving him some teeth now/

Damien: Looks even worse/

Damien: Looks angry now/

Thpst: Angry/

Damien: His eyebrows/

The drawing develops and the therapist and Damien have now been brought together into one picture (Fig 35). Damien notices that he has produced a “sort of man” or “monkey” who “looks angry”, the teeth and eyebrows being important signifiers in relation to this interpretation, and interpretation that both participants are able to agree on. The therapist is also interested in the angry aspect of this figure and he seeks some narrative elaboration in relation to the picture from Damien. This entails shifting attention from the individual signs to the larger gestalt, an exploration of relationship between signs is required.

Thpst: Why do you think he is angry/

Damien: Don't know/

Thpst: Could he be angry with the camel?/

Damien: *He could be*/

Damien's response is quiet here, perhaps he is not sure where this is leading. This interpretative procedure might be especially difficult if the therapist is to be associated with the camel. In pursuance of his inquiries the therapist next points to the man/monkey with his finger.

Thpst: What sort of things make you angry do you ever get as angry like that/

Damien: No not as angry as that/

Thpst: Not as angry as that but you do get angry do you?/

Damien: *Sometimes*/

Thpst: *What sort of things would make you angry*/

Damien: Don't know/

Some of the anxiety arising from this questioning, and demand for admission “but you do get angry do you?” is betrayed in Damien’s motor movements. He moves the pencil up and down his thumb and he also shakes his leg briefly. Damien is not prepared to commit himself on the subject of anger and he moves the game on re-introducing image making – giving the therapist directions in effect. He leans back away from the therapist and draws on the other side of the paper containing the man/monkey drawing.

Damien: *Really going to* make it a bit more obvious/

Thpst: Is it meant to be a guitar?

Damien: Yeah/

The therapist follows Damien’s visual and verbal directions, his compliance is visible in the image (Fig 36), and the completed guitar represents a harmonious agreement, an agreement to end the previous interrogation. The guitar leads to a discussion about Damien’s relation to music.

Damien: Yeah I’m better at playing on the keyboards – I go to music lessons/

Thpst: For that/

Damien: For the keyboards./

The therapist moves the game on, he tears a sheet of paper in two, draws a squiggle and passes it on to Damien. Damien looks at it and turns the paper before starting drawing (Fig 37).

Damien: *The man’s a bit small can’t fit him on*/

Thpst: It’s a golf club he’s going to have a job swinging that isn’t he/

Damien: Bit cross cause he’s got a big/

Damien: Got a big golf club – he wanted a small one/

Thpst: He wanted a small one –so golf club doesn’t really suit him does it/

Damien turns the paper so that the therapist can see the drawing. The therapist leans forward to look.

This picture is explored carefully. Damien seems to be still thinking about anger, the man is a “bit cross”, because “he”, the player in the picture, “wanted a small one” – in this sense the picture is one of someone whose needs have not been met.

Thpst: *Oh yeah very good*/

Thpst: What does this say top?

Damien: Flight two/

Thpst: Top flight two/

Damien: Yeah *it’s the name of the ball*/

Thpst: Are they the best balls/

Damien: Well no not the best balls/

Thpst: No they’re not/

Damien: What golf/

Thpst: These are not the best balls./

Damien: Yeah well they are a number two one of the best *weight*/

Thpst: Huh huh yeah./

Thpst: He’s cross because he’s having a job with that golf club/

Damien: A bit too big/

There is a diversionary discussion about the ball which appears as an important item in the picture, placed in the foreground and given detail (Fig 37). There is some uncertainty about the meaning of the number 2, does it refer to weight or quality or both, if it is not the best of balls it is, like Damien himself perhaps, “one of the best”. After achieving some understanding about the ball the subject of the golf club is returned to, the golf club that is “a bit too big”. Of course the red line, the squiggle, determined the size of the club and as Damien pointed out there was not much room for a man. This picture reminds us of the struggle with clay and the tools given to Damien in the assessment and it could also be useful to contrast this figures relation to the golf club with the surfer’s relation to the surf board in the first squiggle image. Some tools, some kinds of cultural equipment, can be made good use of, others present problems.

As Damien and the therapist both look at this image the therapist ends the discussion with questions. He seeks to relate the picture to Damien's experiences, using the image as a metaphor for struggle, emphasising struggle.

Thpst: Looks like he's really struggling are there any times when you have to struggle with things that are too big or are there/

Damien: *Not so much*/

Thpst: Pardon/

Damien: Not so I mean not so much/

Thpst: Not so much what's the hardest thing that you have to struggle with you reckon/

Damien: Don't know something/

But Damien is not willing to disclose or discuss his struggles, if he has any they are "not so much". This part of his speech references the therapist's emphasis, "really struggling" and later "hardest thing" leads to Damien's non committal "something".

The disadvantage of the golfing figure and Damien's possible cultural handicap, problems or difficulties, are not pursued further, instead the therapist returns to the game, to play, recommencing the game with an announcement and actions.

Thpst: It's your turn anyway/

Damien: Yeah umm/

The therapist now turns the paper and places it before Damien. Damien responds to the direction, draws a squiggle and passes the drawing to the therapist (Fig 38).

Damien: Don't know what you can make out of that I was thinking what do you call these people that kings have with those funny hats on with balls on it and shoes/

Thpst: Oh you mean like a jester/

Damien: Yes a jester that's like the shoe curls round like that with a little bell on it *anyway it's a funny shoes that's what I was thinking of*/

Thpst: Yeah/

Thpst: So it could be like this/

Thpst: Here's his legs/

As Damien speaks he leans across and points to the drawing. The therapist interprets the marks according to Damien's instructions, although he goes beyond the shoes and introduces Damien to the figure of a jester.

Thpst: Here's the court jester/

The therapist encourages Damien to look at the drawing. He is keeping the game going and encouraging verbal associations, the exploration of imagery.

Damien: He's got one big shoe and one small/

Damien: Huh *it's good*/

Damien quietly compliments the therapist. Power relations are explored next when the therapist prompts with a question.

Thpst: What would you rather be the king or the court jester/

Damien: The king/

Thpst: The king/

Thpst: *Cause you're in charge*/

Damien: 'Cause like they use jester as a joke kind thing/

Thpst: [Yeah]/

The lack of equity between the king and the jester mirrors the lack of equity in the assessment relationship, a lack of equity that appears to be present in the camel picture and the golf club picture (see ekphrastic subject Fig 35 and Fig 37).

Damien: Well they have to entertain some kings not as nice./

Thpst: Some Kings not as nice as others/

Damien: No/

Damien: Like not very nice Henry the eighth/

Thpst: What did he do that wasn't so nice/

Damien: It had six wives something like that/

Thpst: Uh uh/

Damien: And he killed I don't know one survived or two survived I can't remember so long ago since I learnt that/

Damien remembers that some people who have access to power may use it badly, they are "not very nice". The therapist does present the jester, and by extension himself, as playful in the drawing (Fig. 38). But the jester is less a joker more a joke in Damien's verbal representation, an individual to be laughed at. Damien goes on to explore Henry the eighth's victims, he focuses on the exercise of freedom at the point of death.

Damien: I don't one of them wanted know why one of them wanted have a sword to have her head cut off with not an axe/

Thpst: Did they?/

Damien: She wanted the er um sword probably 'cause I know they're both painful probably but the heaviness of the axe - probably the sword I don't know really I don't think the sword I don't know really would be much evil than an axe the axe is one big blade I know that is well but/

Damien gestures to show the size of the axe, he then swings with his arm an imaginary axe. In this way he introduces an imaginary situation into the conversation, a beheading first with an axe, then, as we shall see below, with a sword. His gestures provide the dramatic realisation of his imaginary situation.

Damien: I mean but could be that big but an axe you've got swing it really hard 'cause it's really heavy in it/

Thpst: [Yeah yeah]/

Damien: You've got really finish it like that with a sword it's just light/

Thpst: [Yeah]/

Damien: So go just imagine that like that/

Damien, as he speaks, places two hands together, fingers touching, and he brings them down with a sudden movement on to the table.

Damien: So hopefully surely that was would be not not so painful as much as like an axe
and that I know really painful both of them I wouldn't like it cut off with an axe./

The heavy axe feels a bit like the golf club, whereas the sword is "just light". But Damien is trying to understand the victim's choice, using his imagination "So go just imagine that ...", and urging the therapist to do the same, and thinking about what would be painful in the circumstances. This leads him to reflect on his previous experiences, he remembers Madame Taussaud's.

Damien: And they went into this dungeon thing you got on this ride where they take you back in time like from modern days to really olden days like King Henry the eighth and Victorian times and we got out at this stop like it a little path you're stepping and just goes slightly just goes along and you're passing/

Madam Taussaud's presents the visitor with an imaginary view of the past, or at least with the means for creating such a view, "they take you back in time like from modern days to really olden days", its like a time machine. Damien explains the mechanisms that create this imaginary view and he describes his experiences and enjoys the macabre aspects of his story.

Damien: You sit in it and it's got a speaker behind you and it talks like tells you like what it is and stuff – and I went into the dungeon and it had one of those things and it had a head in it landed in the basket and all this red stuff comes up on the wall and stuff it was really funny/

Damien gestures to show how the "red stuff" comes out of the basket.

Thpst: *Gory I'd call that*

Damien: [Yeah and] some of them had rotted like in like a cell

Thpst: [umm]

Damien: If you know what I mean/

Damien: They had like a bath a man in there all rotted and skulls and/

Thpst: All right well we have to stop now can I keep your nice little man – he hasn't got a name has he/

Little interpretation is required in Madame Taussaud's, "it talks like tells you what it is". The "rotted" man and the "skulls" are clearly exciting exhibits as far as Damien is concerned but it seems to be too much for the therapist who is not so keen on exploring this gothic material instead he abruptly endeavours to bring the conversation back to the "nice little man". His emphasis on the word "right" is intended to halt the flow of associations, bring an end to the topic of death and decay, and effect a shift in the verbal exchanges, a change of direction in the assessment which he is now bringing to an end "we'll have to stop now". Whilst the therapist would have previously welcomed verbal associations, these associations, at this time are too much for him.

The therapist wants to keep Damien's clay model, the figure in the "bath" – a figure that has not rotted, and is not surrounded by skulls, the "nice little man". There follows some negotiations around this exchange.

Damien: I don't know/

Thpst: To add to my collection/

Damien: I like that bath it looks good/

Thpst: Yeah you done well there/

Damien: Aint got clay I wish I knew where you could buy it some places is it certain places don't know whereabouts/

Thpst: You can get clay from most art shops./

Thpst: Do you want to take a bit with you/

Damien: That's up to you/

Thpst: You can if you like

Damien: [alright then]

Damien wants something in return for his clay work and he is reluctant to give up the bath or the figure and he knows how to suggest to the therapist that he should offer something in return for the figure and bath.

Damien: Not unless I take that and the bowl/

Thpst: I'd like to keep the bowl if I can/

Damien: Yeah you keep the bowl/

Thpst: It's a fair exchange we'll call this/

Damien: [Yeah]/

Although Damien has indirectly asked for a lump of clay to take with him he really would like to take his figure and the pot he made. The therapist is reluctant to relinquish his claim to the figure and he is eventually able to convince Damien to give way to the agreed, or imposed exchange. It's interesting to notice that the therapist suggests that this should be *called* "a fair exchange". Maybe he recognizes that it is unfair at some level, or has guilty feelings in relation to the exchange. The therapist now directs Damien towards the exit.

Thpst: Which bit did you like doing the most/

Damien: Probably the clay/

Thpst: Huh hah/

Damien: Shall I take this with me or/

Thpst: Yeah *just wrap it*/

Damien: I'll say to my friends today want to come round and do some clay modelling huh/

Thpst: Do you think they will/

Damien: Yeah I've got plenty of hardboard and tools and things/

Damien wants to hang on to his apron – maybe he still feels that he has lost too much in the exchange. The therapist invites Damien to comment on the assessment and Damien anticipates modelling with clay in another setting, with his "friends at home". He wants to replicate the assessment processes, repeat those aspects he found enjoyable, use some "tools and things" again.

Damien walks out of the door as the therapist holds it open. The therapist then turns off the camera.

Responding to the documentary subject the therapist wants Damien to disclose difficulties and explore problems areas, through visual and verbal imagery, and he directs the conversation towards that end. Damien, however, wishes to present himself as confident and able. The conflict is present in the camel man/monkey image, and it is likely that Damien is unable to explore anger because he is angry with the implications of the

questions and the aims of the assessment. Damien then represents himself as “struggling” with cultural tools and tasks, through the golfer and his large club, if he has difficulties it is because he is placed at a disadvantage. Cultural tools and tasks represents a topic developed throughout the assessment, in the clay figure and bowl, and in the first squiggle. Damien presents himself as able in this respect, but also placed at a disadvantage by others, at school for instance. Damien is not without access to power in this assessment situation, and he does demonstrate an ability to steer exchanges, to change the direction of the assessment, for example with the guitar and the jester. The tepee and the “knicker bocker glory” may represent more personal and playful explorations but these are not explored with the same enthusiasm by the therapist. At the end of the assessment we see Damien, not unnaturally, giving shape to thoughts about power and freedom, exchanges which show Damien to be aware of the asymmetry in the power relation that the assessment entails. Finally he is excited by the recollection of images of death. The therapist avoids following him in this direction and at the end of the assessment Damien gives way to adult authority.

CHAPTER 9 THE SUBJECT OF THE ART THERAPIST

I have made an appearance in the case studies, in my role as art therapist, in the documentary subject, in the ekphrastic subject, and in the discursive subject. In this chapter I want to explore the activity of the art therapist, my participation in the assessment, but not directly through self-reflection or self-report, but through a consideration of the practices that assessment produces, and the way this shapes my subjectivity, my relationship to others.

There are two representations of the assessment in the clinic's documents which, when analysed, might help in exploring my subject position. The first is a description of the art therapy assessment I provide to all parents before the assessment, and the second document is the individual report I produce after each assessment, for the parents and the multi-disciplinary team, the Art Therapy Report.

The description of the art therapy assessment given to parents prior to the assessment is presented in unabridged form in Appendix No 5. As we can see, in the first paragraph of the description we are told that it is an explanation, which gives an account of how the assessment will be conducted, and what the therapist aims to achieve.

In paragraph two the parents are advised on their role. Although they may be invited to join the therapist and their child in the art room they are expected to remain in the role of observers (see mother's role in subject No 1 Henry). The therapist next outlines his techniques, which consist of the non-directive approach, the directive approach, observation and questions. "Non-directive", as we have seen in practice, does not imply total passivity but describes the offer of art materials and choice in relation to their use. I explain that I want to encourage initiative in the use of the materials, but also that I am looking for the child to produce spontaneous requests, and to generate social interaction and exchanges ("sharing") in relation to art production. I argue that choice can be problematic, and the removal of direction might cause difficulties, but this is the difficulty that I want to reveal or assess.

In paragraph 3 I list the kinds of instructions I might give the child and I have indicated that I use turn taking games to generate sharing. In this third paragraph I also mention symbolic play, an item which is important to diagnosis.

When describing observation in paragraph 4 I have emphasised that I will be “looking carefully” and that I am “interested” in how “developed” the child’s representations might be, but I also want to observe how materials are used and what ideas are generated, through signs. I indicate that I intend to interpret observations in the search for motivation and interest, and that I will look carefully at the exchanges that take place. Emotional expression is another area of interest to me and I indicate that I will be observing the child’s reactions to me. Here a number of questions arise in my description which appear to be capable of extension, “do they ignore me?, are they co-operative?, do they understand my requests? and so on.”

In paragraph 5 I have emphasised that I will be asked to comment on communication and I suggest that I will “pay attention” to this. I also suggest that my questions in relation to art work are aimed at gaining some understanding of how the child views his or her work, and how it might relate to his or her experiences. Here, it should be noticed, I do not raise questions in relation to authorship.

I comment on “style” in the description by proposing that there is an attempt to make the assessment interesting and enjoyable and play is encouraged. I explain that there is also an attempt to generate an atmosphere that promotes confidence. I next discuss briefly the report that I shall have to write and I stress the importance of trying to be “clear” and to “think” about “the events of the session” and I say that I will want to comment on abilities, motivation, problems and difficulties. In the last paragraph of the description I attempt to enlist the support and help of the parents in the assessment process, proposing that any observations in relation to the assessment and reports on the use of art materials by the child in other settings, from them, “would be of value”.

My description is a construction of a professional self. It prepares the parents for the activity of the assessment and justifies the behaviour of the art therapist. The parents, as audience and viewers, via the video camera and television monitor, are given a programme. They are given a frame through which to interpret events and the ceremony of assessment thereby appears less casual and arbitrary. The description, which is shared and agreed with the multi-disciplinary team, obliges me to perform, when interacting with the child, according to the role I have proposed for myself. My task is to generate activity with the art materials, and the objects of the assessment; social interaction, especially the capacity for “sharing”; communication, including the development of representations, the production of spontaneous requests and emotional expression; play, and the ability to generate ideas, will, it is suggested in the

description, through the encouragement of interaction, as well as through direction, be revealed and assessed.

When the assessment has been completed, that is when the child has left the art room and the parents have left the clinic, the therapist next performs his role through writing – he concludes his activities by constructing his view of the assessment and the subject child. As anticipated this representation of the child, the Art Therapy Report, will conform to the discursive pattern of the clinic's documents. It will resemble previous reports and will reflect the practices that the multi-disciplinary assessment embodies. Because I want to show how the objects of the assessment are discovered and presented to the multi-disciplinary team, I shall, next, present some material from the four Art Therapy Reports that refer to the case studies.

I have at Appendix No 6 presented the whole of the art therapy assessment report for subject No 2 Annie to allow the reader to gain a clearer and more complete picture of my practices. Some institutional headings, dates and names, have been removed from this report to protect anonymity.

Institutional headings are important as they give the reports their status, by naming the institution and invoking authority. Usually the body of the art therapy report is divided into sections. In the case of Henry and Annie, an "Introduction", is followed by a section titled "Brief description" then "Interpretations and Observations" and the report ends with a "Summary". In Tim's report "Introduction and Brief Description" are placed together and followed with "Observations and Interpretations" then, as expected a "Summary". In Damien's report the structure is "Introduction", "Description and Observation" followed by "Summary". These structures imply a rational progress or process, description being relatively neutral, observations and interpretations being an elaboration and analysis of material found in the description, the summary representing a précis of the insights gained. In this way the report is presented as a piece of empirical reasoning in relation to the events of the assessment and a rational account of the subject, achieved by a methodology endorsed by the institution.

In the introductions I indicate that I have given the child "the opportunity to initiate activity", or given him or her "a free choice", that I have "encouraged social interaction" or "endeavoured to involve her in shared activities" and I also indicated, in the case of Harry, Annie and Damien, that the report should be "read in the context" of the "larger assessment that took place" at Chestnut House. In suggesting, for example in the

case of Annie, that I was interested in the “quality of her social interactions” and her “ability to initiate communications” I repeat material in the prior description given to parents.

I will now give an account of Henry’s report, a report, judging by the discursive subject I have constructed in this research, which contains a reasonable account of events. In places there is detail in the description which could only result from an attentive examination of the video. For example when describing Henry’s motor movements with the pen I wrote:

“... he turned his wrist so that the top of his fist was pointing down towards the paper and the pen slipped off its point. However, he steadied his marking and as he gained more control of its movements he was more consistent in marking. Later he moved the pen into his right hand.”

This description is clearly motivated by a desire to represent fine motor development and it compliments other aspects of the Art Therapy Report for Henry in that it reveals delay in areas of development. There is further comment on motor activity in my description when I refer to the presence of “anxiety” at the beginning. I comment on “heavy breathing” and I write “these breathing sounds did disappear as confidence in handling the materials increased”. I also point to “aggression” in relation to “handling”. Here we gain a sense of how particular motor movements can be interpreted to produce a motivated subject.

In Henry’s report I represent Henry’s language as being reliant on imitation or “echo” and note that “he was unable to choose a colour through naming”. In the description I also suggest that Henry was “not really prepared to take turns or allow any reciprocity to develop” this and a later comment in the “Interpretation and Observations” section, “his turn taking skills are poor”, now seems unfair. In the “Interpretation and Observations” section I write that Henry “rarely used gesture but could point” and later that he “demonstrated pleasure through rehearsed gestures”. The words “rarely used” and “rehearsed” which are deployed here enable his gestures to be negatively connoted. Less critically I do report that Henry responded to the adults “as he slowly grew in confidence” and that he was able to respond to prompts when “I had his attention”. I also write that “it does *feel* as if he is wanting to share his enthusiasms with others and that he appreciated social rewards in the form of praise.” The italics in the original report imply that there could be some doubts raised about this positive

interpretation and other interpretations continue to stress deficit or delay in development, for example: “understanding of representations, like his symbolic play skills, remains at a very rudimentary level.” These are qualitative judgements that allow for discrimination and the appearance of developmental delay and/or problems in communication and social interaction.

Although there is some reluctance to interpret behaviours positively, I ended the interpretation section in a positive way:

“It’s worth noting that on return to the family room with Henry and his mother, when I talked to her, he watched me carefully and appeared to be more interested in my actions and endeavoured to gain my attention. Previously, at the start of the assessment, he had ignored me and absorbed himself in play in the family room – this suggests that the encounter in the assessment did mean something to him.”

My “It’s worth noting” is a plea here, on behalf of Henry, with whom I have developed a relationship during the assessment.

In the “Summary” I write that Henry’s “difficulties with language are obvious” but argue that he also has “difficulties in non-verbal communication and in responding to social overtures”. I describe his play as “mostly focussed on exploration and tool use” but “he does show signs of beginning to understand symbolic play and has some understanding of representations”.

In retrospect, Henry’s difficulties with non-verbal communication do not seem as significant, and I would now want to argue that he can respond to social overtures. I do write in the report that: “given support in interactions his confidence grows and he is able, when prompts are repeated and accompanied by demonstrations, to respond to task demands” but this is a particular description that can be used to provide material that will allow those interpretations that can support a diagnosis to continue to be made. Language is critical, “given support” indicates that social responses are not spontaneously or naturally provided by Henry, and a response “to task demands” does not appear to be the equivalent to a positive response to a “social overture”.

When looking at the Art Therapy Report for Annie I became more aware of inaccuracies, for example I write: “I asked her if she liked looking at photographs and she responded “Making them” “. Annie does not use these words, her words are (as

recorded in the transcript), "I like to get a photo". This is followed by my question "- what sort of photograph do you like" and then she replies, "with a camera". This dialogue appears just prior to a question about the video camera, "What's that there?" and appears to be part of a larger attempt at an interrogation of the situation, which includes questions about the camera, my name and my appearance. I also write that Annie "collected pencils for herself" after she agreed to drawing but she did not collect the pencils for herself these were presented to her, although she did agree to use them. I also write that Annie asked "several "where did you get that?" questions" but these do not appear in my transcript. Some of the inaccuracy in my description may be accounted for through the use of memory rather than using the video, but distortion also appears because of the shape I seem to want to give the subject in my report.

In Annie's report a collection of phrases are placed together to give a picture of Annie's use of language:

"She asked "Hair – does it hurt?" and I asked did she mean beard. Then she placed some scribble in the centre of a face saying "hair – hair in face". She commanded me to "sit over there" and I asked if I was to close but she said "No". She also made the following comments, questions which she answered herself, "Why did you say something? – Because I said so – Why did you talk? – Because I said so". (see paragraph 5 in Appendix No 4).

As communication they are presented in a distorted form because the therapist's words, and the order of speech are removed, neither is there an account of the action that the words relate to. As might be expected I have emphasised oddities in speech, or what might be regarded as signs of difficulty, in my report; for example the phrases which suggest confusion in relation to pronouns, and although the report does give examples of competent communications, these are given less prominence.

Annie's response to instructions, her refusals and drawing skills are described, for example her reluctance to draw the triangle, and her spiral, which I describe as not "well controlled".

I refer to Annie's adoption of the teacher role and the attempt at writing. I also describe Annie's response to the toy rabbit and her use of play-doh. I indicate that Annie produced some pretence, making a snake and playing with "cakes" but observed that "spontaneous" play with the gingerbread man was absent.

In the section “Observations and Interpretations” the brief description is referred to again this time to provide examples of Annie’s failures, her incompetency, and on occasions her skills. Her figure drawings are referred to in negative terms, as being “difficult to interpret”, lacking in “consistency” and being “placed haphazardly”. It is interesting to compare this with my more positive account in the Ekphrastic Subject pages 157 – 175.

In my report I suggest that although Annie “was able to pretend and did produce symbolic play” – categories important to diagnosis – “there was considerable reliance on my cues” and “she often echoed my comments rather than elaborating the game.” I also argue that “she often thinks concretely when some kind of pretence is required”. Here a qualitative account of play is given and the suggestion is that developmentally all is not well.

When referring to Annie’s “odd” conversation I emphasise her questions, which now after the research do not seem excessive. Although I suggest that Annie has understanding, I stress that her social interactions were “lacking in reciprocity”. I write that she was willing to share when in “control of the interaction” but “found it difficult to respond to directions”. Finally I argue that “most of what took place was on her terms”. Here we can see that Annie’s refusal in relation to the power of the adult results in a description that meets the diagnostic criteria.

When summarising I draw the readers’ attention to “difficulties with communication and social interaction” and the “lack of reciprocity”. I also mention that there might be difficulties with fine motor skills and “maybe some visual-spatial difficulties”. These later difficulties are not so clearly identified in the report but I notice that there is an avoidance of tasks and “odd use of language”. There is enough here to support a diagnosis and, as can be seen, I have succeeded in identifying those objects that other professionals in other reports have identified.

The report for subject No 3 Tim first presents the reader with a narrative, a description of the activities that the therapist introduced and that Tim participated in. The report follows the movement from painting to the copying of shapes, to the squiggle game and then the use of play-doh. In this way the report gives emphasis to free choice, directed activities, shared activities and play. Examples of verbal exchanges which precede

and follow activity are also presented by small sections of reported speech – Tim’s speech not the therapists, for instance:

“...and when I suggested that he needed brushes commented, “You can’t do it with anything else”.

In the “Observations and Interpretations” section of this report I suggested that this comment of Tim’s represented a lack of inhibition in his use of language, that his comment might offend and that Tim was unaware of this. This interpretation does not allow for humour, or a desire to comment on the therapist’s actions, or the need for a presentation of a competent and knowledgeable self.

Another example:

“He told me that he mixed the colours up on purpose “to make it the right colour – yellow like fire””.

This is later critically assessed in the report as; “ he mixed orange and green together but spoke about making it yellow like fire”. In fact the transcript shows that although Tim uses the words “right colour”, “yellow” is introduced by the therapist as is “orange” after Tim introduces the idea that a section of the wall of the house looks “cooked”. The report, by heavily editing the exchanges, misses the contribution of the therapist and the way in which a joint conversation or exploration in relation to the painting is produced. Of course there are some differences in interpretation between Tim and myself and Tim’s desire to appear able in relation to painting does seem to result in some misunderstandings. Interestingly I do write positively about his painting in the report: “He was clearly communicating about his experiences at Chestnut House through his painting and his painting was constructed in a logical and coherent way.”

The negotiations in relation to interpretation that take place during the squiggle game are not described in my report although conversation about the family is included. When reporting Tim’s speech, for example I quote as follows: “Dad’s not bad, he’s allowed to play it at his age”. Whereas the transcript shows that Tim actually says “dad he’s normally playing it” and I then seek further information; “Is he?”, and *then* Tim responds with, “It’s his age my sister not allowed to play it she’s not older enough”. These differences are important because later in the Observations and Interpretations section of the report I refer to his comments here and write: “... his comments about

Dad being allowed to play “at his age” have the naivety of a younger child.” This misses the contextual element in Tim’s remarks where his comparison between father and sister is elicited and it is appropriate to the development of the topic, family relations.

I suggest in the report that Tim enjoyed the squiggle game, “especially when he had control of the interaction and the topic that we discussed” but “diverted away from it” when the topic was “not of his own choosing” and here I cite Tim’s response to the “Humpty Dumpty theme” as an example. I describe his use of the play doh and cutters and observe that he did “demonstrate an understanding of pretence” reporting that “His symbolic understanding reaches to giving inanimate objects qualities and feelings (the gingerbread cutter bleeding)”. However I qualify this positive account with: “but he did not extend his play in this setting and elaborate on his primitive social scripts”. The use of “primitive social scripts”, an evaluative descriptive phrase, allows me to identify his play as lacking in some way. This might be justified by reference to “clinical judgement” where an experience of a range of play is made use of, where there is some comparison against a norm.

Positively in the report I do record that “Tim used eye contact gesture and tone of voice effectively” and that “he was capable of initiating social interaction and showed social motivation”. I also write that he was able “to respond to humour and he began to relax as the assessment progressed.” However in the summary I return to the interpretations above and make the following qualitative judgment in relation to Tim’s social skills: “Some of his social interactions felt like the social interactions of a younger child, perhaps a 3 or 4 year old” and “he is able to explore subjects not of his own choosing when supported and encouraged by an adult, but he does seem to prefer to stay with things of his own choosing.” I also report that there were times “when his response to things appeared literal and lacking in understanding”.

Although Tim’s Art Therapy report contains positive comments, in relation to communication and social interaction, these are not used to argue against an Autism diagnosis instead evaluations are applied to play and interaction that present behaviours as developmentally delayed, or lacking in relation to a norm, this argument is also facilitated by editing reported speech and avoiding detailed exploration of exchanges. This same strategy was used in Henry’s and Annie’s reports, as we have seen.

Damien's Art Therapy Report has just the three headings, Introduction, Description and Observation, and Summary. The description section is shorter than usual and the summary is longer. Actions with the art materials are described, and topics explored through conversational exchanges are briefly referenced. When reporting speech in this section single words are given quotation marks, but there are no significant passages of directly reported or recorded speech.

In the report I comment that Damien was "keen to share his work through conversation" but that he did not produce "verbal associations" in relation to the man in the bath (the clay figure in the pot), although I write that Damien was able to use his imagination in the squiggle game. I argue that Damien's responses to my questions in relation to the figures of the "angry man" and the "man with the giant golf club" show that; "he wanted me to think that there were no problems in his life". I would agree that Damien did want to present a competent and able self in these exchanges but putting it briefly in this way misses the function of the interaction for the therapist. Examples of "difficulty" or "anger" are needed in order to construct Damien as a subject who has particular social problems, problems that may be in need of a diagnosis. This practice where one member of the dyad seeks to interrogate and disclose limits in relation to the competence of, and thereby social possibilities, for the other, produces an asymmetry in the power relation, a power relation that is often typical of adult child interaction. Damien, as we have seen, contests this arrangement. Damien suggests that whatever the individual's subject position it is possible to challenge the power relation, although he implies that the assertion of agency, of a freedom, might result in death. Significantly the jester, the ending of the squiggle game and the assessment, are not mentioned in the report.

In the summary of the report I report that Damien "communicated well during his assessment", he demonstrated an ability to "stay with a shared topic" and he "used eye contact to regulate exchanges". But, perhaps on the basis of his response to my questions in the squiggle game, I assert that Damien "found it difficult to explore subjects that required a degree of self-reflection and that concerned emotions". I also report that there were "aspects of his social interaction that could be regarded as disinhibited or overconfident, for instance his asking about clay at the very beginning and his request to take clay at the end". I also argue that his reluctance to end his use of clay and move on to the squiggle game "suggests a preference for more solitary activities or activities that do not require social interaction of a reciprocal kind". I would now want to distance myself from these judgements as the discursive subject shows

Damien enjoying “reciprocal” exchanges; for instance, I would now regard the request for clay at the end of the assessment as a demand for reciprocity, after all he had surrendered his figure in the pot to me; and I would now want to point out that Damien was enjoying the *shared play* with the clay before the squiggle game commenced. It is probably more accurate to say that what Damien found difficult was the asymmetry of the social interaction in the assessment, or the subordinate position he was expected to adopt rather than social interaction per se. Sometimes he sought solidarity in the development of his relationship to the therapist and deliberately produced messages to request a change in the interaction, for example with the guitar and the jester drawing (Fig 36 and 38).

In relation to “friendship”, in the report I refer to a conversation with Damien’s parents after the assessment where “I learned that Damien has no real friends – his Mother certainly stressed this point”, and I write that, “His response to the invitation to discuss “friendships” and his Mother’s reports do indicate that Damien has difficulty in relating to his peers”. Of course the art therapy assessment is not a good way of assessing peer relations and this would normally be undertaken by the clinic through a school visit, but again an incompetence in establishing friendships is needed in order for a diagnosis of Asperger’s Syndrome to gain assent.

In the report I did argue that the “images produced during the squiggle game” suggested “that, at some level, Damien is aware of his difficulties, and that he struggles with problems and emotions” but he “found it difficult to articulate the problems in a verbal form”. However he was “quite clear about his difficulties at school in the classroom, and he did think that instructions could be given in a way that would help him succeed.” Here I am interpreting the art production and verbal exchanges in way that allows me to present Damien as a child with difficulties, but also some insight. But although there is a recognition of ability in relation to visual and verbal communication, I have still found a way of suggesting that a diagnosis could be justified.

Considering that one of the major aims of the assessment is to explore interaction it is surprising how the interaction is represented in a one-sided way in my reports. The behaviours of the therapist are passed over quickly. The assessment is treated as a situation where an essential subjectivity will appear, where processes assist in the discovery of the individual child. The child’s presentation of self is not seen as a product of the exchange of messages. It is as if speech were without effect, utterances are treated as the occasion where problems in communication will make their

appearance, but the function of speech is ignored, for example in relation to questions, or where a participant in the assessment seeks to direct practices. The interaction is treated as neutral and there is no cognisance of the power relation that conditions interaction.

It is noticeable that the art products are given little space in the reports although I do make reference to art production when I want to add to my construction of the subject child. Visual interest is treated superficially and there is no real attempt to give a verbal form to the visual impact of art production in the reports. More importantly my contributions to art production are not reported, and the effects of these contributions to the development of intentionality and understanding in relation to art production remain hidden.

In the discursive subject, we can see that the art therapist provides the child in the assessment with a task, that is, the child is directed to make use of the art materials available and materials are presented to the child, felt tip pens to Harry, and pencils to Annie, for example. When a choice has been made the art therapist offers support. For instance, his comments on paint when helping Tim select colours, and his advice and demonstration when Damien begins to use the clay.

The task, as it is presented by the therapist, is given further shape, as we saw, by the child who constructs a more personal brief, witness the different kinds of marks with the pen that Harry makes, the decision to draw figures by Annie, the painting of the house by Tim, and the use of the gingerbread cutter by Damien. However the therapist's encouragement and questions, negotiation in relation to the interpretation of imagery, promotes a further development of intentionality, not only in relation to making and the production of imagery, but also in relation to the exchange of further messages. This exchange of messages shapes work, for example comments about writing led Annie to her Ghost face and the adoption of the teacher role which results in the Jesus figure (Fig 15 and 17), comments on the Camel man monkey picture produced in the squiggle game with Damien, led to the guitar (Fig 35 and Fig 36). There are also, as we have seen, periods in the assessment where the therapist gives further more obvious detailed direction, verbally and visually, for example in the request for the reproduction of shapes and lines, as with Annie and Tim, and when presenting the incomplete face to Henry.

Finally the therapist, using the squiggle provided by others produces images himself, images which give direction to the developing assessment discourse, see for example my bicycle drawing with Tim which I used to promote reflection on family experiences (Fig 24). The therapist also presents a self, and his subjective responses, through his production of imagery, I have, for instance, presented myself as a humpty dumpty figure with a disturbing grin (Fig 26). The grinning Humpty Dumpty, a figure representing handicap, can be regarded as my response to Tim's confident and assertive, but odd looking, chef (Fig 25). I also present myself as a laid back, or even stiff, a figure baking in the sun, seemingly oblivious of others (Fig 32), a response to Damien's confident surfer (Fig 31). There is also the more confident and self-regarding Camel (Fig 35) and the playful jester (Fig 38). These are self presentations that are not wholly determined by professional identity.

The description given to parents, as well as the reports, do show that I try to shape the assessment. I have an initial intention or task. I want to facilitate self expression but I also want to shape that self expression by promoting particular activities and responses to my interventions. I want the child to show some initiative in relation to the art materials, but I also want to engage the child in turn taking games with the materials, and I want the child to participate in verbal exchanges. I want the child to respond to my interest in the art production and to follow directions when these are given. But I also try to enliven my work by introducing playfulness into the assessment, by encouraging some activities rather than others. However, my intentionality is constantly adjusted in relation to the child's communications and behaviours. The discursive subject shows that the assessment takes take shape through signs, in visual cues (actions with tools such as cutters and squiggles), images, and interpretations and associations that have taken verbal form. In this respect shaping the assessment is like shaping an art work, it consists of a series of revised intentions.

We can regard the assessment ceremony, as proposed in the description of the art therapy assessment, and the Art Therapy Report, as the art therapist's products, products which are presented to others and thereby serve as a representation of a social and professional self. My awareness of this need to provide a convincing product impacts on activity in the assessment, but activity, as we have seen, also grows from a process of adjustment and represents a response to a developing discourse, a discourse that is developed with the child and includes his or her responses to the assessment situation. As the reports show, although I try to give a positive account of the child's presentation in the reports, and I may hold this as an

initial intention, wanting a relation of solidarity to prevail during the assessment, the documentary discourse, as well as directly influencing my activities in the assessment, pushes my reports towards the development of the larger text, to which other adults, professionals and parents, contribute, a text which develops the theme of diagnosis. The documentary subject shapes what can be seen on the video, that is, it directs the clinician's gaze and leads him towards particular interpretations, and in consequence of the influence of the documentary discourse (including my description of the assessment produced prior to the assessment) my reports do not provide an account of the assessment free from distortion and omission.

CHAPTER 10 DISCUSSION AND SUMMARY

In the introduction to this thesis I outlined my purpose; to undertake a discourse analysis that explored the practices of Art Therapy Assessment in a setting where diagnostic decisions were made. I wanted to construct a fresh model of the relation between the child and art production in assessment and I indicated that this would entail some exploration of a range of relations, the relations between elements within the art works, the relation between the art works and the communication and social interaction within the assessment, and the relation between events in the assessment and the practices and discourses of the institution, i.e. “Chestnut House”.

To enable me to form a clearer picture of the significant relations that my analysis has disclosed I have presented, below, the art therapy assessment in a diagrammatic form (Fig 39).

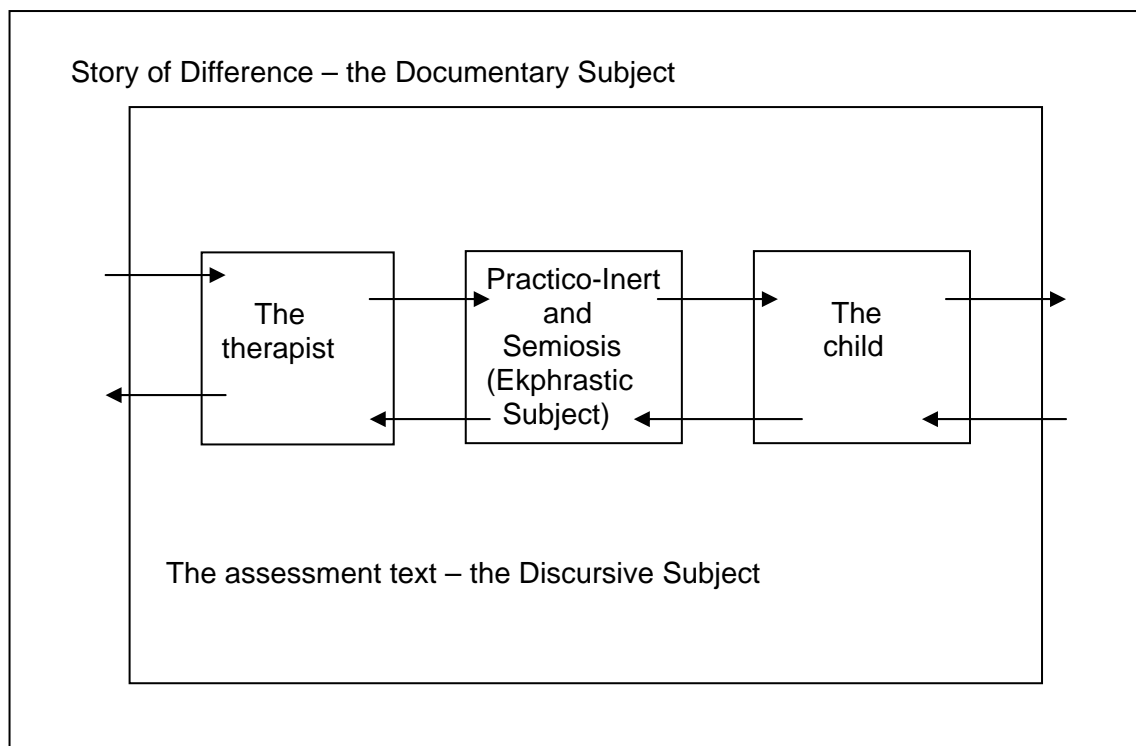


Fig 39.

The art therapy assessment is a social situation that engages the art therapist and child in exchanges, exchanges that involve art making, and the production of messages. This social situation is framed by a discourse that takes the form of a narrative aimed at understanding and ameliorating difference. This story of difference is represented in the documentary subject, where professionals and parents exchange reports of, and their understanding of, the subject child.

The discursive subject identifies the messages that are exchanged between the child and the therapist in the assessment setting. The messages together over the duration of the assessment produce a text, a text which is constructed through the interaction with the “practico-inert” and through the use of signs, verbal and visual.

I have used the term “practico-inert” to refer to the objects and materials available in the assessment space. Sartre (1960) describes the practico-inert as a combination of *praxis* (activity directed towards the future) and the *inert* (matter) that is used to produce a particular object or thing for use, for example paint, the suspension of pigment within a medium, is applied to surface to mark or colour that surface, usually with a paint brush, which is shaped for painting, see Henry’s use of paint for instance. Language is also considered part of this practico-inert in that sounds are inscribed with meaning and are thereby intended for future use (See Cannon 2005). Of course people can change the meaning of words and the use and meaning of objects, but as my discourse analysis shows, see Chapter 7 in particular, meaning is constantly negotiated as interpretations are developed by the participants in the assessment.

I have linked “semiosis” to the practico-inert in the diagram above to emphasize the role that objects and materials have in the creation of meaning. Semiosis, is the name given to the “action of signs” (Cobley 2001), and I have in this thesis concerned myself with “social semiosis” - especially as described by Peirce (1985) and Hodge and Kress (1988). There are many different signs in use in the assessment setting, some signs are immediate in environmental terms, in that they reside within the practico-inert, but both deliberately, and inadvertently and unconsciously, signs are continuously exchanged and interpreted by participants during the course of the assessment. Signs in use include symbols, as in the use of words; iconic signs, the production of images for example, which may also carry some symbolic content; and indexical signs, for example bodily movements such as pointing or presenting an object. However, movements might also include enactments or mimesis, which have a further iconic significance. Signs in combination, and through differences, produce messages (see

Hodge and Kress 1998). The messages, represented by the arrows in the diagram, circulate via the practico-inert, that is through the use of objects, materials and language; for instance when Annie draws on the blackboard and accompanies this with mimetic actions and speech (chapter 6).

The participants in the assessment become signs for use in the construction of the outer frame, in the completion of the story of difference that appears in the documentary subject. The frame directs participants and influences activity as the participants in the assessment interpret messages that the outer frame generates. For example, the therapist prompts Henry in response to the subject of difference created in the documentary subject; Annie notices the camera; Tim demonstrates his awareness of the outer frame through his explorations and reflections on the house; and Damien's response to questions, in relation to difficulties at school for instance, becomes part of the documentary record which completes the adult's account of his difference – see Chapter 9.

In the discursive subject we can see that interactions with the practico-inert, with pencils, paint, clay and play-doh, result in the production of objects, drawings, models, paintings, and constructions. These art objects, vital to the ceremony of the art therapy assessment, contribute to verbal, and gestural messages, and are interpreted during, and through, the construction of the assessment text. In the ekphrastic subject I have concentrated on the properties of these objects, their internal structure, the signs they display, and the reference that such signs infer.

To explain and enlarge on this diagram in more detail I will describe the documentary subject, the ekphrastic subject and the discursive subject in turn. This, I hope will give us a better understanding of how the art object relates to the participants in the assessment, and how it contributes to the development of the assessment text. But first I want to say something more about exchanges in general, in order to give the reader a clearer picture of the nature of the exchange situation that the art therapy assessment encapsulates.

Exchanges

By exchange I intend the transfer of physical objects (not necessarily permanently), materials, tools, imagery and social goods (for example words, maybe in the form of praise, or an interpretation or comment and observation) between the two participants,

the therapist and the child. A parent can be present and therefore involved in the exchanges, and the recording and transmitting of the video also extends, in a diluted form, the exchanges to other adults who may be watching, parents or other professionals. The capacity for exchange and the recognition of the obligation to reciprocate in exchanges might be regarded as absent in Autistic subjects, where a subject's social interactions are described as abnormal, as odd or one sided. However exchange is not exactly equivalent to social interaction as it appears in the literature on Autism. An interaction *can* take place without any physical objects, imagery or social goods being exchanged, for example in the exchange of eye contact, or in touch. "Interaction", which is perhaps a broader term than exchange, can cover these instances. Exchanges involve a more identifiable object and are culturally determined and, I would argue, that they have to be learnt – the rituals and the processes surrounding exchanges are not always accessible intuitively in the way that cognitive psychologists suggest that social interactions are intuitively grasped by the "neurotypical" or non autistic population.

Mauss (1954) describes the obligations that arise from gift giving and receiving, and the rules and rituals that surround the exchange of goods in older societies. He emphasises that the status of the giver often demands a particular attitude to the gift, to its disposal, since the gift itself carries some of the mana or power and authority (principally political power as well as wealth) of the giver. Gifts however also cement alliances and gifts act as a symbol of social life.

Davis (1992) concerns himself with contemporary European societies, with more everyday mundane exchanges. He suggests that exchanges are not simply commercial but "richly symbolic" activities, they are used to maintain social hierarchy, to aid social relations, and people enjoy exchanges not just because of the material gain. Exchanges have political and emotional consequences. Within a culture or given social order there is usually available a repertoire of endorsed exchanges which are accompanied by suitable rituals.

Davis (1992) gives a list of typical exchanges from the British repertoire for instance; alms giving, burglary, renting, altruism, buying and selling, scrounging, employment, swapping, tipping, and giving. Intentions, during exchanges, are framed in terms of a named exchange between two people in a social situation using appropriate commodities. All types of exchanges have an intended exchange result. In a successful commercial exchange both parties would expect to gain; where one party to

an exchange seeks to be altruistic then only one person gains, the other loses or gives away goods. When both parties are planning reciprocity neither may gain or lose. Accounting is asymmetric. A does not calculate profit or gain in the same way as B. Gifts between friends would be expected to more or less balance whereas gifts between parents and children are likely to be unequal. Classifications are not fixed and are often incomplete and ambiguous. This creates anomalies which, although it presents individuals with problems, it is also the occasion for opportunities.

Here I should like to insert two observations in the form of narratives, two examples of exchanges that I have witnessed, in order to help us in determining the nature of the exchanges that the art therapy assessment promotes and allows.

Arriving at the railway station I saw an oriental looking man, possibly Chinese, placing a wire construction on the platform edge. He held in one hand a tube from a DIY store – the sort of tube that produces soft wire or sealant and is placed in a squeeze gun. I had the impression that this was how the sculpture, the wire construction was made. After placing the figure on the platform the man moved back, squatting, moving his head, exploring aspects of his work. After assessing its appearance in this way he picked up the sculpture and walked to the barrier of the station and handed it to a station guard. The guard did not seem surprised and appeared to anticipate this gift. He said “thank you” and opened the barrier for the artist. The guard then moved his head back to look at the figure and I could then see that it was shaped in the form of a dragon. There was an exchange of smiles between the guard and the oriental artist. The artist then said his goodbyes and left.

This is an exchange involving art production, and we can reasonably assume that the artist, who holds the sealant gun, is checking his work for visual interest or aesthetic value, before he passes it on to the patron for whom his work is destined. Clearly some exchange agreement, some barter, or “troc” as Baxandall (1985) would call it, is enacted here. The recipient of the art work, the dragon, also inspects or contemplates the work and assesses it. In return he provides the artist with approval, his thank you and his opening of the barrier. There is a relation that conditions the exchange, the station guard having the power to open the barrier and the artist being able to produce an object that fulfils an aesthetic need. But also we can notice that the artist gives something else in the exchange, the dragon an oriental object, an image that has some cultural content, and which signifies for the participants in the exchange.

The second exchange example comes from an observation in a school. It is morning assembly. The children file into the large gym and sit on the floor in rows according to year or class groupings. The head teacher takes up a position in front of the whole school and staff are grouped around the sides of the gym, a spatial arrangement that emphasises surveillance and the children's subjectivity, that is, being subject to adult authority. This authority is further emphasised when the head teacher denounces a fidgety child and addresses the whole group when talking breaks out; "I will have silence and you will sit still". Bodily obedience, control of the body is demanded by staff. After order has been restored the head gives out rewards in the form of certificates for good work, these are called "super stars" and "super, super stars". The children who have been awarded a certificate walk to the front to receive them after their names have been called. When they walk to the front they receive applause from the other pupils. The certificates are drawn from a small cardboard box covered in gold paper, a golden box.

In this exchange the children demonstrate obedience and conformity, for which they receive certificates. The certificates obviously refer to previous good work and they embody the prestige of the community, they act as a social reward, having something of the power or mana of the head invested in them, a power that is signified through the golden box, and in the titles of the certificates. This is an exchange that illustrates Maus's (1954) observations that exchanges re-inforce social alliances and power relations. It also shows how exchanges between adults and children can appear unequal, as Davis (1992) describes. The observation takes place in a primary school, but it is worth noticing how it anticipates the academic award ceremony.

How do the exchanges in the Art Therapy Assessment compare to the above examples? There is making and an exchange of an art object, as in the first example. Usually it is the child who is thought to be responsible for this production but the therapist also engages in using the art materials which he supplies to the child. The therapist uses the materials when giving a demonstration for instructional purposes, for example, and in the drawing game, the squiggle game, both participants in the assessment contribute to the same drawing. After an object of visual interest has been made in the assessment it is passed on to the other for inspection, like our above example, and contemplation and verbal associations are encouraged by the therapist. The barter or "troc" that Baxandall describes is present in the Art Therapy Assessment and as I have observed in the case studies and in Chapter 9, the child responds to the task or "charge" - make use of the art materials – by selecting a brief for his or herself.

Like the assembly situation the Art Therapy Assessment is a situation in which the child is under surveillance. The camera, and parents via the camera, are present and behaviours are closely observed. The art therapist does not demand absolute obedience but he does assume the authority of the adult, and embodies the mana and authority of the adults. The art therapist gives the child materials and objects to use, these cultural products are endorsed by the institution and also carry some of the prestige of the adult world. The art therapist also has power over the access and organization of the art room and what he offers to the child, for example the offer of the bricks and the soft toy, can be regarded as a gift, but these are gifts that carry an overt obligation, an obligation to participate and reciprocate, through engagement in building and in play for instance. The therapist encourages conversation and asks questions in accordance with the practices of the clinic, and the parents of the child and others in the clinic, expect the therapist to interrogate the child in relation to difficulties reported. An exchange of words is expected, at least by the adults.

In giving gifts the art therapist is proposing an alliance. Children can feel that they have gained in the exchanges if they can enjoy the manipulation of materials and produce an object that gives them pleasure, demonstrates a competency, and pleases the therapist or interests him, especially if it results in welcome verbal returns, verbal approval, comment and praise. The child may also gain a pleasurable reward from play, for example Henry's play with the bricks, or Annie's play with play doh. The therapist offers his drawings for visual inspection and this reciprocity might also gratify the child.

In the art therapy assessment the emphasis is on the exchange of messages and reward, for the child, is chiefly found in looking and sharing and in receiving social praise. Although the art therapist gives the child art materials to use, the child surrenders his art work to the therapist, making the exchange, in terms of physical objects, asymmetrical. Damien, through negotiation, did obtain some clay to take with him at the end of the assessment, but this taking away of physical goods by the children is unusual.

The power relation in the art therapy assessment is asymmetrical. The child in the assessment remains subordinate to adult authority, despite any gains he or she may make. There are limits to what is allowable, for example the art therapist would not be permitted to give money in return for the art products that the child produces. Relations

of solidarity, where there is some equality in the exchange, as in the railway example above, are difficult to achieve in the assessment setting. The outer frame, provided by parents and professionals orders exchanges and determines the direction of exchanges.

The Documentary Subject

My analysis of documents shows that the referral, the assessment process and the diagnostic formulation which are described in the documents, takes the form of a story, (see Hodge & Kress 1988), a simple narrative that develops around the referred child. At the beginning of this story the referred child produces a disruption and it is thought that the child fits the category of the unusual/not normal. Compared with his or her siblings, or peers at nursery or school, he or she, has developed differently, some expected behaviours are missing and some unusual behaviours bring attention to difference. It may be that it is the nursery, or the school, which first observed and experienced the effects of the difference, and they bring the parents' attention to the disturbance that the child's difference creates, or it may be that the disturbance is more easily seen in the home. In the documentary subjects comments by the parents suggest some pleasure in their child and in their natural attributes, but this is disrupted by some other behaviour which is marked by its *unnaturalness*.

Annie, for instance, is described by her parents as a good baby, one who loves books and retells stories and produces pretend play. But the parents say it is difficult to gain her attention and her speech is repetitious. Damien's parent's reports are critical and alarming, his faults and difficulties are listed in 3 and a half A4 pages. However Damien's parents apologize for their descriptions of Damien, which differentiates him from the normal, "We know this sounds all so negative" they write, but "our fears are not vague and unfounded".

Following the disruption and disturbance of family union that difference creates a classificatory system is constructed by the family, the school and the referring professionals, in response to the problem child. We can see, for example, that in the referral Damien is described as not having a Neuropsychiatric Disorder but as suffering from emotional difficulties, producing oppositional behaviour and having an Attention Deficit Disorder.

Next, through assessments, Chestnut House will attempt to restore family union through an elaboration of the classificatory system, bringing technical languages and specialist knowledge to bear, to create new categories. After assessment the team can then give a fresh account of the difference, presenting parents and professionals with a diagnosis using the criteria of ICD 10 & DSM IV. These diagnostic manuals present developmental problems as natural phenomena, as disease is. The not normal is normalised, the *un*-natural is naturalised. The Chestnut House team will also suggest ways in which a different child might be supported and be valued for their difference. This is the ideal story, of course, but if parents remain discontented with the results of the assessment and the family story does not then achieve some resolution, family organization and union may continue to be disrupted.

For instance, Damien's parents expressed pleasure in the assessment outcome, a diagnosis of Asperger's Syndrome, which has led to a Statement of Special Educational Need – here there is a suggestion that future support will be available, whereas for Annie the diagnosis of "Atypical Autism" is considered to be the "best solution" to the problems that Annie presents to the adults.

In the documentary subject a particular view of reality finds expression. The adults, through their use of concepts and categories in the documents, through their use of a shared discourse, together produce an image of "normal" development.

The documents show that the child's developmental trajectory is under examination and is compared to others, to a normal trajectory, one which culminates in the development of cognitive capacity, which enables social integration, cultural competence and an adult rationality to emerge, (see Jenks 1996) knowledge of which is held by the adults, collectively and individually. We could regard this as the ideological aspect of the documentary subject and it represents particular relations of power. The power of the adults to disclose the emergent rationality of the child, and the identification of developmental successes and reverses or delays, are generated in the practices, the discourses that the documents embody. This reminds us of Foucault who argues that "A normalizing society is the historical outcome of a technology of power centred on life" (Foucault 1998 P114). The documents exemplify the surveillance and disciplinary activities necessary for producing "normalizing judgements" and "docile bodies". Discipline Foucault argues "'makes' individuals; it is the specific technique of power that regards individuals both as objects and as instruments of its exercise" (Foucault 1977 P170).

Medical literatures and practices, neurological studies and the practices of cognitive psychology, discourses regarded as scientific, produce the knowledges through which the subject takes shape and is understood, but it is not only the client of therapy that is diagnosed through these discursive practices, the therapist is also constructed according to the whole apparatus of “normalizing” and subjectification.

However, we could represent this subjectification in another way. We could regard the documents as giving witness to the “civilizing processes” described by Elias (Elias 1998). Elias is more concerned with affect control, the manner in which drives become socially organized and channelled. Drives, in Elias’s account, are always “sociogenetically transformed” (P63) and are not encountered in their raw state. In relation to children, he suggests, that we witness the developing differentiation of drives as “rationalization” (P64) increases. The mechanism for this transformation of drives is the group and group processes, and it is through an “affective dialogue”(P73) with others that the child assimilates models of social practice. To explain how group processes impact on the individual to civilize the drives Elias used the word “figuration”(P131). Figurations can be regarded as a kind of group dance that represents the dynamic of the group as it organizes the behaviours of individuals in the social sphere. The group promulgates its values and civilizes its members in this way.

Elias presents us with a biological account of the subject with his use of “drives” and in this respect he is less challenging in relation to the ideological subject. However we could argue that the clinic documents provide a space for the civilizing dance of “figuration” to be performed. In this space professionals communicate and negotiate, with each other and with parents in relation to the subject child. The documents report on the difference which is manifest in the behaviour of the subject, and an agreement on remediation, on problem solving, in relation to civilizing the child, is sought, through the referral and assessment process. It may be that the values and images implicit in this process are not overtly expressed by any one member, or subgroup of members of the group, but what we witness is the dynamic process by which collective action in relation to the child is articulated. For instance Tim’s “disruptive” behaviours in class, his anxieties at home, his difficulties in responding to “implicit social rules” and the adults’ worries about his social relations result in Tim being seen as a child with “attention disorder” and/or “social impairment”. This hypothesis then frames the assessment and presents a task for the therapist – make observations in relation to “attention and concentration”. In this process medical discourses and the paradigms of

cognitive psychology carry a particular authority. “Remediation” supports “diagnosis” and implies that the child is abnormal, that the behaviour reported is more than simply different, or difficult. Practices that seek to explore the limitations of diagnosis are likely to find it difficult to find a space in *this* civilizing dance of “figuration”.

The documentary subject seeks to present the subject in his or her difference, a difference regarded as essential to his or her nature. It is a subject who is subject to irrationalities or unaccountable behaviours and it is the subject as he or she is constructed by others through discursive practices. The documentary subject does not tell us about the subject’s response to these practices, and although we have reports of activity, the subject is largely presented as passive in relation to diagnostic decision.

Ekphrastic subject

Using Baxandall (1985 & 1991) as I have done, to construct the ekphrastic subject, has led me to assume a rationality in the products that the children and the therapist produce. I have assumed, for example, that there are reasons why marks were produced and placed as they were, that the products look the way that they do because of purposeful actions on the part of the subject child and/or therapist. However whilst, the art object has, like the documents, some tangible form, it signifies differently, in a less habitual and more contested way, and whilst I have argued that intentionality is to be found, in the sense of purpose or aim, through a careful appraisal of the art object, intentionality is constructed retrospectively through the shifting interpretations that the art object is subject to, in the assessment itself, and later during my researches for instance, and in this sense intentionality is never a settled affair.

In relation to Henry’s marking with felt tip pens, I noticed, for example, that his marks, through their character and placement, suggested an exploration of the spatial arrangement of the people in the room, himself his mother and the therapist, and when Henry was making the denser patches he held a position away from the base where he sat and began marking, and he ventured out towards others – in particular towards the therapist. In this sense his marking had some representational value, it refers, through the spatial arrangement of marks, to the spatial and social situation that he found himself in. His leaning out into the picture space, and holding a position close to the therapist when marking, with hand and wrist movements, allowed him to test the effect of proximity, of being close to the stranger, the therapist. The spatial arrangement of marks reflects the pressure Henry was under to interact with the therapist.

The arrangement of schematic figures in Annie's first drawing, resulting from the "offer" of pencils, appears haphazard and without particular purpose (this is how they are described in the art therapy report see Chapter 9 and Appendix No 6) but a more sustained exploration of the drawing shows that they are placed to avoid overlap and the distance between the figures is carefully judged. I suggested that a kind of rhythm is set up so that the figures could be regarded as being part of a dance, a dance around the larger central figure which is made from more flowing lines and which is coloured in the face area.



Fig 6 60 x 42 cm (see Chapter 6)

I also noticed that a schema, the use of a limited range of graphic primitives, was in use to construct the figures. These graphic primitives do not always operate transparently as signs. For instance it is not always clear what the circles in the body region might denote or refer to, to the body itself or to buttons, or to both on different occasions. Sometimes overlaid marks, as in Annie's sign for hair, are placed in this region of the figure. Maybe this is Annie's way of searching for the best semiotic solution, and the marks represent different motivations, shifts in intentionality where

different aspects of the figures are referenced. What is important to notice is that Annie has experimented with her figure construction trying different variations of the schema to produce different expressive effects. Whatever the initial impulse, the variations arise from the interaction with the drawing itself, seeing what has taken shape and trying again with a different approach. Experiment in this sense is a motivating process since the results can be continuously stimulating.

When we look at Tim's painting of Chestnut House (Fig. 19 P197) we become immediately aware of the dramatic outline which pushes into the white space of the paper. The direction of the triangular roof sections and the verticals spread the house into an open armed gesture. But we are also attracted by the paint, the mixture of colour and the movement. Focussing on the paint enables us to see where the hand has been, to apprehend the energy in the work, an energy which is held in check by the bold outline. Five structures appear to have motivated Tim when constructing his version of the house, the triangular roof sections, the fire escape, the windows and the gothic porch and door. The spiral movement of the stairs in the fire escape is given particular attention as are details relating to the door, door handle and entry phone. An emphatic energy characterises Tim's productions. He seemed to formulate a brief, from the prompts given him, and became decisive and assertive in the execution of his intentions.

As we have seen Damien chose to use the clay and made a figure by using a gingerbread cutter (Fig. 28, 29 & 30). This smiling and contented figure was placed in a coil pot that he produced after following the therapist's demonstrations. The figure gestures towards the viewer with an open extension of his arms. A "Nike" sign was deeply engraved on the chest of the figure, but we also noticed a line showing a fracture running across the chest from the shoulder. The back of the figure shows more signs of fracture and its rough surface contrasts with the smooth front which faces the viewer. The back signals a struggle with the material whereas the front of the figure suggests ease and confidence.

Damien does present images of confidence and ability, with his figure in the pot and with his first squiggle drawing, but he also produces figures in situations that suggest anger and discord, disadvantage and struggle, for example the figure with the camel and the figure struggling with the golf club. Damien's imagery contains references that are readable, and in this sense Damien demonstrated an impressive ability to generate and understand semiotic material.

There are differences in attitude towards art production. For instance Henry's marking is the product of exploration of movement and enjoyment of paint application, and has a less conscious engagement with representation or the production of iconic signs, whereas Annie's use of a schema to construct figures, which follows a process of repetition and variation, is aimed at exploring combinations of signifiers. Tim's emphatic and hurriedly produced sketches and Damien's more flexible use of drawing, could be regarded as illustrating further developments, as showing subjects who have achieved different capacities, or competencies in relation to the art materials and the generation of images and signs.

The ekphrastic subject gives us a subject capable of action, actions which arise from an exchange with objects and materials, with the practico-inert. But the ekphrastic subject has limits in what it can tell us. There is an inevitable identity of the visible with the sayable, but what is sayable is limited, we are limited by our verbal or written response to the object. There is a visible that is beyond the limits of the speakable or sayable. The art object, is in many ways, a fragment, a signifying fragment torn from a larger group of signs and messages, messages which give meaning to the assessment and the subjects who participate in the exchanges that the assessment generates. Nevertheless, the art object is an object that is capable of providing a particular stimulus for the participants in the assessment, through the display of visual interest, but chiefly through the iconic and symbolic capacities that it discloses when joined to other signifying practices and when shared with others.

Discursive subject

The discursive subject represents a response to events recorded on video. The analysis is obliged to give shape to a broad range of dynamic phenomena and is necessarily more complex than the ekphrastic and documentary subject. In this sense it represents a progression and a deepening of the research. It is more ambitious in that it attempts to track the variety in movement of bodies and objects, of speech and of response to visual stimulus. The discursive subject identifies the production of semiotic material in the assessment, its production and exchange, in this way it identifies the messages that constitute the assessment text. It enables an enlarged comprehension of subjects in the assessment setting, it shows how subjects participate in their own formation, and how power relations are contested. In the discursive

subject we see the participants in the assessment, the child and therapist, developing an inter-relational practice.

We saw how the documentary subject describes a child who is different, and the adult interest in the child as a subject of difference is elaborated in all the assessments at Chestnut House, including the Art Therapy Assessment. Consequently the art therapist directs his aims towards describing the child's capacities, difficulties, communications and imaginings, using the professional and parental discourse to enable him to give shape to the assessment. His report subsequently contributes to the subject that the adults are conjointly constructing (see Chapter 9).

For the child the Art Therapy Assessment is a new situation, although the child is not naïve in relation to assessments as he or she would have experienced many different kinds of assessment previously (see the Documentary Subject in relation to Damien for an extreme case). The exploration of this new situation, by the child, develops and changes, and this contributes to the definition of the situation that the child constructs and the brief that he or she forms in relation to the use of the art materials.

Henry, we saw, explores the situation he finds himself in through his approaches and retreats from others. Annie asks about the camera, she asks for the therapist's name and she asks about pictures in the room. She notices, and asks about, the therapist's beard whilst adding marks to the face of a figure in her drawing, a drawing which pictures a large central figure "a big girl", surrounded by other figures in movement. This mirrors her situation as an observed and interrogated subject, one who is given some special attention. Her drawing relates to her shifting thoughts about the assessment and her position in it, just as it more obviously refers to the therapist and his beard.

The therapist uses Tim's painting of Chestnut House to encourage verbal expression in relation to the building and his comments led Tim to consider the importance of signs, colour on the wall of the building, and on the fire escape. Tim concludes that the building has been burned at some time. Interpretation became a theme in Tim's assessment.

Damien asks about tools and about materials. He is interested in the therapist's knowledge in relation to clay. He is also interested in the therapist's own art activities and he asks how to make "a bowl like that" he sees in the art room. Knowing what the

therapist likes in relation to art and knowing how things are made with this difficult material, clay, would help him to make an object that would interest and please the therapist. Damien clearly wants to use the materials well and this appears to be a situation where this is required.

As well as constructing a definition of the situation, the discursive subject shows that, in the Art Therapy Assessment, the individual (the subject child) presents an image of him or herself. She, or he, performs a self, in the spirit of a proposal, a proposed or provisional self, which seeks endorsement from the adult audience. These performances of self, achieved through the production of texts, involve play and the creation of an imaginary situation (Vygotsky 1933). This allows for a presentation of self that has an “as if” quality, that enables the exploration of identifications and identities in a playful mode, within the reverie of play. This self is a dynamic construct, performed and open to elaboration and development, but always provisional. A response by the therapist to this presentation of self, leads to fresh performances.

When Henry is prompted to respond to figures made with play-doh and when prompted to respond to the rudimentary beginnings of a face Henry creates an imaginary situation. In violent play, lifting up his arm and bringing it down suddenly to mime destructive attacks or collisions, Henry vocalises “Grrrwater”. He tears the head off the gingerbread man and he stamps his feet. Thus he presents himself as a powerful and violent figure, a powerful figure that ends the play that the therapist has just begun.

When using the blackboard, Annie is willing to present briefly, and with some reticence a less able self, one who struggles with writing. This self presentation is unlikely to produce positive feelings for the performer and cleaning the blackboard allows her to erase this presentation. After this performance Annie then introduces herself through the imaginary as a teacher directing children to recreate the nativity scene. This imaginary situation is maintained through movement and speech as well as in her drawing of the baby Jesus. Identifying with the teacher role in her play allows her to direct the therapist and undermine his self presentation as the adult who gives instruction. A reversal in the power relation then takes place via the imaginary situation.

When symbolic play is introduced by the therapist during the assessment with Tim, the problems of production, of handling the material, the play-doh, are subsumed into the imaginary situation. “Floppy”, “Sticky” and “Flappy” form an imaginary family. Sticky is

a naughty boy who gets slapped and is cut in half as he “couldn’t quite watch his tongue...” The therapist suggests an identification here and asks Tim about his disobedience. Tim is prepared to agree that he is “disobedient”, “some not all the time”. Tim is careful not to appear too bad when interrogated, he is careful to save face. “I just get told off” he says and in his account of where things go wrong a teacher talks too fast. An image of Tim as sometimes concentrating and sometimes not concentrating is then constructed by the therapist. This is an image of Tim that allows Tim to admit to some difficulty without losing too much face. It is intended to be supportive. At the end of the assessment Sticky is presented as bleeding, suggesting that interrogation, essential to the practice of the assessment, is painful. Tim, through this last elaboration of the imaginary, then presents himself as injured and suffering.

When the therapist presents his camel drawing to Damien, the therapist presents an image of superior indifference, of haughty contentment and self sufficiency. Damien responds with an angry looking figure and Damien’s relation to this expressed anger is then explored. Damien is not “as angry as that” and he claims that he does not know what makes him angry, although he does concede that teachers “can do”. Damien seeks, after this brief exploration of an uncomfortable topic, some rapport and the guitar image, jointly constructed from Damien’s squiggle, allows him, and the therapist, to demonstrate reciprocity, to repair the previous discordant exchange. Similarly the golfer that appears next is “a bit cross” as he has a golf club that is too big. The therapist then introduced the word “struggle” in response to the golfer, and Damien acknowledges that “something” might be hard. But performing a self that experiences problems and difficulties is carefully avoided by Damien limiting his verbal responses.

In presenting selves subjects propose a role for themselves in the assessment ceremony. Affirmation and compliance is often sought from the other and power is contested during the assessment. For the child it is important to avoid vulnerability, to find a place, often in the imaginary situation, from which it is possible to present a self that does not entail a loss of face, to avoid an identity that leaves the individual at too much of a disadvantage. Temporary agreements do make their appearance in the drama that constitutes the discursive subject, and such agreements lead to reciprocal exchanges, and to an experience of mutuality. Asymmetrical power relations are the norm, but symmetrical power relations, or relations of solidarity as opposed to relations of subordination, can appear briefly.

For example when Henry is using the bricks, there is a pleasure in the reverie of play; where sensual events are shaped into experiences. Henry is willing to share this play with the therapist who also finds enjoyment in the turn taking and exchanges that then develop. Annie's exchanges were often characterized by abrupt transitions and there seemed to be some difficulty in Annie and the therapist understanding each other and in reaching an agreement. Nevertheless it was possible for both Annie and the therapist to make some gains. There were moments, for instance when using the play-doh, when the therapist gave Annie shaped pieces of play-doh, where both shared in the enjoyment of the imaginary play and some appreciation of each other's gifts was apparent.

As we can see, the other, the therapist, is interested in maintaining his definition of the situation in the face of potential disruptions (Goffman 1959 P231&232). And he also presents or performs a self, a self which he wishes to promote, an image for which he seeks credit. Credit is sought from the team at Chestnut House and from parents and other professionals seeking help for the problem child (see Chapter 9). Goffman (1959) argues that interaction is a gamble and certainly interactions with problem children has risks for the adult especially where the adult proposes to present himself, through this interaction, as having the expertise to unravel the difficulties, to assess the child's competencies and failures.

The discursive subject shows that the therapist changes the nature of the exchanges as the assessment progresses, he complicates the exchange by seeking more, often more compliance, more activity, and more verbal responses, from the child. Often he is obliged to retreat from this programme because of initiatives taken by the child and sometimes because he fails to make the gains that he anticipated.

For example, Henry is initially encouraged to manipulate the play-doh, this he does and he shows the result to the therapist and his mother. This result is pleasing to the adults. Next Henry is prompted to use cutters, cutters that have shape and signify, the duck cutter for instance. When using this cutter the therapist and mother complicate matters by prompting Henry to produce some verbal sign of recognition, the quack. Henry does this but when he is prompted to repeat his verbal sign, he disappoints the adults and teases with the production of other animal noises. In this way he changes the exchanges in response to the changes that the therapist has initiated. This is Henry's way of gaining enjoyment from the activities that the assessment demands, but more importantly in acting as he does he discovers power in the situation.

When exploring the documentary subjects I used the word “disruption” to describe the presentation of difference, the moment when difference creates sufficient disunity in social life to lead to referral and the search for interventions. The discursive subject also reveals disruptions, when social interaction or communication fails, when the child’s behaviour appears, to the observing adult, to present as a problem and a puzzle, where there is an unaccountable response to the situation, where a definition of the situation is not shared. For instance when Annie reverses pronouns, when Henry retreats from social interaction and moves into the corner of the room. These moments are often the occasion for the adults to identify behaviours that mark the presence of objects required in diagnosis, for example repetitive behaviours, language delays, and impairments in social understanding (see Chapter 9). But disruptions change the direction of the developing assessment text, and as such they offer an opportunity for the child to contest the subjectivity that is imposed from without, it allows the child to shape her, or his, self.

To summarise, there are four findings that my analysis, represented in the discursive subject, reveals:

1. Subjects seek a definition of the situation.
2. Subjects present a self to others – often in an as-if mood.
3. Subjects use the imaginary to contest power relations.
4. Disruption occurs when a definition of the situation is not shared.

As I have emphasised previously the discursive subject brings a particular dynamic understanding to the art therapy assessment and in this respect differs from the documentary and ekphrastic subjects. It is the key to understanding how subjects contest subjectification and are continuously in formation. My research has enabled me to enlarge on the established practices of art therapy in that it has enabled me to focus in more detail on social semiosis, on the joint creation of messages, and the negotiation that develops in relation to meaning. The research has enabled the power relation that context produces to be understood and has shown how the challenge to this relation can allow for relations of solidarity to emerge. The research has led to a fuller understanding of that which lies between the therapist and the child, that which mediates relationship.

Summary

The research shows that art production begins after exchanges initiated by the therapist, it is sustained in response to prompts and communications, verbal and visual, that the developing interactions between the therapist and the child, generate. The art product should be regarded as the product of the total situation. Although the contribution to art production, in terms of physical agency, often remains the responsibility of the child, the shape of the product, its signifying elements, both in terms of what it is “of” and what it is “for” (its use) are determined by the larger text of the assessment. The signs that the art product displays, iconic indexical and symbolic, are also related to this larger text, a text that is continuously developed during the assessment and jointly constructed by the child and the therapist. This text, whose direction is subject to dispute and negotiation, is related to the story or narrative of the clinic documents, that is to say, to institutional practices.

This account of art production allows a different relation between the subject child of the assessment, and what is ordinarily regarded as “his” or “her” art production to emerge. We can now see that art production allows the child to propose and present a self in an iconic form, often in an as-if mode, and thereby production facilitates the development of subjectivity, the development of self in relation to others. By contributing to a combination of signs, verbal, visual and gestural, art production provides semiotic material for the generation of imaginary situations, and imaginary situations can be used to explore identity and contest and explore the power relation in the assessment. Art production also provides a reward for the therapist and the child. Pleasure can be derived from the reverie of play, and art production in contributing to play promotes shared enjoyment and expressions of solidarity.

Using a discourse analysis, I have been able to present case studies which are able to provide a schema that can be assessed in relation to other individual cases and other circumstances (Galatzer-Levy et al 2000). Never the less the research could have been improved by the addition of other case examples, for instance, an assessment that did not result in a formal diagnosis would have contributed to the scope of the findings. A more detailed analysis of the video's, for example, giving attention to smaller movements and communicative exchanges and creating a more elaborate transcript, might have resulted in an enlarged understanding of semiotic processes, but this would result in a reduced attention to the larger messages and the construction of texts. The quality of the video material discouraged this approach, which in any case

was not entirely in keeping with the aims of my project. I could have also given more attention to psychoanalytical understandings of interactions in this thesis, but again I deliberately shifted my attention from the expression of drives, unconscious phantasy and the transference relation, in order to bring other objects and relations into view. Countertransference has also not been explored in this thesis and for some readers this might be regarded as significant omission, but I have included some self-reflection (see Chapter 9) to allow a good account of the therapist's motivations to emerge, and I believe that I have been critical of my practices.

Future studies could include more exploration of clinical discourses, for example, exploring some of the informal exchanges, paying more attention to clinician's hand written notes, and exploring conversational exchanges between clinicians that do not find their way directly into the documents that I researched, but which do impact on how subjects are constructed, looking more closely at how the ideological subject impacts on clinical practices. Other possibilities for future research could be generated from conversation around the art products with the subject children, and with the staff of Chestnut House, that is assessing the assessment in some way, with the child and with others. In future researches attention could be given to demographics but this would require some analysis of a larger number of cases and would require a different methodology. It could also be helpful to use this discursive model of research in exploring brief interventions undertaken at Chestnut House (see Tipple 2008) and thereby attempting to gain a better understanding of how art production mediates in developing relations over a longer period of time.

I do think that an alternative approach to the use of Art in assessment is now possible, an approach that is able to make use of a different model of the relation between the child and the art work, one that does not rely on methodologies where the art product is interpreted as an expression of a psychopathology, a psychopathology from which the client or child suffers. This research argues that we should not regard psychopathology as an essential aspect of the subject. Psychopathology emerges from texts which seek to describe and explain differences, it is the product of a discourse. Art production in clinical settings is embedded in this discourse and this may explain how the art product becomes an object which can be interpreted like a diseased body, scanned for signs of abnormalities. To view things differently requires a social understanding of art production, one that places art production in the larger text, the "context", of which it is a part, and from which it emerges.

This study has led me towards a larger interest in social semiosis and discursive practices, and the analysis has indicated that previous descriptions, in my art therapy reports, have been inadequate. My reports have previously given a partial, perhaps partial in the political sense, account of exchanges between the child and the art materials, and between the child and the therapist. However, a more open exploration of the assessment encounter, informed by an enlarged awareness, which includes the self-understanding of the therapist, is now possible. There is now a possibility of producing an assessment report that emphasises social semiosis, through an understanding of the way in which power relations constrain exchanges in the assessment setting, and this should enable a more sympathetic account of subjects to emerge, an account that is more productive of solidarity, and helpful to the child in attaining agency, in shaping her, or his, own subjectivity. At a practical level there will always be difficulties, tensions between the requirements of the group, the institutional pressures, and the languages that the individual art therapist feels able or empowered to adopt. But this research has been important in demonstrating how institutional pressures affect hermeneutic processes. Here we need to be courageous and be willing to meet the challenge of dominant paradigms, for example in cognitive psychology where the social is often taken for granted, where hypothesised “cognitive functions” are used to explain all social and interactional phenomena. But apart from the need to be courageous, it will be important for art therapists providing assessments in multi-disciplinary work, to cultivate the ability to give emphasis to the visual and its relation to the larger semiotic environment. In this area I believe the profession has something particular to offer, something of importance, not just to assessment, but to the understanding of Autism and social interaction.

I have tried to avoid the reification of Autism. This has been part of my practice through clinical supervision and research supervision. The subjects in this study, like the subjects that Meltzer et al (1975), described, do not present a uniform picture of Autistic-ness rather they lapse on occasions into more “Autistic states”. They show repetitiveness and rigidities, Henry and Annie for example; a one-dimensional view of others, Tim for example; and a difficulty in the joint production of conversations, Damien for example. But they also all show an understanding of semiosis, demonstrating a capacity for using the practico-inert, using signs and cultural understandings, to mediate in their interactions with others. The Autistic subject is no less immersed in the cultural and the social than the neurotypical. Bruner and Feldman (1993) illustrate the importance of cultural patterns when they emphasise the acquisition of narrative competence through the rehearsal of “formats” (P272) and I

believe I have shown how routines enable communication, as well as enabling an understanding of situations and others to be reached. Of course, the four subjects I have presented are representative of subjects who receive a diagnosis late, after a prolonged and exhaustive assessment process, in other words they are subjects that have proven to be difficult to diagnose and we might therefore expect some exceptional abilities to emerge. Compared with Evans' subjects (Evans 1997) they are more able intellectually and there has been some development of subjective self and verbal self – to use Stern's categories (Stern 1985). Nevertheless this research does show that Autistic subjects *can* be aware of others and, just as they are subject to social and cultural pressures, they contrive to influence social exchanges and are conscious of self presentations.

Finally, I believe that the insights that I have gained in this study should be of interest to other art therapists, especially, but not exclusively, to art therapists working with children. Principally, this research can be used to argue that art therapists *can* be “directly involved” (BAAT Council 2007) in multi-disciplinary approaches to diagnostic assessment, always providing that art therapists are willing to acknowledge their existing relation to the production of subjectivities and diagnostic discourses, and be willing to explore this relation. A change in this direction entails the recognition that an assessment that is able to promote solidarity with clients, whether it is for diagnosis or treatment, has some positive value, in understanding phenomena, in influencing treatment decisions and in providing understanding.

There have been previous explorations of the outer frame in the art therapy literature, and art therapists have shown an awareness of the social construction of subjectivity. This has been especially marked in literature that focuses on adult mental health and group work (see Wood 1997, Waller 1993 and 1998, Hogan 1997 and Mahoney 1992) and particular subjectivities have been explored in palliative care autobiographically and ethnographically (Sibbert 2005). In the children's literature Aldridge (1998) has linked art production to the social situation of the children she was working with, and Case (1998) has made use of the images from clinical reports when considering her countertransference response in assessment. Attachment theory has been used as a framework to understand the developing relationship within the group and to the therapist (see Boronska 2000) but, in general, in the literature that applies to children, intra-psychic integration has been stressed and emphasis has been given to the transference relation and to unconscious phantasy -see also Waller (2006) for a recent review of this literature. That is not to say that some consideration of institutional

context cannot be found in case studies that focus on work with children but the impact of the social setting on the therapist and the art making has not been researched in any real depth, especially as it relates to assessment. No one has shown how the assessment processes, the development of exchanges and communication, are subject to the influence of the discursive practices that frame the role and activity of participants.

In my diagrammatic model I have included three elements in the therapeutic space, the therapist, the practico-inert and the child. This model might be regarded as close to the model of the triangular relationship which proposes that there can be a “transference to the person of the therapist, and a transference to the picture” (Schaverien 1990 p15) in art therapy. Shifts in the transference relation in the assessment setting I have described are difficult to follow, but I would regard my findings as producing material more sympathetic to Mann (1990 p33) who argues that there is just one “total transference situation” and relation to the art product can only be considered in that context. Nevertheless, triangulation, I would argue, is important to the development of thinking here, just as triangulation is important to the infant’s capacity to gain an understanding of the attitudes of others towards objects and the material world, (see Hobson 1993a). As Isserow (2008) rightly points out the development of this “joint attention” must be central to art therapy. Similarly Muller (1996) reviews studies of semiotic exchanges in early infancy, and he argues that the “dyadic processes of empathy and recognition” must be understood as “operating in a triadic context in which a semiotic code frames and holds the dyad” (Muller 1996 P61). He criticises Stern (1985) for his lack of attention to the semiotic framework that facilitates the mother-infant dyad. Stern he argues ignores the influence of “rules in interactive smiling and vocalizing play” rules which are “culturally specific” (Muller 1996 P30). In Muller’s model the members of the therapeutic dyad are related to their surrounds and what exists between them, and this environment, whether considered in terms of, movement, sound, speech or objects, continuously shapes their relationship. In my diagram I would like the practico-inert to be understood as shorthand for this physical and cultural environment, an environment that facilitates a transference relation in art therapy, just as Muller claims it does in psychoanalytical and other psychotherapeutic treatments.

Art therapists working with children who have Autism have given attention to communication, for example to movement and affect (Evans 1997) and actions with objects (Fox 1998), to psychoanalytical understandings of symbolism (Case 2005,

Damarell & Paisley 2008, Patterson 2008, Meyerowitz-Katz 2008, and Stack 1998) and the visual as an alternative language (Case 2005 and Henley 2001) or as language operating “alongside” the verbal (Bragge & Fenner 2009). However a more developed frame for understanding signification is still needed in exploring exchanges in art therapy with children. The emphasis on a core self that motivates activity, and the resultant projective account of expression, can prevent the apprehension of motivations that take shape through exchanges between the therapist and child, exchanges which are mediated by the continuous production and interpretation of signs, signs that emerge from a semiotic environment that both participants are subject to, and contribute towards. I would now argue that the relation between visual signification and verbal signification could be researched in more depth, and power relations, relations that are discursively produced could be better explored.

My researches do support the understanding that the imaginary, and processes of identification in relation to the imaginary, are important in relation to the exploration of relationship in art therapy (see Case 2005, Patterson 2008, Damarell & Paisley 2008, Henley 2001, Stack 1998 and Meyerowitz-Katz 2008). Case (2005) made use of “adhesive identification” in understanding her client, this is described as an “imitative identification” that is particular to Autism, and involves an “imitative clinging on to the outside of an inside-less object” (Hinshelwood 1989 P320), however I would regard the identification processes that I have described to be closer to secondary identification as described by Rycroft (1968), that is identification with an object recognised as separate. Lacan (1977) helpfully links identification to the imaginary and stresses how ego development begins when the infant identifies with an image, there is a “transformation” “in the subject when he assumes an image” (Lacan 1977 P2 and Evans 1996). The imaginary in Lacan is the realm of “deception and lure” and promises autonomy and wholeness (Evans 1996 P82) and we have seen how subjects in the assessment transform themselves through identification with the imaginary. Another way of thinking about this phenomena is provided by Wollheim (1984). Wollheim identifies iconic mental states which he argues, have “psychic force” (P63) in that they influence the behaviour of individuals. Iconic mental states contain characters, inhabiting an internal theatrical space and contributing to narratives. When visualizing and “visualizing is a an iconic mental state” (P73) individuals can adopt two differing points of view; from no point of view from within the narrative, that is “acentrally”; or from a characters perspective within the scene visualised, “centrally” imagining, that is “imagining from the inside” (P74) sharing in the imagined characters world. Wollheim also sees iconic mental states as relating to desire, the desire to be or

do something, or the desire for others to be or do something. When Annie is imagining herself as a teacher for instance, she may share in the teachers perspective, bringing her closer to understanding the therapist perhaps, but allowing her to assume a commanding role. However, she may also visualize “acentrally” and thus see the teacher in a more distanced way, this would allow her to also present herself as the pupil drawing Jesus more readily. Damien when visualizing the death of Henry’s wife, rehearsing the movement of swords and axes, as I have previously suggested, was identifying with the queen, and thereby exploring feeling in relation to this position. Damien may also want the therapist to visualize the victim’s position and feel the difficulties of the situation. Following the process of identification when the imaginary holds sway is difficult, especially as the process appears to be very mobile and dynamic, and paying attention to semiotic exchanges in exploring identification is clearly necessary.

We saw in the art therapy literature that different versions of the self were in use, Evans (1997) for example used Stern’s model of developing stages in self construction (Stern 1985), and Case (2005) Fordham’s account of Jung’s primary integrated self (Fordham 1976). The sense of self as a social construct, a construct formed in relation to others, has not been previously used in the art therapy literature that explores work with children and with Autistic subjects, or if such a self is present in descriptions, then it is presented as yet to be developed, or partially developed (Evans 1997 for example), or conspicuously absent. Whilst I would accept that there is a “core self” which is body based, a “system for recognising the difference between self and not-self” (Muller 1996 P37) It is the cultural or social self, which may also be regarded as a subjective self, that participates in the art therapy situation, and to understand how art products emerge in this setting and are related to the participants, therapist and client, we should give attention to this social self. I would now argue that there is a value in avoiding the assumption of an original and essential self, one that is the source of art and expression, and I believe that I have now shown how we might make use of a model of the self that takes shape in visual and verbal signs, created through art production in a propositional form, a self that is related to the local and contingent, a self which can be shared with others in negotiating subjectivity.

99744 words

APPENDIX No 1 DIAGNOSTIC CRITERIA

The following extracts are taken from pages 70, 71, 77 and 78 of the Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) (DSM IV) published by the American Psychiatric Association Washing DC 1994. They show the current criteria for diagnosis in Autism and Asperger's Syndrome. I have not included the diagnostic criteria from the ICD 10 Classification of Mental and Behavioural Disorders – World Health Organisation Geneva 1993. The criteria in ICD 10 differs in some details, for instance it adds to criteria (1) (b) "(in a manner appropriate to mental age, and despite ample opportunities)" also "that involve a mutual sharing of interests, activities, and emotions;" and to (1) (d) it adds "as shown by an impaired or deviant response to other people's emotions; or lack of modulation of behaviour according to social context; or a weak integration of social, emotional, and communicative behaviours;"(P148). In relation to the criteria for "Asperger's syndrome" (the word "Disorder" is not used) ICD 10 adds " motor milestones may be somewhat delayed" (P153). There are other additions and minor changes but in general the content ICD 10 agrees with DSMIV.

"Diagnostic Criteria for 299.00 Autistic Disorder

- A. A total of six (or more) items from (1), (2), and (3), with at least two from (1), and one each from (2) and (3):

(1) qualitative impairment in social interaction, as manifested by at least two of following:

- (a) marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- (b) failure to develop peer relationships appropriate to developmental level
- (c) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., a lack of showing, bringing, or pointing out objects of interest)
- (d) lack of social or emotional reciprocity

- (2) qualitative impairments in communication as manifested by at least one of the following:
- (a) delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
 - (b) in individuals with adequate speech, marked impairment in the ability to initiate or sustain a conversation with others
 - (c) stereotyped and repetitive use of language or idiosyncratic language
 - (d) lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- (3) restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:
- (a) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - (b) apparently inflexible adherence to specific, non-functional routines or rituals
 - (c) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - (d) persistent preoccupation with parts of objects
- B. Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in social communication, or (3) symbolic or imaginative play.
- C. The disturbance is not better accounted for by Rett's Disorder or Childhood Disintegrative Disorder."

“Diagnostic criteria for 299.80 Asperger’s Disorder

- A. Qualitative impairment in social interaction, as manifested by at least two of the following:
 - (1) marked impairment in the use of multiple nonverbal behaviours such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
 - (2) failure to develop peer relationships appropriate to developmental level
 - (3) a lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g., by a lack of showing, bringing, or pointing out objects of interest to other people)
 - (4) lack of social or emotional reciprocity

- B. Restricted repetitive and stereotyped patterns of behaviour, interests, and activities, as manifested by at least one of the following:
 - (1) encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or focus
 - (2) apparently inflexible adherence to specific, non-functional routines or rituals
 - (3) stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - (4) persistent preoccupation with parts of objects

- C. The disturbance causes clinically significant impairment in social, occupational, or other important areas of functioning.

- D. There is no clinically significant general delay in language (e.g., single words used by age 2 years, communicative phrases used by age 3 years).

- E. There is no clinically significant delay in cognitive development or in the development of age-appropriate self-help skills, adaptive behaviour (other than social interaction), and curiosity about the environment in childhood.

- F. Criteria are not met for another specific Pervasive Developmental Disorder or Schizophrenia.”

**“299.80 Pervasive Developmental Disorder
Not Otherwise Specified (Including Atypical Autism)**

This category should be used when there is a severe and pervasive impairment in the development of reciprocal social interaction or verbal and nonverbal communication skills, or when stereotyped behaviour, interests, and activities are present, but the criteria are not met for a specific Pervasive Developmental Disorder, Schizophrenia, Schizotypal Personality Disorder, or Avoidant Personality Disorder. For example, this category includes “atypical autism” – presentations that do not meet the criteria for Autistic Disorder because of late age at onset, atypical symptomatology, or subthreshold symptomatology, or all of these.”

APPENDIX No 2 CONSENT FORMS AND LETTER

The following pages show the consent forms and letter used when selecting subjects for research. I have changed the name of the institution shown on the forms and letter, as I have done in the thesis itself, to “Chestnut House” to maintain anonymity. Only where parents have answered “yes” to all questions on all three forms have subjects been selected for the research.

RECORD KEEPING THROUGH VIDEO RECORDING

Name of Family:..... Date:.....

We like to video record assessment and therapy sessions for review purposes, and for future reference when follow-up appointments are made. The therapists often make observations from video recordings in order to write reports. This enables us to provide a more effective service.

We would like your permission (and your child's, when appropriate), to video your child, and make use of the recordings for further observations, and occasionally teaching and lecturing.

CONFIDENTIALITY IS MAINTAINED AT ALL TIMES, AND NO REFERENCE IS MADE TO PERSONAL DETAILS REGARDING YOUR FAMILY CIRCUMSTANCES, AND YOUR NAMES ARE OF COURSE CONFIDENTIAL.

Signature.....

1. I approve of a video recording being made of my child for record purposes. YES/NO

2. I approve of the video recording of my child being shown to the teacher, referral agent, etc., who are directly involved. YES/NO

3. I approve of the video recording of my child being used for teaching and lecturing purposes by members of the team, providing confidentiality is maintained. YES/NO

4. I approve of the video recording of my child being used for research evaluation. YES/NO

(Please circle your response)

A COPY OF THE VIDEO RECORDING IS AVAILABLE FOR PARENTS/PROFESSIONALS AT £3.00 COST PRICE, AND WILL BE FORWARDED ON SHORTLY AFTER THE FINAL REPORTS HAVE BEEN DESPATCHED.

CONSENT FOR INCLUSION OF DATA ON FILE AT CHESTNUT HOUSE FOR ACADEMIC AND GENERAL SERVICE DEVELOPMENT ACTIVITIES

Academic and general service development activities form a crucial and integral part of a tertiary level specialist service such as Chestnut House.

While we have a commitment to such activities and it is vital that they continue, we also undertake *not* to include you or your child in them unless we have your permission to do so.

We may wish simply to collect information from the files we hold on children to obtain data on how often an available 'service' (for example, a speech and language assessment) was required or how frequently certain patterns of results have occurred across a large number of children (for example how often children seen have a higher non-verbal than verbal IQ on a standardised cognitive assessment). Similarly, we may use information on your child in the form of case studies for teaching other professionals or for illustrating talks at meetings and conferences. (This information may include art, music or written work produced by children during their time at Chestnut House.)

In all cases, we protect confidentiality by ensuring that *all information presented to others, in any form*, is changed to allow anonymity and preclude identification (for example, in terms of a child's name or the geographical locality in which the family lives). To enable us to undertake these activities, it would be very helpful if you would complete the consent slip below, either allowing information on your child's file to be used in this way or declining to do so.

Thank you.

Name of Child:..... Date:.....

I approve of the information on my child's file at Chestnut House being used for academic and service development activities by members of the team, providing confidentiality is maintained:

YES/NO

Name of parent/guardian:.....

Signature:.....

**PLEASE RETURN TO CHESTNUT HOUSE
WITH YOUR CONTACT SHEETS
THANK YOU**

LETTER

Below is the text of the letter sent to parents after their child had been selected as a possible research subject. Headings which appear at the top right of the letter have been removed and institutional identities and names have been removed.

14th February 2003

[here appears parental address]

Dear Mr and Mrs

During February 2001 your son [first name] was referred to Chestnut House Children's Service and after an initial appointment with Dr [full name], Director Chestnut House Children's Service, returned for assessments in July 2001. Included in these assessments was an Art Therapy Assessment, which was recorded on video. At the time of the assessment you completed two consent forms through which you gave permission for us to use the video and information relating to your child (including artwork) for research purposes, providing confidentiality was maintained.

I am at present undertaking a research project that explores the use of art materials by children who are referred to Chestnut House and who undertake an Art Therapy Assessment. This research focuses on art products and the comments that the child and the therapist make about these products, and it aims to achieve a better understanding of what children are trying to achieve through their art making activities in this context. It is hoped that the research will help to improve Art Therapy Assessment and that it will add to our understanding of children with Autistic Spectrum Disorders and other Developmental Disorders.

The research has been approved by the Local Research Ethics Committee and supported by the [name] Trust and Dr [full name] Director, of Chestnut House Children's Service. Professor Diane Waller and Professor Dennis Atkinson at Goldsmiths College, University of London, supervise the research. It is anticipated that the research will be completed by the end of 2004.

I would like to use [forename]'s artwork and supplementary information from the video and Chestnut House files in this research project but will not do so unless I have your permission to do so. I am therefore attaching a proforma and a stamped addressed envelope for you to respond to my request. If you have any questions you want to ask about the research please feel free to write to me at Chestnut House or to telephone me at the above number and I will do my best to answer.

Best wishes

Yours sincerely

Robin A. Tipple

Senior 1 Art Therapist. Chestnut House Children's Service.

**CONSENT FOR INCLUSION IN ART THERAPY RESEARCH PROJECT
EXPLORING ART THERAPY ASSESSMENT AT CHESTNUT HOUSE**

Name of Child.....

I approve of the art work, information from my child's file, and video recording of my child, being used for the research project undertaken by Robin Tipple, Senior 1 Art Therapist, providing confidentiality is maintained by ensuring that all information presented to others, in any form, is changed to allow anonymity and preclude identification (for example, in terms of a child's name or the geographical locality in which the family lives).

YES/NO

Name of Parent/Guardian.....

Signature..... Date.....

APPENDIX No 3 KEY TO TRANSCRIPT

- / End of utterance. A pause is usually present.
- = Lack of interval between contiguous utterances.
- [] Simultaneous utterance, brackets begin and end when simultaneous words appear, for example :
- Therapist: What is it?/
Child: [its a] man/
- (1.5) A pause timed in minutes and seconds. I have only timed longer Pauses (over 10 seconds).
- . A period indicates a falling tone, not necessarily the end of a sentence.
- ? A rising inflection, not necessarily a question.
- ! An animated tone not necessarily and exclamation.
- An abrupt cut off, halting, a string of dashes in a sentence would indicate a stammer.
- Underlining, indicates emphasis.
- CAPS** Indicates, spoken much louder.
- * Indicates quieter passage.
- : Colon indicates extension of the sound, for example:
so:::: sorry re:::ally
- ((cry))
((grunt))
((laugh)) Sounds.
((singing))
- ((sung)) The words in the utterance sung.
- (?) After utterance indicates doubtful transcription.
- (()) Indicates inability to transcribe utterance.

Behaviour appears at left of page, either before the start of speech or, when parallel, during speech, or when below speech line, after speech. For example:

Behaviour	Speech
Picks up pen and marks paper	
Looks down at paper	Subject: I'm drawing a house/
Looks at therapist	

Appendix No 4 - Transcript Subject No 2 – Annie

Behaviour

Annie gets up to look behind screen after watching the therapist carefully.

Therapist goes over to the screen to see what Annie is looking at.

Annie walks back from the screen and kneels on the chair near to the therapist.

Annie nods.

Annie points and looks at the camera.

Therapist puts pencils on the table near to Annie.

Therapist fetches a sheet of paper.

Annie begins drawing, moving the pencil towards her as she draws her first figure. She then moves the pot with pencils. Annie pauses in her drawing and points and looks briefly towards the camera.

Speech

Annie: ((soft noise))

Thpst: Come and sit this side Annie/

Thpst: Tell me what you would like to do what sort of things do you like to do/

Annie: I like to get a photo/

Thpst: A photo you like photographs – what sort of photograph do you like/

Annie: With a camera/

Thpst: Ah you like taking photographs with a camera/

Annie: What's that there?/

Thpst: That's a television camera/

Thpst: That's so that dad can see you upstairs./

Thpst: Do you like using pencils/

Annie: Yeah/

Thpst: You get yourself some pencils and I'll get you some paper shall I?/

Thpst: I can't find a nice piece of paper/

Thpst: Is that ok – what are you going to draw/

Annie: Umm./

(0.15)

Annie: Are you just Is this going to be on there?/

Behaviour

Annie continues with her drawing.

Annie removes some pencils from the tin, looks at them and selects a fresh one, which in turn is returned to the tin.

The therapist leans across the table and points to the drawing.

Speech

Thpst: Do you like being on the television?/

Annie: Why does dad want to see me upstairs/

Thpst: Why does he want to see you – or will he see you – he will see you upstairs – do you want him to?/

Annie: Yeah/

(0.30)

Annie: What's your name again/

Thpst: Robin/

Annie: Robin Hood/

Thpst: Yes its like that/

Annie: Why does everybody call you Robin/

Thpst: Why do they call me Robin – well – that was the name my mum gave me – why do people call you Annie/

Annie: That's the name my mum gave me/

Thpst: Yeah it's the same reason isn't it/

Thpst: Do you like Annie it's a nice name isn't it/

Annie: It's not very nice/

Thpst: It's not very nice?/

Thpst: Have you got any other names/

Annie: Yeah I got mum – and I got Annie – Annie Brown – Annie Mary Annie see me that why they call me Annie Mary/

Thpst: Mary/

Thpst: Annie Mary?/

Thpst: So what's your middle name is there a middle name after – Annie/

Thpst: Is the middle name Mary/

Thpst: Who are these people have they got names/

Behaviour

Annie points to a picture on the cabinet with her hand holding the pencil.

The therapist leans forward, towards Annie.
Annie is drawing hair on the figure, in the face area suggesting a beard, and she points at it with her finger.

Annie stops drawing and changes pencils she then examines the pencil in the tin.

Speech

Annie: Well that one's called – Mum that one's called Mary – they have got some names but I'm not telling you/

Thpst: You want to keep it a secret do you/

Annie: What who's that picture up there on the cabinet/

Thpst: What does it look like? What can you see in it/

Annie: Lady – man/

Thpst: Yeah – there's two ladies – and a man – it looks like – looks like a teapot on the table – can you see that/

Annie: Yeah/

Thpst: And – err – I think they're sitting in a café – they're sitting in a tea shop having a cup of tea and a chat/

(0.5)

Annie: Does it hurt that bit/

Thpst: Does it what/

Annie: Does it hurt that bit/

Thpst: Does it hurt – my beard – did you say – did you say/

Annie: That bit/

Thpst: [That] bit – what is that bit/

Annie: Well it looks like a bit of hair/

Thpst: Looks like a bit of hair/

Thpst: Why should it hurt – *do you think/

Annie: 'Cause it's hair isn't it/

Thpst: Does your hair hurt?/

Annie: No/

Thpst: It's lovely long hair isn't it/

Annie: Why you – why did you say something/

Behaviour

Annie looks to the side, towards the window.

The therapist gets up and disconnects the telephone which rings.

Annie looks at the therapist.

Annie looks to the side, towards the window again, and then back to the therapist.

Annie moves round the table near to the therapist then gets up and walks towards the window and begins pointing out of the window

Annie returns to drawing.

Speech

Thpst: Why did you say something/

Annie: 'CAUSE I SAID SO – that's why/

Thpst: 'Cause you said so that's why you spoke/

Thpst: I was just asking you what you were saying really/

Thpst: It's an interesting drawing that you've done do you want to tell me about it/

Annie: Can't 'cause haven't finished yet/

Thpst: Oh all right/

Thpst: When you've finished you can tell me/

(0.15)

Annie: Why did you talk?

Thpst: Why did I talk to you/

Annie: Well I SAID SO – yes that's right you can tell me – What's this what am I drawing/

Thpst: What are you drawing well I think you know better than Me – what does it look like/

Annie: Does it look like a hairy piece – little children know – looks like a hairy – if you just listen to what you're Saying/

Annie: If you just walk down them stairs what are them stairs up stairs/

Thpst: The fire escape – the fire escape – so when – people want to get to the bottom of the building from the top quickly they come down there – they come down those Stairs/

Annie: What's that/

Annie: (())

Behaviour

Annie gently nods.
Annie gently shakes her head.

Annie kneels on the chair and turns to look at the therapist.

The therapist comes forward and looks at the drawing, squatting down by the table edge.

The therapist shakes his head.

Speech

Thpst: Is your drawing finished yet/
Annie: No – know when you select pencils/
Thpst: Yeah what about the pencils/
Annie: Well pencils are not just usually for people are they?/
Thpst: They're not usually for people/
Annie: No 'cause if they're naughty they're not usually for them if they're good they are/
Thpst: So – you – got some pencils this morning – does that mean you're being good?/
Annie: Yes/
Thpst: And if you were naughty I'd have to take the pencils would I/
Thpst: Are you naughty sometimes/
Annie: What's that on your eye/
Thpst: Which – what can you see/
Annie: Pink eye/
Thpst: Looks a bit red does it – it's 'cause I just rubbed it/
Annie: Can you just tell me what I did/
Thpst: Well these are people aren't they – is this a person/
Annie: No/
Thpst: Well it's got arms and legs/
Annie: That's the big girl/
Thpst: That's the big girl is it/
Annie: She's a big sister/
Thpst: Have you got any brothers and sisters/
Annie: Go and sit back on the chair/
Thpst: Have you got any sisters or brothers/

Behaviour

Annie shakes her head.

The therapist moves back to sit on his chair.

Annie returns to drawing using a biro found in the pencil tin.

The therapist reaches out for the pen and after Annie passes it to him scribbles on the corner of the sheet.

Annie continues drawing and talks inaudibly to herself.

Annie shakes her head.

Speech

Annie: Only one one I got only one brother now go and sit down/

Thpst: You've got a brother and a sister/

Thpst: You don't mind me sitting here am I too close/

Annie: No/

Annie: People can't get real with pencils – cause they're hu::mans – human beings - *I want you to be a human Being*/

Thpst: You want me to be a human being – I thought I was a human being/

Annie: Not working/

Thpst: Let's have a look/

Annie: There it's ok/

(0.3)

Thpst: Has it stopped again/

Annie: No/

(0.3)

Annie: (())

(0.35)

Thpst: That looks like another – sort of person – you think/

Annie: Yeah/

Thpst: Perhaps we should do something - together now – would you like that/

Annie: I have n't fi::nished/

Thpst: You haven't finished – what have you got to do to this Picture/

Annie: Some eyes – some where – some crowns on here/

Behaviour

Annie continues drawing.

Annie gets up to fetch some coloured pens.

Annie points of taps each figure – this is accompanied by inaudible naming.

Annie gets off her chair and walks round it.

Speech

Thpst: Crowns?/

Annie: No crowns in a circus/

Thpst: Clowns – oh/

Thpst: That one's not writing is it/

Annie: No should I have another one/

Annie: They're just white pencils won't work/

Thpst: You want some colours/

Annie: Yeah/

Thpst: There's some colours over there look/

Annie: They like it coloured in pictures/

Annie: What's that there/

Thpst: Which one/

Annie: That/

Thpst: At the back – some bricks that is/

Annie: What's these/

Thpst: What do you want/

Thpst: Is that the clown you are colouring in/

Annie: Oh no/

Thpst: Is that the lady or the mum/

Annie: That's dad/

Annie: (())

Annie: I don't know what you're talk – I don't know what you're talking about/

Thpst: Don't you/

Annie: This one's working if you get things like easy things that work you'll be able to do it/

Annie: We have hard spaces don't we/

Thpst: We have?/

Behaviour

She adds some colour to her drawing with a pen.

The therapist removes the paper from the table and carries it over to the wall. Annie pushes the chair she was sitting on under the table and stands by the chair looking towards the therapist and wall.

Annie moves the pen tubs on the table. The therapist fetches another piece of paper.

The therapist moves the chair away from the table up against the screen. Annie stands back from the chair. The therapist places the paper on the table and takes a pen from the tub leaning across the paper as he does so. Annie also takes up a pen and begins to draw on the edge of the paper near to her. The therapist draws a square.

Speech

Annie: Hard spaces/

Annie: We like it my thought/

Thpst: You know you said to me I don't know what you're talking about – I find it's difficult to know to know what you're talking about sometimes/

Annie: I know/

Annie: That was the thing you said to me I don't know what you're talking about/

Thpst: I'll tell you what we'll do Annie we'll pin this one on the wall – we'll try and do a picture together – I like this picture you've done I'll pin this on the wall./

Annie: [Finished]/

Thpst: Yeah/

Thpst: Let's get another piece of paper/

Annie: *Right*/

Thpst: Do you want to sit on the chair?/

Annie: No/

Thpst: You don't like sitting on the chair/

Annie: No/

Thpst: Alright/

Thpst: I'll move the chair away so that you can reach the table/

Thpst: I'm going to start and I want you to draw the same thing as me ok/

Thpst: Wait a minute/

Thpst: Let me start/

Thpst: Here we go/

Thpst: Can you draw that shape/

Annie: No I don't like drawing circles/

Behaviour

Annie produces a line that encloses the square.

The therapist brushes dust off the paper and rests his hand on the paper over on Annie's side of the sheet.

Annie moves to the other end of the paper (the paper is orientated horizontally) and draws a square.

The therapist draws a triangle. Annie is about to start drawing again but places the top on her pen. The therapist places his pen on the table in front of Annie vertically. Annie picks it up points to the other pen.

The therapist picks up the other pen and looks at the point briefly. Annie starts to mark inside her square.

The therapist points to a blank area next to the triangle. Annie looks at the shape and holds her pen near to it but then returns to the tub to change pens.

The therapist takes the pen from Annie. He points to an orange pen. Annie takes up the orange pen and then returns to her square at the other end of the paper.

The therapist points to Annie's pen and then back to the space near the triangle but Annie's head is turned away and she continues marking in her square.

Annie continues to colour in the square.

Speech

Thpst: That isn't a circle is it/

Annie: *Don't know what it is*

Thpst: See if you can draw that shape/

Annie: *Fine*/

Thpst: Very good very good/

Thpst: Ok can you do this one look/

Thpst: *Wait 'til I've finished*/

Thpst: You can use the blue one if you like./

Annie: That one is not working properly/

Thpst: No all bashed/

Thpst: See if you can draw this shape here/

Thpst: Go to here/

Thpst: You want another colour do you/

Thpst: Give that one to me then/

Thpst: Try the orange/

Annie: Ummm/

Annie: I don't know I said to you you don't know what I'm talking about/

Thpst: See if you can draw the triangle look Annie here this one./

Thpst: You're colouring in the square now lets see if you can draw the triangle.

Thpst: Have a go/

Annie: I like colouring in the square/

Thpst: You like colouring in the square do you/

Behaviour

The therapist continues to point at the triangle and the empty Space. Annie returns to the tub of pens. The therapist glances Briefly at the camera.

Annie pulls tubs towards her surrounding them with her arms. She looks at the black pen and the therapist places the top back on the pen.

The therapist points to the space on the paper where he wants the triangle to be drawn.

The therapist places the pen in the tub he is holding. Annie takes a pen from the tub and the therapist points to a space on the paper.

The therapist takes a pencil out of the tub and offers it to Annie. He then places it on the table.

Annie takes the pencil but returns to her square. The therapist points to the blank area of the paper near to the triangle again. Annie starts drawing near to her square.

The therapist takes a pen and draws three lines to make a triangle counting as he draws.

Annie moves across the table to look at the triangle drawing.

The therapist retraces the lines on his triangle.

Annie places pencil back into the tub with pens but the therapist takes it out again and offers it to her, he holds it adjacent to her hand. Annie takes it from his hand.

Annie goes to the square drawing and re-enforces the lines with the pencil.

Annie looks briefly at the therapist's face.

Speech

Thpst: But I'd like you to try and draw the triangle let's see if you can do it/

Thpst: Have a go//

Annie: ((inaudible talk – not transcribed))

Annie: *Black you can top on*

Annie: *Where does it go* purple/

Thpst: Lets try and do the triangle/

Annie: Put that in there so that you put the top on/

Thpst: Are you going to try it/

Annie: Hahhh ((whispered))/

Thpst: That one's not writing properly is it/

Thpst: Try it with this pencil/

Annie: [[[inaudible talk – not transcribed]]]

Annie: *Pencil*/

Thpst: No there here have a go here/

Thpst: That's it one two/

Thpst: That's a square isn't it/

Thpst: This is a triangle look/

Thpst: One two three/

Thpst: ARE YOU LOOKING/

Thpst: One two three see if you do that look/

Annie: Click/((a sound))

Thpst: Have a go/

Thpst: I like your squares squares are good but lets see if you can do a triangle/

Thpst: Shall we/

Annie: *Mmm*/((very quiet))

Behaviour

Annie begins drawing another shape above her squares starting with a line but then producing a more meandering movement.

The therapist begins to draw on the paper again.
Annie continues with the sea-side shape but the therapist lifts her drawing hand from the paper. Annie moves back away from the table withdrawing her hand.

Annie adds more to her shape from the other side of the table.

The therapist makes a movement he wants Annie to make.
Annie produces some dots.

The therapist produces some dots.

Annie returns to her shape.

Annie takes the pencil back to the tub.

Annie takes out a blue pen and looks at the therapist.

She nods her head gently.

Annie draws a triangle just above the therapist's triangle.

The therapist draws a circle.

Annie draws a circle.

The therapist draws a spiral and Annie then does the same.

The therapist draws four horizontal lines. Annie produces another circle.

Speech

Thpst: *Go on then we'll try some of the others*/

Thpst: One/

Thpst: What shape is that then/

Thpst: That's a wiggly wobbly shape isn't it/

Annie: No it's a sea side shape/

Thpst: A sea side shape/

Thpst: I'll give you some dots look here y'are one two three/

Thpst: Let's see if you can join the dots Annie/

Thpst: Never mind the shape let's see if you can join the dots there/

Annie: Can you join hair like that./

Thpst: I'll do the hair if you do the dots/

Annie: Ok/

Thpst: Join them/

Thpst: Join them up look one two three/

Thpst: You're just making dots/

Thpst: Aren't you you're just making dots like this/

Thpst: You don't like doing the things I ask you to do what do you think will happen if you do the things I ask you to do/

Thpst: Very good that's a triangle isn't it/

Thpst: What about this one can you do that/

Thpst: That's easy isn't it but can you do this one/

Thpst: Very good what about this, look one two three four/

Thpst: Can you do that one that's a circle again/

Behaviour

Annie draws some short lines but in a vertical row as opposed to horizontal row.

The therapist points to Annie's sea side shape.

Annie adds some more marks to the shape.

Annie returns to the pen and pencil tub and there is an exchange of eye contact with the therapist.

The therapist gestures briefly towards the drawing. Annie looks briefly at a pencil she has selected from the tub. She does some drawing near to the triangle that the therapist produced.

Annie places the pen back into the tub and moves the paper towards the edge of the table near her. The therapist places his hand on the paper preventing movement and then the therapist points to the drawing that Annie has just completed. Annie walks away from the table and out of view of the camera.

Speech

Annie: One two three four five six seven eight/
Thpst: [good]/

Thpst: What's this a picture of/

Annie: A monkey/

Thpst: A monkey./

Thpst: *That's nice*/

Thpst: What sort of monkey is he/

Annie: Ohh it's a girl monkey/

Thpst: A girl monkey/

Thpst: Does the girl monkey get up to tricks?/

Annie: No/

Thpst: No what does she do/

Annie: *She never gets up*/

Thpst: She never gets up to anything/

Annie: No she just stays like that/

Thpst: Stays like this/

Thpst: That's a funny pencil isn't it/

Annie: Who got that pencil/

Thpst: Pardon/

Annie: Who got it/

Thpst: Who got it/

Thpst: Well I got all the pencils here by sending away for them but that one looks as if it got dirty doesn't it all covered in paint/

Thpst: What's this one here/

Annie: A ghost what/

Thpst: A ghost/

Behaviour

The therapist picks up the paper. Out of view Annie and the therapist pin the drawing to the notice board on the wall.

Annie goes and stands by the blackboard. The therapist stands by the pictures pinned on the wall.

Annie draws on the blackboard. The therapist moves away from the wall and moves the table away from the centre of the floor.

The therapist moves close to Annie by the blackboard. He stands and watches her draw with the chalk.

Speech

Annie: Pin that on the wall/

Thpst: You want that pinned up on the wall do you will you help me then/

Annie: No/

Thpst: Come on/

Thpst: See if you can put that pin in I'll start it just push it with your finger/

Thpst: Good/

Thpst: Have you pushed that one/

Thpst: It's tough isn't it there you are/

Thpst: So two pictures we've done that one you did by yourself and this one we did together/

Thpst: Here's your square look/

Thpst: *Are you looking?*/

Thpst: And here's your triangle and your circle and your squiggly shape/

Thpst: That was good wasn't it?/

Thpst: What are you going to draw on the blackboard then/

Annie: A like do it a light dinner((doubtful transcription inaudible))/

Thpst: Let's move the table so I can move the blackboard into the middle shall we/

Annie: That's a face/

Thpst: That's a/

Annie: A face/

Thpst: A face alright/

Annie: Haven't fish yet/

Behaviour

Annie continues with her drawing adding what appears to be her name.

Annie then rubs drawing off the blackboard and walks away from the blackboard and goes behind the screen.

Annie rubs out the drawing on the blackboard (a face).

Annie Looks towards the therapist and gestures towards him with the chalk.

Speech

Thpst: No/

Annie: Have you got this/

Thpst: I've had the blackboard a long while/

Annie: A long while/

Thpst: Yeah/

Annie: *Try for a long while* ((doubtful inaudible))/

Thpst: Yeah/

Thpst: Let's move the blackboard into the middle/

Annie: That's right in there now/

Thpst: [Right] now you can get on

with that/

Annie: *Annie P and P and P Annie P*/

Thpst: What does that say?/

Annie: And P/

Thpst: Can you write your name Annie/

Annie: I can/

Thpst: How do you spell it/

Annie: Annie P./

Thpst: Show me/

Thpst: Show me with the chalk/

Annie: Chalk – a picture/

Thpst: That isn't your name show me what your name looks like/

Annie: *Ohh I don't want to* ((doubtful inaudible))/

Annie: Right now who remembers to draw a ghost/

Annie: *You remember to draw a ghost*/

Behaviour

The therapist and Annie are off camera probably looking at a drawing on the wall.

Annie returns to the blackboard and begins drawing.

Annie finishes her drawing/writing and moves away from the blackboard.

Annie goes behind the screen.

Annie approaches the blackboard and rubs the writing/drawing off the blackboard using the duster.

The therapist writes the letter R on the blackboard. Annie moves towards the board to look. The therapist adds an O and a B.

Annie looks away across to the other side of the room and walks round the therapist but returns to look at the blackboard. The therapist draws two vertical stripes.

The therapist holds the chalk out for Annie.

Speech

Thpst: You draw a ghost here didn't you one of these was a ghost that one/

Annie: Well I'm/

Thpst: See if you can do your name and then you can show me a ghost/

Annie: Now chalk has mess./

Thpst: What's those bits/

Annie: It's my name/

Thpst: It's your name is it it looks like the letter P./

Annie: Oh it's daft/

Thpst: It's daft is it/

Annie: Yeah/

Thpst: Shall I show what my name looks like/

Annie: Well/

Thpst: Do you want to see?/

Annie: [*No*]/

Thpst: Or not yeah which/

Annie: No/

Thpst: You don't want to see what my name looks like/

Annie: I don't know what you're talking about/

Thpst: *Can you do* look what letter is that one/

Annie: That would be a hundred dollars/

Thpst: That's the letter R/

Thpst: Are you looking/

Annie: Yes/

Thpst: Can you do this one look this is an easy one to do/

Annie: No not easy/

Thpst: Have a go/

Behaviour

Annie shakes her head gently. Annie walks across the corner of the room and back again to another corner.

The therapist does some more drawing of vertical lines on the blackboard, two in all.

Annie remains out of view.

Annie walks on her toes holding out her blue dress with one hand in front of therapist and camera.

The therapist holds out the chalk towards Annie.

Annie smiling looks at the therapist and shakes her head.

Speech

Annie: *No*/

Thpst: Where are you going/

Annie: Nowhere/

Annie: What's your name/

Thpst: Pardon/

Annie: Pardon/

Annie: Your name wha's your name/

Annie: Tellme/

Thpst: I've told you my name/

Annie: Robin/

Thpst: That's right/

Thpst: Are you going to have a go/

Annie: No I aint goin' to/

Thpst: Come and do some drawing with me come on/

Thpst: You don't want to/

Annie: Uh uh uh uh uhuh/

Thpst: Umm?/

Annie: Daddy/

Thpst: You want to go and see daddy *we will in a minute*/

Thpst: We've got some more things to do first/

Annie: Nooo we'd like to see daddy/

Thpst: I want to see if you can do some lines like that can you show me/

Thpst: Come on here's the crayon/

Annie: My fine folder ((doubtful inaudible))/

Thpst: Sorry here's the chalk/

Annie: *That's nasty*

Behaviour

Annie shakes her head and walks past the therapist and back to the blackboard. Annie then rubs out the lines with the duster.

Annie places the rubber or blackboard duster in the tray and takes up a piece of chalk and begins drawing.

Annie walks round in a circle on tip toes as she speaks in front of the therapist who is sitting near to the blackboard.

Annie stands beside the blackboard which has her drawing of Jesus on it.

Annie walks out of view and the therapist remains seated at a distance from the board.

Annie returns from the blackboard and takes the chalk in her hand.

Speech

Thpst: Well get your own piece then and use one of those/

Annie: Huh *don't want piece* huh hum/

Thpst: You're good at rubbing out the lines/

Thpst: See if you can draw something/

Annie: Now made rubbers lying there now after you write your name start doing a lovely picture of Christmas where you had your presents/

Annie: Now this is baby Jesus 'cause you know you can't do it can you/

Annie: *Right now*/

Annie: *This is called um*/

Thpst: That's baby Jesus yeah/

Annie: Yes 'cause you've got to draw lovely of the stable now if you do it Jesus if you finish your stable come to me and write your name then but I don't want it squiggled/

Thpst: You want me to write my name on there/

Annie: No/

Thpst: Who you/

Annie: After you write your name you can stick it on to the other painting like that one is on and that one is going to be on this/

Thpst: That's a blackboard it's different it's not on the paper/

Annie: Can't stick that on there can it now/

Thpst: No can't stick that one on the board/

Annie: [No]/

Thpst: What else do you want to go on there/

Annie: Well I'm thinking if you like doing things with me 'cause there they chalk like/

Behaviour

Annie faces the blackboard with chalk in her hand.

Annie rubs out the baby Jesus and remains facing the blackboard. Then Annie turns towards the therapist holding out the blackboard duster and walks in circles as she speaks. She ends up facing the therapist directly, quite close. The therapist moves forward squatting and begins to draw on the board. Annie walks in circles again.

Annie leans against the table and shakes her head looking at the therapist. The therapist and Annie share eye contact. Annie nods her head.

The therapist draws a rudimentary face.

Annie goes to the table and leans across the table facing away from the therapist smiling.

The therapist lifts up the blackboard and places it back to the side of the room.

He then walks towards the table where Annie is standing.

He drags the table to the centre of the room.

Annie stands back with her finger up to her mouth.

Speech

Thpst: I do like doing things with you but I don't think you like doing things with me do you/

Annie: No/

Thpst: I think you want to be in charge/

Annie: No I don't want to be in charge/

Thpst: You don't?/

Annie: No/

Thpst: Were you going to draw something for me then/

Annie: No/

Annie: Right now this one says A P G S I R if you're R snuckner *she just put the things over*/

Thpst: Look/

Thpst: Come and look and see what I'm doing/

Thpst: Come and stand here and look at the board/

Thpst: Come on/

Annie: Umm um No teacher ((doubtful))/

Thpst: I thought you said you like doing things with me/

Thpst: You don't you just like doing things on your own/

Thpst: What have I done can you tell me/

Annie: All catch different things in the stable now come and talk to me and say the stable/

Thpst: Right I'm going to put the chalk board away and then I'm going to get out some other things on the table/

Thpst: Can I just move the table/

Thpst: It's a terrible noise isn't it/

Thpst: I'm just going to look in here to make sure everything is/

Thpst: Oops damn/

Behaviour

The therapist goes to adjust the camera but the camera starts to fall off its bracket. Annie goes behind the screen and then reappears.

The therapist struggles with the camera.

Annie sits on the chair by the table and looks towards the therapist.

The therapist leaves with Annie following.

They return soon.

Annie goes back and sits on the chair.

Maureen (team member) also comes in and helps repair the video camera.

The therapist takes a soft knitted toy rabbit over to show Annie. Annie looks at the rabbit and smiles. The therapist holds it upright and offers it to Annie who takes it and looks into its face.

Speech

Thpst: *The camera is coming down*/

Annie: *What is that doing*/

Annie: I'm talking to you/

Thpst: Yeah I know you want to talk to me don't you/

Annie: Yes now/

Thpst: I'm just having to move the camera/

Annie: If you like painting your presents/

Annie: *You should not*/

Thpst: Just come with me a minute and we'll come back

Annie the camera's falling off the wall and I need to get it sorted/

Thpst: You don't want to hold my hand/

Annie: No./

Thpst: Alright/

Thpst: Just have a seat a minute and we'll wait to get the Camera sorted out/

Thpst: Ok?/

Annie: Talk to me/

Thpst: Alright/

Annie: Right now/

Thpst: Have you seen my rabbit have you seen this/

Thpst: *You like*/

Thpst: He's called Arthur/

Annie: *Is he a rat*/

Thpst: Umm/

Behaviour

Annie cradles the rabbit in her arms briefly but also lays it out across her knees, holding its ear in her right hand and supporting its legs with her left hand.

Annie holds the rabbit out at arms length by the ear. She then brings it back close into her body for a brief hug. Then stands it up and supports the rabbit on the table standing it on its legs. Annie moves the rabbit along the table top.

Maureen struggles to sort the camera out.

Annie begins to walk out of the door with the rabbit. The therapist points briefly at the camera. Annie holds up the rabbit to the camera which Maureen is steadying on its bracket. The therapist looks on smiling.

Annie looks away from the camera.

Speech

Annie: A rat/

Thpst: He's a rabbit/

Annie: A rabbit/

Thpst: Yeah/

Annie: Where did you buy this from/

Thpst: Where did I buy this from he's lived here a long time he was here before I came here/

Thpst: He's nice isn't he is he friendly you think/

Annie: Yeah/

Thpst: Are you making him walk/

Annie: yeah/

Annie: Aek ook ook/

Thpst: Shall we make him say hello to dad/

Annie: Hello/

Thpst: Well make the rabbit say hello to dad/

Annie: Ok/

Thpst: No in here you have to do it at the camera/

Annie: Ok

Maureen: Ok./

Thpst: Yeah thanks Maureen./

Thpst: Say hello dad/

Annie: Hello dad/

Thpst: This is Arthur say/

Annie: This is Arthur say/

Thpst: This is Arthur the rabbit saying hello make him shake his hands/

Annie: *The rabbit's saying hello his hands*/

Behaviour

The therapist moves around the table and points towards the radiator top where Arthur comes from.

The therapist places a tub of play-doh on the table and removes the lid.

Annie places the rabbit down on the table and the therapist picks him up and places him back on the radiator top.

Annie reaches out towards the play-doh tub. The therapist points to the chair and lifts up the tub of play-doh. Annie moves round the table and stands by the edge of the table. When the therapist lifts the lid off the tub Annie leans over the table and looks in. Annie nods in response to the therapist's question. The therapist takes out a piece of play-doh and places it on the table pushing it down with his fingers.

Annie pushes it gently with both hands.

Annie nods her head.

Annie turns to the side briefly.

The therapist breaks off a piece of play-doh and rolls with the palm of his hand. Annie takes a piece and rolls with both hands hers is more of a squashing movement than a rolling. The therapist stops rolling and Annie looks at the length of play-doh he has rolled out.

Annie lifts the length up leaving one end on the table, she looks at the therapist and smiles.

Speech

Thpst: Yeah/

Thpst: Shall we put him up there/

Annie: No/

Thpst: Lets put him up there and we going to do some things with this we're going to use some of this/

Thpst: Just put him back up here so he can have a rest/

Thpst: You come round this side/

Annie: ((coughs))/

Thpst: You might have seen this stuff before have you/

Annie: What's that/

Thpst: What is it/

Annie: Play-doh/

Thpst: Right/

Thpst: Do you like it/

Thpst: Soft isn't it/

Annie: Where's dad/

Thpst: Can you do this/

Annie: ((click))/

Annie: Making him a snake/

Annie: Ssszz sss sss/

Behaviour

Annie holds the snake up from the table.
Annie looks at the therapist as her hisses get louder.

The therapist rolls a second snake. Annie reaches out to take the second snake the therapist has made and moves it over to join the first snake.

The therapist rolls out a third length which Annie takes up.

Annie joins the three pieces together and looks at the therapist smiling. Then she goes over to the other end of the table near the therapist and presses down on a piece with both hands.

Annie pushes the piece flat with her fingers.

The therapist makes a rolling gesture. He takes up one of the previous rolled pieces and re rolls it. Annie nods her head then she lifts up a rolled length.

Annie picks up her flat piece and pushes down she looks towards the camera and shakes her head smiling.

Annie holds up the flattened piece she has made.

Speech

Thpst: It's snake is it/
Annie: [ssss ss ss]/
Thpst: Can you make a snake/
Annie: Ssss sss SSSS/
Thpst: He's made him long can you see him/
Thpst: He's a very noisy snake/
Annie: I want to see if Arthur want a snake/
Thpst: See if you can roll can you roll something like that/
Annie: [Sss sss sss]/
Annie: Ssss she over there jumping there/
Thpst: [See if you] can roll Annie/
Annie: She can't hear me/
Annie: *Oh can's cute*/
Thpst: What you doing now/
Annie: I'm rolling/
Thpst: Ok/
Thpst: Very good/
Thpst: You're making it flat/
Thpst: See if you roll it like that/
Thpst: Can you do that/
Annie: Ssss sss/
Annie: I'm making/
Thpst: [have] a go/
Annie: Phssst/
Thpst: No/
Annie: Lets do my own/
Thpst: You want to do your own/
Annie: Yeah/

Behaviour

The therapist rolls another piece and joins the end to make a small circle, which he passes over to the other side of the table near to Annie.

Annie plays with the circle and the snakes together, lifting up the snake to drop it in the circle.

Annie moves over to the other end of the table to press and flatten a piece she had flattened before. She goes to sit on the chair which is away from the table.

The therapist moves the chair to the table and Annie sits down. Annie picks up the second circle that the therapist has made and joins it to the other one. The therapist points to a long roll then Annie picks up this piece and joins the two end of the length together to make a circle. Then she pulls it apart again. She joins it back into a circle and tries a smaller circle inside the larger circle.

Annie picks up one circle and rubs it against the bottom of her chin. Annie looks at the therapist and smiles. The therapist fetches some tools, a rolling pin and some shaped cutters. He places the rolling pin on the table near to Annie. Annie uses the rolling pin on her flat piece. She reaches across the table and finds some circular cake cutters.

Speech

Thpst: Look Annie/

Thpst: What's that/

Annie: A no snake for me ((singing)) she's she's/

Thpst: See if you can make a circle like that Annie/

Annie: [(singing)]/

Annie: He's going in it/

Thpst: You want the chair/

Annie: Yes/

Thpst: Can you manage it do you want me to help you with the Chair/

Annie: Yes/

Annie: *Get the chair moving like that like me*/

Thpst: Ok? Can you make circle the same as me look/

Annie: Oh oh oh/

Thpst: See if you can a circle with than one/

Thpst: Very good/

Annie: Tssz sszz/

Thpst: What else can you make/

Annie: Making a beard/

Thpst: Got a rolling pin there what can you do with that/

Annie: Roll it now/

Behaviour

Annie pushes a cutter down on to the play-doh.
The therapist flattens out a piece of play-doh and uses the cutter.

Annie lifts up a flat piece of play-doh, a cake, she has been handling to show the therapist.

Annie reaches across the table and picks up two plastic knives.

Annie hands a blue plastic knife to the therapist.

Annie and the therapist cut the play-doh cakes into small pieces.

Annie pretends to be eating her cake pieces and the therapist imitates with his quarters. Annie nods her head.

Speech

Annie: You do that like yours/
Thpst: You want me to do the same – make a cake/
Thpst: Can I have a cutter/
Annie: Yeah/
Thpst: Thank you/
Annie: Look what I'm doing/
Thpst: There's my cake there's yours yours is slightly thicker mine isn't it/
Thpst: What are you goin to make now/
Annie: Umm lets cut it in half/
Thpst: You're going to cut it half/
Annie: Yes/
Annie: You use the blue one now I'm going to use my red one/
Annie: So that we can pretend that we are having dinner/
Thpst: Oh right what are we going to have for dinner/
Annie: These cookies/
Thpst: Cookies what sort of cookies are they/
Annie: Pancakes/
Thpst: Pancakes?/
Annie: Yes/
Thpst: *Oh*/
Thpst: Ok I've cut mine into four pieces it's quarters/
Annie: *Ick ick ick*/
Thpst: Yum yum yum is it nice?/
Thpst: What sort of pancake have you got I've got jame in mine/
Annie: I've got jam in mine/
Thpst: You've got jam in yours have you/

Behaviour

Annie continues to pretend to eat. The therapist places a flat round piece down on the table. Annie picks up some small pieces of play-doh pancake.

The therapist makes some more cakes using the cutter which he places in front of Annie. Annie and the therapist cut up cakes.

Annie pretends to eat and the therapist pretends to eat.

The therapist rolls out the play-doh.

The therapist places a flat piece down in front of Annie. Annie uses the cutter on a flat piece. She lifts up a flat piece and places it on the table then leans across to use the cutter.

The therapist fetches a gingerbread cutter and places it on the table. The therapist pats a large flat piece.

Speech

Annie: *Ick ick ick*/

Thpst: What can you do with that one/

Annie: These are for after breakfast/

Thpst: For after breakfast?/

Annie: And these are for after tea/

Thpst: Ha ha after tea yeah/

Annie: Umm they're not dinner are they/

Thpst: Well you could have something else for dinner *couldn't you*/

Annie: Your one's got to be cut up/

Thpst: You're good at cutting up./

Thpst: That looks like chips/

Thpst: Do you like chips/

Annie: Yeah/

Thpst: Umm that must be dinner then/

Thpst: Yum yum yum/

Annie: Ick ick ick ((coughing))/

Annie: Where's my play-doh/

Thpst: There's piece a piece there/

Thpst: Am I stealing all the play-doh/

Annie: Roll mine/

Thpst: Here you are roll that a bit more/

Annie: *Some more shapes in it*/

Annie: *One more shape*/

Annie: *Going down*/

Annie: Going to make a gingerbread man/

Thpst: Umm you could use that one if you want to/

Behaviour

Annie cuts her cake into strips.

Annie picks up the gingerbread cutter and places it down on the flat piece.

Annie removes the gingerbread man and the head breaks off. Annie repairs the gingerbread man and lays it down on the table then she picks it up again and places it down after removing the head. Annie pretends to eat the head.

The therapist makes a second gingerbread man. The therapist places the second gingerbread man down on the table near to Annie.

Annie goes to the previous gingerbread man who has his head missing and presses some play-doh into its body. The therapist makes some eyes, rolling small pieces between his fingers, then he stretches across and places them on the second gingerbread man. The therapist points to a small rolled piece of play-doh and Annie places this below the eyes.

Speech

Annie: *Sorry cut out in half*/
Annie: *It's the rest isn't there*/
Thpst: *Umm*/
Annie: I'll use the gingerbread man/
Thpst: Ok/
Thpst: Press it down hard that's it/
Annie: His neck's undone see/
Thpst: What's he like/
Annie: Gingerbread man he wants eating/
Annie: Cop chop ick ((smacking lips))/
Thpst: He wants eating/
Thpst: Are you eating him up/
Annie: Yup lick ick/
Annie: Umm that was delicious/
Thpst: That was just delicious/
Thpst: Here y'are there's another one/
Thpst: Shall we give him some eyes/
Annie: Yeah/
Thpst: Can you do that/
Annie: Yeah/
Annie: *Let's* don't want to give him some eyes/
Thpst: You don't why not/
Annie: Lets give him some buttons/
Thpst: Buttons instead/
Thpst: Here y'are I'm giving this one some eyes look/
Annie: And the mouth/
Thpst: And the mouth here y'are there's the mouth look/
Thpst: Umm that's good/

Behaviour

The therapist places another small piece on the table. Annie leans over to look at the face of the gingerbread man. She continues to add pieces to the man whose head she had eaten.

Annie places the nose on the gingerbread man.

Annie and the therapist gather up all the pieces of play-doh and squeeze them together. The therapist opens the tub and they both push pieces in.

The therapist reaches up to turn the camera off.

End of tape.

Speech

Thpst: There is a nose look/

Thpst: Does he need a nose/

Annie: No/

Thpst: How's he going to smell/

Thpst: I'll give him a nose shall I or can you do it give it you put the nose where the nose should be/

Thpst: Very good/

Annie: Can I go and see daddy now/

Thpst: Alright lets put all this together and we'll put it in this tub here/

Thpst: Squeeze it all up in one lump/

Thpst: What did you enjoy doing the most/

Annie: I don't know/

Thpst: You don't know/

Thpst: Ok/

Thpst: Right I'll turn everything off now/

APPENDIX No 5
DESCRIPTION OF THE ART THERAPY ASSESSMENT SUPPLIED TO PARENTS

ART THERAPY ASSESSMENT

Introduction

This is a brief description of the Art Therapy Assessment, explaining how it will be conducted and what the therapist is aiming to do and discover.

Watching and Participating

You will be able to watch the Art Therapy Assessment via the television monitoring system. Some of the younger children who come to Chestnut House feel insecure without one or more parent present and you may want to come into the Art Therapy Room with your child. In this case I will usually ask you to “take a back seat” and observe from a chair in the corner.

The Non-Directive Approach

Usually at the beginning of the assessment I will give your child the opportunity to choose from the art materials available. These are laid out on a table. I may make a suggestion if your child finds it difficult to make a choice, but often I will wait and see how well they can initiate activities and what kind of activities they may prefer. I also want to see if your child can spontaneously request help, share his or her work with the therapist and generate social interactions. Coping with freedom of choice can be difficult for some children, especially in a strange situation with a strange person, and the aim of this part of the assessment is to see how your child manages without overt direction.

The Directive Approach

At other times during the session I may encourage and prompt your child to try different materials, crayons or pens, paints and play-doh or clay. I may give him or her some explicit instructions and request a certain kind of marking or picture, maybe a drawing of a person or some copying of shapes. Sometimes I involve children in turn-taking drawing games, or in sharing a painting with the therapist. These games involve the generation and sharing of images, visual and verbal. I also sometimes invite the children to join me in some symbolic play when using the play-doh. I may present children with reproductions of paintings and ask for their comments on what they see.

Observation

I will be looking carefully at how each child uses the art materials, how well they use the tools and materials of art making. If they have the ability to generate representations, I will be interested to see how developed they are but also how the children use the tools and materials in the situation, what ideas they generate through signs and representations and what things interest and motivate them. How they might share their art products in exchanges with the therapist is also important here.

I will try to be attuned to emotional expressions and cues, and I am interested in how your child might express emotional states. I will be observing how the children react to me, as well as the environment and objects in the environment. Do they ignore me? Are they co-operative? Do they understand my requests? And so on.

Questions

In my report I may be asked to comment on communication skills and I will naturally pay attention to this. When Children have conversational skills I will often ask them about their pictures or models. These questions are aimed at gaining some idea of how children view their own work and it can help us understand how their art products might relate to their experiences.

Style

I try to keep the session enjoyable and interesting for all children. Children usually use art materials in a playful way and I will encourage playful activity. I would hope the atmosphere is one where the children feel confident enough to try things that they might normally shy away from.

Report

When writing the report I try to give a clear description of what took place and I try to think about what the events of the session can tell us about a child's particular abilities and motivations, as well as the problems and difficulties that they might experience.

How can you help?

Any observations you have about the assessment will be helpful. We will have an opportunity to discuss the assessment afterwards. If you can tell me about any use that your child has made of art materials at home or at school, this would also be of value.

Robin Tipple

Senior Art Therapist

APPENDIX No 6

ART THERAPY REPORT FOR SUBJECT No 2 ANNIE

Below I have reproduced the report that was written by the Art Therapist (myself) after the Art Therapy Assessment. This report was despatched with other assessment reports including the case-coordinator's summary report to the referrer, the family and other professionals involved with the child's care. In reproducing the report I have tried to stay close to the format of the original, but it has been necessary to remove material to protect anonymity, for instance institutional information, letter headings, have been removed, and dates. "Annie" is a pseudonym as is "Chestnut House".

[Letter headings and addresses top centre and right of page]

ART THERAPY REPORT

CHESTNUT HOUSE ASSESSMENT [DATE]

Annie [SURNAME IN CAPS AND BOLD] dob [date]

[Home Address]

Introduction

I saw Annie on the [date] for an Art Therapy Assessment as part of a larger assessment that took place at Chestnut House. This report should be read in the context of that larger assessment.

During the art therapy assessment I gave Annie the opportunity of initiating some activity with the art materials but I also gave her directions at different times and I endeavoured to involve her in shared activities. As well as wanting to describe her use of art materials I wanted to observe the quality of her social interactions and her ability to initiate communications.

Brief Description

Annie was quite willing to come to the art room, where she stayed for approximately 50 minutes and the assessment was recorded on video. I asked her what she liked doing and she replied "I like photographs in a camera". I asked her if she liked looking at photographs and she responded "Making them". Annie also asked "Will Dad see me upstairs?" and "What's your

name?”. I told her my name and commented on Annie being a nice name but she said “Annie is not a very nice name”.

After this exchange I asked her if she would like to do some drawing. She agreed to this idea and then collected pencils for herself. She did ask several questions, for instance about a picture on the wall (she had earlier asked about pictures on the stairs), and after we talked about it briefly there were several “where did you get that?” questions.

Annie did not volunteer much about her drawing but answered questions. She named the figures but changed their identities – “Mum, a lady, a Dad, clown”, “I have to draw lots of clowns”. She asked “Hair – does it hurt?” and I asked did she mean beard. Then she placed some scribble in the centre of a face saying “hair – hair in the face”. She commanded me to “sit over there” and I asked if I was too close but she said “No”. She also made the following comments, questions which she answered herself, “Why did you say something? – Because I said so – why did you talk? – because I said so”. Annie said “The pencils are not usually for people” and indicated that she thought I would remove the pencils if she was naughty.

After the drawing I suggested that we should do something together. Annie said “No”. However she was willing to copy a square when I prompted and demonstrated. She was reluctant to draw a triangle and avoided this task. She avoided responding by turning away and attempting to distract me. She coloured in her square and when I asked her to join dots she placed dots randomly. Annie was willing to copy a circle. I tried again to persuade her to attempt a triangle and asked “What do you think will happen if you do what I ask?” and after this exchange she did attempt a triangle briefly. She drew a “monkey” and I asked “what does it get up to?” Annie replied, “it doesn’t get up to anything it just stays there”. Annie copied some broken lines which I placed horizontally but which she stacked vertically. After drawing the lines she counted them. She produced a spiral after I demonstrated and this spread across the paper like circular scribble and did not seem to be well controlled. Annie asked to pin the picture on the notice board and helped with pins when I asked her to.

Annie initiated some drawing with the chalk on the blackboard and produced faces with features. She refused to copy any vertical lines that I drew and rubbed out my lines. She was also not willing to attempt writing when I asked her to add her name. “I don’t know what you are talking about”, she said and talked about Christmas, drew the stable and adopted the role of the teacher – “baby Jesus, after write your name”. She did eventually produce a row of ‘p’ shaped forms that appeared to be an attempt at writing. Later her parents indicated that this was her usual response to requests for writing.

I next showed Annie the toy rabbit (a soft toy) which she held the right way up. She made him walk across the table but her play with the rabbit was limited and she followed my suggestions literally when I made suggestions, rather than expanding and elaborating the play.

Annie showed some interest in play-doh when I gave her a piece to handle but she was unwilling to roll with her hand and preferred pushing down flat with her fingers making a flat cake. After several prompts there was a very brief attempt at some rolling and she did join two ends together to make a circle, following my demonstration. She played with a long piece rolled out for some time, she pretended that it was a snake and produced lots of hissing. She was willing to use some tools, knife and cake cutter, and enjoyed playing with “cakes” pretending to eat. She shared this game with me saying, “Pancakes after breakfast, after dinner, tea”, and she gave me instructions “you cut in two”. Annie added features to the gingerbread man when I gave her some small pieces but did not play with the gingerbread man in any spontaneous way. Annie helped to put things away i.e. putting tools back, when I ended the play with the play-doh. Towards the end of the assessment she began asking if she could go back to Daddy.

Observations and Interpretations

Annie’s drawn figures were difficult to interpret because of the ambiguity of the representation, they also lacked consistency and were placed haphazardly. There was no consistent orientation, i.e. some figures upside down and at angles to others. There was a drawing process or routine that she used for the construction of her figures which she repeated. Sometimes there appeared to be some odd idiosyncratic placing of parts e.g. hair placed in the centre of a face (this seemed to be an attempt at a beard). Annie’s figures score at the 5 yr level on Goodenough Draw a Man Test.

Annie was able to pretend and did produce some symbolic play, e.g. with the cakes. She did, however, appear to find it difficult to develop her play and there was considerable reliance on my cues and she often echoed my comments rather than elaborating the game. Her response to my question about her “monkey” does suggest that she often thinks concretely when some kind of pretence is required.

Her willingness to manipulate the play-doh was limited and suggests some difficulties in this area. She did make good use of tools and appeared to be able to handle them reasonably well.

Annie's conversation was odd. For instance, she answered herself and made unusual statements ("pencils not for people"). There were lots of questions, especially "where did you get that?" and a lack of continuity or flow in her conversation. She did not follow the topics that I introduced but did seem to understand the answers that I gave to her questions. She sometimes echoed the things that I said. In general her understanding appeared better than her ability to express herself.

Her social interactions were mostly lacking in reciprocity. She was willing to share a little when engaged in activities of her own choice and when able to remain in control of the interaction. She did not always spontaneously include me and found it difficult to respond to directions as well as show interest in my activities or my ideas. Annie produced some appropriate eye contact but withdraws her eye contact when wanting to control the interaction and change the focus of the activities. In general she endeavoured to maintain control of the session and most of what took place was on her terms.

Annie avoided some tasks that involved fine motor skills and her writing skills have not yet started to develop, she used a repeated 'p' shape for lettering.

Summary

Annie, judging from this art therapy assessment session, appears to be a child who experiences difficulties with communication and social interaction. There is a lack of reciprocity in her social interactions that suggests lack of intuitive understanding of others and little interest in sharing or seeking social rewards. Annie also appears to have some difficulties with fine motor skills and there maybe some visual-spatial difficulties. Annie has developed strategies for the avoidance of tasks that are either difficult or lacking in interest for her. There was some odd use of language but she did appear to have good understanding at times.

[signature]

Robin A. Tipple
Art Therapist

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