

**An Action Research Project to Explore and Develop Family  
Therapists' Experiences of Using Systemic Art and Music  
Techniques in a CAMHS Setting**

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## **ABSTRACT**

This study explores family therapists' experiences of using systemic art and music techniques in a CAMHS setting and charts how these techniques were developed through an action research process. As a music therapist and family and systemic psychotherapist, I have used techniques in my practice that combine ideas from the Arts therapies with systemic therapy. This study was born from my curiosity to explore if these ideas and techniques could be expanded into the field of family therapy as a useful adjunct to our work with words.

The study involved recruiting participants from three NHS family therapy teams, with each team becoming a participant set. Through an action learning process, in which each set was convened consecutively, given opportunities to learn music and art techniques, try them out in their practice and report back via focus groups and consultation, feedback was gained which influenced the input for the next set. Through this process techniques were explored in depth, ideas were developed and new insights gained which not only highlighted the difference music and art can bring, but also brought attention to family therapy creativity and identity, and how change is realised and embedded within teams.

The research was analysed using thematic analysis, paying particular attention to Braun and Clark's (2006) phases of thematic analysis. I also used Massey's (2011) model of clarifying the kinds of data that emerge in focus group research to help the initial analysis, and paid attention to context and process throughout the analysis, as outlined by Vicesk (2010).

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## **LIST OF ACCOMPANYING MATERIAL**

Compact Disc	Music examples from workshop	Back cover
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## INTRODUCTION.

### **An Action Research Project to Explore and Develop Family Therapists' Experiences of Using Systemic Art and Music Techniques in a CAMHS Setting.**

*"...he paints his pictures in sounds; he makes the very silences speak; he expresses his ideas as feelings and his feelings as accents and the passions that he voices move us to the very depths of our hearts."*

*Jean Jacque Rousseau.*

At the 2013 Association of Family Therapy conference Peter Fraenkel said that "the key to successful therapy is that it captures the imagination of our clients", and that "there is much outside our practice we need to access...to formulate our interventions." This project is about capturing the imagination of our clients through igniting the creativity of the therapist to use art and music in their work. The project explores how systemic art and music ideas may contribute to positive change for the families we work with, as an adjunct to our work through words.

As a newly qualified music therapist eighteen years ago, I remember the first time I invited a family to join a child's individual session. I took the child into the music room, and as I walked in, I realised that this child primarily did not need to be interacting with me but with her mother. I turned straight around and invited the mother to join us. What followed was a profound interactive process in which a mother and child, who had become increasingly isolated from each other due to the child's deteriorating condition, found a way to communicate, to be in dialogue, and to express themselves through the media of music. From then on, whenever possible, I invited families to join their children in the musical space. Curious about expanding my knowledge on work with families, I trained as a family therapist. During the interview process, one training course told me I would need to park my music therapy self outside the door if I wished to pursue a career in family therapy. Then I discovered the Bristol University course, run by Jeremy Woodcock and Mark Rivett and found the difference I brought to the work embraced. I have continued combining music therapy and systemic ideas ever since.



This project is led by a love of music, the witnessing of how useful music can be in facilitating positive change for families and a curiosity about whether music is being used by other family therapists in the field. If so how are they using music, and if not, what might be preventing therapists from using music in their practice? I am very aware of my ease in using music, given my background as a musician and music therapist, and keen to think with my colleagues about whether there are simple transferable skills that can be taught and might be useful for family therapists of all backgrounds to use in their work—both those who describe themselves as musical, as well as those who view themselves as non-musical.

For this project, it was important to also include art for a number of reasons. I wanted to include a creative media that I use but have no expertise in, both to expand my learning but also to put myself in a different researcher position to that of my musical self in facilitating this research. I have worked with art therapy colleagues, have experienced art therapy myself from the client position, and have a personal understanding that art offers a unique way of expressing ideas, thoughts and emotions that can lead to gaining insight. I have as yet to walk into a family therapy room where there has not been pens and paper at the disposal of therapist and client alike. And yet, although all of this equipment is an acknowledgement that, at the very least, many children like to draw, the family therapy profession's use of art media has never been fully explored. Family therapists readily use genograms, and may encourage children to draw a picture of their family or feelings, perhaps in an effort to externalise a problem, but our scope in terms of using this readily accessible non-verbal media appears limited. I once heard that the family therapist's 'art' was the art of asking questions. I am curious to ask whether, if we reflect on what we do, art itself may be able to play a useful role too.

The subject of using live art making in family therapy has received some attention in the family therapy field (Carlson, 1997; Colahan & Robinson, 2002; Rober, 2009; Kerr, 2007; Lowenstein, 2010). As for using music, there are some references to the use of pre-recorded music in family therapy literature (Mang Keung Ho & Settles, 1984; Hendricks & Bradley, 2005) but literature on live music making in sessions is limited (Palmer, 2002).

In the art therapy and music therapy professions, the main focus is on individual and group work that is rooted in psychodynamic theory. However, systemic ideas have a long history of being considered in the art therapy profession (Kwiatkowska, 1978; Riley, 2000; Shafer, 2008) and are receiving growing attention in music therapy (Hibben, 1992; Oldfield, 2006; MacIntyre, 2009). This greater interest in family work is also reflected in the family systems focus of the 2011 National Music Therapy Conference in Australia.

In this research, I am asking family therapists to consider the use of art and music in their practice. This is in order to explore whether using creative non-verbal media can enhance the interactive space among family members and create positive change in a family's understanding of, and communication with, each other. To support these ideas a literature review will explore the cultural significance of art and music, and what it means to be creative. This will be followed by considering family work in the art and music therapy professions, before looking at what art and music has been used in family therapy. To understand what it means to work non-verbally there needs to be an understanding of how the brain works in terms of emotionally responding to verbal and non-verbal data; therefore, the review will conclude with exploring the link between words, creativity, emotion and brain function. The literature review concludes by summarising how all the above concepts form the backbone of, and momentum for, this research project.

The project involved working with three teams of family therapists, in three different NHS Trusts, each team becoming a participant set. Art and music techniques were taught in a workshop setting, and participants were asked to try out ideas in their practice that resonated with them, and provide feedback on their experiences. The sets were convened through focus groups, workshops, action learning discussions and consultations. Data was collected for each of these processes, each set building on what had come before, over a period of a year. The methodology chapter explains how the therapists from these three participant sets became action co-researchers and how as the research developed the method for collecting the data also developed. The research is analysed using thematic analysis. I used Massey's (2011) guidelines on how to organise the data, expanding his ideas to create a fit for this particular research.

As an aid to teaching the art and music techniques and as a resource for each participant to keep, I devised a participant's handbook outlining each technique with a rationale for use and examples. As each participant set was convened and participants described their experiences of using the art and music techniques in their work, the handbook was developed to reflect these new ideas and thinking.

I consider music and art to be living phenomena that resonate and breathe in the making. In order to keep the art and music alive and vibrant within this project I have included art and sound recordings from the research participant workshops.

## **A DIFFERENT VOICE**

### **THE USE OF MUSIC IN FAMILY THERAPY**

In the following chapter I will present an unpublished paper that was written following my first experience of using music in a family therapy setting. It describes the use of music in family therapy sessions with Alice and her family. It is where the beginning of this doctorate study started in thinking about transferable skills and ideas between the Arts therapy professions and systemic practice. The chapter concludes with exploring how being dual trained has affected my position and identity as a therapist.

#### **The case of Alice**

I had worked at the adolescent inpatient unit before, as a music therapist, mainly doing group work. When this work ceased after two years, I had already begun my family therapy training and requested to remain on the unit in an honorary capacity, as part of their family therapy team. It was in this role that I met Alice again. Alice was fifteen years old and from a white middle class background. She had experienced several inpatient admissions over a three year period due to deliberate self harm and depression. Alice had received individual psychology and art therapy in the past, the latter she had particularly enjoyed and found useful.

Alice had attended my music therapy group over a three term period a year previously; she was pleased to see me and bemoaned the fact that I had stopped working as a music therapist on the unit. The family had been working in family therapy for some time and throughout this period had requested for Alice to meet with each parent separately, rather than as a whole family group, as they felt this would be too overwhelming for all concerned. Mr B. felt that Alice had exhausted talking about things and so the family were offered the opportunity for me to join the two therapists working directly with the family in the room, in order to offer some music into the sessions. Alice was excited about this prospect and felt she might be able to work with both her mother and father together if music was used.

Alice and her family attended four sessions where music was used over a six month period. These sessions were alternated with talking only sessions. The

team consisted of two family therapists, two specialist registrar doctors who were on rotation, and who acted as a reflecting team, and me. Below is a brief description of the content of each session, followed by reflections from the team about the work. These were gathered from retrospective interviews held three months after the last session.

### **Session one**

The family were asked to choose instruments for each other which represented each of them. Mr B was given the ocean drum as he was constantly on the move and liked things to be harmonious. Alice also felt he should have the cymbal because sometimes he would flare up in anger. Alice was given the djembe drum by her mother because Alice had quickly stated that it was her favourite. Her mother explained that it looked like it had great scope to make a variety of sounds, and had a depth and darkness. Alice responded that it was good because you could "communicate whatever the feeling". Mrs B was given the xylophone to symbolise someone quiet but complex. Alice then chose instruments for the two therapists and me.

With the instruments chosen I introduced the idea of improvisation. After a period of silence Alice began to play her drum, it was tentative to begin with but careful and steady. Gradually family members and the team joined in. At the end of the music Alice asked why I hadn't played the hand bell which was beside me and had instead played a small drum only. I explained that I was concerned about making too much impact and the music being all about me. Mrs B shared this view and said she wanted to play the high notes on her xylophone but was worried about speaking out and being 'out of sync', Alice responded to her mother, saying that she should have played what she felt because Alice would have made it 'in sync'. It was noted that Mr B had not used the cymbal - he had not become angry.

The family were then asked whether they would like to continue to improvise or would like to create a sculpt using the instruments they had chosen for one another. They opted for a sculpt and chose further instruments for absent family members. Mr B was chosen by the family to lead the sculpt. During the sculpt Alice was able to express that she needed "something emotionally". Alice left the session saying that she felt "confident and experimental", she wanted to use

music at every session, but her parents thought it might work best to have music available on alternate sessions. After some discussion Alice accepted this compromise. Mr B felt the session had helped to represent things that were hard to put into words and at the end of the session he spoke of feeling that they were nearly at the crux of the matter when it was time to stop.

## **Session two**

On arrival at the unit I realised that I had forgotten to bring my instruments. I felt quite silly and suggested the session be a talking one instead. However, the two therapists were keen not to disappoint the family and for it to be a music session. We scavenged around the unit for instruments and came up with a motley collection of half broken, homemade and toy instruments. I felt rather foolish and disappointed with myself. I also felt quite vulnerable without the beautiful professional percussion instruments I usually had with me. However, I was encouraged by the two other therapist's enthusiasm and resourcefulness.

Alice arrived to the session with her father only and, although somewhat disappointed, she also appeared amused that I had forgotten my instruments and laughed at the strange collection we had pooled together. We tried to improvise but we all felt rather held back by the limited tonal quality of the instruments. However, Alice was keen to keep trying. Mr B spoke about how it was typical for Alice to make positive things happen from nothing; he felt Alice to be both a 'go getter' but also cut off and thought the music sessions revealed this. In return Alice expressed that the music revealed this because the music sessions were more helpful than the talking ones.

The session ended with Alice suggesting that we play an improvisation about a person. She chose Maria, the art therapist on the unit, who she had worked with previously. Alice chose instruments and led the music with a plastic Fisher Price apple which had a lovely Tibetan sounding bell inside. The sound of the bell was quite resonant in comparison to the other instruments and Alice thought it symbolised Maria well. The improvisation felt like a coming together and Alice appeared very satisfied with the result.

### **Session three**

The family came to the session in good spirits. "Things" had been going well since we last met. Continuing the theme of the last session Alice suggested that she would like everyone to improvise about each member of the family while the person chosen sat and listened. This took up the whole session and resulted in intermittent and avid discussions around issues of trying and not getting it quite right, levels of understanding and knowing and not knowing each other.

### **Session four**

Alice had mixed feelings about attending this last session, she had a headache and her mum and her had just had a "blow out". Alice explained that she felt frustrated when she could not make people understand and went from being angry to being scared. I asked Alice if we could help her put some of these feelings into music to help us understand better, and if she could choose us instruments and lead an improvisation about being scared. Before we commenced we set out some clear boundaries for the music to keep it safe, these included a clear decision that the music would rise up and then die away slowly.

The improvisation was powerful and Alice felt that it went somewhere to being able to express her feelings, she also felt that these feelings had been heard by her parents. Where the music had not expressed her feelings adequately, Alice was able to begin to put into words what it felt like to be scared. After the music finished Alice was able to move on from her angry/scared feelings and share that she felt in general her relationship with her mother was improving. She spoke of casual moments they had shared which made her feel more connected. I suggested that Alice and her mum play a piece together around the theme of what it would be like in the future when they understood each other better, but neither party felt ready to do this. Instead we reviewed how the family had felt using music over the last six months and whether it had been helpful. Mr and Mrs B felt that everyone had been there "trying to understand and make sense of things" and the music had helped this to happen. Alice stated "I wanted it to help us talk about things and it certainly did that."

## **Responses from the team and wider setting**

For the purpose of this paper, the two family therapists working with the family were interviewed separately, three months after the last session. Unfortunately the two doctors who acted as a reflecting team had left the unit and were therefore unavailable to be interviewed.

The team's hopes and expectations of the work were that family B would find a way to express different emotions, and that the music might help them find the words they needed to express these emotions verbally. They felt that the family had struggled in family therapy but that the talking had become easier since the music sessions commenced. Both therapists had talked about the work with colleagues on the unit. These conversations were mainly to nursing staff and other therapists who felt that the use of music may help the family think in a more abstract way. Nursing colleagues were interested and thought the approach to be new and unusual. The manager/clinical nurse specialist also supported the work. It is interesting that one of the therapists specifically avoided conversing with the Consultant Psychiatrist about the work as he felt that the psychiatrist may not understand what the team were trying to achieve. The therapist was concerned that the approach may not be valued and not taken seriously. The work was also mentioned in a positive way to the community team in the locality that Alice was being discharged to.

The team felt that the music became a metaphor in their work with Alice and brought out the emotional styles of family members. In this way they felt the family discovered a different way to be together and a non-threatening space to think about feelings. One therapist said he experienced honesty in the work and felt it was very empowering for Alice, especially as she had experienced music therapy before and was able to bring her knowledge and experiences into the work with her parents. The therapists commented that they witnessed the family "free up". In previous talking only sessions Alice and her mother had worried that anything they said might exacerbate their problems, whereas the team perceived that music allowed them to relax and communicate in a non-threatening way.

When asked whether the talking only sessions with the family had changed at all since the music sessions began, the male therapist commented that the atmosphere was "palpably less tense" and that the therapist found himself being



less annoyed and challenging to the family and instead adopted a more narrative approach. He felt the music sessions had helped Alice co-construct a new image for herself from the one usually seen by Alice's parents. The female therapist spoke of overcoming a boundary because "somehow we had all been through the experience (of playing music) together" and that in this way it helped engagement.

It was felt that the use of music had created a space for doing something differently and for the team it had felt liberating, although one of the therapists expressed that she had worried that the music element might constrain her from doing her best because she was not musical. Whilst welcoming the 'opening up of boundaries', there was also some concern that because the music did not fit in with the traditional view of family therapy, there was a danger that it would not be taken seriously.

The therapists felt that the work had reinforced the idea for them that action ways of working can be good to use, especially with young people. It was felt that music could be particularly beneficial to those who found it hard to engage in talking therapies. Neither therapist felt confident to use the methods of working I had engaged the family in on their own, but felt that the work had generally impacted on how they engage with families and gain trust.

The team's lasting impressions of the work were that it made tense and uncomfortable work more bearable. It was felt that Mrs B had been at her most committed in the music sessions and able/willing to change her position and construct new meanings. The therapists felt the work had challenged the whole team and heightened the idea of multiple perspectives. It was suggested that just as Anderson and Goolishian (1988) stress the importance of meaning through words, meaning could also be created and expressed through music, and that it was a different, but equally important way, for voices to be heard.

## **Reflections and conclusion**

In Music therapy the therapist is an integral part of the music making. This was quite new for the team and appeared to help us meet the family on an equal footing and share new experiences. One of the family therapists described themselves as musical and one as not musical. Of particular help to the family was having a non-musical member of the team participating as this added an

element of moral support and mutual discovery. Through looking at strengths within musical interactions and exploring differences, new discourses arose for the team, as well as for the family, which allowed a move away from the dominant discourse of fragility and 'stuckness' which surrounded the work. Within the improvised music, musical conversations developed that allowed the family and team to interact in a fun and non-confrontational way. This helped to explore how the beliefs, actions and feelings of the family were interconnected and meanings created.

In keeping with the view that a different way of seeing things is essential for change, I was conscious that the experiences gained through the music process helped family B to begin to reframe themselves and interrupt the problem saturated cycle. Choosing instruments for each other allowed for insight into individual lenses and an exploration of the families perception of each other. This technique also explored how we want to be seen and how we think we are being seen by others. The improvisations themselves took on a narrative flavour and each musical improvisation could be described as a "mutually validating conversation" (Dallos & Draper, 2000). In many ways the sculpt did not differ from any other sculpt in a family therapy setting, it just used musical instruments instead of people or objects. However, there was always the opportunity available that when the instruments were in place each person could be given a voice by the playing of various instruments in various combinations, allowing for themes to be explored further and absent family members to be actively included.

So is there a future for the use of music in family therapy sessions? I was very encouraged by the work but disappointed that the team felt they would not attempt anything similar in my absence. My experience as a music therapist left me in an expert position and I am left to consider how I could have made the experience more collaborative and enhanced the accessibility of music as a medium for family therapists to use. Alice was also very much a customer for the use of music; she had a positive experience in music therapy previously and a good therapeutic relationship with me. If music was to be used in family therapy sessions would all young people benefit from attending a music group with their peers first? The work left me feeling inspired but also aware that rigorous research is now needed to support the positive but impressionistic evidence gathered so far.

## **My theoretical position**

The above paper was written during the second year of my four year family therapy training. As I progressed through my training and into the role of family therapist my professional identity and working practice developed through a coming together of different theoretical stances. As a result I have a theoretical identity that is systemic but inclusive of psychodynamic theory, and it is in this context that I practice.

In systemic terms, the individual is seen in the context of the intimate connections of which she or he is currently a part (Gorrell Barnes, 1998), the social constructions, and dominant and subjugated narratives within that person's family and culture. I believe that there is "continual change through exchange" (Hoffman, 1995) and that some of these realities are discovered through social discourse (Real, 1990). However, in the context of this study I am also interested to discover through what other 'exchanges' involving art and music, new realities can emerge.

My theory of change is influenced by psychodynamic thinking, in which resistance to change can be seen as the product of unresolved conflict on an individual's developmental pathway. However, as a relationally thinking family therapist, I have married this with Daniel Stern's (1985) concept of 'self' in which the development of self and relationships are two sides of the same issue, with a belief that development is a process in which self and relationships are co-dependent. In this way, I am also influenced by attachment theory in thinking about the connections between past and present relational experiences, and how this influences both the ability to change and what that change will look like.

I believe the process of change is a complex web of interaction often broken and remade until it fits with each family. Mason (1993) speaks of honouring a client's theory of change, explaining that the client may know the contact they need in order to heal: "it means we must adopt their views on their terms with a very strong bias in their favour." Mason believes that there needs to be a sense of not knowing and an openness to learn about how individual systems work. In our not knowing or 'safe uncertainty', I believe the therapist is liberated to discover their unique relationship to change within each family system they work with.

In thinking about Bateson's statement that: "too much consciousness may make impossible some desired sequence of events", Hoffman (1995 p.44) believes that it is the therapist who should be restrained from change. Hoffman wishes to minimise the consciousness of therapist in pushing for, or strategizing for change, and believes that change is facilitated in the creation of space where it can evolve unawares. Papp (1985), on the other hand, brings our attention to the rich complexities involved in changing a system in the hope of more consciously utilising those complexities in the service of producing change. I believe both positions are valuable. In Music therapy change often occurs unawares as a client may gain insight into their feelings without conscious effort to, or change the way they relate to others, whilst unconscious of the process. Often a musical exchange can be left in the music and not verbalised. However, there is also a music therapy stance in which music is very much used as a means to an end, in which desired change is named and is consciously worked towards. I believe in the case of family B above, the team and I experienced change on both these levels.

Change forces us into a different place, and with each change comes a grappling with ourselves over a new identity which is influenced by cultural narrative, social and family networks, and our own intrapsychic make-up and development. I believe change occurs in the intersubjective space in which people are linked through language and social actions (Hoffman, 1995), which in turn may trigger internal or intrapsychic changes. Carnevale (1999) uses the term 'remaking' when describing the caring and comforting process of a family towards a severely ill child. I believe the term 'remaking' is more systemic than the word 'change'. To re-make is to use familiar concepts, ideas and experiences to create something different, but not detached from ones previous knowledge of the world. In this way the past and its role in creating the future is acknowledged in a similar way to Byng Hall's (2003) concept of 're-scripting' family experiences in which action and beliefs are connected in recursive loops.

Holding with my social constructionist beliefs, I am interested in narrative therapy that believes that fuelling these actions and beliefs are family narratives that constitute identities, lives and problems. Problems are created by oppressive stories (dominant narratives) which do not fit with a person's lived experience. Therefore, narrative therapy opens up the space to create alternate stories

through a re-authoring of personal narratives. I believe music and art allow for the parts of our stories that are beyond words to find expression and be witnessed. David Pocock said to me when I was a trainee that no individual or family will change until they feel truly heard and validated. This has remained with me as an important lesson; however, how can a child feel truly heard if they do not have the words to describe their experience?

As a music therapist I believe that re-authoring does not necessarily need to focus on words for the creation of alternative ways of seeing the world or understanding experience, but can be explored through non-verbal means. Bateson (1972) called for therapists to engage both 'rigour' and 'imagination' in their work, believing that the artist or poet's vision of reality was as profound as the scientists, even though the chain of logic may not be as clear to demonstrate, or the process as wholly conscious as scientific enquiry. Bateson's views on the arts in therapy and the role of intuition were positive. Third order cybernetics embraces this creativity allowing for a sense of play, emotionality and imagination. It is my belief that using music and art can "enhance the families effective freedom to change" (Tomm, 1984), to be 're-made' and to 're-author', in a child friendly context that invites playfulness and imagination. This belief is fuelled by my own experiences transferring my knowledge from the music therapy profession into being a family therapist. The process of integrating music and art into my work has resulted in me witnessing opportunities for difference and change in the way families communicate, interact and gain insight through non-verbal means.

In order to understand what it means to use art and music in family therapy, and create a context for this research, the following chapter presents a literature review.

## **LITERATURE REVIEW**

The following literature review aims to support this study through considering art and music in cultural contexts and exploring the concept of creativity. In order to understand where the topic of this study fits within the field of family therapy, and how the fields of family therapy and those of music and art are connected, it was necessary to review the family systems literature on how music and art has been used in family therapy, as well as the history within the music and art professions of work with families. Pertinent to this study is also a comparison of what it means to work with words and what it means to work non-verbally. In order to highlight this I have included literature on the neuroscience behind how we experience verbal and non-verbal phenomena and how words shape our experience.

### **Art & Music in Cultural contexts**

To understand any art or music, an understanding of the cultural context is crucial. Music and art are fundamental acts of humankind. In Palaeolithic cave paintings depicting animals, symbols, dancing and flutes, a world where art and music is necessity, not luxury is evidenced. The paintings on the cave wall were practical in origin, used to record, plan, communicate and control. In the depicting of an animal, the hunter-gather is instilled with magical powers over the animal he has drawn, and therefore art becomes significant to survival itself (Storr, 1992). However, in Western contemporary culture over the last fifty years, music is often seen as a luxury, an added extra, and often sidelined in education curriculum planning as optional. In an effort to address this issue the government has created a National Plan for Music Education with a specific programme to run from 2012-2015 to fund music education hubs. These hubs were created to give children the opportunity to learn an instrument in school with opportunities also for joining a choir. Free art clubs on a Saturdays for 14-16 year olds, more school visits to museums and specific training opportunities in dance for the gifted and talented were also created (Gov.UK, 2013). However, in a report published on 15<sup>th</sup> November 2013 Ofsted criticized the programme for not being successful enough at improving music education in schools, reporting that only a minority of pupils were benefitting and in two thirds of schools they visited there was little discernible difference. What this illustrates is that a deficit was found within music education in schools and even

when this was funded with a £292 million programme to create change, the change has struggled to be realised.

We inhabit a culture reliant on the visual and the verbal, with the visual more times than not being linked to words, stereotyped imagery and consumerism. McGilchrist (2009) argues that in the West we have lost the central position of music in society as part of communal life, unlike most other parts of the world: “relegating music to the side lines of life...competition and specialisation have made music something compartmentalised, somewhere from life’s core” (P.104). In the history of the world, music is not an individualistic or solitary experience. In non-western cultures music plays an integral part in celebration, healing, religious festivals, working life and recreation, primarily through shared performance and not just the passive activity of listening. An example of this is the Bolivian Andes. Here music is associated with agricultural production and each instrument and dance has a seasonal significance. Appropriate music played in the correct context brings good fortune and maintains bodily health. Illness therefore, is linked to inappropriate contact with musical beings which can cause ill health, madness or death. *Sirinus* (sirens) is the magical spirit that all new musical creations are attributed to. Healing therefore is conducted through playing music as a consolation, to appease the forces that oversee fortune in the community. In Bolivian culture music is related to *animu* (energy) which is attributed to all living things and as animu is connected to sound, movement, light, and scent, sound is equivalent to life, and it’s shaping in music maybe seen as the shaping of life (Hobart, 2000).

Music is also central in African culture. *Ngoma* (translated as ‘drum’) is an ancient, African ritual and therapeutic process in which music is central. Ngoma is about song, dance and catharsis and involves discerning spirits within the music to induce healing. Although music in Western society is not cast as specifically healing, people are drawn to it for that purpose and musical events can generate a sense of connection and shared participation, that go beyond the construction of music as players before an audience, to a similar experience as those in Africa where rhythm, bodily movement, sound and words are a conversation that grows in intensity and fullness (Janzen, 2000).

In Western culture music is used to enhance pleasure and has also been “marketed as medication for the self cure of whatever ails body and soul, most

often the pangs and fits of unrequited love” (Austern, 2000 p.113) and especially for cases of ‘melancholy’.

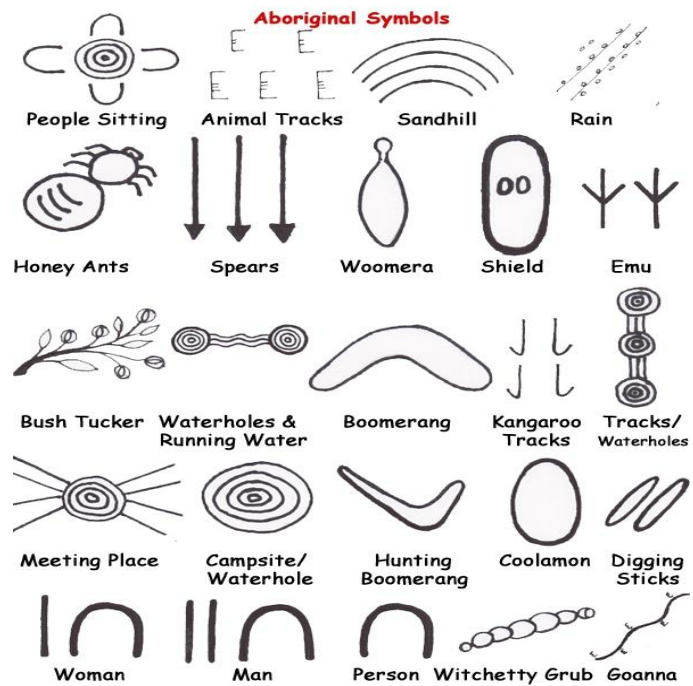
The history of the discussion of melancholy which can be charted from Aristotle to twentieth century psychiatrists such as Freud, is commonly linked throughout history with a definition focused on sorrow and depression. Melancholy is also associated with an equally strong theme of love, both the desire for spiritual union with a divine being and for the emotional and physical hunger for sexual satisfaction, often described as a “great despairing cry for love” (Austern, 2000).

In 1632 Burton wrote:

“Many men are made melancholy by hearing music but it is a pleasing melancholy that it causeth, and therefore to such as our discontent...it expels cares...and easeth in an instant” (p.297).

Australian aborigines are believed to be the oldest culture on earth and thought to have devoted more time to art than any other race in history. Stories, art and paintings were used as a means to remember information, for example where sacred sites were, as well as to indicate areas to avoid, and where food supplies could be found. Paintings and engravings were made on bark, caves, sand, didgeridoos, boomerangs, huts, possum coats and on their bodies. However, beyond art as a practical tool, art was used to express ‘Dreamtime’. According to aboriginal belief all life – human, animal, bird, and fish - is part of one unchanging web of relationships that can be traced back to the beginning of time, the Dreamtime. The beginning of creation is enacted through music and dance and captured in art in an experience called ‘dreaming’, which continues to be central to the spiritual lives of aboriginal people today:





(AboriginalArt.co.au 2012).

Similarly to Aboriginal culture, aesthetic ideas and practices in Asia combine mind, body and spirit with the material world, and are highly valued as a way to express ideas that cannot be grasped in language alone. The Japanese Buddhist priest Kukai (774-835) summed up the teachings of his Chinese master Huigo in the following words:

'The abbot informed me that the esoteric scriptures are so abstruse that their meaning cannot be conveyed except through art. For this reason he ordered the court artist Li Chen and about a dozen other painters to execute ten scrolls of the womb and Diamond mandalas.' (Akutagawa, 1973)

What all these examples have in common is art and music being used to fulfil a job, whether it be to appease spirits, grow crops, express melancholy, celebrate, make a political statement, document history, or convey what cannot be described in words. In this way music and art are used as a vehicle across all cultures and contexts, some as an integral element of life as in Bolivia, as essential to healing, as in Africa, to document and tell stories as in native Australia or to express emotions and political thoughts as in the West. In the West music is associated primarily with recreational activity that is played out in the space created between performer and audience. There is also a strong story telling history in blues, jazz and folk traditions. However, performing music

and producing works of art is seen as something predominantly for the trained and talented, and is not part of the essence of day to day life. There are many overlaps in the use of both art and music cross culturally, the difference being that the importance of art and music in each culture and the value attributed to it varies remarkably.

## **Creativity**

So what is creativity? There have been many serious efforts, often wrought with tensions and difficulties, to define creativity. Creativity researchers have struggled as creativity itself is not a concrete or immediately identifiable phenomenon (Mumford & Gustafson, 1988). The concept of creativity differs among peoples, societies and cultures, and yet the only definition offered to date is Western and predominantly Anglo-Saxon (Klausen, 2010). The received definition states creativity is: “the production of ideas which are both novel and useful” (Sternberg & Lubart, 1999 p.3). Klausen (2010) argues against this definition and its rigidity, stating that it should be possible to engage in a creative process for the experience of the process itself, without the need for a tenable, novel or useful results.

Winnicott (1971) was the first psychoanalyst to explicitly distinguish the role of creativity in the production of art work from the art work itself. Winnicott stipulates that the creative impulse is a thing in itself, involved in everyday creative living as much as in the production of art works themselves (Glover, 2009). Therefore there is no distinction in his mind between baking a cake, humming a tune or composing a symphony. Nor for that matter any distinction between a work of art and an ordinary object.

In 1953 Stein expressed that creativity must be defined and measured within its cultural context, yet it is only in more recent years that the cultural aspects of creativity have been studied. The majority of these studies have looked at the implicit and measurable aspects of creativity. In terms of the measurement of creativity, the main criticism appears to lie in the fact that western tools, based on the concept of western notions of creativity, are being used to assess creativity in other cultural settings. However, implicit theories – what people assume about creativity – are noted to be helpful in eliciting commonly held

views on creativity, and in understanding what creativity means to people within a given community (Rudowicz, 2003).

Studies of culture specific conceptions of creativity indicate overlaps and differences in different cultural traditions, as well as differences in the value given to creative ventures and creativity. Csikszentmihalyi (1988) proposed adopting a systems perspective on creativity, stating that to fully understand a person's behaviour the person needed to be viewed as part of a system of mutual influence and information. Within this it was acknowledged that the social, historical and cultural context in which the individual functions, affects the development and expression of creativity. Csikszentmihalyi (1988, 1990) proposes that creativity is a process resulting from three forces: culture, social system and individual. It is culture that influences what is expressed, by whom and how it is expressed. It also determines the function of the expression and the consequences to both individual and society (Ludwig, 1992).

Rudowicz's (2003) review of literature regarding East and West concepts of creativity shows a cross cultural agreement that a creative product has to be useful, satisfactory or deemed appropriate by a group. Rudowicz states that the concept of novelty and newness, that fits with Western belief systems regarding individuality, democracy and freedom, contrasts to Eastern ideals of interdependence, collectively, co-operation and authoritarianism. However, Rudowicz does not acknowledge that experienced Western musicians and artists do acknowledge their debt to what has come before. In Eastern cultures an individual can come up with a new idea or product but must at the same time adhere to their social and cultural system and traditions. Therefore, creativity does not mean unconformity, rather adaption and modification (Khleefa, Erdos & Ashiria, 1996). Ludwig (1992) cites examples of newness in African culture not holding special value and describes how a 'new' ceremonial mask must contain certain 'old' characteristics. This is in keeping with African innovations being concerned primarily with improvements not inventions. Aimed at developing existing tradition is also the concept of 'renovation', perceived as a form of intellectual revision, which can pave the way for continuation of culture in a new transformed form (Khleefa et al, 1996). The scope of modification and adaptation depends on the perceived threat of the creative endeavour to the religious, political order and social norm. For

example, within indigenous Afro-Arab culture new ideas that conform to moral and religious values are more readily acceptable. In China the concept of creativity is also bound with good morality and sociability (Liu, Wand & Liu, 1997) as can be seen in Chinese art education, which is as much about artistic expression as a means of moral education, as it is about acquisition of skill (Gardner, 1989). Likewise in Kenya story telling is left to the elders to ensure good ethical insight (Gacheru, Opiyo & Smutny, 1999).

Wonder & Blake (1992) propose that Western approaches to creativity are logical, look out towards progress through problem solving, and are happy to abandon information that doesn't 'fit', due to an inherent demand that everything must fit together. In comparison, Eastern approaches to creativity are 'intuitive' and look inwards towards inner peace and what is already within their culture. Within this, patterns of experience are re-arranged, not abandoned.

In North America creativity has been found to be related to concepts of humour and aesthetic appreciation. These implicit theories were non-existent in China, Hong Kong and Taiwan whose implicit theories of 'inspires people', 'makes a contribution to the progress of society' and 'is appreciated by others', were in turn non-existent in their North American counterparts (Rudowicz & Yue, 2000; Chan & Chan, 1999). It is also important to note that within an individual culture, gender differences towards notions of what creativity is are also evident. For example, female British teachers describe creativity as 'self expression' and 'awareness of beauty' where as male teachers describe creativity more objectively as 'innovation' and 'divergence' (Fryer & Collins, 1991).

The concept of creativity is influenced by its socio-historical context and the value given to the endeavour. It would appear that "people in every culture, even the progressive ones, are to some extent entrenched in a complicated set of human relationships and traditions, and creativity may pose a danger to these very relationships and practices" (Rudwicz, 2003 p. 280). Cultural contexts influence both the development of creativity in certain domains, and which domains are perceived as creative. This can be seen throughout each nation and within the micro workings of organisations with broad differences but also similarities. In this study what permits and inhibits creativity within the family therapy space emerges as a central theme in the results.

Individuals, such as Bradford Keeney (2009), professor and systemic psychotherapist, make the case for inspiration and inventiveness, rather than theory, method or technique being what awaken meaningful and transformative therapy. Keeney, who insists on discussing novels and fiction in his classes over professional texts, believes that an individual's 'awakened heart' is necessary for therapy to be authentically transformative, and that relationship and mothering constitute the soul of therapy as opposed to "jousting interpretations" (p. xii). Keeney believes that therapists are at their most creative when they draw upon their natural resources, gifts and talents, and believes the life of being a creative therapist is inseparable from being a creative human being: "Awakening our clinical work requires revitalising our presence in everyday life" (p.249). In this way, Keeney could be viewed as adhering more closely to Eastern ideas that regard creativity as intuitive and looking inwards, in contrast to Western ideas of creativity that looks outward towards progress through problem solving, as could be said of the founders of family therapy.

In this study, I am looking at the avenues of music and art with the hope that they may re-awaken family therapists' sense of family therapy as a context in which to be playful and creative. This study follows in the footsteps of others who have looked towards the creative arts for inspiration. For example, Wiener & Oxford (2003) have written on creative arts improvisation in clinical practice, especially through drama and play, and Lowenstein (2010) has created a handbook of creative family therapy techniques using play, art and expressive activities.

Keeney states that: "All therapists...live in a word mess, piles of theories strewn here and there, with a tractor in the front yard that hasn't tilled any soil for a long while. But somewhere inside you is a box of creative treasure just waiting to be opened and placed on your stage" (Keeney, 2009 p293). I thought my treasure was music, but whilst tilling the soil I also came across art. I then realised that neither art nor music could be creative on their own; they are merely the tools to act as a conduit for my own creativity. Therefore, for this study it became important to instil awareness in the participants of their own creativity, whilst giving them some ideas and tools to help start this process.

## **What are Art and Music therapy?**

Art and music therapy are divisions of psychotherapy where art or music is the primary communication method. These professions are born from a psychoanalytical tradition and do not offer a simple alternative to verbal interaction, but instead harness all the inherent healing properties of the arts (Linesch, 1999). Although there can be directive elements in music as well as art therapy, both professions work on the premise that the music or art is created from an act of communication or self-expression. In art therapy the physical blank canvas provides certain containment in itself and it is the therapist's role to witness and be in conversation, as led by the client. In music therapy, clients are encouraged to musically improvise, and the therapist's role is to support, reflect, contain, and be in dialogue musically with what the client creates. There has always been debate within these professions over whether art is therapy in itself, or art is something used in therapy for therapeutic means; whether music is therapy itself, or music is a means to an end and a way to reach a therapeutic objective. Many therapists hold dearly to one camp or the other, whilst others appreciate both positions. It is my belief that one is not possible without the other. Music in its nature is therapeutic but can also meet clinical objectives. For the purpose of this research I am interested in specific techniques developed by the art and music therapy professions which can be adapted for use with families in the family therapy setting.

## **Music therapy and families**

In 1991, Anthony Decuir, an American music therapist, attempted an overview of literature into 'Trends in Music and Family Therapy'. The result, although limited, is an important reference to the beginnings of thinking around the use of music with families. Decuir cites Segel (1981) who believes feelings and affective material can be masked more easily with traditional verbal methods, than through the Arts. Decuir (1991) highlights the need for comparative research of Arts therapies versus verbal therapies.

The majority of writing up to 1991 concerning music therapy and families explored music therapy in the treatment of specific illness, and how family work became integrated into that arena. Areas cited are terminal illness, paediatric disorders, adult and adolescent psychiatry, autism, learning disability and

special needs. Most examples focus on hospitalized clients where music is used to help promote communication amongst family members (McDonnell, 1984; Bailey, 1984). Early papers include McDonnell (1984) who describes using music therapy to help severely injured children and their families deal with events surrounding an accident and its aftermath, and Bailey (1984) who discusses the use of songs in music therapy with cancer patients and their families.

Hibben (1992), like Decuir (1991), states that the most common use of music therapy with families is to facilitate communication among family members. She sees music as attracting both children and adults and believes instruments arouse curiosity, and are removed from the negative connotations of toys. Hibben pays specific attention to music as 'directed play' and explores how improvisational techniques, as described by Bruscia (1987), can be used with families. Hibben discusses songs as an opportunity for intimate sharing between generations, which open up opportunities for shared stories and experiences in a way that can illuminate negative associations, denials and resistances, as well as strengthen alliances and provide a stimulus for talking about trauma. Hibben calls for an investigation into the cross cultural implications of using music therapy with families, as well as exploration into music therapy techniques that meet structural, strategic and systemic methods of family therapy.

In response to Hibben, Miller (1994) sets out to begin to build a foundation for integrating music therapy with primary, yet divergent, philosophical schools of family therapy. It was the first time that Music therapy had been looked at from a family therapy perspective rather than a music therapy perspective. Miller (1994) proposes specific musical activities to allow a family to experience change within a session whilst addressing systemic, structural and strategic family therapy objectives. Miller was interested in the family as a functioning system, with each family member playing a role in the functioning of the system and any change effecting the whole system. He believes musical intervention can be effective in encouraging self expression, enhancing family communication skills and addressing structural imbalances of power within the family. Miller states that although music is composed of the elements of speech, it does not carry the specific associations of words. As it is the

unbalanced structure of the family that needs to be addressed, rather than specific arguments, the neutral nature of music therapy is seen as potentially speeding up the process of developing healthier communication patterns, without the distractions of content.

From the 1990's through to the twenty first century a group of predominantly British female music therapists (Oldfield, 1993,1999, 2006; Oldfield & Bunce,2001; Warwick, 1995; Palmer, 1999, 2002) led the discourse around family work in Music therapy in England, with a specific interest in mother and child work. Oldfield (2001) believes music therapy can be used as an effective intervention with parents who have difficult relationships with their children. Oldfield describes mother and baby interactions as being similar to child/client and therapist interaction. Oldfield believes that music therapy allows older children to go back to a pre-verbal stage in order to re-create basic sound responses. Children are given the opportunity to re-experience, or experience for the first time, early mother baby interactions as well as giving parents the opportunity to play and be playful.

MacIntyre (2009) created the term 'Interactive Family Music Therapy' to describe her work at Redbank House, a parent and child assessment centre in Australia. Parents and children attend the centre for an intensive one or two week stay. In this context music therapy is used for assessment and treatment planning. Like Oldfield (2006), MacIntyre is concerned with the interaction between family members, rather than between therapist and client. MacIntyre describes the benefits of this approach as giving the family the opportunity to be part of intergenerational music making, where developmental age is respected and families are given the opportunity to engage in an activity together, maybe for the first time in a long while, which in itself may be the catalyst for further conversations. The family are invited into a space that can be perceived as a fun and relaxing time where the family may play and speak more freely than in a verbal only session. In this way, a family can be part of an experience that may provide more immediate access to family processes than words.

Although cross-cultural implications for music therapy have been discussed in the music therapy field (Pavlicevic, 1997; Bruscia, 1998; Stige, 2002), specific examples of using music therapy with a family in a clinical setting all originate in the Western literature reviewed above. 'Music Therapy' is a Western construct,



in Africa for example music therapy could be described as a phenomena that envelopes all areas of culture and day to day life. Here in society there is no distinction between performers and audience, and therapy is administered in non clinical settings by herbalists, witch doctors and faith healers. Family and community are also interlinked by strong connections and meanings absent from Western society. They have no need for a separate clinical setting in which to see if music can help families in crisis because music is already integral to their existence and already playing its part in birth, strife, healing and death (Aluede, 2006).

The next section looks at how music has been used and discussed in the family therapy field. Although live music making in the family therapy space appears rare, musical ideas have been discussed through metaphor and used in training. Lyrics and pre-recorded music have also been used to promote discussion.

### **Family therapy and music**

Hills (2006) uses musical language to describe Minuchin's work, calling family therapists not to be prejudiced by a first reaction but to "listen to the music underneath" as Minuchin is: "intuitive, playful, humorous and able to use language with nuance and subtlety in seeking strengths and resources"(p.228). Hills' also uses Louis Armstrong's music in a session with family therapy trainees, as an example of how jazz music broke the mould and contributed to the liberation of an oppressed and discriminated sector of the population. The music speaks and tells a story. McLean, Ramsden & Meyerowitz (1999) also sought to help trainees tell a story through creative descriptions, and illustrate how one student called Martha brought in three musicians to her family therapy exam who formed a 'jam' session with her to describe her experience of family therapy. Man Keung Ho & Settles (1984), and Hendricks & Bradley (2005) have incorporated the use of pre-recorded music in family therapy sessions as an agent for promoting discussion around personal and interpersonal conflicts, and Mickel & Mickel (2002) believe that a family's perception of the real world may be reflected in their choice of music and is a part of cultural and ethnic identity. They see music as one of the essential communicative components of most environments, and call for family therapists to work "within the real world"

with attention being brought to the importance of lyrics through the example of rap music.

Peter Fraenkel (2011) couple and family therapist, and professional jazz drummer, uses the concept of musical rhythm as a metaphor to describe couple arrhythmia, stating that partners frequently complain of feeling "out of sync" with each other. Fraenkel aims to help couples to assess and change the specific ways that time differences between each other contribute to relational distress.

Lowenstein (2010) includes exercises such as the 'Family Orchestra' and 'Rappin' Family Puppet Interview' in her book *'Creative Family Therapy Techniques; Play, Art and Expressive Activities to Engage Children in Family Sessions'*. In 'Family Orchestra' body sounds such as foot stomping and hand clapping are used to make short pieces of music that follow the beat of a drum. The person with the drum is the leader and various games are created around the activity. In 'Rappin' Family Puppet Interview', Sori (2008) musically and culturally adapts 'The Family Puppet Interview' (Irwin & Malloy, 1974; Gil, 1994) inviting families to write their story as a rap.

This review will now explore the art therapy world and its relationship to family therapy.

### **Art therapy and families**

The beginnings of Art family therapy started with the work of Kwiatkowska (Sobol & Williams, 2001). Kwiatkowska (1978) worked at the National Institute for Mental Health in Maryland and was a close colleague of Wynne who developed the Family Art Evaluation Approach (FAE), an adaptation of an earlier diagnostic assessment for individuals (Ulman, 1975). The FAE concentrates on four concepts congruent with family therapy: life cycle, communication/behaviour, structure and unconscious family life. As the family move through a series of tasks in the FAE, a multidimensional 'portrait' emerges that elucidates the family's unique relational experience (Sobol & Williams, 2001).

Family art therapy as an approach in its own right, has developed along a similar path to family systems theory (Bowen, 1978) with both Bowen and Kwiatkowska's work emanating from their observations of the families of their

schizophrenic clients. Kwiatowska believes the family is less guarded in art therapy than in verbal situations. She believes anger and hostility can be expressed without such intense feelings of guilt, and family members are often able to accept their real perception of themselves and others through art more readily than through words. Following Kwiatowska, other art assessments were also developed for couples (Wadeson, 1971), families with young children (Rubin & Magnussen, 1974) and whole families (Landgarten, 1987). Sobol et al point to a wealth of art therapy techniques that have been devised for use with families which range from family murals (Rubin, 1974) to magazine collages (Landgarten, 1987; Linesch, 1999), construction projects (Riley & Malchiodi, 1994; Sobol & Schneider, 1996) to work in clay (Kwiatowska, 1978; Keyes, 1974).

In contrast to the music therapy profession, the art therapy profession has made explicit attempts to keep up with ongoing trends in family therapy. Whereas the music therapy profession generally stops at Modern ideas and comparisons in terms of their family therapy thinking, the art therapy world continues the journey into Post-modern ideas. Carlson (1997) believes narrative therapy (White & Epston, 1990) and art therapy share certain theoretical beliefs in recapturing hidden aspects of lived experience, adhering to the principal of co-construction in understanding the therapeutic relationship, and the overall belief in the creative abilities of people.

Carlson (1997) integrates art therapy techniques into the narrative approach specifically looking at four major concepts: discovering dominant stories, externalization, unique outcomes and performing before an audience. In thinking about bringing forth dominant stories Carlson has discovered self portraits (Wadison, 1973) are an effective tool to help clients tell their stories. In terms of externalization, Carlson believes that for a client to draw their problem is a very dramatic way to separate the problem from their lives, and describes it as externalisation in the most literal sense. For unique outcomes, Carlson believes that art can serve the same purpose as letter writing in narrative therapy to amplify alternative stories. Lastly, in thinking about the need for an audience to tell the story to, art is seen to provide the opportunity to rehearse the story and new relationship to the problem, with the outcome being the client

is able to both tell a story and present a new picture of themselves to the audience.

Riley (2000) gives a useful and user friendly presentation of art family therapy. Riley believes if there is chaos in the system the family should be offered the opportunity to organise themselves around a task. She finds it useful in the first session to ask a family to represent the issue that they personally see as the family's problem. This allows all members to have a voice and not need to struggle with words. In the activity itself a mini enactment of the family's way of relating is displayed. This helps to avoid or reduce parental blaming of the adolescent and an onslaught of problem saturated dialogue.

From the start of therapy assigning the family with tasks sends a message that working together is a goal. Riley suggests a family mural in which each member of the family draws with a separate colour so each individual's journey within the family exercise can be traced. It is a powerful tool that can immediately present a graphic depiction of family dynamics. The therapist's role is as observer and witness and allows the therapist the opportunity to observe the family's structure, assigned roles, behavioural patterns, communication systems and styles. Linesch (1999) describes this as 'The Family Drawing' which comes from an extensive tradition of family art therapy (Kwiatkowska, 1978; Landgarten, 1981; Riley, 1994). The therapists taking of a 'not knowing' approach is helpful in a collaborative puzzling out of meanings and understanding. Riley believes that this allows for concealed issues to more readily surface than through verbal methods.

It has been argued that children have been to a large extent excluded from full participation in family therapy sessions (Lund, Zimmerman & Haddock, 2002) and in an effort to address this Shafer (2008) has created arts based family therapy resources which are structured and directive in format. In thinking about families with young children, Kozlowska & Hanney (1999) devised a family assessment and intervention exercise from a synthesis of clinical tools used by attachment theorists and family art therapists, in the knowledge that when non-verbal communication is used, young children's participation in sessions is four times greater than when only verbal communication is taken into account (Cederborg, 1997). The exercise involves three steps: firstly the family are asked to draw a picture of themselves, and then the self portraits are

cut out and put on a sheet of paper to form a family picture, secondly the family are given a lump of clay and asked to create a castle, magic cave or forest, and lastly they are asked to create a collage together depicting a family day out. From these activities information is gathered on roles, boundaries, alliances, development, interactions and perceptions.

Kerr (2008) believes that art interventions have the potential to parallel many of theoretical paradigms of family therapy. In her book '*Family Art Therapy*' Kerr sets out to create a family art therapy text that brings together classic and post modern family therapy theories and techniques with art therapy approaches. For example, enactment through structural family art therapy takes place through the process of collaborative art creation. However, the therapist concentrates on the process over the content of the family painting, and looks for ways to realign and strengthen boundaries through observations and practical interventions, like changing family positions around the table.

In researching how family therapists might begin to incorporate art and music into a systemic approach, the Arts therapy professions are an invaluable resource in providing practical techniques which have been tried and tested. This is especially true of the art therapy profession where family art therapy has an established position within art therapy practice. The following section will now look at how family therapists have responded to ideas of art within systemic psychotherapy and how they have discovered a meeting place to enhance practice.

### **Family therapy and art**

Woodcock (2003) discusses John Berger's (1972) '*Ways of Seeing*' to invite our imagination to enter a world where images, not language, provide your primary sense of being in the world. Woodcock wonders if this way of seeing may shine a light on how family therapists may respond to using art in sessions, not to interpret and explain but to observe and notice, remaining attentive, attuned and offering containment and connectedness. Woodcock sees this process as an emerging of less conscious aspects of experience finding expression: "through art, sensation, and eventually language" (p.235) .

Landgarten (1991) states that as family therapy models began to stress process over content, the active techniques that Arts therapists (drama, dance, art)

used, became popular. For example: rehearsals of interactions, drawings as representational of feelings, and expressive activity presenting a family's basic communication patterns. Maincom & Boronska (2003) combine art and family therapy approaches and conclude that art provides channels of communication that might not otherwise be accessed, allowing children to play an active role using a media that they believe is more accessible and safer than words.

Carlson (1997) provides a rationale for the integration of art therapy and narrative therapy ideas in order to aid the deconstructive process of narrative therapy. In thinking about narrative therapy (White & Epston, 1990) Carlson argues that the principles of art therapy and narrative therapy fit together theoretically, and can be used to help families bring forth dominant stories, externalise their difficulties, create unique outcomes and perform before an audience. The importance of the family having a picture has been emphasised by White, Epston & Murray (1992) as "one must have a convincing picture to show others" (p.111). This picture to show others is seen as a powerful tool for change (Zimmerman & Sheppard, 1993). Ball, Piercy & Bischof (1993) use cartoons to aid the externalisation process, linking with the culture of childhood and demonstrating that it does not matter how the picture is executed and what form it takes, but how that process is supported and what is communicated to the audience of self, family and therapist through the art. This keeps with the idea that: "it is not enough to just tell a new story to ourselves. There must be a performance to a relevant audience" (Epston, White & Murray, 1992, p.98).

Rober (2009) has devised a protocol for using relational drawings as a dialogical tool for use in couple therapy. Rober believes: "it offers the couple (sic) a mirror that is not blaming, but rather invites them to try and listen generously to each other" (p.132). In Rober's work it is the dialogical exchange around the drawings that is central, rather than the content, and drawing is given as a homework task not a task conducted within a family therapy session.

Multi-family group work, developed since the 60's (Laquer, Laburt & Morong 1964; Strelinck, 1977) is now readily used as a therapeutic intervention to provide families the opportunity to convene together in a structured programme, in order to gain multi-perspectives on their situation, find support and gain resources for recovery or managing symptoms and their consequences (Asen, 2002). Multi-family group work first concentrated on schizophrenic patients and

their families but is now used in many other presentations and conditions, for example, eating disorders (Dare & Eisler, 2000; Scholtz & Asen, 2001; Slagerman & Yager, 1989), drug and alcohol abuse (Kaufman & Kaufman, 1979) and chronic medical illness (Steinglass, 1998). Colahan & Robinson (2002) describe a three day multi-family group programme for eating disordered patients, combining creative or experiential sessions with verbal sessions. Included in the creative sessions is an art therapy workshop. In the workshop families are requested to illustrate together a family event on a large piece of paper. Colahan & Robinson give the example of four families involved in the programme all drawing a representation of a family meal when asked to do this exercise. Three families drew a bright colourful picture and one family drew a stark black and white picture evoking the harsh realities of anorexia. The families who had drawn the three idealized colourful pictures were shaken by the black and white image and their denial of the brutality of anorexia. These families had been impervious to the therapist's attempts to help them be realistic about their situation, it was only the image created and shared by the fourth family that was able to act as a powerful catalyst to free up the group to think more creatively and realistically.

Lowenstein (2010) contributes a rich and abundant collection of creative ideas and techniques in her book: *'Creative Family Therapy Techniques'* for use in family therapy. The techniques use play, games, drama and art to aid the inclusion of children in family therapy sessions and offer alternate ways to communicate and interact. Lowenstein's activities of 'Messages in Art' devised by Lori Gill, and 'Walk a Mile in my Shoes' contributed by Alison Smith, strike a particular chord with this study. In 'Messages in Art' each person in the family is asked to choose a person they would like to send a message to. Family members are then asked to visualise the feelings behind the message before creating their message through the art materials. The individual is then asked to explain their message to the recipient. This links with a general theme that runs throughout the art techniques presented in this study, about colours, feelings, and different perceptions and understanding being gained through the use of a shared art activity. 'Walk a Mile in my Shoes' is similar to the 'Footprints' exercise included in this study. In 'Walk a Mile' Smith (2010) asks family members to swap shoes and then go on a walk around the room or up

the hall. When in the shoes, family members are asked to 'be' the person whose shoes they are in and then report back on the experience.

### **Art, music and the brain**

The concept that both hemispheres of the brain are involved in every day activity but each hemisphere has its own specialization, and processes information in its own way, was developed by Sperry, Gazzaniga & Bogan (1969). The left brain with its externally focused, linear, verbal, and analytical processes is thought largely to be the dominant hemisphere due to its language component, and also has its own role in the creative process (Zdenek, 1988). However, in order to internally focus, the right brain induces the ability to be sensitive to intonations of voice and body, to comprehend symbols and metaphors, and to think visually, holistically and imaginatively. The work of Sperry et al (1969) was to inspire the artist and teacher Betty Edwards (1979) to investigate why it was that some of her pupils could draw and others struggled. Edwards realised that a shift from verbal analytical processing which she referred to as 'left mode' to spatial global processing, 'right mode' aided the drawing process. As a result she designed a series of drawing exercises to tap into the special functions of the right hemisphere which she states: "have empirically been proven to be successful with students at all levels and therefore hold up irrespective of how strictly lateralized the brain mechanisms might be" (P.vii).

In terms of the origins of music, there is a tentative link to music being originally created in response to the sounds of nature (Storr, 1992), but there are stronger links to the idea that music was created in response to the verbal/sound exchanges that go on between a mother and child in the first year of life, as these exchanges are about emotional content, reflection and validation, rather than conveying factual information (Dissanayake, 1990). If so, the human brain is first organized to respond to emotional aspects of the human voice and in this way all non-sung music could perhaps be considered as songs without words. Storr (1992) recognises music can often be so dissociated from verbal meaning, and therefore everything that comes with verbal reasoning, that it can be experienced by some as the essence of life, and an experience that makes sense of life itself.



Since the 1980's, there has been a call not to differentiate two definitively between left and right brain function as evidence shows they do work together (Loye, 1983). However, there has also been growing evidence (Horton, 1988) that the right brain is the locus of subjectively experienced positive feeling evoking states of joy, love, gratitude, pleasure, bliss and happiness. These in turn may refer to behaviour as well as subjective experience such as surprise, altruism, interest, praise, hope, reassurance, forgiveness and generosity. McGilchrist (2009) emphasises that what we once thought went on in one hemisphere or the other alone is now known to go on in both; however, it would appear that the left hemisphere tends to deal more with pieces of information in isolation, whereas the right hemisphere deals with the whole. In terms of right and left hemisphere roles, there is evidence of left hemisphere dominance in local, narrowly focused attention and right hemisphere dominance for broad, global and flexible attention. McGilchrist (2009) summarises this difference as: "two fundamentally different 'versions' delivered to us by the two hemispheres, both of which can have a ring of authenticity about them, and both of which are hugely valuable" (p.5). Information is constantly transferred between the two hemispheres of the brain, but each hemisphere has its own 'take' on events, experiences and understanding of the world. It is also the case that one hemisphere will certainly override the other hemisphere concerning certain activities, which can be seen in the right brain's stimulation from art and music.

Although music is not an exclusively right brain phenomenon, music's emotional content, including intonations of voice, make it of special concern to the right hemisphere. McGilchrist (2009) explains that music is not an entity in isolation but is about the relation between things; it is the relationship between the notes that creates the music, the notes mean nothing alone, and between the notes is silence without which the notes would not have meaning. The notes and the silence together create a whole. Everything about music makes it the natural language of the right hemisphere; from its emotive communication to its embodied nature. Miller (1994) describes music as more stimulating than verbal dialogue because it stimulates a combination of visual, auditory and kinaesthetic associations.

Music not only has the power to recall emotional states but also to allow the performer or listener to experience emotional states they have not experienced

before (Langer, 1942). Interestingly, although speech is primarily dominated in the left hemisphere, song is associated with the activation of the right hemisphere. Following a left hemisphere stroke a patient may be left unable to speak but able to sing the words of a song without difficulty. If language began in song rather than spoken words, it began in an empathic form not a competitive one, promoting togetherness or 'betweenness' (McGilchrist, 2009). In this way human singing is unique, no other creature sings in the same way. Birdsong in contrast is individualistic and competitive.

If music is linked to the initial sounds between mother and child, when we ask a parent and child to be in dialogue with each other through music in family therapy, we are therefore tapping into a primitive source of communication, removed from the complexities of language, to return to a basic way of interacting and being together. If we are to believe that music's emotional content, including intonations of voice, make it of special concern to the right hemisphere of the brain (McGilchrist, 2009), and that within the right hemisphere there is dominance for broad, global and flexible attention, then the argument for utilising music in family therapy is supported, in order to stimulate interest and attentiveness on different levels, through stimulating brain activity. In contrast, language and the spoken word are located in the left hemisphere which has dominance in local, narrowly focused attention.

In thinking about the brain and the musical activities presented in this study, it is important to note that tone, timbre, harmony and pitch are almost always mediated via the right hemisphere and rhythm is more widely based. Metrical simple rhythms are especially left dominated whereas more complex rhythms and syncopations are preferentially treated by the right hemisphere. This is pertinent to my research as my 'Beginnings' activities rely on shared rhythmic activities between therapist and family before considering pitch or harmony. However, the activities invite more complex interweaving of rhythmic ideas early on in the development of the activity which should in turn stimulate right brain activity. I am curious if a family or therapist becomes stuck with this initial activity whether it could be indicative of a left brain dominant relationship with the world. If so, it may be possible to initially use rhythm in its simplest metrical presentation as a bridge between left and right brain activity. These differentiations of hemispheric purpose apply to the amateur musician; the

professional musician appears to use the left hemisphere to a much greater extent in the understanding of music (McGilchrist, 2009). This makes sense if considering the mathematical and academic processes involved in producing and analysing music. Therefore, if the therapist is faced with a family who are highly musically trained, I would suggest art as a starting point, rather than musical intervention which could lead to more narrowly focused attention and competition, rather than a broader and more flexible way of experiencing interaction.

When I first began this study a thought struck me as I was driving my car, so I stopped and wrote this on the back of an envelope:

*“The unbearable lightness of being. Can art and music allow a family to ‘be’? To be in the present? To experience a ‘now-ness’ without recrimination? The art of doing nothing. Art and music are ‘doing’ things but the process allows for a sense of the here and now, a sense of being in the moment. Family therapy is often so busy. Does our talk distract away from the essence of what is happening? Is it too painful just to be? The therapist’s own need to be doing. Can the therapist allow for just being?”*

In my musings what I was touching on was the idea of mindfulness. Mindfulness is the ability to intentionally bring awareness to the present moment without judgement (Kabat Zin, 1990). Mindfulness is attributed to ancient Buddhist tradition but can be seen in most faith traditions (Sharpiro & Carlson, 2009). In healthcare the teaching of mindfulness to clients dates from 1979 but thoughts on the importance of therapist *attention* date back to Freud who stipulated the therapist needed to remain open to the present moment (Mace, 2007). In psychotherapy mindfulness focuses on three areas: mindful based therapeutic interventions; mindfulness as a factor within the therapeutic alliance, and the influence of mindfulness in informing psychotherapy (Abbey 2012). Mindful Based Cognitive Therapy and Mindful Based Stress Reduction are common mindfulness-based therapies. Mindfulness is also a core concept in Dialectical Behaviour Training and Acceptance and Commitment Therapy (Sharpiro & Carlson, 2009).

Rappaport’s (2014) book *‘Mindfulness and the Arts Therapies’* pays specific attention to the expansion of mindful practices within the psychotherapy field

and how this intersects with developments in mindfulness within the Arts therapies. Kass & Trantham (2014) state that “individuals who have lost touch with the visceral sensations and internal messages of their bodies, who have not gained accurate verbal access to their emotions, and who lack the reflexive capacity of an observing self, require experiential sensor-motor “bottom up” psychotherapy rather than predominantly verbal “top down” psychotherapy forms”(p.305). Kass & Trantham believe such treatment provides: “pre-verbal somatic experiences of safety” and “increased sensorimotor awareness and somatic emotion-regulation skills that build tolerance” as well as “internal experience of a calm core; gradual movement to verbal capacities for self disclosure and social engagement.” (p.305). However, this is in considering the individual, how does this correlate to working with the whole family system?

Mindful based Family therapy has its roots in the early experiential work of Carl Whitaker and Virginia Satir, but draws mostly on contemporary mindful based therapy, especially the Hakomi method and Somatic experiencing (Lavie, 2011). The Hakomi method (2002) use mindful based techniques to uncover and reshape core belief systems. Somatic experiencing (Levine, 1997) helps clients to manage internal experiences through tracking levels of arousal. Lavie (2011) states that mindful based family therapy is about helping families to become aware of underlying experiences such as feelings, impulses, beliefs and bodily experiences in a way that “allows us to drop into the unknown, to bring the witnessing brain to experiences that have been invisible and automatic” (p.2) Lavie believes that this allows us to get beneath the stories that family members tell themselves. In this way we are activating the limbic brain, the part of the brain that is responsible for relationships and our emotional world.

I believe if we provide verbal and non-verbal opportunities in family therapy, there is the potential to create a safer, more tolerant, socially engaging forum to help unravel stuck family stories. I did not set out to create mindful art and music techniques in this study; however, the literature would suggest that the very use of art and music can create a more mindful state. The description ‘calm core’ is associated with individuals. In my experience the use of art and music helps establish and tap into the ‘calm core’ of a family, allowing for alternative perspectives to be explored and realised.

## **Systemic theories of change**

Family psychotherapy is a field of psychotherapy that believes that problems do not exist in isolation, but are created in the context of relationships that an individual has with their family system and the outside world. The systemic context comprises of multiple levels of organization and meaning. It is my belief that to conduct any study inviting difference into the family therapy arena requires an understanding of how change is envisioned in family therapy practice. To do this I will focus on some of the main schools within family therapy tradition.

In order to look at systemic theories of change I will consider firstly family therapy theories that focus on behaviour patterns, before exploring family therapy theories that focus on belief systems. When thinking about change within any tradition, an understanding of the epistemological position held by each tradition is essential. For the purpose of this review, and in regard to theories that focus on behaviour patterns, I will concentrate on strategic and structural family therapy schools.

The emphasis fuelling change behind strategic and structural family therapy was problem solving. This stemmed from a positivist 'modern' view that there is a single true reality. Within these traditions it is therefore assumed there is a true definition of the family problem and this problem can be assessed and resolved through appropriate interventions (Carr, 2000). In strategic family therapy (Hayley, 1973, 1976; Madanes, 1991) change was envisioned through the disruption of problem maintaining behaviour patterns that were often associated with difficulty in lifecycle transitioning, managing issues of control and love, and pathological triangles. Pathological triangles involve a coalition between a child and a parent in which the other parent is hierarchically subordinate. This alliance is covert and denied. In order to create difference, parental roles were changed in pathological triangles to emphasise and make overt hierarchical structures, parents were empowered to address life cycle issues for their children, rituals were created around family violence, and paradoxical interventions and reframing were used (Carr, 2000).

Whilst structural family therapy (Minuchin, 1974; Minuchin & Fishman, 1981) remained problem focused and positivist, the emphasis was placed on the

organisational structure of a family and how, when this is problematic, the capacity for a family to change is compromised. Here change is created by challenging family assumptions and restructuring families through the use of techniques such as reframing, joining, unbalancing and boundary making (Carr, 2000). In both strategic and structural family therapy the position of the therapist in promoting change is central, and therapists adopt an expert position to assess and diagnose dysfunctional family behaviour and address this. Therefore, in both strategic and structural traditions we see change as led from outside rather than inside the family structure, as well as the elements of change being a phenomenon needing diagnosis and expert intervention before difference can be realised.

Among post modern traditions that rejected a positivist epistemology, were the Milan school, social constructionism, and narrative therapy (Carr, 2000). These schools of thought do not believe that there is a single truth, nor the possibility of a single objective account of the world. Instead the world is constructed through language, perception and interaction within communities. Here models of practice become less global and more influenced by local culture, in order to take on board contextual factors that elicit multiple views of problems and their resolutions. In these models the therapist's influence is one of many, as they become more reflective about their role within the system as an equal collaborative voice (Pocock, 1995).

The Milan school, founded by Mara Selvini-Palazzoli, Luigi Boscolo, Gianfranco Ceccin and Giliana Prata divided into two subsets (Jones, 1993). The original team, kept to strategic roots and developed their own unique style using a team and a screen, creating guidelines around hypothesising, circularity and neutrality, with a goal to positively alter the families' problem maintaining belief systems and disrupt 'family games' (Tomm, 1984; Selvinni-Palazzoli, 1988). Meanwhile, the other Milan team developed a collaborative, constructionist approach with an emphasis on positioning and circular questioning in order to co-construct new belief systems (Boscolo & Bertrando, 1993; Ceccin, 1987). Circular questioning was used by both Milan schools but is at the core of social constructionist techniques (Tomm, 1987), here questions are asked from positions of curiosity to help the family construct an understanding of the problem, with the aim of bringing forth a more adaptive belief system (Carr,

2000). Social constructionists believe there are “no incontrovertible social truths, only stories about the world that we tell ourselves and others” (Hoffman, 1995 p.129). Therefore, with an emphasis of questions over interventions, and beliefs over structures, change within family therapy is launched into a different sphere that sits within a social epistemology (Gergen, 1985).

Keeping to this social epistemology, in narrative therapy change is envisioned through the liberation of personal narratives in a process of re-authoring. Re-authoring allows for dominant stories that are held within families that restrict positive change, to be opened into stories of competence in a way that that allows individuals to separate themselves from the problem (White & Epstein, 1990). To do this problems are externalized, unique outcomes are explored, stories are extended into the future and families invited to act as outsider witnesses. In this way change is created from an ‘inside out’ position, as internal stories are bought out, re-authored and witnessed; in contrast to an ‘outside in’ position held by ‘modern’ schools of family therapy in which change is administered from the outside. What is common to all theories of change within family therapy is the vehicle for change is conducted through words.

### **Words, words, words**

In the ‘*Will to Power*’ Nietzsche (1968) writes: “compared with music, communication by words is shameless; words dilute and brutalize; words depersonalize; words make the uncommon common” (p.427-8). When discussing ‘not saying what can’t be said’ Stephen Frosh (2007) describes the experience of many that language does not fully encompass or reflect reality and that, although we are positioned by the language we use, we often are left feeling we missed the point. When Hamlet responds to Polonius’ question about what he is reading with the famous line “words, words, words” it could be argued that Hamlet, overwhelmed with angst and in existential crisis, has no words to describe his suffering.

Although the fact that we keep trying is a testament to the importance of language - indeed Hamlet’s following soliloquies are testament to that effort - Frosh believes the reason things cannot be said is that language leaves us with gaps and difference. This can be explained through the notion that there are too many ways of saying things, and to do justice to what we wish to express,

would be to use all these different ways at once. Also language is continually transforming in relation to the other and “the speaking of the thing acts as a wager, a point at which something is risked into existence.” Therefore as we: “pronounce upon experience so the experience must change” (p.641).

It could be argued that as language ‘constructs’ our experience music and art do the same, with the variations in the cultural use of art and music, as given earlier in this review, shining light on how cultural constructions are expressed through different artistic media. However, in thinking about Frosh’s idea that as we: “pronounce upon experience so the experience must change” (p.641). I am interested in the idea of risking something into existence and the incapacity of words to sometimes do that fully or correctly. I believe that is where non-verbal communication can ‘speak’ in the place of words. I also believe that words can form a barrier between unconscious and conscious processes and agree, when Lynn Hoffman (2002) cites Gregory Bateson as saying: “that too much consciousness may make impossible some desired sequence of events” (p.44.) that words can get in the way of unconscious processes - insight, intuition, imagination - finding expression. It is a fundamental belief of art and music therapy that the non-verbal processes employed bring together the domains of conscious and unconscious experience.

## **Summary**

This literature review has explored music and art in Western and non-Western culture to shed light on the value and meaning attributed to art and music across cultures. It has explored the concept of creativity and looked at art and music in family therapy and family therapy ideas within the Arts professions, to highlight segues between the professions. I have considered ideas of change within family therapy tradition and considered the role of words in constructing our experiences within therapy practice. This has allowed for consideration of what the addition of non-verbal media might create.

Decuir (1991) states that Arts therapies (music, art and drama) are dangerous in the hands of an untrained practitioner because they allow for emotions to be expressed at a deeper level. I am curious as to what Decuir means by “untrained hands”. In my experience music and art do open up the possibility of thinking and feeling differently, they can also awake unconscious feelings, but I



believe it is nothing that any trained psychotherapist would not be able to manage. Words can also evoke these feelings in a different way. In my research I am not setting out to train family therapists to be Arts therapists but to think about the possibilities, with a systemic mind frame, of using non-verbal creative media.

Miller (1994) describes music as more stimulating than dialogue because it stimulates a combination of visual, auditory and kinaesthetic associations. Miller believes that observing how a family responds to rhythm allows a formulation of how they respond to structure in general. In the music techniques I devised in this study, the use of rhythm was an important factor. My aim was to teach simple rhythmic ideas to help family therapists facilitate the family in activities that allow them to play together, and experience being the same as well as different, whilst being part of a whole.

If the received definition of creativity is: “the production of ideas which are both novel and useful” (Sternberg & Lubart, 1999 p.3). It is important to consider the participants in this research also constructing the project as potentially novel and useful. When Klausen (2010) argues against this definition, stating it is rigid and it should be possible to engage in a creative process for the experience of the process itself, without the need for a tenable, novel or useful result, it brings to mind how the family therapist’s need for something ‘useful’ may hinder opportunities for the creative venture to also take place as a creative experience in itself. The concept of creativity is both influenced by its socio–historical context and the value given to the endeavour. It is argued that creativity can pose a threat to relationships and organisations depending on the value attributed to it within a particular culture (Rudwicz, 2003). I believe this is very pertinent when convening three participant sets in three different organisations, each under the auspices of the NHS, but each with a culture and context of its own.

In exploring the concept of art and music in family therapy, I am interested in how right brain experiences can be developed in the therapy environment, both for the families seen and for the therapists working with the families, in order for therapy to be experienced as a ‘gestalt’, a whole entity. It is my belief that as therapists with words as our main tool, we understandably can become left brain dominant, logical, and analytical, when in fact it is positive and flexible

right brain emotions we are trying to elicit such as hope and forgiveness. I am curious to see whether the use of art and music not only change the families perceptions of each other, but also change the therapists' ways of thinking around the difficulties and dilemmas they face in their practice.

McGilchrist sees music as a vital way of binding a society in a shared humanity which actively draws people together. With this in mind questions arise in this study such as: what is the societal and cultural context when convening families in crisis and offering opportunities to play music? Can it appeal to a lost sense of communion with each other and the wider world, a shared humanity? If so, how might this change the relationship between therapist and family? And what is it in the music itself, as well as the process of playing, or in the co-creation of a piece of art that can activate new ways of thinking?

In the middle ages it was believed that as music affected the emotions, it had a direct influence over the state of the soul. Earlier in ancient Greece the musical modes expressed different emotions and music and medicine were practised as part of the same. Musical remedies were also common in the Islamic world (Storr, 1992). I believe that in sidelining music in Western Society we are also sidelining the philosophical, religious and spiritual debates that look towards an understanding of deeper existential issues that can be argued by, but not experienced through, words. In a primarily God-less, rather than God fearing or God loving society, the emphasis becomes on survival through concrete understanding of the world in its narrowest form. An individualistic society based on personal acquisition and status rather than a society in which Community is essential.

So, if music is linked to the soul and linked to emotions, and Western culture has sidelined music, has it also ignored, sidelined or rejected emotion and spirituality as fundamental concepts of human existence? And if so, what does that mean for the family therapist who is using the accepted communicative norm, both culturally and professionally, of words, to then ask a family to play music or draw a picture? In an effort to begin to approach these questions the participants were asked about their cultural identity and relationship to art and music. When exploring and developing family therapists use of music and art in a CAMHS setting it was important to look at both therapist and family within a cultural context. In the process of doing this I aimed to address discourse

concerning ideas of creativity, contexts for change and narratives of culture, art, music and healing. The following chapter looks at the method I chose to conduct this research.

## **METHODOLOGY**

In creating an action research project to explore and develop family therapists' use of systemic art and music techniques in a CAMHS setting, I wanted to explore how feasible it is to add music and art as tools within our current practice. I was keen to have face to face interaction with as many family therapists as possible to explore the idea of incorporating art and music into systemic practice, and interested to do this within the team context from which family therapists' currently operate. This allowed me to explore how the working environment of each family therapist affected the desire and ability to embrace new concepts in their work. I worked consecutively with three family therapy sets (each set being a team of family therapists currently working within the same organisation) for over a year - teaching music and art techniques, offering consultation and convening focus groups.

### **Epistemological stance**

As a family therapist, I believe that realities are co-created through dialogue and the experience that individuals have with each other within their social and cultural context. These realities are not static but continue to evolve and develop. Using focus group discussions I was interested in the position family therapists currently hold towards the use of art and music in their work, the development of this, and how it is co-constructed in relation to each other, the work institution and the family therapy profession as a whole. In taking a social constructionist position and using an action research methodology, I did not aim to find a particular truth or a final answer to my research question. Rather, I hoped to further understand the realities of using music and art in family therapy through an action learning process that aimed to generate thinking around the subject, its development and how it could continue to be developed further.

### **Action research**

Action research is research *in* action. It is about creating a relationship with participants that becomes a democratic partnership in which participants become co-researchers and participate in a process of planning, taking action, and evaluating the action, which all leads to further planning (Coghlan & Brannick, 2005). This study is not full participatory action research because I did the planning and data analysis in isolation from the participants. However, each

set (see figure 1, page 53.) contributed as co-researchers to taking action and evaluating the art and music techniques. The further action this led to was changes in the delivery of the project for the next set, who in turn co-researched and created change for the set that followed. In accordance with any new information received from one set to the next I amended and added to the participants' handbook.

Traditional action research has its roots in the work of social psychologist Kurt Lewin, who developed a collaborative cyclical process to diagnose a problem or create a change within a system (Lewin, 1946). Lewin's key concept was that action research is a scientific enquiry to investigate social or organisational issues, with those people who experience the issues directly. It involves change experiments on real problems in social systems (Argyris, 1993). However, my research is not overtly about problem solving, rather it hopes to explore and develop how music and art can be integrated into the work of family therapists. Cooperidder & Srivastva (1987) challenged the view that action research needs to be about problem solving and the view that organisations are problems to be resolved. They proposed a form of action research that built upon what is successful rather than what is deficient. In a similar way, I started on the premise that techniques developed in my practice were successful, but about which I had no understanding of how relevant or beneficial they would be to the wider family therapy community.

Action research is a live case study in real time, which could be described as an unfolding story through which an interactive process leads to continuous adjustment based on new information. The researcher takes part in the action and is not merely observing. This raises the challenge to the researcher both to make the action happen and be able to stand back from it and reflect, in order to contribute theory to the body of knowledge (Gummesson, 2000). In action research, the dynamic complexity within an organisation needs to be acknowledged and the action researcher needs a breadth of pre-understanding of the organisational environment. For this project my eighteen years service in the NHS formed this backbone.

Shani & Pasmore's (1985) theory of action research looks at context, quality of relationships, quality of the action research process itself and outcomes. Their framework fits well with the aims of this project. In looking at context there is an

acknowledgement that individual goals may differ and affect the direction of the project, while shared goals enhance collaboration. Organisational characteristics may also affect the readiness and capability for participating in the action research fully. Shani & Pasmore (1985) also emphasise the importance of the relationship between researcher and participant/co-researcher as a crucial factor that needs to be managed through trust, equality of influence and common language. In considering the quality of the action research process itself, dual value is given to the inquiry process and the implementation process, with outcomes aiming to create new knowledge from the inquiry that at some level have created improvement and developed competencies. Both the importance of the relationship between me and my co-researchers, as well as equal value being placed on inquiry and implementation, were key aspects of this project. It was also hoped to develop family therapist competencies and confidence through learning and trying out the techniques.

Fundamental to my research was the creation of action learning sets from the focus groups in a process of co-operative enquiry. Action learning means that the task becomes the vehicle for learning, therefore reversing the traditional concept of learning something then applying it. This is based on two principles: 'There can be no learning without action and no action without learning' (Revans, 1998 p.83) and 'those that cannot change themselves cannot change the things around them' (Revans, 1998 p.85). Revans calls for a process of historical enquiry into the issue being considered, rigorous exploration through action and reflection, and group interaction to enable quality critical reflection and ultimately learning. Co-operative enquiry (Heron & Reason, 2001) involves two or more people researching a topic through their own experience of it. This is in order to understand their world and develop creative ways of looking at things, as well as learn how to act to change things and discover how to do things better.

My research differs from traditional co-operative enquiry in that the focus of the project was determined by me, not co-created by members of the focus groups. I also presented ideas in a workshop/action learning setting that were already formulated. However, in all other aspects the project is congruent with Reason's (1999) stages of co-operative enquiry. The 'action' took place in the

everyday work of the members, who initiated (or not) the art and music techniques and observed the outcomes. In co-operative enquiry group members may deepen into the experience or move away from the original ideas into new areas of enquiry leading to unpredicted action and creative insights. The action learning sets also reassembled to consider the original ideas presented to them in light of their experiences.

### **Focus groups**

Focus group discussion is a qualitative research method that uniquely combines interviewing, group interaction and participant observation producing rich and complex data. Focus groups provide an audience for each participant and in this way communication styles come forth and help reveal information about what people know and their attitudes to certain issues (Kitzinger, 1995). This idea of an audience seems especially pertinent when thinking about the use of art and music, which when used in family therapy becomes a social, interactive activity, eliciting a witnessing audience.

The focus group is a special form of group interview in which discussion is moderated towards a specific topic. In general, focus groups are considered to have high levels of validity because of the credibility of comments from participants (Nyamathi & Shuler, 1990). However, this credibility is determined by how well the focus group is moderated; in order to obtain honest information, draw out a range of responses and ensure anonymity and confidentiality. In order to do this, it was important that my interview schedule included opportunities to discuss any limitations, inhibitions and restrictions concerning the techniques, as well as what may be beneficial to practice (see appendix p.203).

As my research aimed to obtain the views from representatives of the family therapy field on the use of music and art in family therapy, the focus group was an ideal method. Focus groups offer a unique advantage in allowing participants to hear and respond to one another (Stewart & Shamdasami, 1990; Beyea & Nicholl, 2000). In contrast to individual interviewing, data is generated by participants building upon each others' responses (Kitzinger, 1995). In this way ideas are allowed to be formed, explained and refined through the conversations participants have with one another, in a way that may not have

come forth through other methods (Stewart & Shamdasami, 1990; Kitzinger, 1995; Morgan, 1996).

Plummer-D'Amato (2008) believes that focus groups are particularly suitable for examining how clinicians think and talk about a specific issue, as they are designed to elicit a range of experiences and attitudes and reveal more about clinicians' reasons for particular thinking than is obtainable in one to one interviewing. However, it is a style that may not suit everyone. It was important when convening the focus groups for this study, to moderate the groups in a way that allowed for all the participants in the group to have their opinions heard. Unlike traditional focus groups, the participants in each set knew each other. The benefits of this were that they may be more comfortable in discussion with each other than in discussion with strangers, the disadvantages may be that dominant voices within each team may remain dominant in the focus group, or difficult team relationships may inhibit participants from speaking out. I was also aware that one of the participants was my supervisee. In this case issues of consensus and how my supervisee wished to be seen by me were in question. To minimise any coercion, I used time in supervision to discuss with my supervisee the nature of the research and explore how he may experience the study in terms of his relationship with me. I invited him to participate fully and freely and offered opportunities for him to discuss any concerns.

As a family therapist, I believe I was in a good position to moderate the focus groups. In family therapy the aim is to promote in-depth, 'democratic' conversation to allow individual voices to be heard and different perspectives to be highlighted, this is exactly the same ethos behind convening the focus group. In convening the focus groups it was important for me to establish an environment that encouraged participants to share their points of view, for me to maintain the focus of discussion without constraining it, and for me to establish a rapport while remaining non judgemental (Holloway & Wheeler, 1996). However, in retrospect, I do believe that I could have done more to introduce guidelines for the discussion at the beginning of each focus group. I had assumed that due to the participants all knowing each other there would be an ease and naturalness around communicating to each other and interacting with each other's ideas. I do believe this is what was experienced by the focus groups;



however, it would have been good practice to establish a more purposeful introduction that set the ground rules (Hurworth, 1996) and provide guidelines to ensure the promotion of free, safe, conversation with an emphasis on everyone's voice being heard.

Traditionally it is argued that focus group participants should not know each other because acquaintances could potentially disrupt the dynamics of the group and inhibit responses (Smith, 1972). However, Hurworth (1996) believes it may be impossible to create a group who do know each other if the study population is a specialized group. Theoretically I could have invited random family therapists to come together and meet at a neutral place to form focus group sets. This may have reduced any potentially inhibiting dynamics as there would be no past history, however, being new to each other may have felt equally inhibiting. In practical terms having the focus groups convened in each teams' work place allowed for the participants, to attend relatively easily. As my topic was new to most of the participants it also allowed them to support and encourage each other when the ideas illustrated in the workshop were tried in the work place. By convening participants within their teams and team settings it was also possible to explore organisational factors that enhance or inhibit creative change. This was not what I set out to do, but soon became an integral part of this research in looking at the development of new practice, not only within the family therapy field, but within the organisation of the NHS and the political climate of each team.

In focus group conversation, the participants may justify their standpoint giving rise to insight into why they think the way they do, but focus groups do not set out to form a consensus or establish representativeness. The aim is to explore diversity and a range of views (Kitzinger, 1995; Kruegar & Casey, 2000; Plummer-D'Amato, 2008). Although, focus groups are generally homogenous, Kruegar & Casey (2000) call for sufficient variety of participants within the homogenous group to allow for different opinions to be expressed. Family therapists come from two professional backgrounds, for example nursing and family therapy or psychology and family therapy, this allows for diversity of professional background experience. It also became important as the research progressed to add a question to the interview schedule about the cultural identity of each participant in relation to art and music and explore their

background experiences in music and the arts. This was in order to help understand more about the variety of experience and beliefs that each participant set had towards the use of art and music in their practice.

Important to the decision on how many focus group sets to convene, were the issues of segmentation and saturation (Plummer, 2008). Segmentation (Morgan, 1995) is when groups are separated into different categories, for example experienced clinicians are separated from novice clinicians, in order that less experienced clinicians do not feel inhibited to express their opinions. Saturation refers to the point when no new information is emerging (Morgan, 1996; Kruegar & Casey, 2000). The decision to recruit from three teams to form three focus group sets was in response to Kruegar & Casey's (2000) recommendation that three groups be planned for each category of participant as a starting point. If new insights are still being gained after the three groups then saturation has not been reached and more groups should be conducted. I did not use segmentation in this study as I wanted teams to be working together and I did not want to assume the level of experience that participants came to the research with, for example, those with less clinical family therapy experience may have come from environments rich in art and music.

Kitzinger (1994), states that a study using four to five focus groups is adequate when working with a particular target group. I used two focus groups and one action learning discussion per set - for a total of six focus groups across three sets. The decision to convene each set for two focus groups rather than four to five was twofold. Firstly, it was made in response to initial enquiries from the CAMHS teams I approached about time out for the clinicians to partake in the research and cost to their service, especially in the current climate of NHS reforms and financial cuts. Secondly, my study also differs from those that rely solely on focus groups, in that it has an action research training element. I was interested in participants' experiences prior to, during, and following, a workshop introducing art and music ideas for use within family therapy. The post-workshop discussion was not a focus group because my role as moderator altered to become co-researcher/educator and elicited feedback from this position.

## **Setting and Sample**

The setting for the research was National Health Service (NHS) Child & Adolescent Mental Health teams (CAMHS). Often known as specialist CAMHS, therapists from CAMHS work with complex cases, where there is a diagnosis of mental illness in a child/young person between the ages of 4 and 18 years old, and significant distress and/or negative impact on the child's ability to manage everyday tasks. The young person, and often their family, requires intensive input for their needs to be met. Part of the work of family therapists is to liaise with the wider team around the child and family which may include school and social services. There may be safeguarding issues for the child involving Child Protection Reviews and the child may also be a Looked after Child within the care system.

I work within CAMHS as a family therapist and it is within this context that the idea behind the research first came to life through my own practice and development of art and music techniques with the families I work with. This was also supported by literature in art and music therapy specifically pointing to the use of these techniques for greater inclusivity of the child, their feelings and views (McDonnell, 1984; Hibben, 1992; Oldfield, 2006; MacIntyre, 2009; Schafer, 2008; Kozłowska & Hanney, 1999).

The sample was a purposive sample of six to eight family therapists from three CAMHS teams to form each focus group/action learning set. Between six to eight participants is the recommended size for a focus group (Kruegar & Casey, 2000; Chestnutt & Robson, 2001) this allows for sufficient interaction to take place in a way that is manageable and in which data can be transcribed with relative clarity. I invited eight participants to form each set, with the hope of convening six participants, this was in response to Hurworth's (1996) recommendation to over-recruit by at least two participants to ensure that there is a suitable number for each group should some people fail to attend.

Below (figure 1) are the three CAMHS teams and the number of participants who took up the invitation to participate.

Figure 1.

CAMHS TEAM 'A'  5 Family therapists	SET 1
CAMHS TEAM 'B'  8 family therapists	SET 2
CAMHS TEAM 'C'  6 family therapists	SET 3

Set A were family therapy colleagues working for the same large NHS trust as I work for but all working in different localities throughout the Trust. One of these participants was newly qualified and my supervisee. At the time of convening Set A the Trust was launching huge organisational change which lead to all CAMHS workers being re-interviewed for their posts.

Set B were a very well established family therapy team working closely together but also undergoing discussions about merging with another organisation and being taken over by a different Trust. However, there did not appear to be any threats to jobs and there was a sense of coherence and strong leadership.

Set C were the most settled set, an established centre for training as well as therapy but, like all CAMHS teams, managing outside pressures from inspectors and regulating authorities.

## **Design**

The research is exploratory action research, using focus groups within a qualitative paradigm. The initial focus group aimed to elicit information about the participants' current use of music and art in their practice, and in the family therapy profession as a whole. The participants then entered a workshop, in which they were taught art and music techniques that can be used with families. After the workshop there was an action learning discussion which offered the participants the opportunity to explore further the techniques experienced in the workshop, and to consider implications for their practice. After the action

learning discussion each participant received a handbook outlining five music and five art techniques with variations on how they could be used and a rationale for their use (see appendix p.209).

The final focus group was held several months later and provided participants with the opportunity to give feedback on their experience and findings of co-researching the development of art and music techniques in their own practice. Initially the method involved three phases of participation (see appendix, figure 2, p.196). The first set experienced the three phases as follows:

In Phase One, the set formed a focus group to explore their use of art and music within their work to date and their ideas around how art and music may be developed in their practice. This was followed by a workshop introducing systemic art and music ideas. The session concluded with an action learning discussion to receive feedback from the workshop, to consider how the techniques may be integrated into practice, and to explore what elements may enhance or hinder this being possible.

Following Set A's first focus group, the interview schedule was changed to include questions about the music and art backgrounds of each participant. In doing so the participants shared their experiences of music and art and discussed the cultural context from which they came, and how they believed this may impact on their ability to embrace the ideas I was to present to them.

In Phase Two the focus group/action learning set were encouraged to conduct an action learning enquiry within their family therapy practice, trying out ideas that resonated for them from the workshop, and inviting feedback from the families they worked with. They were also invited to keep a reflexive diary of their experiences and how they developed the techniques further. The participants were given guidelines on how to use their diaries, for example, to record their rationale for choosing to use a certain technique in a particular situation with a particular family. It was hoped that the diaries would also help the family therapists recall their experiences for the final focus group. The diaries were to be collected from the participants, made anonymous and used as further data for analysis. Set A did not like the idea of keeping diaries and those that had read the participant information leaflet prior to attending the first focus group, said that reading about keeping the diary had nearly put them off

attending. The main reason appeared to be that the diaries were seen as time consuming. I reiterated that all aspects of the research were voluntary, but they may find it helpful to their practice to keep the diary. Subsequently no diaries were kept.

In Phase Three, the set was reconvened for a final focus group in order to receive feedback from the participants about their experience of trying out the techniques in their work setting. The focus group was encouraged to share any feedback from families and discuss any differences they perceived in the family therapy process when using music and art. The participants were asked to consider whether the techniques would continue to be a part of their practice, and if so why, or if not, why not.

Set A was convened first and Set B was not convened until the three phases with Set A had been completed and an initial analysis of the data had taken place. This was in order to reflect on the experience of convening Set A, enhance and develop my thinking, and allow new ideas to evolve and influence the research process with Set B. Again, I did not convene Set C until I had completed all the phases with Set B and done an initial analysis of the data in order to allow the process to evolve and change further in response to Set B

The feedback from Set A was that they felt four months was too long to sustain momentum for the ideas. They reported that if I had returned after two months and offered supervision or a further workshop, they would have been more likely to use the methods.

Following this feedback and after discussion in supervision, five, rather than three, phases of involvement were implemented over a shorter time span (see appendix, figure 3, p.197). Set A did not keep reflexive diaries as they believed this would be time consuming. The request to do so had also evoked anxiety. Therefore, sets B and C were not asked to keep reflexive diaries but invited to email or telephone me at any time.

The researcher did not video or audio record Set B's workshop due to a belief that not to be exposed to the camera or recorder would allow greater freedom to explore the art and music. It also allowed for any personal issues that arose to be treated with greater confidentiality for the participants. This was a result of sensitive issues arising for a participant in Set A during the workshop while

being video recorded. As a result I gave set B the option of being recorded or not. Set B chose not to be recorded but then were disappointed that there was no record of the music they had created. Therefore, although I also gave Set C the option of whether their workshop was recorded or not, I added that it can be valuable to be able to listen back. Set C chose to have their workshop recorded (See musical examples CD on back cover).

The open surgery or consultation was different from a focus group in that I did not convene the participants as a set and I did not have an interview schedule. Instead, I told the participants I would be in their building at a specific time on a specific day (as arranged with them) if they wished to drop in and discuss the techniques further either individually, in pairs or as a group.

### **Role of moderator and reflexivity**

When discussing reflexivity, Wren (2008) warns against self reflexivity that becomes “self reverential and frankly elitist” and speaks too deeply of the researchers “repressions and desires” (p.477). This is in an effort to not individualise the researcher’s and participants’ predicaments but rather to place them in a wider context. Whilst aiming not to narrow my perspective and self indulge, there were personal observations I had throughout the face to face contact with participants that I believe affect both the data collected and my interpretation of the data. I believe these observations are useful to explore further whilst also maintaining a wider lens to the social and cultural context of the research.

In focus group research it is feasible for the researcher to be the moderator as adequate background knowledge and close understanding of the goals of the research are necessary (Plummer-D’Amato, 2008). I believe family therapists are in a good position to be moderators as we are trained in interviewing groups of people. Plummer-D’Amato (2008) lists key qualities needed in a moderator, all of which could be used in a description of the key qualities of a family therapist, including the ability to encourage discussion and direct without constraining conversation. Within the focus groups there were times when the groups moved quickly to a consensus about the potential benefit of the techniques. In these moments it was important for me to ask about examples of difference and exceptions, check whether all participants agreed and offer

opportunities to expand on the topic through eliciting examples (See transcript example, appendix p.206)

In this study, I was coming as a family therapist and a music therapist, as well as at times a colleague, supervisor and supervisee, not just with an understanding of the goals of the research, but also with a belief that the methods I was teaching offered an exciting and beneficial adjunct to the work of the family therapist. My epistemological stance is generated in a middle class, white, female interpretation from exposure to, and experience of using art and music personally and professionally. This experience is then set in the context of a social construction about what makes therapy good, how organisations constrain or promote change and how teams operate. Underlying my assumptions is a belief that non-verbal ways of working can create change and promote insight in a way that verbal ways of working may struggle to do.

My social location, both personally and professionally, influenced how I conducted this study in various ways. My experience of my team is one where a diversity of cultural backgrounds creates a rich forum for exploring and sharing ideas about working with difference. Therefore, inviting colleagues to think differently does not seem foreign. Before commencing this study, I held a workshop for my multi-disciplinary team to introduce them to the ideas, and we had a fun afternoon exploring art and music making together. So I come from a context that allows fun, believes this is important and promotes it. Socially I am aware of my white privilege; however, for the purpose of this study I believe that when working in the context of music, being white is not necessarily an advantage. This is because musical traditions and heritage come from a global world stage in which white music is not dominant, especially when thinking about free improvisation and its blues and jazz roots. In this way, music allows for a universal social and cultural language. Certain cultural groups may identify themselves with particular genres but exclusive ownership is never possible.

In the workshop situation, in order to promote this 'new' realm of ideas, there was both enthusiasm and encouragement from me; there were also the beginnings of a relationship between myself and some of the participants that developed, when they too became excited about the techniques they were learning. Whilst the consultation/open surgery phase for each set allowed the



participants a useful space to explore ideas further, it also gave participants the opportunity of meeting the researcher in a more relaxed one to one situation. In this position I found myself in various roles: a confident, a clinical supervisor, a friend as well as a researcher. The following excerpt is from group B:

MODERATOR: *So you haven't used anything?*

FLORENCE: *Yes, I haven't used anything which I'm feeling very guilty about!*

MODERATOR: *Where does the guilt come from?*

FLORENCE: *Because I found it so inspiring the session we did with you and I also want, partly because I found it inspiring and I think it would be really useful and I want to help you. All those different things and I was trying to think why I haven't.*

In this excerpt, Florence indicates that part of her guilt comes from wanting to help me. Therefore there was something from within Phase One of the project for Florence in which a personal connection was made towards me, not just as a neutral moderator. The nature of the research is such that the workshop situation did put participants in a position where learning the music and art techniques may become an experiential process due to the nature of the media itself. I had also set the context by asking questions in the initial focus group, which preceded the workshop, about the participants' personal and cultural connection to art and music and how that affected the way they approached the research project. One of the things it was necessary to keep my eye on was my position in relation to the process of change. This is discussed in the analysis.

It is recommended that moderators who have a professional or academic interest in the subject need to be careful to listen to, and concentrate on, the participants' views without offering their own thoughts or opinions (Kruegar, 1993; Sim, 1998; Kruegar & Casey, 2000). However, in this research, with its training/action learning element it would be impossible for my views not to be communicated in some form, especially during the action learning discussion and consultation process. Through supervision, peer review of my research practice and reviewing video footage of my moderation of the focus groups, I aimed to attend to what I brought to the research. Supervision worked by coming together with other doctorate students and our supervisor to look at the process of the research and discuss any concerns. The challenge for me as

researcher and moderator was to remain self reflexive about my position and the group supervision sessions where very helpful in allowing me to do this. For example, Set A did not use the techniques and I was able to explore this thoroughly in supervision, look at my role as moderator and consider the consequences for Set B (see appendix, figure 4, p.198).

As a music therapist and family therapist I was offering techniques which I have witnessed work within my practice and I needed to be mindful that they may not work for other family therapists. However, it was impossible for me not to participate in constructing the discussion and analysis of this research. My realities influenced the questions I asked, the way I asked them and the way I responded to the group as a whole. However, I needed to remain aware of my part in the process and try not to allow my own enthusiasm for the subject to influence the participants into giving responses they think I may want to hear. This was in an effort for the findings to be a product of the focus group/action learning discussions of which I am a part, not just a reflection of my ideas and biases. This stance affected the questions I asked in terms of being vigilant about asking open questions and offering opportunities to discuss inhibitions and concerns.

In paying attention to the researcher's reflexive position, Reinharz (1997) suggests that we don't just "bring the self to the field...(we also) create the self in the field" (p.3). This was particularly evident in my role within the co-construction of ideas in the focus groups, but also in the consultation process where my different position brought forward a different aspect of self and allowed for the creation of new ideas. Reinharz believes we bring many selves into research that sit within three categories: our research based selves, our brought selves and the situationally created selves. Each of these selves is part of the research process and each has a voice. Mayan (2009) calls for us to remain reflexive in our interactions with participants and be aware of who we become to the participants in the process of becoming ourselves. Lincoln et al (2011) argue that to be truly reflexive we need to enquire deeply into the role each self plays in shaping research and take into account the paradoxes and contradictions that shape our lives. This will be considered further in the 'Validity, reliability and trustworthiness' section below.

## **Data collection**

Focus groups and action learning discussions were digitally recorded, filmed and transcribed. The use of videotaping in addition to audio recording of the groups was in order to help with the transcription, for example the order of speakers, and to pay attention to any non-verbal communication which might shed light on the meanings inherent in the dialogue. It was also to ensure the data was not 'de-contextualized' (Carey & Smith, 1994). As noted earlier, participants elected not to keep diaries, so this potentially useful body of data was not available. However, I kept a reflexive diary of my own experience using the techniques in my own practice and my experience in the position of researcher/moderator/facilitator for this project. I used this as a tool in helping to reflect on the data and contribute to the audit trail. The consultation process that was added to the research for sets B and C was audio recorded, transcribed and analysed. An audit trail of decision making and raw data has been kept to make the analysis traceable and aid the confirmability of the research.

## **Validity, reliability and trustworthiness**

Lincoln, Lynham and Guba (2011) argue that validity is more than a search for trustworthiness and authenticity that can be answered through the simple question: "are these findings sufficiently authentic (isomorphic to reality, trustworthy, related to ways others construct their social worlds) that I may trust myself in acting on their implications" (p.120). They believe a search for validity creates "multiple, sometimes conflicting mandates for what constitutes rigorous research" (p.120). This fits with Wren's (2008) call for researchers to go beyond "orthodox assurances about reliability and validity to a more critical exploration of their constructions of empirical material" (p.476) and create a reflexive stance on how knowledge is generated. In this study I took part in tutorials, gave presentations of the work in progress and attended data analysis sessions in order to stay close to the data and attempt to recognise my biases. Feedback from these different forums allowed me to consider my position more closely and reflect on my relationship with the topic of the study, the process of conducting the study and my relationship with the data produced. Wren argues that there is no way to ascertain reality in a straightforward way, but rather, that only certain claims can be highlighted in any research. In this sense reality is an acknowledgement of our own subjectivity and awareness that knowledge

development is formed from a combination of social, theoretical and political factors. Therefore, data produced enables interpretations rather than proves or verifies the researcher's claims.

Lincoln et al (2011) highlight the issue of method and interpretation. If we take a postmodern stance, no method is able to elicit an ultimate truth and whilst some methods may appear more suitable to the research topic, there is no single method, or even multiple methods, that can deliver ultimate knowledge. In thinking about interpretation, Lincoln et al point to two forms of rigor. The first form asks for rigor in the application of methods, the second, post-modern view, is that both "a community and a form of rigor defensible reasoning" (p.120) is needed alongside isomorphic processes involving the author and readers understanding of reality. This leaves us to ask whether our co-constructed realities can be trusted to add value to the phenomenon under investigation. For this study that means can the data produced highlight action that the participants can adopt to benefit their practice?

In contrast to positivist enquiry, social scientists are now increasingly drawn to individual experience and the link from feeling and emotion to action. In this way social data relies more heavily on human experience and the experiential, emotional, embodied and narrative nature of that experience (Lincoln et al, 2011). This is in keeping with ideas of realism in which "human life is meaningful, and that it is essential to take these meanings into account in our explanations, concepts and theories" (Altheide & Johnson 2013, p.382). Here an interpretive approach is crucial if we are to catch the cultural significance, values, emotions and beliefs inherent in the research process. Altheide (2008) discusses evidence as a process in which researcher and participants are joined with assumptions, points of view and claims about associations in an "evidentiary narrative" (p.394). In this narrative, which is built on different layers of meaning on what we know, who we are, and our assumptions, information and knowledge is filtered through paying attention to collective meanings that govern action. This takes into account our complex humanness and cultural, social and personal stories, as well as influences and assumptions that we bring to the research topic. In doing so, relationship is restored to the clinical world (Miller & Crabtree, 2003).

Altheide & Johnson (2013) believe that action researchers struggle with issues of validity and truthfulness. They suggest the need to look beyond the confines of the action research discipline to embrace alternative debates in the field. For this study I am interested in Altheide & Johnsons concept of “validity–as-reflexive-accounting...which places the researcher, the topic, and the sense making process in interaction” (p.390). With this view comes an understanding that the social world is an interpreted world, always under symbolic construction. This is an important factor when thinking about what constitutes evidence, as evidence is tied strongly to an ideological position and our identity in a situation. In order to be more accountable Altheide & Johnson call for researchers to locate their enquiry within human experience: “Our experience suggests that researchers should accept the inevitability that all statements are reflexive, and that the research act is a social act. Indeed that is the essential rationale for research approaches grounded in the contexts of experience of the people who are actually involved in their settings and arenas” (p.406).

## **Analysis**

In this research I have analysed data from three participant sets, each forming two focus groups and an action learning discussion as can be seen below (figure 5). I have also analysed the consultations from Set B and C. As noted earlier, data from each set was transcribed and went through an initial analysis before the next set was convened in order to ensure the research was an active, reflexive process that continued to develop and change through the experience of the participants as co-researchers.

Focus group data can be analysed from a conversation-analytical perspective, which would concentrate on *how* an issue was communicated, but my interest was in *what* was communicated and for this I believe an inductive content analysis technique was most appropriate. For this research project, with its participatory action research paradigm, using participants as co-researchers and forming focus groups and action learning sets, thematic analysis provides a useful method for analysis. I used thematic analysis to identify, analyse and report on the experience of participants. This qualitative approach involved the search for common themes emerging from the data which reflected the construction of ideas created by participants and researcher together.

Figure 5.

PARTICIPANT	PHASE	DATA FOR ANALYSIS
SET A	1	Focus group one
	1	Action learning discussion
	3	Focus group two
SET B	1	Focus group one
	1	Action learning discussion
	3	Consultation
	5	Focus group two
SET C	1	Focus group one
	1	Action learning discussion
	3	Consultation
	5	Focus group two

### Thematic Analysis

There is no accepted method for the analysis of focus group data (Jackson, 1998) but a review of published focus group research (Wiggin, 2004; Liamputtong, 2011) highlighted thematic analysis was the most commonly used. Although this is the case, there has been little guidance regarding the organisation or techniques of using this analysis in focus group research until recently. Braun and Clark (2006) argue that thematic analysis should be seen as a method in its own right. Braun & Clark recognise thematic analysis as essentially independent of theory and epistemology whilst also acknowledging that “researchers cannot free themselves of their theoretical and epistemological commitments, and data are not coded in an epistemological vacuum” (p.84). They believe that thematic analysis creates a theoretical freedom that creates a flexible research tool which has the potential to produce rich, complex and detailed data. It is a method of analysis that is particularly useful when working within a participatory research paradigm with participants as collaborators. It also can usefully summarise key features within a wealth of

data, highlight similarities and differences, and generate unanticipated insights that allow for social as well as psychological interpretations.

Thematic analysis involves searching across data to find repeated patterns of meaning and allows for rich detail. It also can go beyond this to interpret aspects of the research topic (Boyatzis, 1998). In an attempt to create a 'recipe' for thematic analysis Braun and Clark present a six phase guide, and in doing so provide clarity on both process and practice. I used this guide to form part of my analysis structure (see figure 6, p.67). In this research I coded themes for the groups as a whole but paid attention to any cultural differences within each participant set that may have an effect, for instance, differences in gender, ethnicity and cultural background. The themes illustrate both content and process. For example, a process theme was: 'the workshop left therapists energised to try out new ideas' whereas a content theme was: 'family therapists understand art and music offer a difference'. Braun & Clark (2006) describe thematic analyses as falling into a realist/essentialist method, or a constructionist method. In a constructionist method, events, realities, experiences and meanings are examined as effects of a range of discourses operating in society. This is in contrast to a realist method that reports the experience, meanings and realities of the participants. This study uses thematic analysis to elicit both, as I was interested in understanding the participants direct experiences of using art and music in their practice but also could not separate this from the context of their working environment, the NHS, and the discourses inherent in that working environment.

Focus group analysis needs to describe both the ideas expressed by participants and the process of the discussion within its context. This is due to group dynamics, and the interaction among participants, affecting data elicited, as participants may censor their responses or conform (Carey, 1995). Vicesk (2010) offers two approaches to taking situational factors into account in the analysis: 'incorporated analyses' and 'separate treatment of situational factors'. In the first approach the context of the group is analysed at the level of every statement. This is highly labour intensive but useful if the research is to explore group phenomena or if conversational analysis (tenHave, 2002) or Discursive Psychology (Potter, 2003) are being used for analysis, as these approaches tend to focus on the "micro" level of meaning and interaction. The other option

Vicesk proposes is to treat the situational factors separately. In doing so situational factors of the research are described in the first part of the analysis and potential influencing factors on the results, noted. This is followed by a thematic analysis where the focus is on what the participants said, before summarizing the results with attention being paid to any overlap of situational and thematic components. The latter approach was used in this study.

In the coding of analysis into meaningful categories I hoped a balance would be struck between deductive coding (derived from my philosophical framework) and inductive coding (themes emerging from the participants discussions). This was in response to my realisation that I cannot be fully freed up from my experience in the research area, whilst at the same time I do wish to elicit new information and produce the rich data that inductive research can create (Braun & Clarke, 2006; Bernard & Ryan, 2010).

To help clarify the data that emerged I used Massey's (2011) three levels of data characterization. Massey aims to clarify the interpretation of focus group results and make analysis more transparent. *Articulated data* is data defined as directly arising in response to the questions and prompts provided. *Attributional data*, derives from components that are *a priori* - knowledge gained before experience - and can include hypotheses or research questions that the researcher brings to the study, therefore paying attention to deductive elements, and Finally *Emergent data* is defined as data that contributes to new insights and is the unanticipated product of the analysis. Massey believes that distinguishing these three kinds of data is an explicit and methodical procedure that allows for an understanding of how data acquires relevance in the analysis. It makes explicit the balance between information gathered from participant communication and inferred meanings drawn by the researcher, as well as distinguishes data that is linked to *a priori* versus emergent hypothesis. I discovered in this study, that that whilst Massey's categories were very helpful in the initial analysis to highlight emergent themes and separate what participants were bringing to the research and what was new. As the analysis progressed the categories became constricting, especially for emergent data. Massey stipulates emergent data is data that is unanticipated for participants and offers new insights. I discovered I needed two further categories of emergent data: data that is unanticipated by the *researcher* and offers new



insights, and data that is created in the space between researcher and participant. As the results were written up these categories were no longer used to separate the themes, as I discovered all the articulated data to some extent was emergent, given the wide ranging responses from the focus groups. However, what it did help me reflect on further was my role as moderator in co-creating the data.

It is important in the analysis to differentiate between the two focus groups and the action learning discussion. The latter could not be described as a focus group because, even though the same group of people were being convened in conversation, they were being convened directly following an action learning experience. Therefore, the discussion that followed the workshop needed to allow for a continuation of action learning, with the flexibility for questions to be asked and methods used in the workshop to be re-explained.

Figure 6. **Structure of Analysis**

	<b>Phases of thematic analysis</b> <b>Braun &amp; Clark (2006).</b>	<b>Model to clarify the kinds of data that emerge in focus group research</b> <b>Massey (2011)</b>	<b>Treatment of context and process</b> <b>Vicsek (2010)</b>
1.	Familiarizing self with data		Situational factors considered
2.	Generating initial codes	Articulated data	The researcher's <i>a priori</i> theories
3.	Searching for themes	Attributional data ←  Emergent data	
4.	Reviewing themes	↓  ← →	What factors have influenced what the participants said in the group?
5.	Defining and naming themes	↓  Allow for overlap in situational and thematic components of the analysis.  Pay attention to context and process	
6.	Collating results so far	Discuss	

## Ethics

This research project, like all research, needed to look at ethics at a macro and micro level. Following a proposal to the examining board and acceptance of the research idea, I submitted a request to the ethical committee at the Tavistock Centre for approval and once received, commenced my research.

In qualitative research the concept of trustworthiness, as discussed earlier in this chapter, is used to help ensure the ethical delivery of results through reflexivity and scrutiny of data by self and others. In this research I behaved in a way to do *no harm* and was accountable to my work organisation the NHS, to the participants, to my profession as a whole and to the wider research community. In order to do no harm there needed to be a balance between the risk of harm against potential benefits. Gomm (2004) stipulates six categories where health or social research can cause harm or good. Below is a table for this research looking at Gomm's six areas:

Figure 7. Ethical considerations

<b>Possibilities (Gomm 2004)</b>	<b>Possible harm</b>	<b>Possible good</b>
<b>Physical harm and good</b>	No possibility of harm. All equipment used was of a high quality.	No possibility of physical health benefits.
<b>Psychological harm and good</b>	The participants were professionals meeting in a professional context. However, the media used of art and music can be unexpectedly emotive and personal, leaving people feeling vulnerable and unsafe.	The participants may feel rejuvenated by new ideas and the opportunity of trying something different. The techniques may allow participants to rethink stuck issues in their practice and leave them feeling hopeful about positive change.
<b>Educative effects</b>	The research may unsettle previously held	As in most participatory action research, it was

	beliefs and what the research participants learn about themselves may not be congenial to them, for example, if their involvement in the action learning part of the research fails to meet their expectations of themselves or of the organisation they work for.	one of the aims of the research to improve the knowledge and skills of the participants and offer new techniques to use as an adjunct to their current practice. It is possible these skills can remain with the participants and enhance their practice.
<b>Self determination</b>	Informed consent was obtained from all participants and participants were made aware that they can leave the research at any time. However, one of the participants was my supervisee and may have felt obliged to enter the research - to reduce this possibility this risk was explored in supervision.	The action research element of this project may encourage greater self determination in the work place to create positive change.
<b>Privacy and confidentiality</b>	The participants knew each other so privacy was reduced; however, each focus group was asked for issues arising in the groups to remain confidential and all data was made confidential.	Knowing all data would be made confidential may have created freedom for the participants to enter the project freely and authentically.

<b>Material, political and reputational gains and losses.</b>	The use of the techniques taught during the research may be unsuccessful when applied clinically and lead to the reputation of the clinician being put in jeopardy.	The action/participatory aspect may lead the participants to pursue further research themselves. The techniques may prove a helpful addition to clinical practice, be received well and increase the reputation of the clinician/establishment.
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Confidentiality and protection are the major ethical concern of focus groups (Plummer, 2008) and, because participants interact with each other and not just the researcher, there are also privacy concerns (Morgan & Kruegar, 1993; Smith, 1995). The participants in each research set knew each other and whilst this has some benefits, for example, being able to develop ideas together in the work place, it also meant that confidences shared in the group were at greater risk of becoming gossip in the workplace. As moderator, I had no indication of what would be disclosed during a focus group, so it was important for ground rules to be set at the outset, with an emphasis that anything that the participants may be privy to during the focus group is to be kept confidential (Parsons & Greenwood, 2000). My subject matter of art and music appeared relatively safe, in comparison to other focus group research looking at more socially emotive subjects. However, there was no guarantee that some unexpected disclosure would not take place, or that experiences in the group may adversely affect working relationships following the group. However, it was my belief that CAMHS teams should be used to working together in various different, often stressful, situations which means for this research the benefits of convening teams to participate together, outweighs any risks.

Participants' anonymity, and the identity of any families described in the clinical work shared, also needed to be ensured in the transcription of data. Participants were informed of what would happen to any filmed material, audio recordings, diaries or notes taken. The research took place on multiple sites which required

greater ethical consideration in keeping data confidential and safe. In order to do this film footage was kept safely stored and all names were changed on transcribed material. It was also important that I informed the participants of the purpose and expectations of the research, and reassure them that there is no such thing as a right answer, in order to curtail any anxieties regarding level of knowledge or previous experience (Plummer, 2008). Participants were sent participant information sheets prior to convening the first focus group, so they could come with an awareness of the research content and knew what they had signed up for. Consent forms were completed by all participants that included a statement reminding participants that their participation was voluntary and they were free to withdraw at any time (see appendix p.199).

## **Summary**

In this chapter I have set out the rationale for how this project was executed in terms of method, design and theoretical and practical processes involved in convening focus groups in action research. My philosophical and epistemological position has been explored in order to describe what I come to the research with, why I have chosen this route and the background to any assumptions and decisions I have made. The following chapters look at the analysis and results from the project.

## **Shall we dance...?**

### **INTRODUCTION TO ANALYSIS**

The following analysis chapters are presented with a little help from Ella Fitzgerald. The Ella Fitzgerald Songbooks are a series of eight albums released between 1956 and 1964 recorded by the American jazz singer Ella Fitzgerald, with support from a wide variety of orchestras, big bands and jazz quartets. I find the titles of the songs she sings, in just a few words, are evocative, descriptive and fun. Using the titles of her songs has helped me to stay with the essence of what this study is all about, and remind myself of my position and what I bring to this study both personally and professionally. Something I wasn't expecting whilst writing up the analysis was to be singing, but the titles of Ella's songs, from tunes I know so well, have resulted in me regularly singing out loud. One day sat at my desk, I couldn't get the tune of 'Paper moon' out of my head whilst I was typing. The lyrics go: "Say it's only a paper moon, hanging over a cardboard sea, but it wouldn't be make believe, if you believe in me." I then realised that what I was writing about was belief systems. The song helped me identify what was emerging from the data and as a result I was able to focus my writing on this element, and organise my thoughts around the meaning of this in the research.

Ella was a shy and retiring child, who grew up in poverty and suffered great loss at a young age. However, Ella could "sing how (she) feels" (Ella Fitzgerald). I have used music and art in my practice to help when young people struggle to find the words, or there are no words, in order to offer an alternative way of communicating thoughts and feelings. Therefore, it feels fitting to use Ella Fitzgerald song titles throughout the analysis to introduce each section. I have also used Duke Ellington and Billie Strayhorn's four movement "Portrait of Ella Fitzgerald" to organise the analysis as a whole and followed their titles:

## **A PORTRAIT OF ELLA FITZGERALD**

### **First Movement: Royal Ancestry**

In this chapter the analysis of focus group 1 is presented. Focus group 1 was designed to elicit where the participants positioned themselves, in regards to music and art in their practice, before commencing the research and to discover what they 'brought to the table' in terms of their personal and professional experiences of art and music. It was important to place this in the context of the participants' cultural identity and how this affected their relationship with art and music - hence the appropriateness of the title 'Royal Ancestry'. In this way I was able to trace the participants' journey through the research.

### **Second Movement: All Heart**

In this chapter the music and art techniques and the rationale for their use are described before presenting how the techniques were developed through the action learning process. In order to place this in context there is a summary of the main developments involved in the action learning discussion, the consultation and the final focus group processes. It contains heartfelt descriptions from the participants.

### **Third Movement: (Not) Beyond Category**

In a portrait of Ella Fitzgerald the third movement is titled 'Beyond Category'. I have taken some poetic license here and added the word 'not'. However, when using music and art I do believe that some experiences are 'beyond category'. The third movement considers processes in the development of the therapist's thinking and practice. Themes of therapists' identity and of change are examined.

### **Fourth Movement: Total Jazz**

In the final chapter the main findings from the study are presented, and significant processes highlighted in therapists being able to own and develop the music and art techniques. The significance of family therapy identity, theories of change and how ideas are embedded are explored, as are the implications of these findings for the future development of music and art within systemic practice.



## **FIRST MOVEMENT:**

### **ROYAL ANCESTRY**

#### **Focus Group One**

### **EMBRACEABLE YOU**

#### ***Curiosity, excitement and a desire to be creative***

All the sets shared a desire to embrace the opportunity to learn some creative techniques and new ways of thinking about therapy:

KAY (Set A) *I thought it might reawaken my dulled creativity (laughter)... so that's my hope really, to wake me up.*

There was also a challenging of initial perceptions about what the research might involve and a sense that art and music might be do-able and useful:

LOUISE (Set C) *When I first heard about it I wasn't really interested and then someone, I think it was Cecily told me one of the things you had done, you had drawn around the family's feet and then got people to swap and I really liked that idea. I thought that was really great and I thought I could do that.*

Louise was encouraged to participate, but what of those family therapists who received the invitation and chose not to come? Louise became interested because a technique was described to her that touched on her current practice enough, that she was interested to explore further. Louise's response alerts us to the importance of a frame of reference when considering embracing anything new. Creativity in some cultures is conceptualised as building on what is already there, not producing something totally new. This highlights the question of what the frame of reference was either personally, socially or professionally for each participant that made the study accessible and valuable enough to participate? This is important to consider if this study is to grow beyond the confines of the three sets convened. For Set B there was a team culture of seeking out difference and newness in their work. There was curiosity underpinning each set's participation in the research, with shared anticipation and excitement at the scope of new learning:

EDMUND (Set B) *Anything new always welcome, anything different even more welcome.*

The research idea was embraced as a potential resource to enhance working practice. Being creative was seen as a good thing, there was an openness to learn and an acknowledgement that creative ideas make sense and are potentially useful. Part of this making sense was a shared belief that using verbal techniques only can be restricting; with thoughts about music and art being helpful in overcoming stuck positions:

ESME (Set B) *I was thinking about the families that we see who aren't so verbal and maybe, you know, we can get stuck with developing ideas because they are restricted in how much they can articulate, so for me using different kind of creative ways of exploring ideas is something interesting.*

Participants were keen to add new techniques to their repertoire in an effort to work spontaneously with what children bring to sessions:

LEO (Set B) *For me it's also about having a tool box of things that I can use, to use when I feel like it or when the moment is right, because the type of families we work with often have multiple problems, so that for a lot of the sessions it is very hard to plan.*

The participants' volunteering to be part of this study reflected an initial curiosity and desire to develop their practice with new ideas. Practical techniques were welcomed and art and music were deemed appealing, as they are non-verbal and hold the potential for fun. There was also an over-arching aim to 'wake up' creativity generally within the clinicians, with hopes that the training element of the research may fulfil that role. The following section looks at what the participants believed might prevent that from happening.

## **BUT NOT FOR ME**

### ***Inhibitions and restraints***

#### **That certain feeling**

#### ***Uncertainty, anxiety and self consciousness***

In all the sets there was an element of participant vulnerability and anxiety about trying something new, including some strong feelings of constraint about opening up into new areas of creative working as Vanessa illustrates:

VANESSA (Set B) *I feel constrained in myself, and I don't know where to take the conversation...I struggle to incorporate it into what we are doing... it's how you use what you are trying to create to move things forward.*

Limited access to art and music resources, lack of creative thinking and no specific training were all cited as reasons for not doing it:

NADINE (Set C) *We have had no access to any musical things so its, I suppose partly access and partly not necessarily thinking outside the box, to think whether it would be useful and partly not having any of that training, it isn't necessarily 'ooh let's do music'.*

Participants spoke of feeling uncertain, unconfident and self conscious. There was anxiety about the 'doing' part of the research, the predicted concept of needing to perform and a fear of being exposed and judged through performance:

KAY (Set A) *I guess it's the anxiety of the performance, the anxiety, that's the bit that makes me nervous.*

Music was constructed as players before an audience, of something to be potentially judged, and of something requiring skill. The new ideas seemed daunting and there was a sense of needing to overcome an emotional block in order to use the techniques and participate. The techniques were viewed as alien to current practice by some participants and music was seen as particularly exposing and therefore provoked greater anxiety than using art:

LOUISE (Set C) *Can I say that I would really, really lack confidence doing any music. I can't imagine introducing music into our work setting at all...Yes too different really.*

LINDA (Set A) *I feel quite comfortable with arty things but the music thing, I'm sort of thinking, do you have to get out and start and play an instrument yourself or something? (laughter).*

However, for others, who had music within their every day cultural context, using music in the work setting was more of an enigma:

DEBBIE (Set C) *...and I thought music we can't do, why don't we do it? You know, how could we do it? ...I was kind of interested in music being fun and um that was my initial thought, but then I thought music is so moving you can use it in so many different ways and why don't we, why don't I?*

The participants acknowledged that using art and music was not part of their original training and they needed practical instruction. It was felt that specialist equipment and a special room was needed for art to take place and using art and music may risk something:

LOUISE (Set C) *Yes, we all sort of say 'oh let's not bother' because we feel awkward.*

However, some participants, despite their anxiousness, were able to express the positive possibilities available to them through exploring the use of art and music in their work:

MARCUS (Set B) *I think music feels quite exposing which on the flip side might be a positive thing because you can actually bring yourself in more directly.*

Marcus viewed opportunities to feel awkward and de-skilled as a potential isomorphic process that may help the family who feel equally anxious and de-skilled. Marcus' idea questions our positions as therapists with families, what we can risk and how introducing something new may need negotiating within the therapeutic relationship. For other participants introducing something different and feeling de-skilled was more threatening, as can be seen below.

### **They all laughed**

#### **A need to be taken seriously.**

The participants believed that when you are a trainee you have permission to get it wrong and have lots of help to hand. Introducing creative ideas as a seasoned professional and not being sure was viewed as more risky and isolating:

ELSBETH (Set C) *One of the real struggles that really stopped me, was the clumsy segue to introducing it, I wouldn't know, it wouldn't be smooth as in the way when you are first learning to work with families, but then I would have had all sorts of people to help me think about that. Where as if I try and I'm not sure I will just back away from it.*

Elsbeth touched on the ideas of 'help' needed to embed ideas. This was to become a major theme as the participants began using the techniques in their practice. The participants also questioned whether music was too frivolous to use:

LOUISE (Set C) *I thought music we can't do, why don't we do it, you know, how could we do it? Or is it somehow too frivolous to do music in therapy?...There is something about families coming thinking that they are coming for talking and then you introducing something else and instruments as you say feels very different, too different (laughter).*

Louise launched what became a major theme in the study, which was professional identity and how to incorporate difference. Some participants felt held back by their assumptions of what a family might make of using creative media, with a concern that parents may not view it as real therapy and the therapeutic relationship may be left jeopardised. Participants felt that families come to talk and music was too different from this and the work is too serious to think about adding a creative element:

DEBBIE (Set C) *Is it too childish, you know? The parents might say why are we doing this? Is this real therapy? That might be what's holding me back.*

Music felt potentially exposing and ignited protective feelings in the participants:

SHARON (Set A) *Feels like it might be harder for the families as well if they weren't musical as well, might feel a bit...it's very public when you make a noise, isn't it?*

The idea of making noise also felt inhibiting for the participants:

STELLA (Set C) *There is also the constraint of using music in this building where you know that a couple of people are going to come out and knock on your door and say 'excuse me we are trying to do some work'.*

This self consciousness was shared among all the sets:

LINDA (Set A) *It might be a really good medium for engaging with someone who finds talking quite difficult, but the sort of thought about how you might bring the music into a session without feeling ridiculous.*

Participants discussed what being 'systemic' means and what it means to be working systemically. There appeared to be a dilemma and dichotomy between silence and talking and what the role of the family therapist is. As can be seen in Linda's comments:

LINDA (Set A) *...Which is quite different (working in partnership with an art therapist). There was loads of art stuff, so it was quite interesting. I'm not really that confident that we did very much systemic work because in a way the art therapist was leading with the thing that she would normally do, using the art materials and so I wasn't quite sure how much I should talk or not, because usually I talk quite a bit, but I was not sure how you meshed the two together, to make it make sense.*

This section demonstrates that for family therapists words are the safe base from which identity, therapeutic alliance and efficacy are all strongly associated. Music and art on the other hand signify not only the unknown, but something potentially dangerous, that may see therapists exposed and at risk of compromising professional integrity. The conversation also constructed art and music as something strongly linked to a childhood or leisure activity that may disturb the peace, and therefore may not be conducive to the serious nature of therapy.

### **Something's gotta give**

#### ***The confidence to be different***

In some participant sets, where the value of art and music were realised, the confidence to apply it was missing:

ELSBETH (Set C) *For me it's slightly different, it's around confidence because I did want to do it when I heard about it ...I'm not confident in (creative techniques) in relation to myself, um, I lose confidence in trying to apply that with families.*

Participants were aware of their own inhibitions that deter them from using creative and expressive media:

LOUISE (Set C) *I suppose I have to understand that it would be helpful, and I sort of feel, through training and experience I know that some things are helpful through talking, so I suppose it's the confidence of introducing something that I could really know might be helpful.*

SHULAH (Set B) *Well I was quite anxious and would be the first to think: 'Oh God' but I do want to do it because I can see how valuable it is, you know, especially with adolescents I think, the expressing themselves through music and art which I have never been able to do because I am not, I'm rubbish at art, so I was quite anxious thinking that, I'm very excited to learn.*

Shulah declared that she is no good at art. It became evident that the concept of being creative may be a potential barrier to embracing the techniques. It is not only what you bring professionally, but what you bring personally, that equally influences the ability to embed something different within professional practice. Professional practice, and therefore professional identity, was constructed as closely linked to knowledge and use of words in helping to create change. Therefore, the addition of something new, that is not word based, challenged that identity.

### **Just one of those things**

#### ***The concept of creativity***

Throughout the discussion, there was a perception that you are either naturally creative or not and that you either have talent or not. With this came an assumption that you need to be naturally creative to think creatively:

LINDA (Set A) *It's interesting some times when you suggest art therapy to young people they say: "yes but I can't draw" and it's this idea that you've got to be able to be a good artist or possibly a good musician, so it's getting over that isn't it... perhaps you have more time to do the creative thing if you're naturally creative.*

Marcus considers the interaction between personal and professional life. What this raises is how foreign music and art may seem to those not involved in it as part of their identity:

MARCUS (Set A) *So it's about feeling quite nervous I think to use a medium, I think, art and music is not something I am doing a lot in my own personal life. I don't know if that's to do with that. If you are very comfortable with it anyway you might find it easier to bring it into your practice.*

However, it was also argued that using art personally does not mean that there is an automatic link to using it professionally.

VANESSA (Set B) *I am interested in being here today because although art and music play a significant part in my private life, I don't feel I incorporate it the way that I would like to in the individual family work I do.*

Creativity was valued by all participants and working with creative colleagues was seen as useful. However, there was an element about ownership of creativity and a need recognised to have a collection of creative ideas to work from:

SHULAH (Set B) *I'm not creative at all and um, when I had sessions with Joanne, she's very creative and if she brings something to the session I'm very happy to go along with it, but I couldn't think of something myself, and when she introduces something I think 'Oh that makes so much sense', but I need some ideas myself to become more creative.*

Some participants discussed the idea of having or not having talent, the majority explained how their feelings of inadequacy were superseded by the value of using creative media:

JASMINE (Set B) *I just thought how fabulous music and art... I love music and art but I have no talent in either but have always been surrounded by, my family of origin, my father's very musical and my husband is very artistic, so I'm surrounded by these talented people but have none myself but I love both.*

It appeared that for those who described themselves as not talented a love of art and music still felt accessible, especially if resonant in their culture of origin or current social context. However, it was more common for art to have been tried with families in therapy but not returned to for those who believed they were untalented:

ELSBETH (Set C) *Over the years I have done a lot of thinking and dipping a toe in the water of using more creative activities and because I'm not confident in them in relation to myself um I lose confidence in trying to apply*



*that with families, it does feel easier if you are just with children on your own, I guess, but it's also about my own confidence.*

Past experiences of music brought up particularly strong feelings and anxieties with stories of music in school and being told not to sing. There were strong feelings that you are either good or bad at music. Confidence with singing and art was described by some as being 'knocked out' of them at school:

*NADINE (Set A) I was in the top class at junior school we did a concert, that was very nice and I thoroughly enjoyed that, we went into the secondary part of the school and the teacher went around and decided that there was someone singing off key, 'there is definitely somebody singing off key' (laughter) and then came up to me and said: 'It's you!' and 'don't sing anymore', so I had to be in this music lesson but not singing, so I was there mouthing (laughter from all).*

These experiences made me realise what needed challenging within the participants thinking, and within the thinking of the families being seen, if the techniques were to be adopted successfully. Participants held two discrepant beliefs. The first belief was that art is accessible to all when thinking about the young people we work with; this is due an assumption that all children can do art. The second belief was that due to individual differences in the 'talents' or 'creativity' of the therapist, access to art is restricted. Therefore, the belief of value and accessibility is overshadowed by individual and personal beliefs created in the historical and social contexts of the majority of participants, especially concerning the school experience. It was important to challenge ideas about the need for music or artistic talent in order to be able to incorporate the ideas into family therapy. The workshop was designed as the forum in which to start this process.

### **Miss Otis regrets**

#### ***Work pressures and organisational change***

The participants spoke about current struggles and pressures in working within the National Health Service, as can be seen in this extract from Set A:

*KAY: Going back to the organisational constraint... I'm aware that there is less room to do joint working... as organisations we spend a lot of time having to tick other boxes...and that pushes out the time to think and be creative and reflect... it's a really hard task for all of us.*

NADINE: *I think when you are pressurized you stick to your comfort zone, if art and music is less comfortable for us, it is not something we are going to rush to do and there is so much change going on, you just want to stay in your contained little world...*

MODERATOR: *But you came here, you came today*

GROUP: *Laughter*

Although my comment about participants' attending was met by laughter, it indicated a desire to think differently and creatively despite constraints such as lack of time to prepare and the assumption that you need time and space to be creative. Whilst the participants expressed a need to have preparation time in their working environment, they also reminisced about the 'old days':

JASMINE (Set B) *It is interesting isn't it because I was thinking about resources and thinking back to the old days when I had my own room to work from, clinically, and you'd have all those things...those were kind of present, and I was also thinking that rushing from one thing to the next...it's a bit of an excuse really? And actually if we thought it through in a bit of a different way then...one could think about those things.*

Participants' experience of work pressures resulted in limited time for thinking and organising alternative activities. In this context, therapists return to what feels safe and what they know. Described by participants as the 'comfort position', this defaulting process can be seen as both a natural response to work pressures and risk, as well as key to understanding the process of change.

## **DAY IN DAY OUT**

### ***The importance of team support***

The influence of team culture was identified, with participants needing their teams to work with them if they were to embrace something new. Participants found it helpful to latch onto the creativity of others and stressed the importance of new ideas being accepted and supported by the team if they were to survive:

MARCUS: *I was thinking of a service I used to work in where I think lots of people were more naturally doing that thing...perhaps it's something to do with team culture and how comfortable you feel and how much you actually exchange with other people about that work ...*

SHARON: *... I think it comes from the team, when we do multi- family therapy there are four people... It does take thinking ahead and you do want to get it*

*ready, it's not something you can suddenly do in the middle of a session, let's turn it into a music or an art session, you've got to get it planned ahead I think, it does help to have a team where you are all working together on it.*

Marcus confirmed the idea that working with a whole team enables change in culture. Ideas are accepted and become norms when exchanges are able to happen and work is shared. Music and art were seen as being used in quite a formal, planned way in multi-family therapy and the planning was seen as making it possible for it to 'work'. It was important to consider how the need for planning might be challenged in order for the techniques to remain flexible and adaptable tools.

### **EVERYTHING I'VE GOT**

#### ***Previous knowledge & experience of using art and music***

The participants discussed previous positive experiences of using art in their practice:

*VANESSA (Set B) There is always pens and paper, and there is an expectation, or an assumption, that particularly when working with children, that they are going to want to be doing something else whilst there is a conversation going on, that includes them or doesn't include them, but we assume they can do more than one thing at a time.*

Although, many art experiences in therapy were described as happening in parallel to what was being discussed, with the child drawing while adults talked, and not being focused on, some participants were using art and music much more directly and focusing on the activity:

*EDMUND (Set B) If you ask a child to draw something in parallel you may hope something comes of that, but if you frame a whole session in terms of 'well today we are going to do something', frame it as an experiment or something, entirely different...*

Art was also used more directly both as an aid for the therapist to help formulate questions as well to help families tell their stories, especially if words were difficult:

*MARCUS (Set A) Yes about them being able to tell their story. Verbal was my primary but I tried to use some drawing to tell me, or to help me ask questions about the relationships, about the experiences.*

Art was also used in a directive way as an adjunct to talking in order to help focus conversations and illustrate more abstract or metaphorical ideas like externalising:

ELSBETH (Set C) *I have used it in the past, but I use those words 'more directive' or 'organised', to do something like a family shield, a drawing that the family would do together but... I don't attend to them that much... I might say 'let's use this medium as a way to think about something that we are using words to talk about', which the externalising is an example of that, otherwise the having pens there is an undirected activity that I may refer back to.*

Cartoons were seen as particularly dynamic to use with children in a progressive way:

CECILY (Set C) *Yes cartoons ...it's a more dynamic thing, they can also put a bit of text in and I've had separate incidents where we have done that kind of thing in therapy.*

Trainees were cited as sometimes using art in their work, and some participants had been involved in using music with me in the past and had positive reflections about how useful it was:

SHARON (Set A) *Having done a little bit of using music with families a few years ago with you (laughter), I know how interesting it is and you tend to let these things fall away and I know in multi-family therapy we use art...and I know how useful it is in that.*

Art was deemed as not only useful in multi-family therapy group work but integral to the multi-family therapy process:

SHARON (Set A) *The multi-family group programme is a 5 day programme so you have to change the pace a bit, that's one reason for bringing in the art, the other reason is that it gets families doing something together... You get people that you wouldn't think do get into it, hmm, they produce amazing things as well.*

There were positive experiences of working alongside art therapists but also finding the informality of the art therapy space unfamiliar. In general the participants felt there was 'informality' about the nature of using art they were not used to. It is possible that the looser structure and pacing felt foreign, as well as the less direct approach that allowed issues to unfold naturally, rather than as a result of the therapist's questions:

LINDA (Set A) *I have worked with one of the art therapists here and we've done some systemic art therapy. Hybrid sessions which the families we worked with really seemed to enjoy...We used it in families where one of the kids had a diagnosis of ADHD and there's been some work done in the States about the use of art therapy and family systemic skills with that particular client group... which we did in the art room, which was really funny for me because we did it on a bean bag.*

Systemic art therapy had been used with the ADHD client group and the participants were aware of work happening in the area of child development, especially mother and baby interaction through singing. Overall there was a perception that art was more useful and accessible when working with younger children:

KAY (Set A) *I remember I have used things like getting kids to draw dreams and worries, quite often, that felt very familiar and comfortable with traumatic stuff and I haven't done that for ages, and that is partly I guess tending to work with slightly older ones, so it is much easier to introduce it with younger children I think.*

Edmund from Set B did not partake in art and music making but used art and music as a resource:

EDMUND (Set B) *I also use it for mentalizing work, art or arty postcards, photographs and so on, but I give people either individual work, family work or multi- family work where they are meant to perhaps describe the mood that they imagine this picture portrays, they have to speculate about the artist's frame of mind and they have to think about what, let's say, what it triggers in themselves...and I do the same with music.*

Edmund, who held a senior position in his team, had clearly created an ethos of creativity and experimentation around the use of art and music within his team, and while many of his techniques were not shared by others and appeared to be his unique way of working, art was open to use and discuss:

EDMUND (Set B) *I think the principal for me... is that words are limited, and are a limited means of people thinking about themselves and achieving something or communicating to each other and I think okay, what non-verbal things can I do? And that maybe drama orientated, that maybe art orientated, or it may sometimes involve music as well.*

Edmund was a practicing musician as well as a clinician and felt free to work creatively. It appeared his authority and his embracing of creative media was

influential for the team, who experienced being given permission to embrace the new ideas.

Participants appeared to focus on art more when parents did not join their children in sessions, with art regularly being used with younger children. It was felt that it was easier if working with a child alone to incorporate art ideas, as in this setting art felt the natural thing to do:

*DEBBIE (Set C) You know doing drawings with people or kind of visual representations of peoples own ideas and thoughts, you know that feels very natural to do. It's just I thought if we do that why don't we, that's all, I mean with art. When I used to do individual work with children we did lots of hands on using clay and different mediums which I loved, but it was really messy clearing up afterwards, glitter and all that kind of thing.*

Participant conveyed beliefs that mess within creativity is 'naturally' in the domain of child's play not adult play. Drawing is acceptable with adults but to go further into art activities like painting or use of clay maybe risky. When participants discussed doing art with children, it was clear that they really enjoyed working with children in a messy, creative way – apart from the clearing up- which led me to wonder whether therapists were wary of enjoying themselves too much, in case it is misconstrued that they are not taking the work seriously. This links to ideas about professional identity, therapist's remit and acceptance within the team.

## **REACHING FOR THE MOON**

### ***The nature of childhood***

It was believed that children give us permission to be curious and as children are not necessarily aware of rules and restrictions, this can be freeing. Whilst children have permission to be free, curious and creative, adults were seen to be constrained by rules. Children were seen as being able to respond naturally and it was experienced that having children with you, allows for barriers and inhibitions around expression and creativity to be dropped. This would go some way to explaining the participants ease when using art individually with children, rather than with whole families. Children have permission to be creative, make mistakes and cause mayhem, so when working with children alone do we also

have that licence? Stella discussed an experience of an interactive art piece which led to a discussion around the nature of childhood:

MODERATOR: *It's interesting because as you are talking, I'm wondering if it would be different if you had a younger child with you, would you*

STELLA: *If I had kids, yes I would go absolutely bananas with them.*

SUNNIVA: *So it's something about permission*

DEBBIE: *Because children often get quite curious about what they want to try*

ELSBETH: *Very young children don't know that there are rules, so that is very freeing, they don't have to know the rules, they just respond to what is there, they don't stop and say: 'Are you allowed to do this?'*

### **WHEN THE SUN COMES OUT**

#### ***The difference that makes a difference***

Participants shared a belief that words are limited and art allows a different lens to look at difficulties in a new way and see people in a different light. Participants believed art had a place in helping to overcome communication difficulties and help in aiding expression:

LINDA ( Set A) *We thought it might be quite a nice idea to try and see what it was like, particularly where there was a communication issue, that it might actually take the focus away from it, being talking to actually doing.*

Structured art activities had been experienced as useful in opening up conversations and helping to bring families into a shared focus with the potential to harness clients' talents and strengths:

LINDA (Set A) *There had been quite significant difficulties between the mum and the daughter and it took away that intensity about focusing on the relationship, they chose an art thing...a picture of their life story which they could stick things on, but actually it took the focus away, so they put down very difficult things on this picture that I think they would have had real trouble talking about, but it seemed to take away those difficulties somehow.*

Art was used to create a helpful shift in sessions:

ESME (Set B) *"I think it's a really good way to change the pace as well, when things get a bit stuck it gives you that opportunity...to do something visual,*

*and come together on something... I think it can be met with relief sometimes, it can change the dynamic in the room.*

Culturally art and music were also viewed as having the potential to offer a safe place:

*LEO (Set B) Where I am trying to use it a bit is for people that have been traumatised...helping people to remind them of their culture of origin and to places where they have felt safe. I have used it to think about reaching an emotional non- verbal level but I would like to develop that a bit more...use it more creatively.*

In considering the 'emotional non-verbal level' Leo suggested that there is a level of feeling that can be reached beyond words through music. Art was also described as very helpful for troubled adolescents who have difficulty expressing feelings verbally:

*JASMINE (Set B) There are groups of adolescents who were very, very troubled and it was quite difficult to express verbally and express in other ways so using different aspects, I use dance and drama a lot as well actually, but also used art in those contexts, so it was very much around expression and making expression visible to other people in the group, so you could use the group to think about resilience really.*

The participants shared insight into art as both a communication tool but also something that can stand on its own when verbal work has been difficult. There was also an acknowledgement that art can be fun:

*JOANNE (Set B) It's really good and its fun, it can be really good fun, most people have done a bit of art or a bit of something at school, so it really brings people out maybe to express themselves.*

Set B came to the research with both experience and support. This firm foundation made them very receptive to the new techniques and highlights the importance of understanding our starting positions when undertaking anything new.

## **FASCINATING RHYTHM**

### ***Inspired by drumming***

One group of participants, who had experienced their own drumming workshop, were inspired to use drumming with service users. For these participants thoughts of doing something with rhythm felt congruent with women who had



experienced violent relationships. The participants were not restricted by lack of musical resources and shared thoughts about home-made instruments being interesting not restricting:

*CECILY: All had addictions either alcohol or drugs, so we felt we wanted to do something, I don't know something in relation to being responsive and setting up a rhythm with the group... It was really very well worked out.*

*ELSBETH: Had lots of plastic pots with these various seeds and er, beans, which was really interesting the different sounds. We had an interesting time, we just didn't quite (do it).*

I was excited by the idea of the drumming itself being a way to ignite responsiveness and wondered what would need to be in place for the participants to go through with their great idea. Participants also shared experiences of using improvised rap songs and feeling confident in using rap songs, in a fun, purposely unskilled way, to engage a young person and the family:

*STELLA (Set C) The other thing I do when kids are really, one of them is into rap, I make up rap songs which he absolutely hates and so it really works very well. So I come up with some kind of dire rap song about his mood or his frame of mind or what he's been up to, so it kind of works because his parents get quite engaged in it and he gets quite engaged in it and corrects me every now and then.*

Here the therapist's playfulness finds a vehicle through rhythm, which in turn connects to the young person through touching on aspects of musical culture. The participants also brought attention to rhythmic musical language and metaphors used in their work such as 'getting out of sync'.

*CECILY (Set C) One Guy had bipolar and they talked about when his rhythm started getting out of sync, you know the way that it affected him.*

## **YOU DO SOMETHING TO ME**

### ***The power of music***

The power of music to evoke memories, sensations, and feeling states was discussed:

*SUNNIVA (Set C) I associate that with a really powerful, significant event in my life and that was when my sister was born, my dad actually delivered her in the bedroom and I remember watching this whole scene and really this song playing in the background and it was so powerful, the power of music to bring the memories and I'm right back there.*

Sounds of particular instruments were evocatively remembered and lyrics seen as a powerful way to remember and keep memories alive. Many musical memories were connected to dance. In childhood, music was seen as being in the 'ether' and part of being. It was also seen as increasingly important as people get older, due to its power to evoke memories:

*ELSBETH (Set C) I know all the words and it's all in some small corridor in my brain... My mother would sing them; they would be on the radio...Ella Fitzgerald, Frank Sinatra, those people...and I always danced and I really loved dance and so I got into music in some ways there, um over the years music has become much more important to me, extremely evocative and moving.*

Music was also described as personally helpful in day to day life:

*LEO (Set B) Music has helped me a lot in my personal life, I have used different pieces of music at different times to help express emotions in a non-verbal way.*

During the first focus group the power of music was recognised personally and culturally. It was therefore interesting that when it came to thinking about using music professionally, it was seen as such an alien phenomena. The power of music is seen as a positive aspect of life, yet is also one so very personally connected to individuals, that bridging music into professional life holds the potential to be exposing and risky. Art on the other hand can be experienced from a more personal distance and therefore feels safer. These ideas are also illustrated in the next section on culture.

## **WITH A SONG IN MY HEART**

### ***Cultural connections***

The participants explored the social constructions of what makes art or music 'good'. Art and music were linked to formal education with art being deemed more accessible than music. Music and art were thought of as being more significant and prominent in certain cultures, making it a natural process for people from within certain cultures to pursue, whilst others may close off from music and art when it is not integral to their cultural identity:

JOANNE (Set B) *I grew up in Wales ... and of course music and art is really key, there is more focus on that in school and there were choirs and things like that...then we moved to Kent and ...the schooling was very, very different and the emphasis was very, very different, we just kind of changed and that's when we shut down...*

Participants believed that as they have become older their identity is more closely linked to cultural markers and music is one of these:

SHULAH (Set B) *During my adolescence I didn't listen to any Iranian music because it was too difficult, but then when I was in my 20's I went back to it, the old Iranian songs and it was quite healing actually.*

Art and music were seen as bridges to what is already happening in a young person's culture and therefore an opportunity to reach those who may be hard to reach:

JASMINE (Set B) *...but I think there is a population... that's difficult for even us to reach, you know, there are possibly individual cases that people work really well with, but I would like us to think about music in particularly in relation to adolescents that would be something I would be really interested in.*

The participants discussed the universality of art which they found helpful in bridging different cultures, ages and abilities:

JOANNE (Set B) *When you've got families of different abilities and also very different languages and children of different ages and you often find that it is something they can all participate in.*

Listening to music from our roots, especially in a native language, was seen to have the potential to take you to a spiritual place in a highly nostalgic and powerful way.

SUNNIVA (Set C) *It's more what my dad used to listen to that I now connect with and it's something powerful about...talking in Urdu, it takes you to a different emotional place and although I didn't have all the language because you don't have all the psychological terms, something about the Urdu connected me emotionally to the material ...I can't really describe it, it's almost like a spiritual experience, um and it takes me back, its more powerful and nostalgic, and it's like 'ah okay that's me'.*

An Asian Caribbean culture of drumming and singing was also described with parents involved in making instruments and regularly drumming with household objects. In this environment music was seen as a part of life, not to be discussed, just integral to daily living and forming a background to childhood.

DEBBIE (Set C) *When I was growing up there was always music, it was always there in the background, my dad used to sing a lot when he was happy, you know, just natural and spontaneous...My parents are from the Caribbean and they used to drum, the Asian culture, so when he and his brothers were around they just used to start singing and beating whatever was there, they didn't have drums.*

Playing of certain music was seen as central to many people's community lives with links being made to church. Art was seen more passively as something on a wall but with experiences described of school trips to galleries and the joy of looking at works of art.

In discussing cultural backgrounds the participants' belief was that a background with no art and music leads to inhibitions; in these cases access to art is often seen as something related to class and intellect. Some participants had attempted to re-write family scripts surrounding creativity when it had been lacking in their own childhood, to allow their children the exposure to art and music that they did not have. It was also noted that what we might reject from our parents as adolescents, including art and music, is often returned to as adults with an appreciation of parents' knowledge, culture and experience:

LINDA (Set A) *My dad's side they've always been sort of into music, so I grew up with him playing incessant tapes and long trips to Spain in summer and he was very keen on, it's a bit like flamenco in Spanish but it's called 'Salswala' and it's a bit like mini operetta's in Spanish, lots of wailing and screaming, so I hated it when I was a teenager but quite like it now, so it's gone a bit full circle.*

The power of music to evoke past memories and contexts is conveyed in these accounts. This is significant when we consider themes that were to arise in the

workshop and consultation on how music may be used to contribute to the remembering and telling of family stories.

### **TO KEEP MY LOVE ALIVE**

#### ***The challenge of sustaining creativity***

When music or art are not part of a participant's personal social context, the thought of using new ideas involving music and art were seen as challenging. There were questions as to how to sustain and maintain these ideas within practice with some participants wanting help to transfer positive personal experience of using art and music into their professional domain:

MARCUS (Set A) *So it's really interesting to try it out and learn something and personally I don't find myself looking or using a lot of music and art, so I think it's going to be a bit of a challenge but an interesting one.*

The participants experiences had lead them to believe that you need space to be creative and confidence in being creative is lost when feel 'bogged down' in work.

STELLA (Set C) *I suppose I was interested, something that I always think is interesting, but that I would not have the confidence or the creativity, because I'm bogged down.*

Time pressures also played a part:

EDMUND (Set C) *... couple work for example, say I had six sessions, two may be entirely art focused or music focused, so, time pressure sometimes makes us feel less creative than we could be.*

### **SOPHISTICATED LADY**

#### ***Family therapy is a serious business***

The participants discussed what it means to be part of CAMHS and the seriousness of the family therapist's remit; again the seriousness was equated to needing words not art:

STELLA (Set C) *There is usually some very serious stuff and how you lift... parents' thinking into...a different dimension can be quite a struggle. Even in*

*trying to get them thinking that they might be part of the problem is a challenge, so some you can (be creative with) but it's not always easy.*

The participants discussed the wealth of systemic tools and options already available for them to consider, without art and music. There was a distinction made between 'art therapy' and 'systemic stuff', but there was also an acknowledgement that systemic work is creative and systemic tools are creative in themselves:

LINDA (SET A) *I was sort of thinking the tools you learn on your family therapy training are quite creative like doing a genogram or sculpt, are creative in a funny sort of way.*

This acknowledgement of the creativity inherent in family therapy was important in framing the techniques as just another creative tool.

## **CHEEK TO CHEEK**

### ***Integrating newness***

Knowledge was shared about the importance of a family's engagement and therapist's positivity to the success of introducing new ideas, with some participants having experience of needing to focus directly on art or music in order for it to be incorporated successfully:

JASMINE (Set B) *I think that that's linked to presentation, the context, how you warm the context... if you are feeling positive about something yourself and you've got a good engagement with people, then they are prepared to kind of get involved with it and be encouraged to do so.*

If positivity is the key to integrating something new, it would appear that the research had a dual purpose; to explore how new ideas can be embedded and to explore how positivity can be embedded to allow the new ideas to bear fruit.

## **STRIKE UP THE BAND**

### ***From discussion to action***

Throughout the first focus group there was an emerging curiosity about the nature of partnership work and the experience of other disciplines. New thoughts and ideas arose about the possibility of joint work:

MARCUS (Set A) *So perhaps it's something to do with team culture and how comfortable you feel and how much you actually exchange with other people about that work and somehow that now feels different.*

The participants' curiosities lead them to become motivated to extend their skills and thinking through partnership, resulting in points for action:

NADINE (Set A) *We've got an art therapist, he's been with us 6 months now... and he doesn't lock the cupboards, but I suppose that's something I could possibly do, that is work more with him, once you show me these marvellous techniques. Bring that into play a bit.*

Participants' questioned whether poor resources is the reason for not doing art and music and concluded that art needs to be accessible, therapists need to be prepared and there are ways to find solutions:

KAY (Set A) *It's the pragmatics, if it's to hand you are more, I know we don't have stuff in the room, I'm thinking perhaps it would be good to carry around a big wodge of nice big bits of proper paper and pens, crayons, whatever...*

Here Set A's professional working context, and how this affected their response to the research, is highlighted. Set A came to the research at a time of organisational change with staff feeling demoralised and over stretched. The data illustrates how Set A had become so starved of creative input that simple things like talking to other colleagues about the work felt like a rediscovery. This also brings attention to how 'heads down' and narrow focused the working environment can become under major organisational change, stress and pressure. In the case of Set A, organisational upheaval had weakened the multi-disciplinary team ethos.

## **ROCKIN' IN RHYTHM**

### ***Laughter and the focus group***

Throughout the convening of these first focus groups I was very aware of how much laughter there was. Laughter is important to note as part of the focus group process that allowed expression of anxiety and excitement at the same time, signalled understanding and acceptance from participants for each other's positions, as well as created opportunities for the team to express their camaraderie and celebration of being together:

CECILY: *Restraints*

MODERATOR: *So you are restrained by your family?*

GROUP: *Laughter*

LOUISE: *Yes, we all sort of say 'oh let's not bother' because we feel awkward.*

GROUP: *Laughter*

STELLA: *There is also the constraint of using music in this building where you know that a couple of people are going to come out and knock on your door and say 'excuse me we are trying to do some work'*

ELSBETH: *Gosh I hadn't even thought about that constraint! (laughter)*

GROUP: *Laughter*

STELLA: *On the list of constraints!*



## **SUMMARY**

In this chapter I have presented the results from the first focus group for each set, in which the participant's initial reaction to the idea of using music and art in their work was discussed. Through these focus groups issues of identity, beliefs about practice, and the structure and context of the organisation participants worked in were highlighted and needed to be taken into account to enable music and art to be incorporated into practice. I discovered the concept of being creative in itself can be constraining and in order to create change, ideas around talent, creativity, and professional identity needed to be challenged. When considering something new there needs to be enough frames of reference to allow new concepts to be explored. Personal narratives also need to be considered in parallel to professional narratives, to gain a broad understanding of participants' responses to the techniques. The act of convening family therapy teams as participant sets strengthened their position and points were raised for action even before the workshop had been experienced.

The challenge for me in the workshop was to present the techniques in such a way that they would fit in with the current climate and ethos of each team enough to feel do-able, within the demands of every day practicalities, whilst also leaving the participants motivated enough to 'step out of the box' and embrace difference. What the workshop aimed to do was to present ideas that were systemic in themselves in order to open up thinking about how we define our work. The participants' identifying systemic practice as creative was important in connecting them further to other creative exercises. If music and art can be framed as just another creative option within systemic practice, rather than an alien concept, the techniques were more likely to be deemed possible and successfully integrated. Therefore the workshop and consultations needed to convey this philosophy.

## **SECOND MOVEMENT:**

### **ALL HEART**

#### **THE WORKSHOP, THE TECHNIQUES AND THE PARTICIPANTS' HANDBOOK**

The workshop was designed to give the participants the opportunity to live the experience of using the music and art as recipients themselves. The aim was that through an experiential process the techniques could not only be taught, but also played with and personally experienced, as a way to open up thinking about how they may be usefully incorporated into practice. I chose to include five techniques for music and five techniques for art, in order to offer enough diversity whilst trying to maintain some focus within the time restraints we had.

The handbook was devised as a resource for each participant to have following the workshop. It clearly presents each technique, variations on the techniques and rationale for use. Also included in the handbook are the participant's information sheet, consent form and a recipe for play dough. As the study developed through the action learning process, the handbook was adapted to reflect these developments and include further advice, extension of ideas and clinical examples, as will be illustrated throughout this chapter (See appendix p.209 and 234).

#### **THE ART AND MUSIC TECHNIQUES**

The music ideas came from my direct experience and practice as a musician and music therapist and also from my career as a family therapist, throughout which I have been incorporating music into my sessions with families. Once I had roughly devised the techniques I spoke with my colleague, former supervisor and friend Hilary Wainer, music therapist and child psychotherapist. I wanted to sound aloud the ideas and receive feedback from someone within the therapy field who I knew had a wealth of experience, practices in a musical and a verbal way and has worked with children throughout her career. Although Hilary is not from a systemic background she was curious and asked questions. The exchange that followed demanded I formulate my thinking into a response in which I needed to explain and verify my rationale for each technique and its

use. Through this process my ideas were refined and validated, and I was able to open up my thinking further to consider variations I could offer on the techniques, before committing them to the handbook.

The first music technique called 'Beginnings' offers various ways to warm a family into the idea and practice of making a sound. Within these initial exercises there are opportunities for the family to experience a different way of being together and seeing each other. The way the family respond to the music, collaborate or not, and organise themselves around the activity can also lead to new insights and conversations (see CD-ROM, track 1, music example from workshop).

The second music technique called 'Soloists and Support' was included to allow different voices within the family to be heard and supported. In this exercise the family form a rhythm section and members of the family take turns to perform solos or duets. The family can then be encouraged to reflect on the experience of giving and receiving support, family patterns, roles, and dominant voices can be identified, and issues of confidence and bravery be approached (see CD-ROM, track 2, music example from workshop).

The third musical technique is 'Conducting'. In this exercise one member of the family has the opportunity to organise their family into an orchestra and conduct an improvisation. I have found this is a particularly useful exercise when boundaries are an issue or a child is struggling to express their feelings through words, as illustrated by Alice in the earlier chapter. In Alice's case her family were enabled to help her through her organisation of them into a musical ensemble to help her find expression for what she needed to be heard.

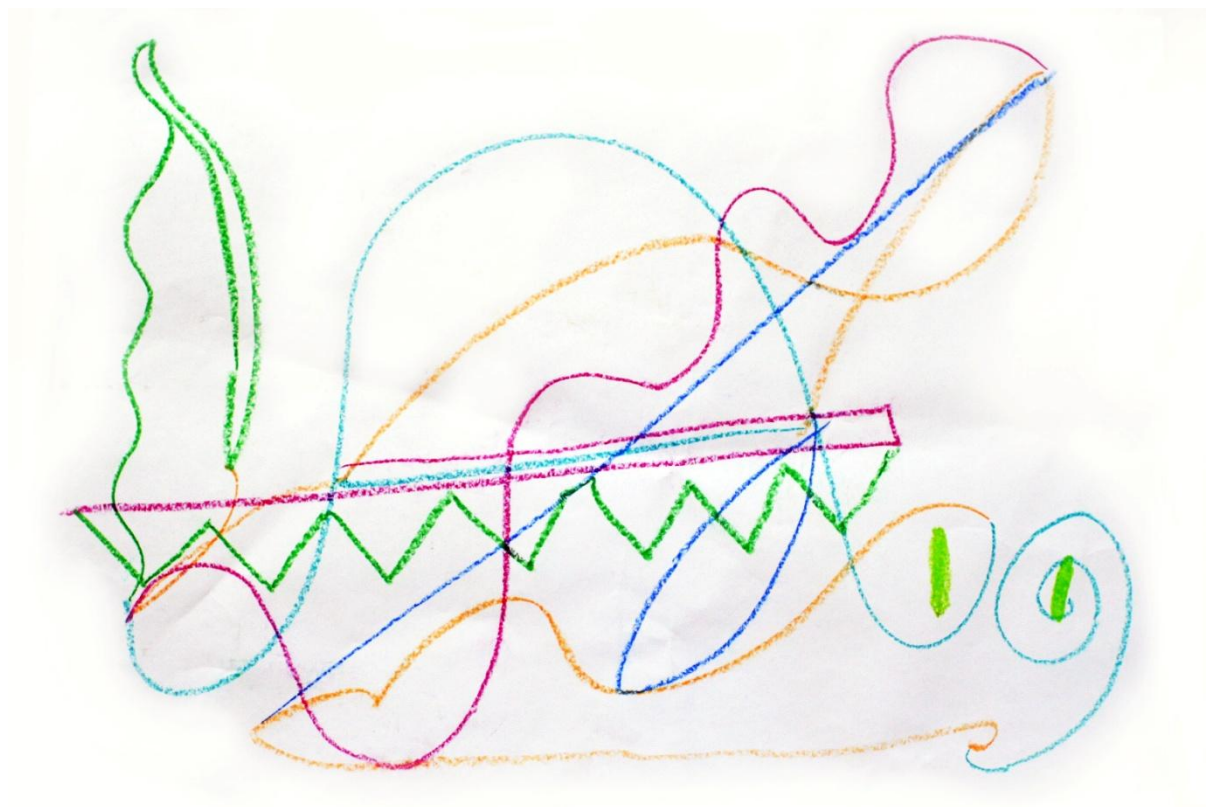
The fourth technique 'Different Voices' uses musical instruments to expand on ideas around enactment. Here circular questions are used to introduce the exercise and then in a similar way to verbal enactments, the family are invited to have musical conversations with each other, swapping instruments and swapping positions to experience what other members of the family might experience.

The final music technique is 'The Musical Sculpt', I have discovered that using musical instruments to create a family sculpt allows for the sculpt to take a further dimension. In a similar way to enactments, when the instruments are in

place within the sculpt, musical conversations can take place from people's different positions and members of the family can try out each others' position and gain alternative perspectives.

The art techniques required more research as art is not something I have used as readily as music, I am not an artist and I do not have an art therapy background. Three out of the five techniques were borrowed from art therapy practice, I then adapted some of them to make them more systemic, and the other two techniques were developed from my own thinking and practice of using art with families. Once I had formulated a rough plan about which art techniques I wanted to employ in this study I consulted with Lesley Hanney, art therapist and family & systemic psychotherapist. This was in order to explore the ideas in greater depth and receive feedback, before committing the ideas to the handbook. In a similar way to meeting with Hilary Wainer, the conversation with Lesley placed me in a position where I needed to explain aloud my rationale and thinking. Through the dialogue that followed my art ideas were validated by a therapist in the field and the creative energy within the conversation helped to expand these ideas further in a similar way to the consultation process of this study.

In a similar way to the music techniques, the art techniques start with a 'Beginnings' section in which doodles, squiggles and footprints are explained (Winnicott 1968; kwiatowska 2001; Hanney 2011). The doodles and squiggles exercises provide a good, non threatening way to begin to make marks on paper in a collaborative activity, without the family having to think about their artistic ability. The footprints exercise came from conversations with Lesley Hanney. Lesley was not sure where she had picked the idea up from but explained an exercise where members of the family draw around their shoes on separate pieces of paper and then step into each other's shoes. This technique was to prove a favourite with the participants and was significantly developed in the study.



Example 1: 'Doodle' by Set B

Set B enjoyed creating the above doodle and commented on how lovely it was to use pastels. I did not stipulate quiet during the activity but the exercise was done silently until the snail emerged resulting in laughter and chatter. This created a relaxed environment to introduce further ideas.

The second technique presented is 'Family portraits' (Wadison, 1973). These have a long history in art family therapy and are executed by members of the family drawing themselves, cutting these portraits out and creating a family portrait, or family members drawing themselves as animals. I adapted this idea so that rather than the family draw themselves the family either a) chose one member of the family to draw whilst that person draws a self portrait in order to open up conversations around different ways of seeing and being seen or, b) each family member draws themselves as they believe they are seen by one member of the family, whilst the member of the family draws how they think the family see them. Creating a sculpt using play dough or plasticine is also described. Hence including a brilliant recipe I picked up from my daughter's playgroup for home-made play dough, that is pliable, non sticky and makes great quantities.

I devised the third technique, 'Circle on the Page' after thinking about the reaction from some families I work with when faced with a totally blank canvas. Some families have enjoyed the freedom of this whilst others have felt overwhelmed by it and paralysed. The circle on the page is literally that, a big circle on a white piece of paper. The technique involves inviting the family to fill the page as they wish. Afterwards the therapist can ask the family to reflect on how the circle was negotiated and how the family collaborated on filling the page, including significant moments and surprises. When deciding on the circle idea, I was influenced by the Sanskrit word 'mandala' that translates as meaning 'circle', the spiritual significance of this in Buddhism and Hinduism, and Jung's representation that the mandala symbolises a safe refuge of inner reconciliation and wholeness. In this way the rationale behind using the circle was to create an increased sense of safety and containment, as well as give families a starting point and create an exercise that required negotiation and collaboration.



Example 2: 'Circle on a Page' by Set C



Example 3: 'Circle on a Page' by Set C

Set C split into two groups to do the circle exercise. The first group (example 2) worked in a very fluid way, crossing over into each other's spaces, completing patterns begun by others and having fun; there was a 'buzz' and lively energy around their group when doing the exercise. The second group (example 3) struggled to negotiate the circle and kept to individual sections. Only one person risked drawing outside the circle and what eventuated were three separate stories. If this had been a family executing this activity in family therapy the therapist would have the opportunity to consider themes such as how these stories may or may not interact with each other, what would need to happen for anyone to step in or out of the circle and what the process of collaborating on the exercise meant for the family. Also if they were to repeat the process what may be different? Similarly in example 2, conversations may have arisen around the place of fun in the family, how boundaries are created and communicated, the family's resourcefulness and how they collaborate, as well as the process of doing the exercise together.

The fourth art technique, 'The Family Drawing' was taken directly from traditional art family therapy (Kwiatowska, 1978; Landgarten, 1981; Linesch,

1999; Carlson, 1997; Riley, 2000). I also included Hanney's (2011) adaptation of this technique. In the family drawing the family paint, draw or use collage to portray the problem. Hanney has adapted this exercise into what is meant to be a quick exercise to gauge 'in a flash' different views of the problem. A piece of paper is handed around the family. Each family member in turn draws a quick picture of what they see as the problem, they then fold the paper over before passing it on. When the last family member has folded the paper, the drawing is unravelled and discussed. This exercise was met with mixed reactions from the participants, some of whom felt that there was a risk that the family may all just draw the identified child.

I devised the final technique from work I have done with families where I have helped teenagers who find talking difficult, to engage with internalised other thinking via drawings. In this exercise rather than be asked questions as if being another member of the family (Tomm, 1998), a member of the family is asked to draw as if the other. The example I give in the handbook is the therapist could say to Tom's mother: "Imagine you are Tom, now I am going to ask you to draw your world". Tom can either watch or witness the mother's attempts to do this, or draw his mother's world as her, whilst she draws his world as him. After the drawings are completed the family is helped to reflect on the experience, in a similar way to internalised other questioning, the difference being that the opportunity is then given to co-create Tom's world together under his guidance, either Tom's world now or how he would like it to be.

The workshop presented the participants with an opportunity of being taught the techniques as well as experiencing the techniques. Each set was highly involved and excited to participate. The beginnings exercises helped warm the context for using the different media and usefully framed the techniques that were to follow.

This chapter now presents the data from the action learning discussion, the consultation and the final focus group that sheds light on the development of the techniques. To place this in context there is first a summary of the processes involved in these three different stages:



## **THE ACTION LEARNING DISCUSSION**

The action learning discussion was experienced by all three sets directly after the workshop as an opportunity to continue the learning process through a conversation. This conversation included sharing experiences of the workshop and discussing how applicable the techniques may be in practice.

## **THE CONSULTATION**

The Consultation process, facilitated one month after the participants were first convened, was created due to Set A struggling to incorporate the music and art techniques into their practice when they were left for four months without any input from the moderator. Therefore, a consultation or 'open surgery' was put into place for Set B and C one month after the initial focus group and workshop. Three participants from Set B were able to make use of the consultation process, and all except one participant from Set C attended. The consultation process was relaxed and informal with participants coming for as little or as long as they were able to, either on their own, in pairs, or in groups, to use the time as they wished. Some participants used the time as an opportunity to come to share and celebrate their use of the techniques, others came to trouble shoot and for others, especially in Set C, the process became deeper and more supervisory in nature. The consultation saw me move from being structured in my focus group interviewing, to becoming much more free and flowing and resulted in rich discussions. These discussions evolved from the presentation of specific cases, with a desire to explore the techniques further and build on links between current practice and applying something new and creative.

## **THE FINAL FOCUS GROUP**

When it came to the final focus group for Set A, all participants, except one, attended the focus group but no one had used the techniques. My understanding of all the participants returning, despite not trying the techniques, was that they had enjoyed the initial workshop, had continued having conversations around creativity in their workplace and maintained a desire to add some difference. So, although no techniques had been tried, a rich discussion took place in which family therapy identity, culture, context and the process of change were explored – these will be discussed in the next chapter.

All participants from Set B attended the final focus group and were keen to share experiences of using the techniques, their successes and their dilemmas, and expressed a wish to explore the techniques further.

Only two participants from Set C attended the final focus group, and whilst a rich discussion took place I was left curious about why this set, who had used the consultation process so fully, did not attend.

## THE ACTION LEARNING PROCESS AND THE DEVELOPMENT OF THE TECHNIQUES

### ALL OF YOU

#### *The generation of new ideas*

#### *(From the action learning discussion)*

All the sets unanimously felt immediately connected to the footsteps exercise. This exercise appeared to really strike a chord with the participants and was seen to be very effective whilst also remaining simple. It is interesting that it used the least art and the most words, therefore connecting more readily to the participant's professional experience and comfort zone, but also making it a very different experience. There was much discussion in Set B between the moderator and the participants about how this exercise could be developed, with thoughts about how to include absent family members, how to explore a child's identity and how to use the exercise in situations of domestic violence:

*JASMINE (Set B) In thinking about the foot prints whether you could use that then with the absent father, kind of whether his footprints could be present in the room, which might allow another sort of conversation about both the things that people were rejecting about his presence, but also whether there was anything in relation to his presence that could be considered to be a good thing. The reason I was thinking about that was because the way in which, if the child, for very understandable reasons, completely obliterates the father, then actually it is diminishing and potentially destructive for them about their own identity, because they don't have any sort of thread of goodness coming as that part of their identity. So whether that could be potentially, be a way of trying to foster small positive strands in relation to thinking about identity, which might avoid trying to somatise that in some kind of way...it might be a way of thinking about the story without telling the story, but thinking about bringing forth some sort of strand of positiveness.*

In thinking about absent family members there was discussion about using the footsteps exercise to create 'missing' parents for single parent families or when one parent holds two positions. There was also discussion around helping the voice of the absent person be heard, especially when parents are not together; either in the session itself or due to separation. This was linked with thoughts about a child's identity and using the exercise as a way of exploring the identity we inherit from parents.

The footsteps exercise was also felt a useful way to separate a child's identity from the parent's identity in issues of domestic violence. In the next two extracts we see the action learning discussion providing the forum for ideas to be expanded. It would appear that the combination of creative energy ignited by the workshop, and the freedom to explore ideas in the subsequent discussion, provided the space for ideas to be co-constructed and developed.

LEO: *With domestic violence...a lot of the mothers worried that their sons had become like their fathers... So I wondered about using that exercise as a way of externalising that, about asking the boy to go into father's shoes and to think about how, some of the good things that he could do, with mum's help to see that yes he has things, qualities that are similar to father, but that he can chose to act differently when wearing his other shoes.*

MODERATOR: *It is interesting then if you could have one foot in dads and one foot somewhere else, if we are looking at what creates our identity, one in mum, one in dad.*

ESME: *...And I suppose different siblings because in domestic violence some of the siblings don't voice what they are feeling with, if they miss their dad they don't dare say it, so that might be quite interesting for each kind of child to step into dad's shoes and kind of express what they think dad is going through, the worries they have for their dad, it might help them to be able to talk about that.*

On doing the analysis I noticed my creative thinking was also provoked through the discussion. In this way the 'action learning' framework gave me scope to be collaborative, in a free way that a further focus group may not have done:

JASMINE: *Do you think you would have to warm the context a bit in the sense of thinking together about what those shoes might be saying, before, because it is a very powerful thing, isn't it to step into the shoes, don't know I'm just floating ideas, you know, so whether that might feel too strong to begin with but actually to think about what those shoes experience might be.*

MODERATOR: *To give the shoes a voice first*

JASMINE: *Exactly, exactly*

MODERATOR: *And then you can choose, once you've heard that voice whether it feels right to step in and how far*

JASMINE: *Yes you could tip toe in the edge*

MODERATOR: *Exactly that, you could literally just dip your toe in*

JASMINE: *And you might never do more than that much but actually that would allow something. I think it's very interesting*

MODERATOR: *But in order to do that, in order to put the tip of your toe there you might need to have a whole foot in mum, a whole foot with your sibling, and once you've got your foot with mum you might just be able to tip toe into the other shoe, because mum can contain some of that. How the rest (of the system) can support you stepping in.*

The action learning discussion was an exploring, brain storming, and collaborative exchange of questions, thoughts and ideas. When analysing the transcript it was impossible to distinguish whether new ideas had emerged from me or the participants because I had taken an equal place within the creative action learning process. This experience was to become amplified in the consultation process.

### **HAVE YOU MET MISS JONES?**

#### ***Footprints exercise***

#### ***(From the final focus group)***

The workshop created a context ripe for experiential learning. On discussing Kolb's (1984) ideas on experiential learning, Burnham highlights Kolb's ways of *relating* to an experience as well as ways of *transforming* experience. In Kolb's theory concerning *relating to experience* it is not the activity but how one senses the activity, and makes sense of the activity, that is important for learning to take place.

In terms of *transforming experience*, experience needs to be reflected upon in order to become transformative and this reflection needs to lead to "active experimentation with difference in the performance of (the therapist's) practice"(p.58) and may involve extending learners practices beyond their comfort zone (Wilson, 2008). In this study experimentation with difference can be seen as participants try out techniques in their practice, having developed this learning through their own experience of the workshop:

ESME: *It kind of really, um, shifted things actually because they were one of those couples that was very stuck in the details and you couldn't move them*

*out of the detail...I think they sort of surprised each other with where they started, which wasn't a negative...the physical getting up out of their chairs and moving across to each other's positions had a really big impact on them...we were able to talk about process rather than detail a bit more. It just changed gear I think.*

For Jasmine opportunities arose in the exercise for the parent to help the child out and get into their child's thinking. The participants discussed the flexibility of the exercise and how from a set of feet just one foot could be used or shared:

*JASMINE: I thought it was very powerful and the youngest child who was eight got quite stuck with the idea and so getting mum to help and getting them to help each other was really useful... they liked the drawing of the feet and then they did some talking, but the having them share the feet so they had one each, was really helpful.*

However, the feet exercise was not considered safe by all:

*SHULAH: I wanted to try the feet thing, you know in your shoes, and I kept thinking which family can I do it with, and I really couldn't do it with any and I think it's a bit too fragile for the situations we are in.*

Out of all the techniques taught, this technique comes closest to systemic practice and yet Shulah perceives it as risky and beyond her comfort zone. In other examples, we see Shulah embracing the music activities which I would consider more foreign. This is to do with how safety is perceived. For most of the clinicians, words, and therefore activities that are word based, remained the safest option. For Shulah, who had experienced successful integration of music, the more non-verbal techniques became safer in 'fragile' situations.

### **IT'S DE-LOVELY**

#### ***Excitement, fun and shared creative endeavours***

#### ***(From the consultation)***

The participants were keen to share what they had tried and what had been successful, as well as what they would have hoped to try but had not managed to yet. Kate and Shula, from Set B, had successfully integrated the use of doodles and music into their work:

KATE: *He was having trouble expressing things verbally. He would kind of sit there and go quiet and look at his mum, yes, very angry with his father, so um, we did the doodles, the squiggles with him and his mum...*

SHULAH: *They drew them together, didn't they? And it really calmed him down...and he stopped crying. He even had a smile on his face by the end and there was one where mum said: "I get the meaning of this exercise...it's to finish off things isn't it?"*

KATE: *It's to show the place you start you always come back to and that you have to finish off a cycle, finish a completion.*

MODERATOR: *Oh, how interesting*

SHULAH: *And I said: "Well actually there's no right or wrong to this, but if that's how you understand it, that's fine" and she said: "yes that's how I am. So I like to finish things off. I like to kind of complete things and for me this is completing things" and that's how she understood it, so that was interesting.*

The activity of doodles and squiggles allowed the child to feel contained and connect with their parent. It also opened opportunities for the parent's own containing resources to be tapped into, as the activity allowed the mother to confirm the child's patterns in an affirming process:

SHULAH: *Absolutely, yes that's what it looked like because he would do a squiggle or a pattern and she would follow up the pattern...it was really quite nice, beautiful, she would follow from him...it was quite fulfilling, I felt it was very calm... he was crying for himself sort of thing and he felt uncontained...and it really kind of brought them together.*

Thoughts were explored on how music might be used with this family:

KATE (Set B) *I kind of liked the idea of them picking out an instrument for each other. Which would mum be? And just playing with that, how would they sound together?*

SHULAH (Set B) *... I also thought it might be nice for him to be the conductor, you know, that would empower him a bit, that we would have an instrument and he would allow us to play or not play, or us to be silent and think about that... he was very keen, very keen and he had a big smile on his face when we talked about drums and things, he would love that and mum was very keen...*

In Shulah's description there is a strong sense of her and her colleague Kate feeling free to spontaneously apply the ideas and be flexible in the use of these, including introducing music into a new therapeutic relationship. In terms of

using music with the family, the family agreed that it is sometimes easier not to use words:

SHULAH (Set B) *So it will be exciting on Friday. First to catch up with the doodle diary and see if they have done some doodles together and what kind of conversations they have had around it and stuff like that...I said to him, after the doodle: "Sometimes it is easier to express yourself without words isn't it?" and he said: "Yes" and mum said: "Yes" and I said: "What about music, do you enjoy expressing yourself through music?" And he smiles and says: "I'm in the choir and I like to sing.*

Here, the music techniques allow Shulah to tap into the strengths of the child. Debbie, from Set C, was also keen to share her successful experience of using music. Debbie described a family with three girls aged between four and eleven and how the children were able to tell her, and their mother, how they had been, through a musical story:

DEBBIE (Set C): *They were really interested in using the instruments, they really got it immediately as did the mother, so I introduced the exercise and asked them to show us all... in three separate performances... what it was like when we first met, the time we met before the summer holidays started, what it was like during the holidays and then I asked: "What is it like now that the holidays have ended and its back to school?"... it was really expressive because they are a family that use words and sometimes the daughter, the older daughter finds it difficult to express herself and be heard and she gets very frustrated, so when she could use the instruments she could express herself beautifully and the mother could as well.*

I believe an important part of the consultation process was for participants to come and celebrate their successes with me and have this experience validated. In this way the participants were able to have their practice affirmed, and explore the ideas further. In terms of this study it also created a forum to continue to develop ideas as a resource.

### **I GET A KICK OUT OF YOU.**

***Moderator is inspired by new ideas***

***(From the consultation)***

Through the consultation process I expanded my ideas around doodles. I had not envisaged them as a process to complete a cycle before. The parent who



described discovering meaning in the exercise to do with completion therefore broadened my thinking and helped me to remain open to new meanings:

MODERATOR: *So for her there was some sort of therapeutic merit in the actual, it wasn't just the process it was the content and how it looked in the end, picking up loose ends.*

SHULAH: *Absolutely, yes that's what it looked like because he would do a squiggle or a pattern and she would follow up the pattern. And kind of continue so she wouldn't do her own pattern she would continue his pattern and he would change a bit and she would follow that change it was really quite nice, beautiful....*

MODERATOR: *It was almost like she was mirroring, if you think about child development , doing all that early infant mirroring...*

SHULAH: *Yes that's what it was.*

As an exercise that I had classed 'introductory', I had not explored the full possibilities inherent in the 'doodles' before. As a clinician thinking about process, I was interested in reports that the finished product was as useful as the process of doing the activity due to the symbolic representation it offered.

The doodle activity becoming a homework task, with the birth of the 'doodle diary', allowed the expansion of the technique into the home setting and positive resonances experienced in the session to continue at home. In this way, the exercise provided further containment for the parent and child alike. The surprise to me was the participant's freedom in facilitating non-verbal techniques to leave the therapy room, and indicated the techniques were perceived as not only useful, but safe. By leaving the therapy room there was also an acknowledgement that being stuck with words does not start in the therapy room but is brought in from our external contexts, therefore to send the techniques out was sending them on a field trip to their natural source:

SHULAH: *It was the first time I made it into a task, because he gets very angry at school and might get angry at other children for nothing and then starts screaming and kicking and just being all over the place. We talked about how he is angry inside about his father really and how he bursts out because he can't really show his anger to his father or express any anger or anything, so I said to him: "What do you think about having a doodle diary?" and he said: "Hmm I'd like that" and then he was very keen and I said: "Do you have, like a pocket diary?" And he was nodding really eagerly and his mum said: "Yes you do have a diary" and I said: "Put that diary in your pocket*

*and just when, just before you feel that angry tingle...remove yourself, go to the toilet and close the door, take out your doodle diary and do some doodles". How do you feel about that?" and he said: "That would be nice, I'd like that".*

MODERATOR: *And also, because you have created the memory of what it is like to do it in a very safe place with mum, so even if he is on his own in the school loos what he's doing will have that resonance from that experience, so it's like being contained again with mum.*

SHULAH: *Absolutely, and funnily enough it was very containing for mum because she was saying: 'Ah yes it's about completion, completing things' and she really felt like 'wow this is nice I am completing something', because I think she feels quite helpless*

MODERATOR: *I wonder if it actually gave mum an opportunity to feel as though she was helping?*

SHULAH: *I think so. It empowered her*

New to me as well was the idea of a manualised approach to working with high conflict families discussed by Cecily and Elsbeth, who were keen to consider how art and music might be able to fit into the development of their approach:

CECILY (Set C) *We are working...with families where partners are in very high conflict, so either relationships where there has been violence, or where there is just very high conflict, ... families come that are very embattled, who have fought over years...So we have been developing... a manualised approach of a mixture of systemic and marital ideas within a time limit... we haven't gone for any creative things at all and so I thought it would be quite useful to come and have a consultation with you.*

For me the idea of incorporating the music and art ideas into a structured programme felt quite a challenge. In my practice so far, art and music were flexible tools to help engagement and interaction. However, through discussion with Elsbeth and Cecily, we came up with ideas of how music and art might be more formally introduced and integrated into their systemic manual, in which a number of techniques may be drawn on at particular points, as can be seen below.

## **OF THEE I SING**

### **Helping parents to focus on the child experience**

#### **(From the consultation)**

When discussing high conflict families we explored together the idea of seeing the child from the high conflict family separate from the parents. This was in order to help the child explore how to communicate to their parents what the child wants the parents to know or hear. The use of music to do this was viewed as a good fit:

MODERATOR: *If you were actually just to do something with the siblings or children, even if it was one child, in a way that the child could present... their viewpoint, or their experience in a performance. So you could see the child and say: "How could we, through art and through music, say that? What would we want your mum and dad to know? What would we want them to know about how you are now? Or how you want to be in the future? How could we do that in the music and what would you need me to play to help you express that through music? And what can we rehearse and get ready so that when mummy, or daddy, comes in next time, we can show them where you are coming from?"*

CECILY: *I think that would fit brilliantly*

MODERATOR: *Because I was thinking about where does a little person start, about expressing what is going on for them.*

ELSBETH: *Yes absolutely and I think that would definitely be worth a try*

Thoughts on how music can be used to help children describe difficult parts to their day, was also discussed. It was believed this exercise could both be witnessed by parents but also allow parents to accompany their child on the journey.

The participants were keen and receptive to the idea of 'the world of other' exercise and thoughts were shared on how it might be utilised to help parents focus on the experience of the child more fully:

MODERATOR: *"I was thinking as you were talking about the: 'in the world of the other' exercise and how that might be able to be changed a little bit, so that both parents might think about the world of the child, maybe create the world of the child in front of the child and how the child can see their world being put on the paper, by parents and how they might be able to interact with that, or change that, or make bridges. For example, if mum or dad both*

*saw something similar for the child, then that would connect to a bridge of understanding between the parents about what the child was going through. If one parent saw one part of it and another parent saw another part of it, how then might it go to make the whole for that child? You could do it by doing a big circle, the circle becomes the world, or you could just do it on a plain piece of paper. You could either have the child watching that and asking questions, depending on how old they were, or maybe as the parents are collaborating on the world of the child, the child could do their own world...What bits did mummy and daddy get right? So theirs is the one that stays as the main one, and the parents pictures are used to get bits from or make bridges, or join up the pictures.”*

## **A FINE ROMANCE**

### **New techniques evolving**

#### **(From the consultation)**

During the consultation process, there was a rich exchange between me and the participants, and as the participants presented their challenges and dilemmas I was provoked into developing new ideas as described below:

#### **Family box**

The idea of creating a family box to keep messages, thoughts, or art safe in, was discussed to help explore issues around secrets and safety. The box idea was seen as a way to build trust and “talk about talking” in a visual way:

MODERATOR: *Thinking about ways of keeping secrets safe, whether they could almost build a box, with a lid and when they are doing art, does the art need to be in the box? Does it need to be folded up and put away? Who keeps the lid on the box? I was thinking about who could open it up and take something out? When are people ready to share? And putting pictures in...because the thing about a box as well, is that you have four sides to it...each side of the box could have a drawing that represents each member of the family, so as you put it together you’ve got each side of the family represented.*

ELSBETH: *Except we have five*

MODERATOR: *The lid?*

ELSBETH: *Or the base. We’re alright up to six (laughter). Yes there are actually six, that’s very nice. Maybe if I get to work with them I can try that because there was a sense that that would be both building up the trust,*

*which is absolutely essential, but also really having different ways to talk about talking and safety.*

### **Hopefulness exercise**

An art exercise was developed to allow feelings to be expressed among family members and gauge levels of hopefulness. In the exercise it was discussed that colour might be used in a similar way as you might use numbers on a rating scale:

*MODERATOR: Something that was brought up for me and it was brought from Louise through some emails. I was thinking about ideas for her, one idea that came up was thinking about 'doing feelings' and if it ends up that the paper is all black and grey and blue, then putting out yellow and giving people really small brushes and thinking if there was yellow in this, and it meant hopefulness, where would it be? Who feels brave enough? And how would it fit in? And how would it look? The thought about that is that it is quite a good outcome measure if you were to do that at different stages in the work, how much yellow or orange on the last picture and who dares to begin to hope that there could be some difference? Is it the child who is brave with their yellow? And then how do the parents feel?*

*ELSBETH: It would have been very nice to do this with a couple that I saw for years where I was constantly getting hopefulness scales and scaling them, that would have been a different way to do that. She didn't like to be too hopeful*

*MODERATOR: I also think from the therapist's position, because if the therapist allows themselves a paint brush as well, one can wonder if the therapist is being too hopeful in this situation and is that really getting on the family's nerves.*

*ELSBETH: Oh yeah*

*MODERATOR: So if the family just had some black would they go over what the therapist had done! (laughter)*

*ELSBETH: I told you! (laughter)*

*CECILY: It's not like that!*

*MODERATOR: Put that yellow away we are not ready for it!*

*ELSBETH: Yes absolutely, absolutely*

Here the 'hopeful' paintings could be used to explore the therapeutic alliance and process as well as to gauge progress and change. The therapist joining the

family in this exercise was seen as allowing the family to be able to comment on the therapist as part of the system and collaborate on monitoring issues like hopefulness.

### **Feelings and colours**

Exercises using colour were developed in order to look at illuminating shared space and common ground in a situation. For example, themes such as feelings around absence can be communicated through colour:

*SUNNIVA: Well that is what I was coming with, a difficulty. How do you work with cases where there are these safety issues, um, as well as quite complicated and complex family stories. So two cases I was thinking of, one was where the father was recently convicted... eight year old and two year old and um, the mother allowed the older boy to read the newspaper about it and the four year old and two year old think that daddy's going to work. So all three of them go to the prison to see the father and it's just really difficult to know how to talk about what is going on in the family...*

*MODERATOR: It's interesting, it makes me think about finding the neutral space that feels okay, finding the space around dad that is shared...whether he be in prison, or going to work, what are the feelings about his absence from the house, and I was wondering if you were to just give them colours, so give them pastels or something to use, and ask them just to think about the feelings around dad not being there, what colour those feelings would be.*

*SUNNIVA: Okay*

*MODERATOR: If there were dark areas you might think about what the dark area means, about loss and absence, and if there are light areas what does that mean? Does that mean they enjoy time with mummy? That it's really lovely when they see daddy? Is there still hope and connection? And I was just wondering about shared territory and feelings and absence, loss and difference...It doesn't matter why he's not there for the purpose of this exercise, it is just that there is a change, he is absent.*

*SUNNIVA: That's true because I might have got organised with what do they know, what don't they know and how to communicate that, but actually the feelings are the fact that he is not there, as you said, it doesn't really matter why, but what matters is how they are feeling about it, that's true.*

## **Islands**

During my discussions with Sunniva, an idea emerged around creating visual representations of islands when there is distance between a child and parent. Ideas were then explored around conversations that might be instigated as a result of the island drawings:

SUNNIVA: *Yes it's really sad...her mum smokes and drinks and is very loud, she doesn't hear anyone, there's a lot of anger in the house, and in order to keep her mum away she creates a screen around her ... I was thinking with them they really need to start doing things together...*

MODERATOR: *You know, imagery has come out whilst you've been talking that makes me think about islands, the child is putting herself on an island*

SUNNIVA: *Yes that's true (laughter)*

MODERATOR: *I was wondering if there was a way to draw their islands, and different islands that people are on and boats and ways of getting to each other's islands and what resources you need on your island and um, when is it ok to visit someone else's island? And did you used to visit it, were the islands joined once? And then they split off?*

SUNNIVA: *That's nice, yes*

MODERATOR: *Because that could be done quite visually couldn't it? And what's it like for mum on an island on her own and who is visiting her on their boat? And who is sending messages out in bottles? And if you were to send your message in a bottle out to sea, who would you want to find it? Thinking about the girl, does she want to send other messages to her mum? In bottles, the SOS messages.*

SUNNIVA: *That's nice, I really like that. So just draw an island or they can draw an island and what's on their island, how they would get to each other's islands.*

MODERATOR: *And if they have both drawn their islands on big pieces of paper you could draw the sea, and what's in the sea that's keeping them apart, is it sharks, whales and jelly fish? And what do they represent? And then what would you need? What would have to change in the sea? How would the sea need to be for them to swim across the water and visit each other? Just a thought when you were talking, I was just thinking islands.*

SUNNIVA: *Yes absolutely, thank you.*

The development of the Islands idea is an example of the creativity generating consultation process. My role as an experienced practitioner in using the Arts

helped to enrich the process but left me questioning how participants might do this for each other. Thinking about the after effects of the workshop in stimulating conversation and generating ideas, made me curious about whether the participants would ever gather themselves just to play, improvise and 'mess around' with the art and music equipment in order to generate ideas and share experiences. Alternatively there were ideas shared about creating partnerships and space to return to the ideas and think again.

## **HERE IN MY ARMS**

### **Exploring technique possibilities**

#### **(From the consultation)**

Thoughts were shared about adapting 'the world of the other' exercise to be age appropriate for a ten year old:

*MODERATOR: So until (the mother) starts accepting him in other contexts he's going to keep climbing into her bed and it could also be her way of keeping him there because he's become dependent on it, that's his time, where he's accepted and wanted and needed and serving a purpose and useful and all those things...So somehow it's about her finding a way of connecting with him isn't it, outside that...I was wondering if they were to do the 'in the world of the other' or um if she was to draw his world and he was to draw her world, where those two worlds would meet? and to see the differences as well*

*SUNNIVA: He does like art so that might be nice for him. He draws her world, she draws his world and where they could meet*

*MODERATOR: Or if that's too tricky for him at ten, for them to both draw his world and then have a look at them and see which bits she has got right and he can talk about which bits of his world he likes sharing with her, which might be more than just the bed.*

*SUNNIVA: Yes that's nice. Which bits she's got right, and which bits she could share with him*

*MODERATOR: ...you can look at mums and see if she has put those on, and understands those as important. If they are on her picture that's great because you can say: 'gosh you already realise that's really important, I wonder how you could do that together?' And if they are not there you could consider what needs to happen for that to be part of mum's picture?*



SUNNIVA: *Yes, I like that, because she needs to be interested in his life again and his perspective and not so caught up in her own.*

MODERATOR *... and talk about other things to give her a sense of knowing her son really well, I do know my son, I am important; I am useful as a mother. I wonder if she must be feeling useless in some way?*

This exercise was viewed as a way to help parents have a sense of what they do know as well as to consider what is important to their child as a strength building exercise.

## **LOVE FOR SALE**

### **Looked after children: change and resilience**

#### **(From the consultation)**

Ideas around drawing paths for children going into foster care were explored in order to begin to counter-act the loneliness and confusion of going into care:

SUNNIVA: *Well actually social services are saying they are going to remove them to foster care.*

MODERATOR: *Oh are they? Right.*

SUNNIVA: *So that's a big change for them*

MODERATOR: *That's really tricky. Gosh, yes, and are they aware of that yet?*

SUNNIVA: *Yes, well when I saw them last they were not aware but when I see them this time they will be aware.*

MODERATOR: *I wonder then, and this is just a thought, whether you could do something around drawing paths? If they were to all draw a path what would it look like? And who would they meet on the way? And that might be interesting in terms of, it's almost like a guided imagery idea, but to do it through art, these ideas are just popping into my head, so be aware Sunniva I am just brain storming, but I'm wondering where they feel their paths are going... and if there is no one else on the path with them you could think about (who may support them on their way)...it is not something they will be doing on their own.*

SUNNIVA: *So you literally draw a path?*

*MODERATOR: Literally ask them to draw a path and think about...who, if you were to go on a journey, you would want near you and with you and what would be important. If not in physical presence in thoughtfulness. Would there be a sweet shop on the way? Things in the child's mind that would be important, things to make life feel a little bit better, um, just a way of exploring the change, the difference and the journey.*

There were also thoughts about creating a resources and resilience tree out of family strengths. In this exercise each strength becomes a leaf to add to a family tree as a visual marker:

*SUNNIVA: I was wondering also about a tree of life but I don't know how difficult that might be, you know you can do different strengths in the family or make cut out leaves or whatever and what they think is good about the family but now if they are going to move them to foster care I don't know whether that would make it difficult*

*MODERATOR: I wonder if you could do it then about resources. What in all these children are the strengths and the joys, each one can become a leaf, so the tree is built up of strengths. So for instance the little one may be always able to laugh or make a joke, one might be really good at cuddling when people get upset... so all these leaves get put on the tree and they may get a sense of their strengths, resources and resilience. You could then think about the trunk and who is holding it all up, so you can get the other team players in there can't you?*

This technique correlates to the Tree of Life approach (Denborough, 2008) that has been used extensively throughout the world with children, young people and adults who have experienced trauma. In this approach people draw their own tree of life and describe their roots, hopes, dreams, skills, knowledge and special people in their lives. The trees then form 'forests of life' through joining with other trees and opportunities are created to discuss difficult situations, named 'storms', how people respond to storms and protect themselves and each other.

I went to the consultation process with an open mind. I wasn't sure whether anyone would use the space and if they did, what they may find helpful or not. If anything I was expecting participants to come and discuss what wasn't working and their dilemmas or struggles with incorporating something new. Whilst the space was used partly for this, especially for thinking about families in crisis and the therapist's default position, I was surprised that the space was also used to come and share excitement and success stories.

I discovered that the consultation process was the most fruitful forum for the generation of new ideas. These ideas emerged in the relaxed and exploratory space created between me and the participants. It appeared that the intimate and informal context, without any expectations from me about what information I wanted to gain from the conversations, freed up the participants to really explore ideas. As a result new thinking around difficulties and dilemmas arose. I also felt liberated by having less of an agenda and as a result felt my creative thinking was also ignited, especially when presented with live cases to explore and consider. However, there was also some awe from participants because I came from a different position that they were only just beginning to explore, as can be seen in the following excerpt from Set C:

MODERATOR: *And if they have both drawn their islands on big pieces of paper you could draw the sea... Just a thought when you were talking, I was just thinking islands.*

SUNNIVA: *Yes absolutely, thank you, you are very creative aren't you? And it's in almost a spiritual sort of way you get images of things to do in your head. It's nice. Imagining.*

MODERATOR: *(laughter) It's really interesting talking with you.*

SUNNIVA: *How the cases come alive and how the cases can move from a hopeless position to one of hope and even for us as therapists, we would colour all blue and grey.*

This is a small excerpt from a long consultation with Sunniva. While we were discussing practical ideas, the session became more supervisory and Sunniva went from feeling stuck with specific cases to changing her position and feeling more hopeful. There is also the sense that I offered something magical and mystical, because the ideas were new to her. The danger of this is that for me as moderator coming as too much of an 'expert' and perceived as having natural, almost "spiritual" creativity may hinder the participants from the belief that in fact these are ideas that anyone can practice. If we return to Shani & Pasmore (1985), who emphasise the importance of the relationship between moderator and participant, we are urged to create relationships managed through trust, equality of influence and common language. The above extract illustrates how that was not always possible. However, although I was viewed by participants as an expert to be consulted with, in general I also believe that my role became more collaborative in the consultation process and allowed for rich and diverse conversations to take a place. These conversations

contributed to action learning for all of us, as an integral part of the action learning process.

## **IN MY SOLITUDE**

### **Working with Autistic children**

#### **(From the consultation)**

We discussed thoughts on how to use ideas with autistic children, in a way that allows them not to feel too overcrowded. It was shared that task orientated music making and art techniques would help with engagement and attentiveness:

MODERATOR: *It's interesting with aspergers. How old is this child?*

CECILY: *He's about nine*

MODERATOR: *Because something that I've found is useful, and you can use art and music in this way as well, is using the screen. I have found with aspergers children and autistic children, trying to do it when there are too many people in the room doesn't always work, but actually saying, 'mum and dad are going to watch while we do something and will be thinking about us', is easier. So mum and dad will go behind the screen and I would stay in the front so there is just the two of us and we might collaborate on a picture or do some music and then mum and dad can come in and add their thoughts...often it's the child wanting to be behind the screen to begin with but actually they often become curious and want to change around, with autistic children it seems a way to allow the work to be done in a way that it can't when there are too many people.*

ELSBETH: *Too many distractions and confusion...*

CECILY: *I like the screen thing, it's something about giving him a bit of space.*

MODERATOR: *And I find it helps with attentiveness, giving a task, making the art quite task orientated, or giving the music quite a solid task, being quite directive with it.*

Whilst it may seem strange to place parents behind a screen and do the art or music without them, I had discovered through my practice that it created the space and the difference to help uncover issues and themes that then could be shared. If this study had continued beyond Set C, further exploration around

the use of techniques with certain client groups would have been beneficial to explore further.

### **DO I LOVE YOU?**

#### ***New ideas for the researcher***

#### ***(From the action learning discussion)***

Contributions from those participants with multi-family group experience highlighted the established use of art in this field:

EDMUND (Set B) *"We also have a whole family group picture where six, seven or eight families, draw or paint different parts of what they think is the group animal... people from different backgrounds put something together, or we do faces which different members of a group might just do the eyes of a person, then put it to the left and the next person does the mouth and so on, and parts are constructed."*

In analysing the data, it became evident that the example above of the group animal could easily be down scaled to become the family animal and executed in two possible ways. Firstly, it could be used as a more directive follow on from the squiggle exercise with the family taking turns to add to a drawing depicting the family animal. Secondly, there is potential for a more directed and focused activity in which individual family members draw parts of the family animal separately and then paste these together to explore how this animal might fit together and work. In this way, the action research process allowed me as researcher to take a position within the reciprocal learning process.

### **ONE FOR MY BABY (AND ONE MORE FOR THE ROAD)**

#### ***New ideas***

#### ***(From the final focus group)***

The techniques used in multi-family therapy were new to me:

SHARON: *"We also used life goal trees and as a family they had to make a tree with their goals on it... they have to work together... putting at the bottom of the tree immediate goals and further away ones at the top... it's kind of interactive because they can build a tool shed for growing their tree and other people can come and put things into their tool shed."*

In all the sets the final focus group highlighted the multiple factors involved in working with something different, the complex task involved in taking on new ideas and the processes needed to embed these ideas into practice. Ideas were shared around safety and containment and how both art and music can create equally safe containing spaces when used in specific situations, but may not be appropriate in all contexts. The multi-family therapy context was unique in using art as integral to their programme, and not only creating a safe space for families to do this together but also to interact with each others' art.

### **HOW DEEP IS THE OCEAN?**

#### ***Training shoes***

#### ***(From the final focus group)***

The participants owning the ideas for themselves allowed for an expansion of the techniques used that I had not envisaged. New to me were the musical instruments being used to gain feedback during a CPD afternoon:

*JASMINE: "We had a CPD afternoon with presentations...I was just responding to one of the papers and I have to confess I took some of the instruments...and scattered them around the room and I asked people to start using them at the end of the response, because it was something about making a noise and um people did enjoy it... I have to say that did make me think about what a useful tool that is in training as well... What an interesting way of thinking about training that would be."*

Set B and C believed the music techniques would act as a good ice breaker for training and would be helpful in supervision groups:

*CECILY: I used that footsteps exercise in my supervision group...what we are trying to get people to do in supervision is to be clearer about their own theoretical frameworks...all the time people are trying to struggle with how to be creative with that, you know so, I think it would be quite fruitful to put it in more explicitly.*

Both the art and music were considered for training, to instruct on how to use the techniques with families and also as tool for processing in a supervisory way. The participants believed that using techniques to explore trainees own personal/professional journeys would allow the ideas to become understood

from an 'inside out' perspective, therefore becoming more easily incorporated into work with families:

JASMINE: *"If you are using them as part of your own training, then you will be thinking in a different, as we were in the workshop actually... you are thinking 'oh that's interesting, that got me thinking', so you kind of understand it from the inside out, so when we are using it in the therapy sessions you've got a bit more of a sense of what the experience is going to be."*

In parallel the educational aspect of the research was seen as a playful space, where mistakes could be made and the ideal forum to introduce ideas.

The supportive team nature inherent in Set B allowed even the least confident participants to remain hopeful. As researcher I too felt much supported in my endeavour. In facilitating this participant set, I discovered using lots of examples helped bring the ideas alive and as a result the participants requested case examples be added to the 'Participants' Handbook'. Interesting to the process, and realised by the set, was the importance of paying attention to how ideas are embedded. This will be discussed further in the next chapter.

## SUMMARY

In this chapter the development of techniques through the action learning process has been discussed. These techniques then became part of a final handbook (see appendix p.282). This handbook includes all the developments created from one set to the next, as well as the new techniques that arose from Set C. These techniques include the 'Family Box', 'The Hopefulness Exercise', 'Feelings and Colours', and 'Islands'; as well as suggestions of how to use the techniques when working with children on the autistic spectrum.

In Sets B and C, we see that families, parents and children alike, are receptive to trying the ideas, appear to embrace opportunities to do so and find these experiences helpful. In the whole of this study there is no reported negative feedback from any family that tried the techniques. Neither is there anything negative reported from any participant who tried out an art or music technique with a family. In contrast, the techniques were able to be successfully integrated into practice by the majority of participants, and left participants curious about how they might expand and develop the use of these ideas with

families. For those who did not try the techniques, there were concerns about how to integrate something new and how these techniques might fit, or not, with their family therapy identity and the pressures and constraints of working practice.

The action learning discussion that followed the workshop harnessed the collective energy created from experiencing the art and music. In thinking about the brain and creativity, in the participants 'doing', not just talking about, music and art it is possible to hypothesise that the right hemisphere's dominance for broad, global and flexible attention (McGilchrist, 2009) was stimulated and created interest and attentiveness on different levels. However, beyond exciting and successful experiences of using the techniques in practice, there are indications that there needs to be support for sustaining positive change, and thought given to how to embed new ideas into existing practice, for those wishing to pursue this way of working. It is also important to consider how we view ourselves as family therapists and understand family therapy identity, our relationship to words and how we position ourselves with the families we work with. Also of importance is our relationship to other disciplines and agencies. When and where is difference permissible and appropriate? Can we create a space that allows for noise and mess? What makes us need to return to a default position? And how do new developments become established in our field? The following chapter will begin the discussion around these issues through three further over arching themes: the development of new thinking, therapist identity, and change – both change and embedding ideas as well as constraining factors to change.



### THIRD MOVEMENT:

#### (NOT) BEYOND CATEGORY

#### SECTION I

#### PROCESS AND THE DEVELOPMENT OF THINKING

#### LET'S TAKE A WALK AROUND THE BLOCK

*Definitely worth a try*

*(From the action learning discussion)*

The participants found the workshop “fantastic” and “inspiring” and enjoyed the difference that art and music offered. In contrast to the participants’ original thoughts, music was easier than they had anticipated and felt collaborative, relaxing and safe; whereas art for some, did not feel as containing:

SHARON (Set A) *For me I found the music very relaxing and the art one created a lot more turmoil for me without any place to put it, so I felt they were contrasting experiences.*

JOANNE (Set B) *I was thinking about the drawing, you can still be very much self absorbed, where as doing the musical instruments it felt much more a collaborative...it's just a very, slightly different, in terms of getting out there, otherness.*

The participants also reported that the systemic framework made it easier to embrace the ideas:

KAY (Set A) *I just really enjoyed it, I just thought it was easier to do things than I thought and it was very nice the way you introduced ideas that map into systemic practice, which I suppose is something on the whole that I hadn't done before, so that was new and useful learning, as well as being immense fun.*

The participants were surprised by how simple the techniques were and acknowledged how the exercises may create a useful link to family culture:

JASMINE: *It was so lovely to do it, because it did also, well things always do, but it made you think about if you were using that with someone...that people will go through different emotional things depending on what is*

*happening for them... and how it might link with people's cultural experience of how music is used... it's lovely, lovely*

MODERATOR: *Was there anything that particularly surprised you in what we did today?*

JOANNE: *I think some of the simplicity. I don't know it's very simple, but very powerful at the same time.*

In this extract from Set C, Debbie begins a discussion about the potential music has to help voices in a family be heard. This leads on to further thinking about music and collaboration:

DEBBIE: *I really, really, really enjoyed the music I could have done that all morning. Partly because it was just so nice to play, but just thinking about that as slightly less threatening way of talking about voices being heard, I think using instruments as voices which are not heard or 'over' heard or, I was thinking Sunniva of the mother and daughter which we saw and the mother to us seemed to dominate...*

SUNNIVA: *That's interesting because I was thinking about the same family but thinking a doodle might be good because they don't work together, so to kind of follow each others' doodles might be quite useful with that mother and daughter*

DEBBIE: *Yes it's about the application of the ideas, interesting.*

LOUISE: *Yes that's what I thought about and about how it sort of cuts through the problem talk into doing something together, having the experience of being in a sense more equal, doing things more collaboratively.*

From each participant set there was feedback that the workshop left them feeling inspired to use the ideas and confident enough in their skills to want to try them out in their practice. Overall, the music part of the workshop was experienced as easier by the participants than the art. It is likely that as a music therapist and musician my facilitation of this part of the workshop was more confident, because as a music therapist I am used to helping people feel contained in a musical experience and these skills would have been transferred to the workshop situation. There is also the possibility that the participant sets had more experience of using art and therefore felt able to challenge these techniques more readily.

## **IT'S ALL RIGHT WITH ME**

### ***Ideas valued and successfully integrated***

#### ***(From the final focus group)***

From the enthusiasm mustered in the action learning discussion the participants went onto try the techniques out in their practice:

LOUISE (Set C) *I thought it went really well, and it wasn't as awkward as I thought it might be...it wasn't awkward at all, um, and it fitted fine.*

Set C viewed the use of music as beneficial and used the techniques with a family to consider perspectives on leading and being in control:

CECILY (Set C) *Yes and we did it too, all four of us, he set the rhythm and we followed and he did very complicated kind of rhythms (laughter) and then he let his mum lead and he let us lead, and there were some negotiations, because at times he wanted to, when it was another person's leading time he would want to lead, but it was good, it was good.*

For this set participating had opened the door to new ideas, they were motivated to get a collection of instruments to use and saw the techniques as a helpful resource. In contrast to the experience Louise had of the workshop, music in family therapy practice was seen as safer than art:

LOUISE (Set C) *When you first came I thought I would have got into using the art materials more...but I have felt really constrained by my being worried that they will all draw the problem child.*

Here the difference between music and art is highlighted. Art is more concrete and a visual representation is left behind which Louise believed could be potentially damaging. Music on the other hand is more abstract. It is my belief that the potential problem highlighted by Louise can be minimised through the way the techniques are introduced. However, it is interesting that that the music which did not feel safe for Louise in the workshop, becomes safer when she considers the families she is working with. It would appear that the journey of the research allowed for personal fears to be reflected on and new stories to be written.

## **CLAP YO' HANDS**

### ***New awareness through living the experience (From the action learning discussion)***

The workshop was a critical aspect of the study. It allowed participants to experience music and art for themselves and offered opportunities both for personal and professional reflection. Burnham (2010) explains that whilst we try to linguistically relay our experience, our tone and body language may communicate the experience in a different way. He believes that the less sense he has of an emotional experience the more it becomes an 'abstract conceptualisation' (Kolb, 1984). Abstract conceptualisation is the other end of a continuum from concrete experience and is the process of trying to make sense of the experience. Burnham believes that it is not necessarily a straightforward task to communicate these emotional experiences verbally. The workshop was where the action process began in thinking and experiencing how the techniques might be developed in practice:

SUNNIVA (Set C) *I was quite surprised actually (about footsteps exercise) because you can actually talk about it but physically putting yourselves, it was really different, wow.*

Whilst some participants questioned why you would use anything other than words, others commented that exercises such as the internalised other art exercise were easier through art than words, therefore indicating that the techniques could allow systemic ideas to be utilised within a broader age range:

MARCUS (Set A) *I like internalised other but sometimes I am a bit cautious about using it with younger kids because I feel how are they going to get it and it feels quite confusing sometimes, but it felt that that was something you could use quite easily (when using art techniques).*

## **THINGS ARE LOOKING UP**

### ***A fit with current practice (From the action learning discussion)***

For some participants the workshop created the opportunity to gain insight into creativity already being used in their practice, whilst for others thinking about art

systemically was a new experience, or left them feeling they had not been creative enough:

NADINE (set A) *It made me realise I do more creative things than I thought I did and done things in the past like use things that have been in our clinical rooms: animals and various things...yes I have done more than I remember.*

SHULAH (Set B) *Yes, I haven't been creative enough at all (laughter) so this has given me lots of ideas and made me feel that when I am stuck with some families, in and out back to the same old theme, this I think would help with that.*

Despite different experiences both Nadine and Shulah harness value to the idea of creativity, and breaking free from usual patterns was seen as useful for families and clinicians alike. Participants discussed how easy it is to fall into habits and felt it was good to be pushed into thinking differently:

ELSBETH (Set C) *I've been thinking a lot and talking a lot about dialogue in formal and in different ways, like positioning and reflecting teams, where you are trying to listen in different ways in order to have different conversations and that is where I think it is really helpful, and lovely. So you can imagine it is not just the doing of this exercise, whichever it was, that brave bit to do music, but what conversations that might lead you to have, subsequently unconnected to the music or the art, but a different way of listening, a more formal, some structure to really think about meaning and being curious and empathy in a different way. I think it has that potential.*

Music and art can act as a conduit for conversation, opening up ways to gain multiple perspectives. However, questions were raised about when it may be appropriate to do so:

DEBBIE (Set C) *I was just wondering if someone is so very, very low and how they might receive it as something good? I guess I'm thinking if people are very, very ill with depression, seriously ill and even being in the room is challenging, but I'm thinking two things now. It could be welcoming.*

LOUISE (SET C) *When I was teaching these music therapy students, they were working with people dying in hospices...children in the last stages and couldn't move much but could move enough to make incredible music and that reminds me about working with someone who is depressed. I find working through language difficult when someone is depressed.*

When words fail the potential of non-verbal techniques to allow the therapist to truly join where the young person is was recognised. Rather than expect the

young person to join the therapist's talking world, the therapist has the option to join the young person's world without words in order to build bridges of communication through a shared 'language'.

The participants queried what to do to follow on from a musical exercise to make it relevant and helpful; they also discussed the accessibility of music through technology and believed the use of pre-recorded music was also potentially useful in severe depression. The music techniques were viewed as especially helpful for adolescents as well as children. This was in contrast to original thinking that music is more appropriate with younger children, as can be seen in this extract from set B:

SHULAH (Set B): *But if you've got an instrument like that in the room, you can be sure that the child or the adolescent would be curious.*

The music ideas were seen as "fabulous" and "powerful" to take forward into a family day unit project as available to Set B. It was interesting to see how this part of the CAMHS service was viewed in terms of mess and noise being permissible:

JOANNE (Set B): *Noise doesn't really matter; we are known to make noise aren't we? Well the families are, so it's a great space for it.*

The family day unit clearly had a culture of its own, in which noise was not only permissible but the norm. Families are singled out as the ones who make the noise but music invites therapists to join that noise and for this to also be permissible. In this study the idea of challenging organisational culture is posed. The challenge is about 'doing' something differently, not necessarily talking about the 'doing', with the hope of igniting people's curiosity around difference.

DEBBIE (Set C) *I was thinking about the constraints of the building which we talked about here... I was just thinking (laughter) in our CAMHS team I think it would arouse a lot of curiosity, people will want to know what's going on.*

## **WHY CAN'T YOU BEHAVE?**

### ***Parental reactions***

#### ***(From the action learning discussion)***

Through the experiential element of the workshop and the vulnerable feeling some participants felt using certain techniques; the concern arose not to expose a family to the same feeling:

NADINE (Set A) *I've been left thinking that I had great difficulty keeping the rhythm up in the music, kept missing it, especially when I had two things and I'm not very co-ordinated and I'm aware if I was doing something like that with the family, that it's not actually that straight forward and I wouldn't want them to be put on the spot.*

This coupled with a fear of not being able to explain the techniques to families adequately and them questioning why, was seen as inhibiting:

ELSBETH (Set C) *Well listening to myself and us, I wonder if we don't have the confidence yet, that the actual exercise would bring forth all sorts of things that people would feel were useful that could be integrated in what we are doing, but because we are nervous and not accustomed to it...we don't have the confidence in the exercise to do these things, we would have to explain it, they would say why?*

Behind the fear of negative parental reactions was personal lack of confidence:

STELLA (Set C) *It's knowing to what extent they think you're not taking them seriously.*

VANESSA (Set B) *If I'm in the room having a therapy session, and I don't know which direction I'm going in, I could imagine it could feel a bit of a waste of time.*

To help overcome some of these barriers and confidence issues there was a discussion on introducing art or music as part, rather than as the whole, content of a session. Although factors that inhibit change were explored in the action learning discussion, these were few compared to the first focus group. It appeared after the workshop that hope had been ignited. We had been together for over two hours already, concerns had been heard and validated (the first focus group) and then options for difference brought in (the workshop), allowing for the action learning discussion to be exploratory. This could be seen as an isomorphic process to a therapy session; the participants learnt through a

process that enabled difference to be experienced, they then could process this and create change.

## **LET YOURSELF GO**

### ***Prescriptive or free?***

#### ***(From the action learning discussion)***

During the course of the workshop there was tension in one set between abstract ideas and literal presentations in art and how prescriptive the therapist needs to be. This raised questions over being directive or free:

LEO: *Silence would work if there was a theme, the theme is how you feel about the social enterprise then you can be silent because people are working on the same thing, but if it is completely abstract...*

SHULAH: *But I think with a family if you don't have a theme it is quite interesting to see what happens and who is prioritising what in the family, what are the adolescents thinking about? What is the mum thinking about? What is the dad thinking about? Then have a conversation about that.*

Shula and Leo illustrate that each therapist will form a different relationship to the use of music and art that fits in with their construction of what is effective and what is useful. However, there was a shared belief that the simplicity and spontaneity of the exercise was crucial to a positive outcome, with good or plentiful equipment being seen as helpful but not necessary. Participants agreed on allowing children and young people to be curious by creating opportunities for a child to initiate from creative objects in a room:

SHULAH (Set B) *They would ask, why have you got a drum in the room? And that will open up the conversation, and where to go from there.*

## **LET'S DO IT, LET'S FALL IN LOVE**

### ***Motivated into action***

#### ***(From the action learning discussion)***

The challenge of integrating a different way of thinking into the systemic mind set was embraced:

LINDA: *I think we could easily introduce it on a Tuesday morning because we've got Poppy (Art therapist) there already, so I think in terms of trying it*



*out we could, but it's also made me think about the fact that perhaps we should sort out our room... so if it comes up in the session I can think 'yes, I will use that'...*

*KAY: It is something about being with other people, you don't need loads, just one or two other people that don't think you've lost the plot*

*GROUP: Laughter*

*KAY: ...If you work with someone else then you spur each other on and encourage each other and you make it, it's really helpful isn't it, so being able to do some joint working, which to be fair we do have that luxury.*

However, despite the best of intentions and the 'luxury' of opportunities to do joint working, Set A did not use the techniques. This poses the question 'what really does facilitate change?' It also indicates a need to explore constraints further in order to highlight what may need to be challenged in order to introduce difference into established clinical settings. The clear difference between the sets was the cultural milieu or background in which change was being proposed, which will be discussed further in sections III and IV.

### **THIS TIME THE DREAMS ON ME**

#### ***Children in the driving seat***

#### ***(From the Consultation)***

Participants' spoke of being open to children's unguided drawing, the discussions around these drawings and remaining flexible to being child led:

*ELSBETH (Set C) He drew an incredibly sweet tree, a very tree like a child might do and then put lines coming out of it, on the whole left side was his nuclear family and on the right hand side was granny, aunty, just by making a line out of the tree, so I made a big fuss about that, but he wanted us to keep it.*

In terms of being child led, the conducting exercises in music were also seen by therapist and family alike as an acceptable way for a child to be directive and take charge:

*DEBBIE (Set C) And then it is interesting the older girl said, and I guess I had modelled this: "Who is going to choose each instrument? I guess we could take this one or that one in turns" and then she felt she would be the leader, to make those decisions and give instruments to people, actually she was*

*quite directive which again was an acceptable way for her to be directive, to actually be in charge of the whole exercise.*

Here the child quickly takes on the ideas modelled by Debbie and takes control, without this appearing as anarchy or threatening to adults in the room. In this way Debbie used art and music to help the space become playful and as a consequence family hierarchy and relationships could be explored openly in the context of play.

### **NOW IT CAN BE TOLD**

#### ***Resonating with families***

#### ***(From the consultation)***

Families were reported to be very interested in the ideas and understood the rationale for using them immediately:

*DEBBIE (SET C) I just went straight into it because I knew this family were going to be responsive and I think words can often get in the way, or not be the right medium for this older girl. They really took to it...so she kind of took the floor and was dancing, really using the whole music vibe, at which the older sister got put out...so it was interesting then for me to think about what it means to each person in the room.*

I was curious about why certain families were viewed as receptive. Debbie had known this family for a while and assumed the family would be responsive from knowledge of the family's culture. This made introducing music spontaneous, natural and easy:

*MODERATOR: So for you as the therapist was that really, um, one of your reasons for thinking I can go with it...with this family? Is it something to do with their culture that makes this more accessible?*

*DEBBIE: Partly that and partly I know them quite well, if it was a family I hadn't met, you know, if I was kind of new to them, and we were new to each other, I would think about it with each other and maybe introduce the exercise more formally, but having said that it was quite structured.*

It was recognised that family culture was naturally going to influence the family's relationship to music and its use in therapy. For some this was due to the link between music, spirituality and the church experience:

DEBBIE (Set C) *I think they took to it, they are an African family and I think music to them is kind of, they are very musical and they are very spiritual and so when they go to church they use music a lot and singing, so for them it was a really nice fit.*

Although certain families were viewed as 'a good fit' to introduce music and art ideas to, the techniques were also seen as potentially useful to help engage very defended, private and cautious families as well:

ELSBETH (Set C) *There was a family I took on...boys are last year primary, fiercely proud mother about any interference... (mum)told them not to talk to anybody because it will come back on them and these boys were quiet, not scared at all but just quiet...I felt it would be very good to do things (art and music) because it would allow them to talk, or put words latterly and might allow mum to relax a little bit because she has to be very on top of what's happening... trust building seems to be one of the most important things we could be doing in our session...so that family seemed fantastic for it.*

Here Elsbeth opens up the range of possibilities music and art may bring in order to offer a family the opportunity to communicate safely, at the same time this verifies that words are not always the best fit for families, especially if words hold risks.

### **YOU'D BE SO EASY TO LOVE**

#### ***Potential benefits of music and art recognised***

#### ***(From the final focus group)***

Set A shared the excitement they experienced after the workshop and their belief that the ideas were good and could work; as a result they believed the experience of participating had been worthwhile:

NADINE (Set A) *Two siblings I'm working with at the moment and one of them is finding communication quite hard... she tries to draw things, so I would think about maybe doing a bit of art first, but I would probably think the music would be quite useful to her as well, but it's working out where I'm going with them too...there is a lot of unsettledness going on.*

Here it is assumed that art and music may not be appropriate if the family are unsettled. In this way art and music are seen as an adjunct to aid an established direction or plan, rather than being considered as part of an exploratory process to create a plan, or gain insight. Nadine's relationship to uncertainty is also highlighted. Does uncertainty in the family system lead to

the therapist feeling the need to acquire greater certainty? Mason's (1993) concept of 'safe uncertainty' in which Mason perceives "effective engagement with families as the intimacy of restraint" (p.191) is predominantly concerned with helping the therapist to not understanding too quickly. For Nadine the uncertainty is around process, she is already restrained and needs to be freed up to creatively explore where she is going, and not be too certain too quickly. The concept of 'safe uncertainty' and its relationship to this study will be considered further in Movement IV.

### **THINGS ARE LOOKING UP**

#### **Participants open up to new possibilities**

##### ***(From the final focus group)***

Participants believed that art and music could be incorporated alongside other systemic tools and that using creative ideas could assist the progress of therapy:

NADINE (Set A) *We are dedicated to family work and within that family work are the tools that you could use, so you could have art, you could have music, you could have all sorts of stuff, you could have other things.*

There was a realisation from participants that embracing creativity in their work may contribute to positive change for the families they worked with:

NADINE (Set A) *They (the families) could probably be out the door quicker if we could be creative, but it just feels at the moment that there is one way of doing it, all I feel is that I'm containing and shutting off other ways.*

In Nadine's description there is a suggestion that creative methods such as art and music may even speed up the process of therapy for families. Coupled with this was also a realisation that there is no fun anymore, which led the participants to discuss their desire to change. The participants believed that family therapy is a creative place that should not need defending when embracing something new:

NADINE (Set A) *Now you've mentioned fun I'm going to think about it more... And explaining why you are doing something, when actually it might not need explaining, being creative with a family you don't need to explain. That's what*

*family therapy is about, which ever medium is useful to the family at that particular moment.*

The participants opening up to new ideas resulted from convening them together in a dedicated space. The process allowed them to support each other and reignite their enthusiasm. It illustrates that given the space and time to explore professional and personal stories and value these whilst also challenging ideas and beliefs, allowed the participants to be freed up into new thinking.

### **I GOTTA RIGHT TO SING THE BLUES**

#### ***Giving voice to difficult feelings***

##### ***(From the final focus group)***

The participant's discovered that music could open up conversations and was a useful way of bringing in difficult topics, such as anger, when words are difficult to find:

*KATE (Set B) Having him pick out an instrument that kind of represented his feelings and one that he would choose for his mum, as a way of opening up the conversation about feelings. How you can bang on the drum louder or softer at different times and when he feels most angry. It was a way we could bring that into the conversation, so it was, it was really good...They liked the instruments, the child especially liked that it was more playful... I guess he does find it difficult to verbalise a lot of his feelings.*

For Set B music was also used as a continuum to narrative work already begun:

*JASMINE(Set B) I got her thinking about the kind of different level of noise in relation to when the symptoms were at their worse and when they were less bad and the idea was to kind of think about control and for her mum to link in with that. So I started off with this narrative based idea and then it sort of moved more to sort of enactment....when they came back the next time... her scale of symptoms had gone from an 8 to 6...it was quite a concrete experience of something being able to be diminished in the room.*

In both Jasmine and Kate's examples, music is used to provide a voice for what is difficult to express through words. Both Kate and Jasmine move on to discuss needing to think further about this before meeting with their prospective families again. Here giving a 'voice' to the family makes the therapist question their own 'voice' in knowing where or how to proceed with the new information

gained. In using the music, the therapist has allowed themselves to step into the unknown and be uncertain. What helped make the uncertainty safe is the solid engagement each participant had with their family that allowed them to experiment with difference.

Young children like to play and they see music as playful. If we consider how music is constructed for children, it is often safe (e.g. lullabies), and fun. Therefore, when developing the techniques for this research, my position is one where for the child music forms a naturally safe way to communicate, as can be seen in Kate's example. However, the participants also discussed the power of music to get in touch with feelings at a primitive level which would make them wary of using music in specific contexts, for example with children and young people experiencing Post Traumatic Stress Disorder:

*ESME (Set B) I wonder if there are areas where you might need to be careful with this sort of thing? Just thinking about PTSD and the ground work that you do before any sort of re-living or processing, and something like that and I remember when we did the workshop, it got in touch, you get in touch with feelings on a kind of more primitive level.*

This was important information for me to consider in proceeding with the research in terms of therapist's beliefs around issues of safety. As a music therapist, using free improvisation, I would have expected to consider this, but was surprised by this level of feeling and possible danger coming from the techniques I had introduced at a basic level. Therefore, it was important to continue thinking about these ideas with Set C as part of the learning process.

## **MIDNIGHT SUN**

### ***The nature of music***

#### ***(From the final focus group)***

Set B experienced music and art as a powerful catalyst for change. The participants did not appear to believe music and art to be unhelpfully different from words and discovered ways to integrate verbal and non-verbal techniques together:

SHULAH (Set B) *Yes she played both and as we were talking she was playing it the whole time as well, or was that me ( group laughter) as we were talking.*

In this example, instruments become a natural extension of the communication in the room. The nature of music was seen as holding potential to engage, relax and help a child feel secure. Communicating through music was described as allowing the child to feel less confronted by questions and therapist attention and in this way helped to create a less intense and problem focused environment:

KATE (Set B) *I noticed with Sam a different side to him, he was more out so it brought difficulties and problems more out with the music, he wasn't as tearful and he wasn't, he was much more loose and open.*

In Kate and Shulah's discussion around their work with Sam and his mother, music is described as intrinsically safe and unthreatening. In this way music allowed the family to bring more to the session than just the problem, therefore allowing the discussion to be less problem saturated.

## **ALL TOO SOON**

### ***The importance of pacing***

#### ***(From the final focus group)***

The participants experienced families being open to the use of art and music but also believed that families need time to assimilate new techniques and become playful:

JASMINE (Set B) *I think we will come back to the footprints because I think it was the start of something that was quite unusual for them...So it will take a bit of time to get into I think... for mum to be playful in that way...it was quite new for her, so I think we will build on it.*

This is the first time Jasmine had used the technique and whilst Jasmine recognises the need for the family to assimilate the new idea, she is also allowing herself time to assimilate. As a researcher my focus has been on how to embed ideas for the participants, for the participants there was greater emphasis on how to embed the ideas for the families they work with, but actually these are isomorphic processes occurring in unison.

## **I'LL BE HARD TO HANDLE**

### ***Violence and resilience***

#### ***(From the final focus group)***

In the mid 1980's Michael White refined the psychotherapy technique of externalising with the now well known case example of 'Sneaky Poo' (Tomm, 1989). The Sneaky Poo technique offers practical guidelines for therapists, children and parents in managing and conquering faecal soiling (Heins & Ritchie, 1988). Tomm (1989) views externalising as primarily a linguistic separation of the problem from the personal identity of the child. However, this process is often aided by art (White, 1986). Below the use of art in externalising in violent contexts is considered:

*CECILY: We are just about to run this family, alcohol and court, team group... these groups are around violence...they have been involved in very, very violent relationships, either perpetrating the violence or the last group we had was just women, and mainly they were um having their partners be very violent to them...the kind of things we do is to get them to think about the effect of violence, getting them to think about triggers to violence, getting them to think about how they survived, you know resilience's...*

*MODERATOR: I was thinking about externalisation using art, of the violence, to allow people to step back and look at the violence, and help to answer some of those questions, just by looking at the violence itself on the paper*

*CECILY: That's a really excellent idea, actually, yes, really, really*

*MODERATOR: And then it's contained isn't it, on the paper something you couldn't do through music.*

The conversation lead me to question whether art and music can be used to have conversations that don't end violently and whether the techniques can promote thinking around resilience in a safe way.



## SECTION II

### IDENTITY

#### A SHIP WITHOUT A SAIL

##### *Who are we?*

##### *(From the action learning discussion)*

Winslade (2002) conceptualises the task of therapist education as that of helping trainees to story their professional identity. This identity is defined as a set of values, skills, knowledge, ideas and attitudes. Winslade believes that the “development of a professional identity involves fostering self descriptions consistent with the performance and skills” of therapy practice (Dulwich website). What this study highlights is that there is a space in which the definitions we give ourselves and the definitions we receive from others, as well as how we interpret those definitions, meet. Our perceptions of creativity and how we position ourselves are two of the many issues that get played out in this space:

SHARON (Set A) *People always come and seem to be in a crisis and you have to make some kind of decision about it, you don't have the time to sit down and do something like this which is reflective. How important it is to work towards that, to not always get caught up in this happened and so and so has done this.*

In being a ‘talking therapy’ words are seen to place the therapist in a certain position:

STELLA: *When families are in trouble, you may be in a very central position... the musical conversations, drawings or whatever are between the different people in the room, which takes you out of it a bit, I think sometimes we can become very central.*

CECILY: *...we have been trying to do some research where we have to rate to see whether we can observe family interaction, and it is very hard to do in therapy sessions because the therapist is mainly interacting... it made us think that actually how weird that we have in this era, that we have moved to be so central, so I think that's really interesting*

The challenge, as well as the interest, came from the difference art and music could offer with a desire from participants to push themselves out of default positions and old habits:

CECILY: *One of the reasons why... (is) something about being pushed to do something really different, like we don't usually do this, we fall into such habits*

LAURA: *Yes, and that's what I thought with your family, you know they are stuck in a conversation and you are stuck in it with them. I mean I've had some like that and that's why I would do it.*

The participants were keen to challenge the central position of the therapist and look at habits that have become restrictive, in order to introduce something new. To do this also meant re-thinking their professional identity and considering their relationship to words.

### **WHERE OR WHEN**

#### **To talk or not to talk?**

##### **(From the action learning discussion)**

The participants experienced not using words as refreshing and realised the benefits of not talking to avoid dominance of certain voices:

ESME (Set B) *"The more dominant voices get to dictate what happens. If no one is talking then you can just get on with your thing and see what everyone has put."*

There was also a sense that the creative exercises allowed for listening to happen in a different way:

FLORENCE (Set B) *What I loved about the music was the music replacing words, the having to listen which I wasn't very good at, but that as a metaphor I think is wonderful.*

The use of music and art to help communication for those with a learning disability is well documented throughout art and music therapy literature (Bunt, 1994; Oldfield, 2006; Oldfield & Flower, 2008; Bull & O'Farrell, 2012). In family therapy there has also been growing consideration in creating opportunities to engage members of the family who have a learning disability (Fidell, 2000; Baum, 2007). Florence found the inclusivity inherent in the music techniques an interesting concept:

FLORENCE: *I always worry about the fact that so much is spoken and your reliance on being articulate um sitting quite unhappily with that, I think also if you are working with someone whose cognitive function is lower, so I found this, particularly the music, I'm not sure how I would use it, but there was something I really liked about it.*

LEO: *The problem with talking is you often take turns, so you talk, then you talk, then you talk, but the music is something you can do together and when you are thinking about a family that might be breaking up or who are isolated, or whatever, trying to bring people to do something together is, is really important.*

The fact that music creates an opportunity for the creation of collective sound that can be in harmony, or not, is an important difference to the use of words. For every member of a family to be playing together, with potential for everyone to be heard at the same time, is a uniqueness that music brings and allows for. However, although curious about non-verbal work, the techniques that more explicitly relied on words were seen as easier to embrace:

VANESSA: *Is there something there about knowing how to use what we did with the music that maybe needs a bit more practice, um, where to take it, the listening is really important and the kind of power issues that I could see.*

JASMINE: *But we need to think more about how we talk about it in a way that's helpful*

LEO: *Without making it boring or threatening, because the idea of the music is to access something and if you analyse it too much that is going to stop it.*

Leo's comment correlates with Bateson's statement (1987) as cited by Hoffman (1995) that "too much consciousness may make impossible some desired sequence of events" (p.44) and that music has the potential to tap into a less conscious arena. The music and art were described as stepping out of language into difference. Here Sunniva describes, through rich musical metaphors, how music may enhance her practice:

SUNNIVA (Set C) *"I think of cases where I feel stuck to help people 'show' what it is, rather than talk it through. I'm thinking of one family with an adolescent and we keep hearing the same discourses all the time... I was thinking in relation to the music, how to think of the families different rhythms because when it becomes disjointed, if you think of their life as a melody when it becomes disjointed, when it jars, when it might meet, so I was thinking just now how to do that with them. So at points of being stuck how to create something different, to come out of language somehow but it's the*

*then what? So it needs a lot of thinking, reflecting and putting it to them in a way that they won't think 'well what is she on?', not think well what's she on but actually think, she's got something here."*

Peter Fraenkel (2001) writes on "the hidden dimension of time and rhythm that keeps (couples) dysfunctional rhythms going." (p.2) what Sunniva proposes is a way of looking at families rhythmic dances both metaphorically but also practically. The idea is raised that music itself may be the very thing to both highlight and remedy disjointed family rhythms that jar.

### **THE HALF OF IT DEARIE' BLUES**

#### ***Silence, sound, seeing and not seeing***

#### ***(From the action learning discussion)***

The participants reflected on new understandings of the role of silence and activity through discussing their experiences of the workshop:

MARCUS (Set A) *It felt like a shift in mode because we didn't do so much talking but we still did something together that had meaning, a real shift to something totally different, although still trying to do something similar.*

KAY (Set A) *I became acutely aware of how silent we were when we were doing the art which also made it harder, where as in the music even if we weren't saying it we were making sound. There is something, I can't think of the word, there is something protective about the sound.*

There were thoughts around visibility and non-visibility. The participants discussed that when doing art the evidence of the experience remains, and with this remains the potential feelings of being judged as well as pleasure gained from the finished art product:

MARCUS: *There was something also about leaving a mark, the fact that those pictures are still around now and the music isn't. You are actually leaving a mark and leaving something behind, it just feels different in the music.*

MODERATOR: *In that way did the music feel safer? Because there is still something left around from the drawing?*

MARCUS: *Yes that is definitely part of it but in some way I quite like one of the pictures I did, so it's nice to have that still and the music it's organised to leave behind.*

MODERATOR: *Of course another thing you can do with music, if your family has really got into it is record them.*

LINDA: *It's interesting what you say about art and the mark because I felt much more like someone could be judging what you've done, in relation to what other people had done, whereas with the music, it just seemed to blend more easily, so I don't know.*

In this description music could be seen as more similar to spoken therapy than art. Both words and music are “organised to be left behind” whereas art visibly freezes the moment. However, whilst words have the potential transience of music, Stephen Frosh’s (2007) statement that words risk something into existence, poses the idea that words are more concrete than any notion of music could be. Frosh’s argument is that when words are spoken the experience must change, this is where the risk is held as there are many purposes that homeostasis may serve. The more abstract expression inherent in musical experience is less risky, as music voices feeling and allows the meaning behind the expression to remain ambiguous. It is therefore possible, that the content of words can freeze just as solidly as a picture on a page, but unlike a painting be less open to alternative perspectives or ideas.

## **SPRING IS HERE**

### ***Professional growth***

#### ***(From the consultation)***

The participants believed that the techniques offered a renewed sense of professional self-worth:

DEBBIE (Set C) *I was very pleased with myself for using music as a way to rejoin them after a break.*

The handbook was useful and there was also a sense that the participants felt free to develop their own take on the ideas:

SHULAH (Set B) *Yes because the handbook is so clear as well, so you can read it and go step by step if you want to...I did think 'Oh am I doing this right?' and then I thought 'who cares it is working.'*

In this way the handbook was not followed too rigidly and allowed ideas to develop. The handbook had also acted as a type of transitional object in my absence; a security blanket that was there if needed or a secure base to return to. The handbook may have provoked creativity as ideas were revisited but it mainly acted as a resource to help participants retain the fundamental essence of each exercise, and act as a starting point from which ideas could be explored further.

### **JUST SQUEEZE ME (BUT PLEASE DON'T TEASE ME)**

#### ***Family therapy culture & identity***

#### ***(From the consultation & final focus group)***

The participants spoke of fun and how important fun is for their own vitality. It was recognised that fun is significant in the therapeutic relationship but something that is easily lost. The participants noticed a marked difference in multi-family work which is organised to include creativity and fun from outset.

MODERATOR: *Thinking about everything you have said today what do you see as the place of fun in your therapeutic work?*

GROUP: *(Silence then lots of laughter.)*

NADINE: *Hysterical laughter ensued!*

GROUP: *(Laughter)*

MODERATOR: *So what do you see as the place of fun in your therapeutic work?*

KAY: *It's really important because it keeps us alive, you can have a bit of a laugh with a family, or a young person, it's an important marker really isn't it both for the relationship and something? So it is important and it's not that we don't have it, because there are families I have a laugh with but it's yes, it gets lost doesn't it.*

SHARON: *I think that's right, it is easier to have fun in a group or in multi family therapy where you have a whole day with people you know and you have to have some fun times in there or you'd go mad. You need space to have fun, don't you?*

KAY: *Yes space and time maybe.*

Schnarch (1990) states that “humour inherently offers the characteristic of multiple simultaneous levels of meaning and impact (p.77)”; this idea combined with Panichelli’s (2013) ideas on the usefulness of humour for ‘joining’ and ‘reframing’, and Smith’s (2011) discussion on humour and language within therapy, point to how useful humour within family therapy practice can be. Within these papers humour is seen to switch levels of communication, and increase engagement, therefore challenging any belief that fun in therapy is frivolous:

MODERATOR: *Do you think in terms of when you came to do the art and music workshop, did it feel like a fun thing you were coming to do?*

KAY: *It felt like a guilty pleasure*

GROUP: *Laughter*

MODERATOR: *Do you think that for the families that come to work with us, once we’ve got through the bit to make sure that they are safe, and sorted out the risk assessment and everything, that it might be a bit of a guilty pleasure for them?*

SHARON: *They might, father’s taking time off work and not going into London, might make him feel if he’s come in your session instead that you’ve somehow got to make it feel that it’s worth it, so it’s harder to go slow in those situations*

MODERATOR: *So is it that there has to be some sort of solution outcome from that? Or positive outcome that can be described in words?*

SHARON: *I guess it feels risky that they might feel ‘oh well we had fun but we can’t really afford to take time off work to have fun’.*

NADINE: *And that is society’s perception of therapy with happy-clappy you know, with making music and art. I suppose that we know its creative and that it actually helps families connect with each other in a different way, but it’s again that feeling of selling it to the client, the family, in a way that doesn’t come across as you just thinking you’ll try out a bit of music. Make it feel that there is a reason behind the use of those creative tools that actually it’s not just frivolous.*

Value is attributed to words over and above non-verbal possibilities and whilst fun and laughter was deemed important, the participants were constrained by efforts not to feed negative perceptions of therapy. As well as questioning family therapy’s identity within the team, there were concerns about whether new techniques would be accepted by families. The participants were constrained by not only the family’s expectations but also by the social

construction of art and music as something 'happy-clappy' as described by Linda:

LINDA (Set A) *You said something about 'happy-clappy' and I was wondering do we sort of diminish what we do, or what we might do, with those techniques? If you were an art therapist, you have gone to do a particular training and you are an art therapist. Something about it being valued (laughter). If it got out that you'd been doing some musical stuff, would people think that's not proper, that's not what you should be doing as family therapists.*

Linda is keen not to diminish the value of the techniques whilst recognising anxiety about being seen to do the 'proper' thing. Linda's dichotomy directly links with Set A's ideas around identity but also how change is facilitated, in terms of the need Set A felt to create partnerships to strengthen their position.

### **NICE WORK IF YOU CAN GET IT**

#### ***The social construction of art and music***

##### ***(From the consultation)***

The social construction of art and music was discussed as both 'happy-clappy' and elite. 'High' art was seen as accessible to a minority but also something that should be aspired to and that in some sense is good for you. There was also a link between middle classes and art and music as academic pursuits.

Music was associated with eccentricity and otherness. With people who partake in musical activities having the potential to be 'wacky' in their dress sense and behaviour. In this way art and music were viewed as dramatic and linked to eventfulness:

SHARON *...they didn't have a full time guitar teacher so this bloke arrived... with his cowboy boots and his hat and his jeans that he couldn't actually walk in because they were so tight, so he would try and go up the stairs and he caused a riot, literally a riot.*

Considering these social constructions makes me curious as to whether the participants may have been held back by not believing they were the right 'type' of person to partake in creative activities and therefore 'own' the experience for themselves. It is also possible that not having an academic understanding of the mechanics behind art and music may have felt inhibiting. Here the



participants consider the notion of 'buying into' art as part of their personal ethos:

NADINE (Set A) *"I'm very keen on amateur dramatics, not doing it myself, but going to watch amateur dramatics, I like the fact that it's not perfect, and a bit dodgy, a bit of wobbly scenery."*

Nadine's comments made me query whether I had allowed space within the workshop to discuss that it was okay to be 'wobbly' and not 'perfect', in exactly the same way as trying out any technique for the first time. Following from Set A it was important to share this thinking more explicitly with Set B and C. However, as discussed in earlier chapters, it can be difficult for experienced clinicians to embrace a beginner's position.

## **DANCING ON THE CEILING**

### ***Positions***

#### ***(From the final focus group)***

The participants discovered they learnt more about the family when they used the techniques, as well as the family learning more about each other:

ESME (Set B) *They really enjoyed it. Again it was a family where they have a child who finds it hard to articulate things and they are very stuck in the same old patterns...it just opened up new conversations and...I learnt things about them that I didn't know were important and they learnt things about each other that they didn't know were important and mum was very surprised at some of the things that she had missed out.*

Esme describes a reciprocal process of discovery and learning. For some participants, part of this learning included taking risks:

SHULAH (Set B) *I think it pushed me to take risks that I wouldn't have taken before, with the musical instruments, you know. It kind of took me out of my comfort zone and I felt okay to do it... I have always seen myself as someone who is absolutely not creative and afterwards I thought 'oh you can be quite creative sometimes with a bit of help' and it felt really good, it felt containing in a way.*

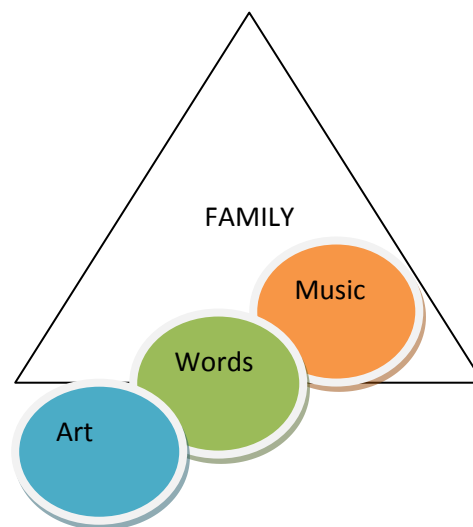
The participants discovered their position changed from a joining of the system experience when using music, to an observer/witness position when using art:

ESME (Set B) *I think to start off with they felt a bit watched, but I sort of looked around a little bit (group laughter) and sort of looked in my diary, and by the time I had done a bit of that they had become lost in it and I just added in the odd comment...but I think it was important for me not to be at all involved at the beginning so they could start to take ownership.*

Shulah also discusses taking a different position when using art to using music:

SHULAH (Set B): *I think with the art I was more of an observer of what they were doing but with the music we were both quite a part of it and we were playing music together so that made a difference, my position changed completely.*

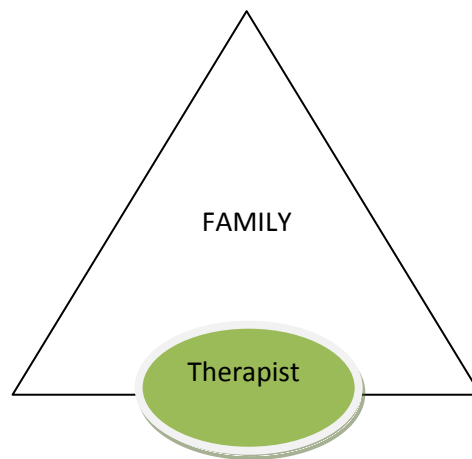
My understanding of this is that there became a three tier interactive process: art encouraged a more observer/witness position, with the therapist remaining on the outside of the system; words allowed for dipping in and out of the system with questions and observations, and music created opportunities to join the system. Therefore, words can be used with art to rejoin the system and words can be used with music to step out of the system, as can be seen in the diagram below:



Therapists reported that they can feel more comfortable being less involved and music challenges this. The participants also observed that the techniques placed the child in a different position to the therapist than usual and allowed the therapist and family to participate on an equal level. In this way, the music activities especially, appeared to break down the hierarchy between family members and therapist:

REBECCA (Set B) *It highlights that personal/professional divide and maybe doing something a bit different maybe feels a bit uncomfortable...I think it's quite good because you are asking people to come out of their comfort zone, it's easy to take that position, the neutral slate...there's more of a hierarchy, but when you feel less comfortable perhaps it's maybe easier to relate, feels less uncomfortable for the other person.*

The way we position ourselves as family therapists can be seen as another default position. Rebecca talks of the 'neutral slate' and even though I would argue that family therapists do not use this model, we do position ourselves on the border of the system, as can be seen below, which is where words are placed, in order that we can dip in and out of the system. Both art and music challenge this position.



It is therefore not just the therapist's position when using the techniques that comes into question, but also the therapist's hierarchical position with the family. When families take ownership, the therapist needs to let go, and allow the move to a more collaborative relationship.

### SECTION III

## CONSTRAINING FACTORS FOR CHANGE

### HOW'S CHANCES?

#### *Theories of change* *(From the action learning discussion)*

Some participants doubted their ability to integrate the art with conversation in a meaningful way and where certain activities were particularly enjoyed, there was uncertainty about how to incorporate the ideas:

MARCUS (Set A) *I think my anxiety or caution around those things is how can I create a conversation out of it afterwards?...I think that would influence me in the decision to use it or not.*

ELSBETH (Set C) *Yes doing rather than thinking too much about it, trusting in the process. Working it out when people say to you: "I don't understand why we did that.*

This indicates that a new theory of change needs to be assimilated by the participants in order to implement the ideas with confidence. Elsbeth believes that this theory of change involves both trusting in the process and retrospective reflecting on the process, in order to be able to validate the experience. From some participants, there was an overall dilemma about how the very nature of pursuing creative activities fits in with both the team ethos and day to day demands of working practice:

LINDA (Set A) *You somehow get into this clinical setting and its talk, talk, talk, and you don't have your big bag full of stuff and your sand tray 'cause it's not all set up. So you're wondering what other clinicians will say about sand being left on the floor, or there being lots of noise. How does it fit in really? With the day to day stuff?*

In the participants descriptions there is only concern about adults' disapproval and no mention specifically of children or adolescents responding negatively. This raises the question about how child friendly family therapy in CAMHS is and who is the focus of our attention.

## **EVERYTHING BUT YOU**

***Only words will do***

***(From the consultation)***

There was an assumption was that crisis needs words:

ELSBETH (Set C) *I was seeing this family with teenagers, very reluctant teenagers, not in a teenage arrogant way, but more because talking about difficulties in the family is very, very hard to do, she's been in a major crisis...it didn't seem like I could do that.*

Set C returned to the theme that music and art may be “too light” for use in crisis situations and too exposing, especially when working with very entrenched families. Here Elsbeth and Cecily take different positions:

ELSBETH: *It sounds fascinating and really interesting, and at that level very useful to think of another way. I think I can't help but know for myself at the moment, these are people who have spent years hating each other...it's how you could use, and it gets very tedious having a million conversations again about what the impact of that is on their children, but almost you would be five steps ahead if you could collaborate on that activity.*

CECILY: *But that's why I like the music thing so much...I think it would be such a dramatic way to show the parents the stress their child experiences when the parents may have an argument, but actually you could do it in music, it would be quite a different way to get it.*

Cecily believes music could offer the ‘difference to make a difference’ but for Elsbeth art is the safer option:

ELSBETH (Set C) *I thought something in the art would allow mum to do that too, where as music to begin with seemed a bit too revealing, too much and too unfamiliar.*

As facilitator of these new techniques, I needed to respect the participants' position when they believed art and music were not appropriate to use, but also be able to challenge this enough to allow assumptions to be explored.

## **BEWITCHED, BOTHERED AND BEWILDERED**

### ***Factors inhibiting change***

#### ***(From the final focus group)***

There was an assumption that families might need to be persuaded rather than simply invited to try something new:

KAY (Set A) *She's so thoughtful about what's happened to her... that she was somebody who could take a risk and trusts us enough that if she thought we were doing something a bit bizarre she would go with it... so I think for me, it is about persuading the parents as much as the young ones.*

In this account there was still something bizarre for the participants about using music and art. There was also an assumption that an established good therapeutic alliance was needed in order to introduce new ideas into a session. The participants' queried how to introduce techniques and worried about the reaction from families. This created shyness around introducing the techniques that the participants believed they would need to disguise:

KAY (Set A) *It is something about making it less of a 'wow look at this!' because that just betrays awkwardness on our part doesn't it? And shyness about it.*

Music seemed particularly daunting:

LINDA (Set A) *I have to say I still wonder about how I would formulate the conversation that says: 'well let's get the musical instruments out'. It makes me feel a bit sort of nervous but I think it was something about the noise.*

Making noise was to make the participants conspicuous within the team. Being unsure about what they were doing made this an uncomfortable thought. The factors inhibiting change expressed in this study are relational, personal and practical. They are relational in terms of the alliance with the family and team. Personal, as the participants discuss their feelings of being nervous, and practical in terms of the therapy room being perceived as not conducive to the introduction of the techniques.

## **I AIN'T GOT NOTHING BUT THE BLUES**

### ***Work pressures and constraints***

#### ***(From the final focus group)***

Set A were convened at a time when organisational change and upheaval was imminent. It was believed that work life was not conducive to the introduction of new ideas and the rigidity of organisational change hindered creativity. Creativity was also seen as having low status. It was believed that therapy culture within the NHS had changed to more evidence based therapies and as a result the working lives of therapists had changed. For Set A, the changing culture meant less autonomy and freedom, with the business nature of organisational change stifling confidence to be flexible in practice. The team felt they were working under a culture of criticism and creative difference was not valued:

KAY (Set A) *"I remember the psychotherapist regularly used to be out in the back garden kicking about a football, which was quite highly appropriate for them. It was about the culture, it was more okay and part of the norm to do it and to do slightly wacky things, you know, it was still safe."*

Here 'wacky' is used in a similar way to 'bizarre' earlier. It would appear that art and music bring an unusual difference that could be viewed as going against the mainstream.

There was an overall sense that the participants were just too busy to consider the addition of anything new:

NADINE ... *Work life got in the way to stop me planning... It has got more busy in the last six months, there has been an extra impact that has made life more busy, six months ago might have been easier.*

LINDA: (...) *It's all become so rigid it squashes your ability to do something a bit more... creativity is not really valued in that. (group agrees).*

In a climate of organisational change ideas or projects that do not link directly into the organisational focus are seen as not being valued. This highlights that in order to create change or difference the environment needs to be receptive to that change or difference and value given to the endeavour. Creativity was said to have dissipated in the pressures of adhering to the demands of

organisational upheaval, and the participants' ability to create difference is constrained:

LINDA (Set A) *We really are managing what we do because we are old and experienced, rather than actually necessarily having the thinking time, because if we did have an hour a week to think about it, I would like to think that I would have tried it out actually.*

This account proposes that the more professional experience you have the less time and thinking space you allow yourself or are allowed. The CAMHS climate was also viewed as increasingly diagnosis driven, with less opportunity for long term work than in the past. However, the participants appeared to hold a desire to be creative:

KAY: *I am really mindful that far more families and young people want us to diagnose things and where as we could have conversations that we felt were more creative years ago, because people were not necessarily looking for a diagnosis...it felt like there was a more flexible system everywhere.*

LINDA: *I was just thinking when you were saying that, that even if you were in a more diagnosis predominant culture now, that shouldn't preclude you from doing creative work. What happens is people get a diagnosis and that's it they just have to go off and sort it out themselves, there is not the opportunity.*

Interestingly, the drive for diagnosis is described as coming from families rather than the agency. This may reflect the current pressure on families from the wider system, educationally and socially, to label a child's difficulties in order to get the right health and educational support. However, once a child is diagnosed there is not always the help to hand, which may reflect internal pressures on the NHS to meet budgetary targets. These issues of a wider context are important when attempting to introduce anything new that may appear to require more 'resources', i.e. time, and therefore money.



## SECTION IV

### CHANGE AND EMBEDDING IDEAS

#### HOW ABOUT ME?

##### *New perspectives on therapist's thinking*

##### *(From the action learning discussion)*

To incorporate difference a change in therapist thinking is needed:

MARCUS (Set A) *I was also thinking for myself the big challenge would be to just integrate it into my thinking. It's about stepping out of your usual train of thought I think...almost pushing yourself a little bit as if to say 'if I was doing this creatively how would that look like?' with those things you've shown.*

Marcus' question 'If I was doing this creatively how would that look like?' has been incorporated into the final handbook as it is a question that is pertinent and helpful to any therapist wishing to add creative difference to their work. Vanessa from Set B was also left feeling curious:

VANESSA (Set B) *I feel really excited actually, I can't wait to see the next families because I also want to have a go and see what I am left with in the room, because is it questions, more questions, that emerge from being in a situation?...which direction do I want to take that? Or what has emerged and how do I respond?*

For Marcus to step out of his usual train of thought and incorporate something new requires 'pushing' himself. So what might stop Marcus from doing this? To allow the open ended possibilities that Vanessa speaks of there needs to be enough confidence by the therapist in their ability to manage whatever eventuates. For Vanessa the techniques hold exciting possibilities, for Marcus, who was newly qualified, the challenge was to keep the techniques in mind.

## **I GOT IT BAD AND THAT AIN'T GOOD**

### ***Crisis and the default position***

#### ***(From the consultation)***

Florence, from Set B, came to the consultation due to her dilemma about how to incorporate creative difference. It became evident that the crisis context in a family can lead to the therapist returning to a default position of adopting a crisis management role, which was experienced as inhibiting deeper therapeutic thinking or processes:

*FLORENCE: I found it so inspiring the session we did with you and I also want to use it, ...and I was trying to think why I haven't and why I haven't is because... there has been crisis and a higher level of social services input...so basically, since we met, my work has been crisis management, profound work in a way, has not been able to take place....there wasn't the space for it.*

Florence's concern was that the family's complex needs restricted her ability to step out of the system enough to introduce difference:

*MODERATOR... I wonder if it would be possible, only you can tell, at the beginning of the session to say: 'today I want to spend 40 minutes catching up and dealing with some of the issues we were thinking about last time, but I really wanted to hold onto 20 minutes at the end because I think that we seem to be crisis managing and I think it would be really helpful to think more broadly and I would like to offer you that opportunity.'*

*FLORENCE...And that's a very good point...I could have done that and I think that my relationship with her, my worry about her, tends to dominate...you've made me think about what it is sometimes to work in a tier three service with the level of complexity.*

*MODERATOR: And I wonder sometimes if it can be a relief for the family because they come in and I guess they respond to what they feel they should be doing.*

Florence saw how easy it is to become part of the complexity of the system and shared a desire to think more broadly. In this context art and music were seen as a potential 'other' to create difference.

In my conversation with Florence the need to have these new ideas included in a supervisory context also became evident if the techniques were to be able to form a part of working practice.

## **STORMY WEATHER**

### ***The process of change***

#### ***(From the final focus group)***

Set A explored what is needed for change to take place:

LINDA (Set A) *I think it (the research) reinforced the sense that we are on a bit of a plateau. That you've got to a point where you know what you are doing so you can go in and do it but actually you are not really challenging yourself or challenging what you are doing in therapy... I think attending the workshop there was lots of sort of good ideas and it felt 'oh great we can do some of this' and then you get back out there and you think 'well actually'.*

Partnership work was seen as important to sustain creative ideas. The participants discussed the need for prompts and reminders to sustain enthusiasm and constructed the process of embedding change as a need to slow down, and have thinking space, a reference point, a mentor and an environment conducive to the development of new ideas:

SHARON: *Isn't that where you need a mentor?*

LINDA: *But we knew Hilary was coming back and we kept saying: 'Hilary is coming back!' (Laughter) I don't know maybe that actually if we were going to have to report back.*

SHARON: *...This is something new where you are not experienced and I think it kind of needs someone showing you how to do it.*

LINDA: *There is an expectation that you have to work at a frantic pace the whole time, which you can sort of do, but something new, which you would have to think about would be a bit slower.*

Participants proposed that you need more than a desire to change for change to happen, so the question is one of how to embed ideas in a given context. Paying closer attention to external factors that may restrain and restrict creative flexibility is an important aspect to creating a learning system, or learning team, to counteract dominant discourses.

## **I GOT RHYTHM**

***It's fun!***

***(From the final focus group)***

The participants expressed their enjoyment of using the techniques and families reported they found it playful, less scary and less boring:

ESME (Set B) *The feedback from the children was that it was much less boring, (laughter from group) so I thought 'oh good, result then'.*

Families felt happy and confident to work in a different way and when the therapist did feel nervous they were able to push through this, enjoy the experience and enjoy the spontaneity too:

SHULAH (Set B) *So I just said: 'ooh, I have an idea'... I was a bit stuck and I thought: 'Oh God I didn't read the handbook properly and what do I do?', and I just thought: 'you know what, just do it!' I almost didn't even have a chance to explain it before the boy had picked up his pen and the mother had picked up her pen and it was beautiful... and actually it was very spontaneous (laughter) what we did in the end (laughter).*

The participants reported their enjoyment of the workshop and this enthusiasm was maintained as they discovered the techniques ignited their own creativity.

VANESSA (Set B) *I loved the workshop, I thought it was fantastic, and will stay with me and has stayed with me in terms of thoughts... I also think you created the possibility of something, (group agreement noise)... you absolutely gave permission to go with the flow and use our expertise, and draw on those instruments, tools in a free way. So I think it was something that will absolutely stay with me (group agreement noises).*

It is not just the embedding of ideas but the embedding of the experience of something too that created change (Kolb, 1984; Beard & Wilson, 2006). Through participating in the workshop, trying something new, having fun, being given permission to experiment, having expertise in the field acknowledged and freeing up curiosity and playfulness, the participants were able to live the experience of using art and music. This process, within the containment of a professional context, allowed the ideas to be embedded through both thought and feeling.

## **IT'S ONLY A PAPER MOON**

### ***Belief in integrating something new***

#### ***(From the final focus group)***

It became clear that the participants were able to take a position of 'safe uncertainty' (Mason, 1993) in relation to the techniques. The participants described taking a "leap of faith" in which they were able to overcome their personal feelings of being unsure:

ESME (set B) *"I just went with whatever (the family) did in the end"*

This allowed the participants to let the family lead and overcome doubts and reservations about getting it right. Jasmine discussed feeling lost and directionless at the end of a music activity but wanting to build on the experience:

JASMINE(Set B) *Yes I thought it was really useful but I think I had such a wish to use the musical instruments and then I suddenly wondered if perhaps this was my wish really ( group laughter) as I totted into the session with a little selection and I thought oh dear, I'm not sure.*

This raises issues about power and the ethics of introducing something new. The participants felt protective towards the families they worked with, were aware they needed to put the family's needs first and were keen to find the appropriate time to introduce new techniques that fitted with the family's agenda. In these conversations the excitement of something new was balanced against issues of appropriateness. Is it okay to be excited? The participants appeared to need to moderate their response to remain reflexive but also willing to launch into the unknown. This was helped when new ideas fitted with the team culture:

ESME(Set B) *I think new ideas are very received if they fit with the ethos and I think this is one of those ideas that does fit very well with us.*

Crisis managing in sessions was believed to make integrating new ideas difficult. However, the consultation process helped the participants to continue to be mindful about default positions and how the ideas may help in times of crisis:

FLORENCE(Set B) *All my families are in crisis ...I think I felt bad about not using anything...you were very helpful Hilary because you sort of talked about how I could have done something in the last 5-10 minutes...I guess it was, what you were saying, about wanting to do something right... It doesn't have to be, you don't have to go into full, you know, this is a different mode of working.*

Florence's belief system around incorporating difference changed. From a position where Florence valued the ideas but grappled to implement them, came an understanding that the difference does not have to be great to be different enough. If others are to think about taking on these ideas in the future it is important to communicate the techniques are one tool of many we have at our disposal, and like other techniques can be used minimally but still help create difference.

The Sets organised themselves to support each other to sustain the positive difference to their practice they had experienced through participating:

JASMINE (Set B) *We could build it into our programme on a Monday...have a kind of consultation group in relation to using these things...have a sort of experiential thing around using them...because that would be a way of keeping it alive...I think also because we are very busy it is quite hard to hold it in mind...unless you really build it in.*

It was acknowledged that new ideas need to be managed to remain sustainable and that partnership working and forums do enable clinicians to come together and keep thinking. There was also a desire to spread the knowledge to other disciplines within the team:

ESME(Set B) *I think there was a little bit of envy (group laughter) of us being able to attend this workshop...it's a real opportunity to do something a bit different...So it would be nice to share it with our team.*

The Sets acknowledged that excitement about ideas doesn't necessarily lead to action, and the help needed was practical and emotional, as well as professional. I was left curious as to whether new ideas require new ways of thinking to embed them. Set C described supervision as often concentrating on problem solving. A different type of supervision may be needed to help embed these practical techniques that do not rely on words.

## **SUMMARY**

### **Processes of enabling change and creativity**

What makes it possible for some participants to embrace change and difference, while others cannot when case loads are equally complex? The personal relationship each participant had to art and music before commencing the research made a difference. However, there appears a broader issue concerning family therapy identity and society's relationship to words.

Set A were excited about the ideas but in order to incorporate change time, support, mentorship and partnership work were required to embed ideas. These ideas needed to sit within an overall family therapy identity that allowed for creative ideas and fun to be valued by the team and family alike. Being convened as a group, with space to discuss these ideas and have feelings and experiences validated, allowed the participants to embrace the idea of change and although the techniques were not tried, began to put in motion how this change might be realised.

Set B used the techniques flexibly in a way that fitted with their current practice and through the workshop were encouraged to take risks and be creative. My instruction to make the ideas their own was experienced as freeing and helpful. The participants spoke of the lived experience of using the techniques staying with them as catalyst for difference and change; they felt the physical presence of their own instruments in the department would be helpful in maintaining the changes they wished to make, and they created plans to embed the ideas within the team practice and ethos.

Both Set B and Set A had a desire to change. The main differences were that Set B had tried the techniques and had experience of them working with families, whereas set A had not attempted the techniques. Both set A and B had organisational change on the horizon. However, Set B all worked in the same building, there was an ethos of creativity and research, and there was strong leadership that actively encouraged difference, welcomed new ideas and contained stress. Two members of Set B were in high senior positions and could help the team realise the changes that they wished to make. Therefore, the participant's experiences could be validated and expanded upon.

Set A in contrast worked across a county in different services, with only a few opportunities a year to come together as a discipline. The stress associated with organisational change was also not contained by strong leadership. There was no 'safe base' and this resulted in a lack of identity and security about the family therapist's position within each team.

Set C shared a collective energy and enthusiasm but only two participants from Set C attended the final focus group. The consultation process had been so rich with this Set, that I wondered if the absence of so many may have been a reflection of them having seen me recently, fed back to me during the consultation process and therefore did not feel the need to see me again.

If music and art are to continue to be introduced into family therapy, further thought needs to be given on how ideas become valued by families, therapists and organisations and what can aid this process. Therapists also need opportunities to experience music and art for themselves, reflect on this within their culture and have permission to take risks and experiment with how music and art may create difference. The experience of Set A highlights that techniques need to be experienced and taught alongside thoughts on how to embed ideas through partnerships, team building, supervision and mentorship, if they are to be successfully integrated.



## FOURTH MOVEMENT:

### TOTAL JAZZ

This study set out to explore and develop family therapists' use of systemic art and music techniques in family therapy practice. In exploring what family therapists were already using, art materials were being used in a number of ways from just being accessible because children "*are going to want to be doing something else whilst there is a conversation going on*" (Florence), to helping children "*be able to tell their story*" (Marcus) and create "*visual representations of ideas and thoughts*" (Debbie).

In developing the use of art and music in family therapy, a workshop provided the forum for participants to try out art and music techniques for themselves. Feedback from the post-workshop discussion was that the techniques were "do-able" and the participants felt "inspired" to implement the techniques into working practice. However, what was highlighted from the next phase of the study was that embedding difference into established practice requires more than just a desire and enthusiasm to do so. Themes arose about the process of change and how new ideas are embedded into working practice. It became clear that an environment that included a supportive team with opportunities for mentorship, supervision, consultation and partnership work, was essential if ideas were to be sustained and developed in practice. There was also the therapist's own belief systems, and professional and personal identity in relation to music and art. This impacted on the confidence to apply something new and 'own' these ideas because "*if it's not in you anyway, if it's not what you do day to day, it's sort of, kind of harder to seek the segue into it.*" (Stella).

For those who struggled to use the techniques, pressures of work, time to plan, lack of confidence and uncertainty about how the techniques would be received, were cited as reasons for not inviting families to try something different. Organisational constraints, the nature of complex caseloads, and professional relationships with outside agencies led participants to take a default position and stick to what they know well. The participants' lack of confidence in: "*how does it fit in really, with the day to day stuff?*" (Linda), as well as the importance of maintaining a professional identity "*without feeling ridiculous*" (Linda) were all constraining factors.

The participants spoke about the difficulty of being placed in a position of “*being inexperienced and not knowing what you are doing somehow*” (Linda). Theriault and Gazzola (2005) conducted a research project looking at feelings of inadequacy, insecurity, and incompetence among experienced therapists. Their results demonstrated that therapists experience preoccupations with being correct, effective and confident. The research concluded that feelings of incompetence exist on a continuum from inadequacy, through insecurity, to incompetence proper, but that training can prepare therapists for encounters with these feelings. If these feelings are present in the everyday life of a psychotherapist, introducing something new, and beyond the basic skill set, requires there to be a further jostling of feelings around adequacy and competence. Future training in the techniques for therapist’s could include more input on how to overcome self doubt and anxiety surrounding the introduction of something new. In order to do this the Eriksonian technique of the “referent experience” may help (Hayley, 2013). Erikson asked clients to reflect on a time from early in their lives when they had to learn something new, it was awkward at first, but then they mastered it. Asking therapists, and reluctant clients, to reflect on something from early childhood or adulthood, that at first seemed scary and impossible but once tried and worked at became master-able and pleasurable, may help to assuage any reluctance to trying music and art techniques (Hayley, 2013; Fraenkel, 2014).

In this study it became evident that when therapists feel under pressure or unsure they “*go into that default thing that you are more comfortable with and that is a lot easier.*” (Nadine). Mason (1993) describes this response as understandable, but also believes that this can “contribute to a state of paralysis and lack of creativity”. However, Mason does recognise that “a degree of perceived certainty is important in helping us move on through our lives in as creative way as possible” (p. 190). This study highlights that in order for change to occur and ideas to be embedded, there needs to be enough certainty that ideas may work in practice, for this difference to be negotiated. Theoretically in our work, second order thinking has lead to re-thinking our position as therapists and dissatisfaction with the notion of certainty. Mason (1993) calls for us not to assume, hypothesise or formulate too quickly and remain curious and in a position of “safe uncertainty” in order to be receptive to other possibilities. In this study which is more about the practice of what we do, rather than the theory

of what we do, I believe I was inviting participants to enter into the 'safe unknown', in which new ideas could be explored.

In writing about how to embed innovation into organizational culture, Frangos (2011) discusses a model for use in the commercial industry. In her model is included: knowledge sharing and linking people through social networks, establishing informal sharing sessions, and provision of mentoring, all of which were attempted in this study. What Frangos also stipulates, and what is not highlighted in this study, is that in order to ensure commitment to innovation is sustained, future innovators need to be provided with ongoing support. Frangos also suggests removing innovators from their line positions and replanting them in the middle of the organisation where they can become 'innovation hubs' with access to influencers across the organisation. Although this does not relate directly to this study, the need for time away from the everyday line of duty of being a family therapist in order to assimilate new ideas, was recognised. Perhaps innovation hubs could be the way forward for CAMHS teams aiming to remain innovative and creative in times of change and hardship.

Family therapy within the NHS is currently operating in a climate of great change as was recognised in the theme of the 2013 Annual Family Therapy Conference entitled: 'Hope and Resilience in Hard Times'. There appears to be a dilution of family therapy identity with family therapy posts often advertised as 'Mental Health Practitioner' posts and open to a variety of professionals. This study suggests some ways that the role of the family therapist appears to have changed and is continuing to change currently. With this change, questions arise about how family therapy identifies itself and how family therapists fit into CAMHS teams as a discipline? If this is in doubt it is even more understandable that therapists may wish to stick to what they know well. Further research is needed on the changing culture of family therapy and how this may affect our profession and professional identity in the future.

In this study, it is the therapist's belief systems that play a significant part in allowing or inhibiting something new to be integrated. For the participants, integrating the techniques is not something that was done on 'a wing and a prayer', it was something that became a lived and valued experience through the workshop, and allowed the techniques to grow, develop, be understood and embraced. The workshop allowed ideas to move beyond theory to be taught

through experience and feeling. Beard & Wilson (2006) describe experiential learning as a sense-making process that allows a connection to be made between a person's inner and outer worlds. They believe that: "the stimulation of senses creates a significant affective response, one that is a powerful determinant of subsequent learning. Helping people be conscious of this emotional experience can allow them to manage and intensify their own learning" (p.12). During the action learning discussion for Set B Jasmine said: *"there were points in the music where I actually felt quite exhausted, and not in a bad way, but just felt quite drained...it's quite helpful to have those kinds of experiences."* And Sharon stated: *"For me I found the music very relaxing and the art one created a lot more turmoil."* These reflections are in keeping with Kolb's (1984) idea discussed earlier, in which reflection upon an experience is needed in order for the experience to become transformative and lead to experimentation in practice that creates difference.

For those participants who used the techniques, positive feedback appeared to be linked to their sense of themselves as creative, or a belief that the practice of family therapy is a creative phenomenon. As long as one of these beliefs was held, it appeared enough of a backbone for the techniques to be tried. However, for those with creativity as part of their cultural narrative, the techniques appeared to find a seamless segue into the work, whereas participants who didn't identify personally with art and music, struggled to create the intersection needed. If we look back to the literature on creativity, Rudwicz (2003) states that "people in every culture...are to some extent entrenched in a complicated set of human relationships and traditions, and creativity may pose a danger to these very relationships and practices". This makes me curious about how threatening art and music may be, or non-verbal techniques per se, to an established field based on the tradition of talking. When Keeney (2009) sings out for "inspiration and inventiveness", it is action and words that he is referring to. Keeney believes in the importance of the client experiencing "an awakened heart" in order for therapy to be transformative. Likewise the transformative processes of music and art are discussed by the participants in this study:

*"I noticed with Sam a different side to him, he was more out, so it brought difficulties and problems more out with the music, he wasn't as tearful and he wasn't, he was much looser and open."*(Kate)

Here Sam's heart could be described as 'awakened'. What I believe this study has also highlighted is the equally important concept of the 'awakened heart' of the therapist. From the feedback it would appear that this study allowed for some of the participants' hearts to be awakened to feel "inspired" and "freed up" to give the techniques a go.

Whilst families are reported to respond well to the introduction of the techniques, a limitation of this study is that the participants were all therapists and I did not speak directly to any service users. The participants' sharing of their understanding of the families' experience was impressionistic evidence and families may have felt inhibited to give a full account. Speaking anonymously to a neutral moderator may have resulted in greater diversity of feedback from families. A continuation of this study could be twofold: Firstly, families could be interviewed to highlight both similarities and differences in the perception of therapist and family when using non-verbal media, as well as similarities and differences between the experiences of children and adults. This would allow therapists' fears about needing to be taken seriously, the reaction of families and family therapy identity, to be explored more thoroughly with insight gained from the family's perspective. Secondly, it would have been valuable to convene the participants again at a later stage for a further focus group interview, to explore how sustainable the techniques are and consider further the issue of embedding new ideas.

In terms of the ideas being developed, for example the doodles technique and the footprints technique, these were the moments when the action research element of the study began the snowball effect: picking up ideas, changing the shape of things and coming out with new variations. What it demonstrated was that the techniques themselves were of value and use, could be adapted and used flexibly and could form segues into family therapy thinking. In contrast to the participant's fears, the techniques were received favourably by families. Whilst feedback from participants was not impartial, I believe this highlights that our assumptions on how families wish to engage may not always be correct, and wonder whether these assumptions come from our own held beliefs or are constructed through our training.

The consultation process, created for Set B and C, allowed new ideas to emerge and be embedded. I was placed in a different position with the

participants and with this difference I became looser in my role and moved from moderator to fellow enquirer. As a fellow enquirer I was more open, flexible and adaptable and able to construct new ideas when met with dilemmas and enquiries. There was also a supervisory element to my role, which allowed individual cases to be discussed and clinical dilemmas to be explored. During the study several participants, actively involved with the supervision of others and training, considered the use of the music and art techniques to enhance supervision practice, an area I had not previously considered and one that could benefit from further research.

This study illustrates that therapists will use what fits in with their construction of what is helpful and useful. Therefore, a new theory of change may be needed by therapists in order to implement art and music techniques with confidence. This theory of change may include an acceptance that words may not always be a catalyst for difference, that significant events do not need to be named and spoken about to create change, that difference doesn't have to be great to be different enough and that the therapist's role in that change can include everything on a continuum, from being fully immersed in the process (a musical improvisation) to being a quiet witness (observing a family art technique). Cecily (Set C) had observed whilst doing research in her own workplace, *"how weird that we have in this era... moved to be so central"*. This study appeared to challenge the participant's central role as therapists with families, moving the therapist away from a central position to allow interaction among family members, rather than family members and therapist, to dominate.

Coming together as participant sets was a significant process in itself, to allow for a ready-made collective support network to form partnerships and share and develop the ideas. However, this alone was not enough to allow for ownership of the ideas and confidence to apply them. A solid sense of family therapy's value within teams, and a license to be creative as part of family therapy identity, was also required. Strong leadership and an invitation to be playful as part of the team ethos, allowed participants to feel confident enough to experiment with the techniques and own the ideas. The workshop element of the study was a forum in which participants were invited to play and playing was permissible. This in turn created an environment for learning. It appeared the more secure the team, the more playful they allowed themselves to be.

Individual belief systems around the value of art and music, and the experience of art and music as part of cultural identity, also allowed for a secure base from which to explore further.

Fundamental to the study was the conclusion that art and music are especially inviting to children, and can help children engage and shift from anxious positions to more open communication, as Debbie discovered: *“When she could use the instruments she could express herself beautifully”*. In thinking about user friendly family therapy practice, if a family speak a different language we facilitate this automatically by using an interpreter, so they can be heard and understood. What if a child or family’s ‘language’ can be most fluently spoken through non-verbal means? And what if these non-verbal means have no definitive interpretation but instead become an offering of thought, feeling and expression played out through sound, rhythm, pattern and colour?

When speaking about qualitative clinical researchers, Miller & Crabtree (2003) state: “If measurement is required, insist on inviting the patients and clinicians into the research process; insist on measuring suffering and love. Include the local ecology. Complicate the outcomes, measure the dance of life’s attachments and detachments, of mystery and grace, of breathing and the rhythms of life. Measure the process of healing. Our research needs to risk restoring relationship to the clinical world.” So whilst this study has highlighted that further research is needed to substantiate the contributions of non-verbal modalities to therapeutic outcomes (Kass & Trantham, 2014; Schore, 2003; Wiener, 1999), I believe there is mystery and grace inherent in music and art that invites us to dance in our interaction with others and expand our notions of feeling, expression and self.

***“Forgive me if I don’t have the words. Maybe I can sing it and you’ll understand.”***

***Ella Fitzgerald***

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## **APPENDICES**

Figure 2: Set A experienced the three phases of involvement as illustrated below:

<p><b>PHASE ONE</b></p> <p>3 hours</p>	<p>Participants form</p> <p><b>FOCUS GROUP 1.</b></p> <p style="text-align: center;">↓</p> <p>Participants become an <b>ACTION LEARNING SET</b> in a workshop setting introducing art and music techniques.</p> <p style="text-align: center;">↓</p> <p>Participants partake in an <b>ACTION LEARNING DISCUSSION.</b></p>	<p>Audio and video recorded, transcribed and analysed.</p> <p>Audio and video recorded as part of audit trail.</p> <p>Audio and video recorded, transcribed and analysed.</p>
<p><b>PHASE TWO</b></p> <p>Four months</p>	<p>Participants become co-researchers and proceed with their own <b>ACTION LEARNING ENQUIRY.</b></p>	<p>Participants experience using art and music techniques in their own practice, keep a reflexive diary and invite feedback from the families they work with.</p> <p>N.B. No diaries were kept</p>
<p><b>PHASE THREE</b></p> <p>One hour</p>	<p>Participant/co-researchers reconvene for</p> <p><b>FOCUS GROUP 2</b></p>	<p>Audio and video recorded, transcribed and analysed</p>

Figure 3. Set B and C experienced five phases of involvement as illustrated below:

<p><b>PHASE ONE</b></p> <p>3 hours</p>	<p>Participants form <b>FOCUS GROUP 1.</b></p> <p style="text-align: center;">↓</p> <p>Participants become an <b>ACTION LEARNING SET</b> in a workshop setting introducing art and music techniques.</p> <p style="text-align: center;">↓</p> <p>Participants partake in an <b>ACTION LEARNING DISCUSSION.</b></p>	<p>Audio and video recorded, transcribed and analysed.</p> <p>Set B was not audio or video recorded. Set C was video and audio recorded</p> <p>Audio and video recorded, transcribed and analysed.</p>
<p><b>PHASE TWO</b></p> <p>One month</p>	<p>Participants become co-researchers and proceed with their own <b>ACTION LEARNING ENQUIRY.</b></p>	<p>Participants experienced using art and music techniques in their own practice, and invited feedback from the families they work with. Participants invited to email or telephone researcher with any enquiries at any time.</p>
<p><b>PHASE THREE</b></p> <p>2 hours</p>	<p>'Open surgery'/ Consultation. Participants invited to speak to researcher about their use of the techniques and any queries or ideas they would like to explore.</p>	<p>Audio recorded, transcribed and analysed.</p>
<p><b>PHASE FOUR</b></p> <p>One month</p>	<p>Participants continue with their own action learning enquiry</p>	<p>Participants invited to email or telephone researcher with any enquiries at any time</p>
<p><b>PHASE FIVE</b></p> <p>One hour</p>	<p>Participant/co-researchers reconvene for <b>FOCUS GROUP 2</b></p>	<p>Audio and video recorded, transcribed and analysed</p>

Figure 4.

### Reflexivity/analysis timeline

The researcher has experience in the research area, ideas, techniques and assumptions



The researcher convenes SET A



Set A partake in a focus group, a training workshop and an action learning discussion. They become co-researchers and are asked to try techniques out in their own practice and reflect back in a final focus group



The researcher analyses the data from SET A's focus groups and action learning discussion, including her own and the 'co-researchers' assumptions, development of techniques, and creation of new ideas. In the light of new information the researcher revises and refines the input for Set B.



The researcher convenes SET B



Set B partake in a focus group, a training workshop and an action learning discussion. They become co-researchers and are asked to try techniques out in their own practice and reflect back in a consultation and final focus group



The researcher analyses the data from Set B's focus groups and action learning discussion including her own and the 'co-researchers' assumptions, development of techniques, and creation of new ideas. In light of new information the researcher revises and refines input for Set C.



The researcher convenes SET C



Set C partake in a focus group, a training workshop and an action learning discussion. They become co-researchers and are asked to try out ideas in their own practice and reflect back in the consultation and final focus group



The researcher considers and reviews what ideas have developed through the course of the research, and what continued research may look like.

## CONSENT FORM

Researcher: Hilary Palmer

### **An Action Research Project to Explore and Develop Family Therapists' Experiences of Using Systemic Art and Music Techniques in a CAMHS Setting.**

Please initial box

- |    |   |                          |
|----|---|--------------------------|
| 1. | I confirm that I have read and understand the information sheet dated 10. 09.2012 for the above study.  | <input type="checkbox"/> |
| 2. | I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.                                     | <input type="checkbox"/> |
| 3. | I understand that all identifiable material will be made anonymous and all audio and video recordings will be destroyed at the conclusion of the project. | <input type="checkbox"/> |
| 4. | I agree to being quoted in the data analysis and results and understand any quotation will be made anonymous  | <input type="checkbox"/> |
| 5. | I give permission for the research project, including quotations to be published  | <input type="checkbox"/> |
| 6. | I agree to take part in the above study.  | <input type="checkbox"/> |

Name of participant

Date

Signature

-----

-----

-----

Name of researcher

Date

Signature

-----

-----

-----

Copies: 1 for participant; 1 for researcher

## **PARTICIPANT INFORMATION SHEET (Set B)**

### **An Action Research Project to Explore and Develop Family Therapists' Experiences of Using Systemic Art and Music Techniques in a CAMHS Setting.**

#### **Introduction**

I would like to invite you to take part in my professional doctorate research project exploring the use of live art and music making in family therapy. As a music therapist and systemic psychotherapist I am interested in non-verbal ways of working, especially using art and music. Through my own clinical work, reviewing literature in the field, and consulting with Arts' therapists, I have developed systemic art and music techniques for use in family therapy. I am curious as to whether these techniques can be embraced by the wider family therapy profession as a useful adjunct to the verbal work offered.

#### **Why me?**

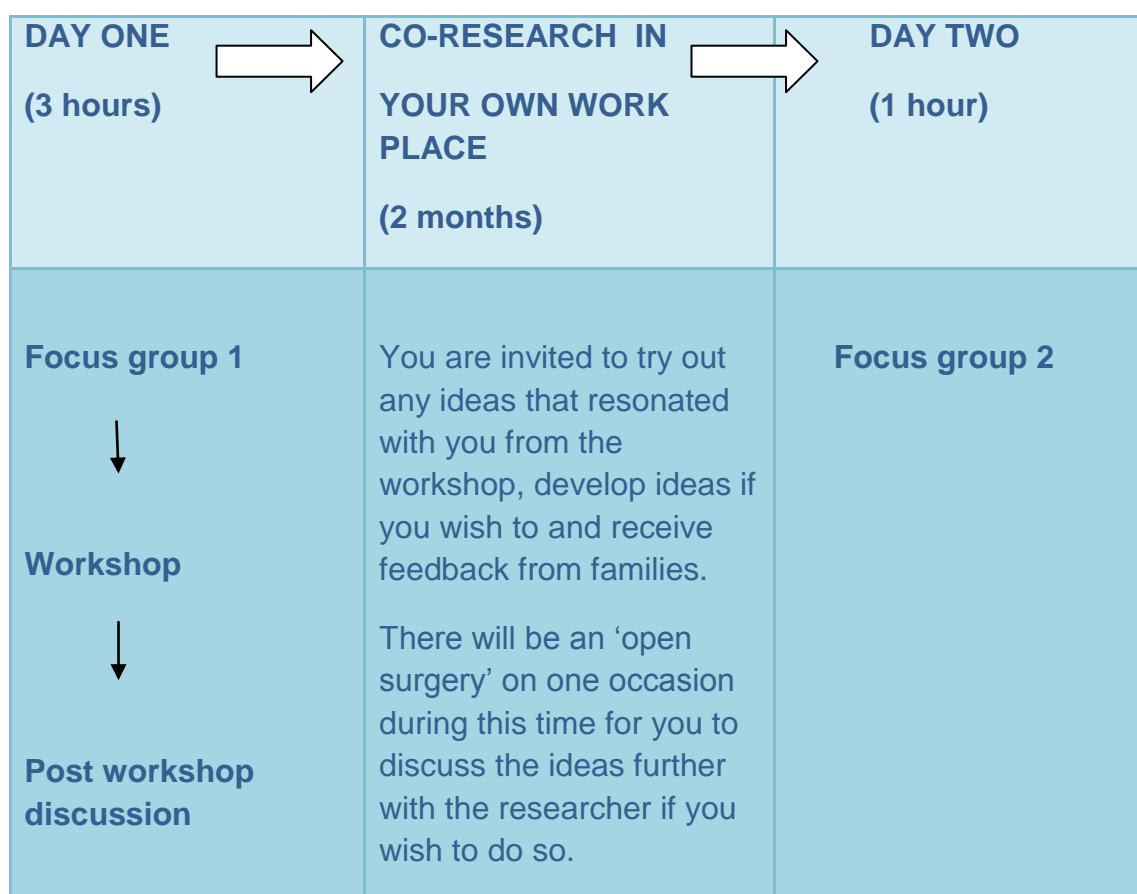
You have been invited to take part in this research because you are a family therapist working in a CAMHS team. In total I am inviting family therapists from three CAMHS teams to partake in the full project. If you decide to join the study you will be asked to sign a consent form. You are free to withdraw at any time, without giving reason.

#### **What will happen?**

You will meet with the researcher on two occasions. On day one you will be invited, with your family therapy colleagues, to join a focus group discussion around the issue of music and art in family therapy. This will be followed by a workshop, in which all the systemic art and music ideas developed in the project, will be introduced to you and you will have an opportunity to try some of them out. The session will conclude with a post workshop discussion offering you the opportunity to feedback on your experience of the workshop. Day one should last approximately three hours. After day one you will become co-researchers for the project in your own workplace. The co-researcher role invites you to try out any art and music ideas that resonate with you in your own work setting and receive feedback from the families you work with. If it is helpful to you, you may want to keep a reflexive diary of your experiences.

Being a co-researcher means that you play a central role in the development of the research idea and your discoveries will inform what I present to the next group of participants. Day two will happen approximately two months after day one and will involve a focus group discussion on your experience of using the techniques in your work place and any reflections you might have about art and music in family therapy. Day two will last approximately one hour.

In response to feedback I have already received in this research I will also be offering you an 'open surgery', one month after our initial meeting. This will be for anyone who wishes to come and discuss the ideas further and explore how they might work with specific families being seen.





## **Confidentiality**

The focus group discussions, workshop and post workshop discussion will be audio and video recorded for the purpose of transcription and analysis. This material will be shared only in the context of the academic community at the Tavistock and University of East London for the purpose of supervision, peer review and final doctorate examination. It will be destroyed at the very end of the professional doctorate process. In the transcription of the focus groups all identifying factors will be made anonymous including who you are, your team and workplace. Please do share clinical anecdotes in the discussions but please keep any client material non identifiable.

## **Risks and benefits**

There are no serious risks inherent in this project. It is possible that you may find when you return to your workplace with your new ideas that your clients are not receptive, and may even be annoyed that you are asking to try out ways of interacting and communicating with them that do not focus on words. This risk can be minimised by asking clients permission to use a different approach with them first and explaining that it's fine if they choose not to for whatever reason. The workshop itself is also experiential and participants need to be aware that the use of non-verbal media may bring up issues that touch them personally.

The benefits are that ideas may resonate with you and inspire your work generally or with particularly families you work with. You may find your clients are excited that you are offering them the opportunity of trying something different and find it beneficial to interact differently with you and each other. As a team it will give you the opportunity to work together on a project, allow new conversations and thinking to develop, with the potential to enhance your individual practice and your team approach as a whole.

## **INTERVIEW SCHEDULE**

### **DAY ONE**

#### **Focus group one:**

What was your initial reaction to the idea of this research?

What are your hopes/expectations from participating?

What feelings/memories does the suggestion to use music and/or art evoke?

How would you describe yourself culturally in connection with art and Music?

*(Added after and in response to participant group A)*

Are you using art and music in your work already?

If so, is this on your own or in partnership with other colleagues?

What were your reasons behind introducing it?

In what ways are you using music and art?

What effect has using art or music had?

If you haven't used art and music why haven't you?

What elements of your working practice do you feel enhance or inhibit your ability to work with art and music?

#### **Action learning discussion:**

How did you find the experience of the workshop?

Was there anything in the workshop that surprised you?

Were there any techniques that you thought: "yes, I would like to do that one".

If so what was it about that technique that interested you?

Was there any technique where you thought: "no way would I use that". What helped you come to that conclusion?

Was there any other effect of the workshop on your ideas about your clinical practice?

What questions/quandaries do you have about this way of working?

Having done the workshop, what elements in your work place/working practice do you feel may enhance or inhibit your use of art and music?

What do you feel needs to happen to support you in trying these techniques out in your work setting?

When is using art or music not appropriate?

## **DAY TWO (two months later)**

### **Focus group 2:**

Have you used art and or music in your workplace, and if so how?

Has the experience of using art and music in your workplace been what you expected/ hoped for?

What has surprised you?

What techniques have you used?

How do family therapists' make a rationale for themselves to use new techniques? What is the rationale for fun?

How have the families you have worked with reacted to using these techniques?

Are there any particular scenarios when you feel these techniques helped promote or hindered therapeutic change?

What sort of families have you used these techniques with e.g. age of children, reason for referral, length of time in the service?

What sense did families make of using art and music?

Have you developed/ changed the ideas at all? Drawn on the different ideas of the use of art and music?

Are there different ways you might use music and art in terms of how they work relationally? (Music everyone at same time, art more separate)

What do feel constrains/restricts family therapists from being creative?

Is there any technique that you wanted to try from the workshop but didn't?  
What stopped you being able to?

Have there been any other effects of attending the workshop on your practice or your sense of yourself as a clinician?

How has your team responded to the use of art and music in your work?

Has your professional identity been altered at all through your participation in the research?

Has your perception of your overall practice changed at all?

What would need to be in place for changes in your practice to be sustained?

What do you see as the place of fun in your therapeutic work?

(If comes up: when we did it get so serious? If training is a creative place when did we feel constrained?)

Have you any thoughts on the process of taking on something new?

Did you have any thoughts on the connection of personal and professional identities through your participation in the research?

Has your own experience of participating, given rise to any thoughts about how it could work for families?

### Analysis example. Set B

Hilary	...Has anything surprised you either about the workshop we did or your thoughts afterwards? Or the way you've ended up using any of the techniques?	
Esme	I tried to do, I got a bit hung up on the detail, (group laughter) I read the instructions in the thing of all the different, and I decide to have a go of that world one where you know the, you do the art and the mother draws the vision of his world and are there any surprises? And it was one of the ones where I just went with whatever they did in the end, but I found myself, I think it's like when you learn a new skill and you don't feel comfortable with it and I found myself wanting to do it the right way and I have not felt that about things in therapy, being a therapist for quite a long time (laughter) but I felt you know, yer, a bit stuck	<p>Process of integrating new techniques – how do we learn?</p> <p>Discomfort of therapist/uncertainty (Therapist identity)</p> <p>Therapist keen to 'get it right'. (construction of right and wrong)</p> <p>Therapist feels stuck but goes ahead anyway.(safe uncertainty)</p> <p>Therapist allows the family to take art exercise where they want it to go (therapist position).</p> <p>Therapist returning to uncomfortable feelings of being newly qualified. (identity/learning)</p>
Hilary	Were you able to...?	
Esme	Yes once I got into I was, I was explaining it to myself, like God what have you got to do again, who is	Therapist able to let go of fears of getting it right and allow family to lead.

	supposed to draw what? They just took over anyway and it was fine and it worked really well, but yer so I was surprised by that	(ownership, position, therapeutic alliance.)
Hilary	So you were surprised by your reaction to it...and the family?	
Esme	They really enjoyed it. Again it was a family where they have a child who finds it hard to articulate things and they are very stuck in the same old patterns and similar to the feet thing in a way it just opened up new conversations and things that I learnt. I learnt things about them that I didn't know were important and they learned things about each other that they didn't know were important and mum was very surprised at some of the things that she had missed out. So, I think it was good because it moved away from the words but I think it was also good because it opened up new conversations.	<p>Family enjoyment of difference.</p> <p>Helped family move out of stuck patterns.</p> <p>Helpful for child who has trouble putting feelings into words.</p> <p>New perspectives - Therapist able to learn more about family/ family learn more about each other.</p> <p>Allowed for surprises and difference.</p> <p>Non verbal interaction opens increased opportunities for new/different conversations – relationship between words and art/music</p>
Shulah	Well I remember when we, when I came up with the doodle idea was also a stuck moment in therapy because there we had a boy that just	Giving voice to difficult feelings

	<p>couldn't express anything and was just very tearful and crying and really sad and couldn't say what was going on and so I just said: 'ooh, I have an idea' and went outside and on the way up with the papers I thought what was it you have to do again, I was a bit stuck and I thought: 'Oh God I didn't read the handbook properly and what do I do?', and I just thought: 'you know what , just do it!' so I went in and told them what to do and they went into it straight away I almost didn't even have a chance to explain it before the boy had picked up his pen and the mother had picked up her pen and it was beautiful how they finished off each other's doodles and the mum said at one point : 'oh I know what this is all about', and I said: 'What?' and she said: 'it's about finishing things and completing things and that's always been important to me', she said. And I said: 'Well if that's how you understand it, you know, that's fine and er, so that was very spontaneous and the music I was quite nervous because I thought, I kept reading the handbook, reading the handbook and I thought, oh God which of these do I do? Which of these do I do? Do I do the orchestra do I? and actually it was very spontaneous (laughter) what we did in the end (laughter)</p>	<p>Process – similar shared participant experiences – (embedding ideas and new learning)</p> <p>Therapist overcoming doubts and reservations about getting it right (safe uncertainty)</p> <p>Who's agenda? Family take ownership (therapeutic alliance)</p> <p>Art allows for shared moments, collaboration, togetherness (the nature of art and music.)</p> <p>Family finding/interpreting their own meaning in activity</p> <p>Activity allowing for spontaneity.</p> <p>Overcoming fears.</p> <p>Therapist takes 'leap of faith'.</p> <p>Easier than anticipated.</p> <p>It's fun!</p>
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# **Participants' Handbook**

**(SET A)**

An Action Research Project to Explore and Develop Family  
Therapists' Experiences of Using Systemic Art and Music  
Techniques in a CAMHS Setting.

Hilary Palmer

2011



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## **PARTICIPANT INFORMATION SHEET (Set A)**

### **An Action Research Project to Explore and Develop Family Therapists' Experiences of Using Systemic Art and Music Techniques in a CAMHS Setting.**

#### **Introduction**

I would like to invite you to take part in my professional doctorate research project exploring the use of live art and music making in family therapy. As a music therapist and systemic psychotherapist I am interested in non verbal ways of working, especially using art and music. Through my own clinical work, reviewing literature in the field, and consulting with Arts' therapists, I have developed systemic art and music techniques for use in family therapy. I am curious as to whether these techniques can be embraced by the wider family therapy profession as a useful adjunct to the verbal work offered.

#### **Why me?**

You have been invited to take part in this research because you are a family therapist working in a CAMHS team. In total I am inviting family therapists from three CAMHS teams to partake in the full project. If you decide to join the study you will be asked to sign a consent form. You are free to withdraw at any time, without giving reason.

#### **What will happen?**

You will meet with the researcher on two occasions. On day one you will be invited, with your family therapy colleagues, to join a focus group discussion around the issue of music and art in family therapy. This will be followed by a workshop, in which all the systemic art and music ideas developed in the project, will be introduced to you and you will have an opportunity to try some of them out. The session will conclude with a post workshop discussion offering you the opportunity to feedback on your experience of the workshop. Day one should last approximately three hours. After day one you will become co-researchers for the project in your own workplace. The co-researcher role invites you to try out any art and music ideas that resonate with you in your own

work setting, receive feedback from the families you work with and keep a reflexive diary of your experiences. You will receive information on what you might find useful to put in your diaries. For example, your rationale for using a particular technique in a clinical situation, or how you may have adapted or developed one of the techniques. Being a co-researcher means that you play a central role in the development of the research idea and your discoveries will inform what I present to the next group of participants. Day two will happen approximately four months after day one and will involve a focus group discussion on your experience of using the techniques in your work place and any reflections you might have about art and music in family therapy. Day two will last approximately one hour.



## **Confidentiality**

The focus group discussions, workshop and post workshop discussion will be audio and video recorded for the purpose of transcription and analysis. This material will be shared only in the context of the academic community at the Tavistock and University of East London for the purpose of supervision, peer review and final doctorate examination. It will be destroyed at the very end of the professional doctorate process. In the transcription of the focus groups all identifying factors will be made anonymous including who you are, your team and workplace. Please do share clinical anecdotes in the discussions but please keep any client material non identifiable. The reflexive diaries you keep during your four months as co-researchers will be collected and analysed to help shed light on the subject. You will be given guidelines on how to use your diaries and be asked to keep them anonymous. The diaries will be returned at the end of the research if you wish to have them back or destroyed if you no longer require them.

## **Risks and benefits**

There are no serious risks inherent in this project. It is possible that you may find when you return to your workplace with your new ideas that your clients are not receptive, and may even be annoyed, that you are asking to try out ways of interacting and communicating with them that do not focus on words. This risk can be minimised by asking clients permission to use a different approach with them first and explaining that it's fine if they choose not to for whatever reason. The benefits are that certain ideas may resonate with you and inspire your work generally or with particularly families you work with. You may find your clients are excited that you are offering them the opportunity of trying something different and find it beneficial to interact differently with you and each other. As a team it will give you the opportunity to work together on a project, allow new conversations and thinking to develop, with the potential to enhance your individual practice and your team approach as a whole.

## CONSENT FORM

Researcher: Hilary Palmer

### **An Action Research Project to Explore and Develop Family Therapists' Experiences of Using Systemic Art and Music Techniques in a CAMHS Setting**

*Please initial box*

1. I confirm that I have read and understand the information sheet dated ..... for the above study. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I understand that all identifiable material will be made anonymous and all audio and video recordings will be destroyed at the conclusion of the project. ☐
4. I agree to being quoted in the data analysis and results and understand any quotation will be made anonymous ☐
5. I give permission for the research project, including quotations to be published ☐
6. I agree to take part in the above study. ☐

-----  
Name of participant                      Date                      Signature

-----  
Name of researcher                      Date                      Signature

*Copies: 1 for participant; 1 for researcher*

## **Keeping a Reflexive Dairy**

As part of this research project you are asked to keep a reflexive diary of your experiences of using art and music in your work place. This can be as detailed as you wish it to be. Some people may choose just to jot down a few thoughts, others may find it useful to write in more detail. The diaries will be used as part of the research and will be analysed. It would be helpful if the diaries were type written for ease of analysis, and so you can retain a copy yourselves, but any format is acceptable and gratefully received. Any hand written diaries will be photocopied and returned.

### **In your diaries you may wish to consider some of the following:**

What was the composition of the family I used art/music ideas with?

What was the family referred to me for?

Had I been working with them long?

What was the initial reaction from the family when invited to use art or music?

At what point in the session did I decide it may be a good idea to use music/art?

What were my decisions for choosing to use art/music?

Did I stick to one art/music idea or did I try a few ideas out?

How comfortable/confident did I feel?

What was the reaction of the family? How comfortable/confident did the family feel?

What benefits was I hoping the art/music technique would bring?

Were those benefits realised? Would I use this technique again?

How might I develop the art/music idea for use another time?

Did the family express a wish to use art/music techniques again?

What learning will I take from the experience in to next time?

What conversations in the team has this work elicited?

Do I see music and art differently now?

## **Systemic Music Ideas**

These guidelines are intended for use by family therapists with or without previous musical training to use with families with or without previous musical training. They do not constitute music therapy but are an introduction to how the activity of live music making can be used in family therapy sessions.

It is helpful to encourage the family to start each exercise by being quiet first. Attempting to make music when talking is like trying to draw on a piece of paper when the paper already has marks on it. Comparing the quiet space to create music in, to a blank canvas ready to paint, can be helpful in giving importance to the musical process about to happen and help the family focus on the activity at hand.

Think about seating arrangements and space. Having room to move your arms is important, as is making sure everyone can see each other. A circle arrangement, as family therapists are used to, is a good starting point.

## **BEGINNINGS**

### **Warming up, making a sound, playing together, and creating music. Engagement, listening to each other, working together**

To break the ice it is important that the family feel safe and supported in making a sound. The therapist needs to take a directive approach to allow for sound to happen safely and to alleviate any fear the family may have of getting it wrong.

- A. Before even trying to organise or co-ordinate any sound into a musical beat it is helpful just to make some noise. This can be done by making a vibration on a chosen instrument. For example, fingers can create a fast tapping movement on a drum. The therapist needs to take a lead and maybe count the family in with a “1, 2, 3, go!”
- B. The therapist asks the family to choose an instrument that interests them. The therapist then asks the family to repeat what she does and plays a simple rhythm. The same rhythm can be repeated several times until the family have got the hang of playing. At this point the therapist can change or elaborate on the rhythmic idea. Think about loud and soft possibilities, different tempos (speeds), accelerating the rhythm to go from slow to fast. The therapist can then ask if any other family member would like a turn to lead.
- C. The therapist explains that together as a group they are going to build up a rhythm starting with one person and building up until the whole family and the therapist are playing together. The therapist can invite someone to start but if there are no takers then the therapist can offer to begin. A very simple rhythm is good to start with. Ask the family to participate in the order they are sitting in the circle. It is helpful to remind the family members to listen to the rhythm for a while first and join in when they are ready, with the same rhythm or with a complimentary rhythm. It is often helpful to begin this activity using drums or wooden sounds. Brighter sounds like glockenspiels and bells can be added later to extend the activity if it is going well. The family may wish to choose another instrument with a contrasting sound to add to the musical whole. Hand bells can be good for this.



- D. Initially instruments can be chosen by family members for themselves. This can be extended to allow an instrument to be chosen by one member of the family for another member of the family as a 'gift'. How easy is it to accept and play the gift? Why was that particular gift chosen?

*This may be the first time a family have participated in an activity together for a long time. Within this simple activity there are already opportunities for the family to experience a different way of being together and different ways of seeing each other. Music played in this way can often lead to laughter and open up opportunities to think about humour, joy and being in the present. Memories of childhood may be evoked as well as thoughts about family patterns and roles, leadership, co-operation, collaboration and resourcefulness.*

## 1. SOLOISTS AND SUPPORT

**Support roles (giving and accepting support), family roles, individual voices, hearing one another**

This activity relies on the family having been able to engage in creating a rhythm together in the warm up 'Beginnings' exercise. Acknowledge the family's success in playing together and invite them to form a rhythm section to support one member of the family in playing a solo.

- A) Use the same instruments or change instruments from the 'Beginnings' exercise. This time the family all play the same beat together and when a family member wishes to do something different/to take a solo, they raise their hand and start. When they have finished they raise their hand again to indicate that they are not just pausing but they are ready to stop, at this point they rejoin the beat with their family opening up the opportunity for a different member of their family to raise their hand.
- B) In an extension of the above exercise the family become a rhythm section on similar sounding instruments, for example drums, and the soloist chooses a different instrument to allow the solo voice to be heard clearly. Help the soloist to choose an instrument and maybe suggest an instrument with a different timbre (tonal quality) from the rhythm section. Xylophones and glockenspiels can be good. If the soloist is feeling particularly confident they may wish to choose a selection of instruments.

Help the family create a rhythm section; this may mean having a few attempts to get a good sense of playing together (see exercise 1C). Explain to the soloist before the music starts that they can join in as little or as much as they like and may wish to listen to the rhythm section for a while first before beginning. It can be suggested that the soloist indicates they have finished their playing by putting down their instrument. This will allow for the soloist to have pauses in their solo without the rhythm section assuming that must be the end of the piece.

If there is a general reluctance in the family to engage in this activity it may be that two members of the family join forces in a duet whilst the rhythm section support them, rather than one person soloing. Duets can be fun to do be sharing a xylophone, piano or using a set of hand bells.

*It can take a lot of courage for a family member to put themselves in the soloist position and may be an opportunity to consider confidence, assertiveness, bravery and different perspectives on this within the family. It may also be the case that a dominant family member takes this role and this can be explored in terms of repeating patterns and roles, what is helpful and what change is desired or required. The family may be open to explore how it felt to give and receive support in their various roles and how this reflects or does not reflect life at home. These conversations may lead to a repeat of the exercise with other family members having a turn at being soloist.*

## 2. CONDUCTING

### **Leadership, self expression, sharing and collaborating**

Once the family have experienced playing together, an opportunity can be created for one family member to organise and conduct the music that the family play. The family member may wish to give the music a title or theme before they start conducting or they may wish to reflect on it afterwards. The conductor has the opportunity to choose the instruments played and who plays what. The conducting can happen in two ways:

- A) The conductor uses eye contact to bring in a family member. The conductor looks directly at the family member they wish to join in, family members may accept the invitation or pass.
  
- B) Simple hand gestures can be invented to indicate volume, starting and stopping and tempo (speed). The conductor can be as directive as they wish to be and may wish to have the family create a rhythm together first or play in a more ad hoc 'sounds in space' way. The conductor may choose to play as well or not.

*This activity can be used to consider issues such as power and control, collaboration, self expression, leadership, self esteem and confidence. The way a family communicates at home through eye contact may also be possible to explore. How easy is it to have eye contact in the family? How is it understood and what do people hope to express through eye contact? It may be interesting to consider using it where boundaries are an issue or when a child is struggling to express an emotion/feeling state through words. In this case music may help to try and express those feelings non-verbally with their family's help.*

### 3. DIFFERENT VOICES

#### **Enactment/circular questioning**

The instruments themselves with their various different shapes, sizes and sound possibilities can be a useful symbolic tool to use in eliciting verbal and musical conversations around differing perspectives and understandings within the family.

Questions to a young person in the family could include:

What instrument would dad use?

How would he play?

Who else would play like that?

How would that sound?

Who agrees with that?

What would the differences be?

How did he used to play? Who would notice the difference?

How would you like his playing to sound?

What would happen if mum played like that instead?

What would you have to do with your own playing for your mum and dad to play differently?

At each point within this verbal dialogue is the opportunity to test out assumptions by playing music together.

*In a similar way to verbal enactments, the family can be invited to have musical conversations with each other, swapping instruments and swapping positions to experience what other members of the family might experience. For example, a member of the family may end up playing a quiet delicate instrument whilst everyone else is playing instruments with the potential for great volume. How influential can the quiet instrument be? Who can hear it? What happens when it plays? What happens if it stops playing?*

#### 4. THE MUSICAL SCULPT

##### **Multiple perspectives, possibilities for change, internalised other voice.**

The use of sculpts are common within family therapy practice and can take various forms from family members physically being positioned in a room, to using buttons, animals, or even objects from a handbag, on a table. Using musical instruments in a sculpt allows for the sculpt idea to gain a further dimension. Family members can be asked to choose an instrument to represent themselves or one family member can choose instruments to represent their family. A member of the family then comes forward to place the instruments in a sculpt depicting family relationships, either in real time or in future orientated time. A discussion about the process and result of what has taken place then ensues. If the sculpting objects are instruments the possibility of playing them remains an option and, in a similar way to enactments, musical conversations can then occur through the playing of the instruments. The therapist's role is to observe and support the process which may elicit questions, for example: Can the instruments play together if too far apart? Can they hear if too close? What can other 'instruments' in the sculpt do to create change/contribute? Can their contribution be heard? Can all the instruments in their sculpted positions play a rhythm together like they did in the 'Beginnings' activity? What would need to change to enable this? Opportunities to 'play' other people can also be created, for example, dad is a drum, placed in the corner by mum, but played by the son.

*As in all work in family therapy the timing of interventions is important to bear in mind, in doing sculpts this is even more so. The very physicality of the instruments themselves can become powerful and emotive symbols, for example if you can imagine a tiny hand chime symbolising a daughter placed under a tall conga drum symbolising a mother or father. It may be necessary to consider the instruments as silent objects in the first instance and use the sculpt as you would any other before attempting any musical conversation or activity.*

### **Some thoughts on the voice**

The above five activities do not specify any particular use of the voice other than talking. Depending on how comfortable the therapist is with using the voice, the voice can be brought into all the activities as another instrument through accompanying vocal sounds like ah, oh, uh; or through semi sung rap or poems. For example when doing the sculpt, further family scripts may be unveiled from which key phrases may be illuminated, for instance: “just don’t ask”, “I’ll do it tomorrow”, “everybody knows everything”. These can be incorporated into aspects of the playing: reframed, expanded, or new narratives created, as part of any of the above activities.

## **Systemic Art Ideas**

The following art methods to be used in family therapy do not require the therapist or family to have any previous experience in, or knowledge of, art. The techniques do not constitute art therapy but are presented as art tools to use within usual systemic practice with families. It is important to be organised and have your equipment ready. Materials to use may include: pencils, paints, pastels, a selection of different sizes of white and coloured paper, card, magazines, glue, sticky tape, and scissors. If you do not have a designated area at work to do art you may wish to use pastels rather than paints. Pastels allow for vibrant immediacy but help limit any mess that may occur. Think about the space you want to use. Is your room big enough? Drawing around a table is much easier than drawing on the floor, especially for adults who may struggle. Can everybody see everybody else? Planning ahead for the possibility of using art in your session will allow the process to be more comfortable for the family and grow organically from conversations in the room.

It is important to consider your position in any activity. It is suggested that a position of observing and noticing, remaining attentive and connected may be helpful to families. Try to avoid explaining and interpreting, instead remain curious and allow your curiosity to be shared through your formulation of questions to help the family consider their art work. Allow for silence if it arises. Whilst the drawings are being created, allow the family to relax into being in the present, give the family the time they need. Sitting in silence is a different position for most family therapists but if we can bear being quiet and remain in the present we will help our families bear it as well.

It is important to set the scene when inviting the family to use art and explain that it allows for other ways of seeing and understanding worries, as well as identifying strengths and resources.



**1. BEGINNINGS: doodles, squiggles and footprints (Winnicott, 1968; Kwiatowska, 2001; Hanney, 2011).**

**Co-creation of a picture. Multiple perspectives/developing narratives**

*Doodles create an avenue of live art making that frees the creator from having to worry about their artistic ability or experience. Doodles allow for a non-threatening, familiar introduction to art making and are a good beginning to the introduction of art in family therapy sessions.*

**Doodles:** Each family member chooses a colour to draw with, they are then allowed 1 stroke on a piece of paper taking turns one after the other to create a picture.

**Squiggles:** One member of the family draws a squiggle on a piece of paper and then passes it on to another member of the family to transform the squiggle. Once transformed the image is given to another member of the family to adapt. The process is complete when every family member has had a turn.

**Footprints:** Each family member draws around their shoes on separate pieces of paper. These are then placed in the room for members of the family to step into each others' shoes. Discussions can then unfold around what it is like to be in someone else's shoes. The activity can be expanded into a sculpt and family positioning can be thought about.

## **2. FAMILY PORTRAITS. ( Wadison, 1973)**

**Conversations, different ways of seeing and being seen, ways of being (the process) ways of seeing (the process/result).**

Portraits can be used in a number of ways as follows:

- A) The family chose one member of the family to draw. They then draw or paint the person whilst the person does a self portrait. The pictures are then discussed: What does the family member see in the picture? What did the family member drawing it hope to depict?
  
- B) Each family member draws themselves as they think they are seen by one family member. For example, each family member has to imagine how Tom, age 14, sees them and draw that image. While the family draw their pictures of themselves in Tom's eyes, Tom can be asked to draw himself as seen by the family. The pictures can then be discussed in terms of expectations and surprises. What does Tom make of the pictures? What does he recognise? Within this exercise there is the opportunity for further drawings resulting from conversations. Tom may wish to help particular family members redraw how Tom sees them as a joint exercise.
  

If there are two or more siblings the children/young people could draw themselves as they believe they are seen by the adults and the adults could draw themselves as they believe they are seen by the children.

  
- C) Each family member draws themselves in human or animal form. The pictures are discussed and can be used in a sculpt.
  
- D) Using good plasticine or play dough the family can make sculptures of themselves, discuss the process of doing this, and then use in a sculpt. The plasticine can be easily warmed on a radiator. Hand-made play dough is great to use as you can make a large quantity and it is soft, pliable and non sticky. See recipe at the end of the handbook.

### 3. THE CIRCLE ON THE PAGE

#### **Multiple meanings/negotiating solutions/a family mandala?**

- A) Invite family members to sit around a large piece of paper with a circle drawn in the middle of it. Frame the activity as an opportunity to fill the page together in whatever way they wish to. When the activity is completed consider how the circle was negotiated: Who draws in the circle? Who draws around the circle? What significance does the family give this? Consider both process and content:

Process: how easy was it to all draw at the same time? Did a natural leadership develop? Did the task progress as everyone would have wished it to?

Content: Were there any surprises for anyone? What does each family member make of the result? If it was to be done again would anything change? How would this change be made possible?

*The word 'mandala' is a Sanskrit word loosely translated as meaning 'circle'. The mandala represents wholeness. The mandala has a spiritual and ritual significance in Buddhism and Hinduism. Jung saw the mandala as a representation of the unconscious self and believed that the mandala symbolised a "safe refuge of inner reconciliation and wholeness." Depending on what stage of therapy the family are at, it could be suggested to the family that they may wish to create their own mandala to symbolise individuality as well as unity.*

- B) For younger children and families who think in a more concrete than abstract way it may be more helpful to have a structured activity. Hanney (2011) suggests the dinner table idea. Place a large piece of paper in front of the family and ask them to draw a meal time. If the family do not sit up at a table for meals you can ask them to imagine what they think it would be like. Consider how the family arrange themselves, whether this is a given or has to be negotiated. What is the significance of meal times for the family? What is the meaning of food for the family?

#### **4. THE FAMILY DRAWING. (Kwiatowska, 1978; Landgarten, 1981; Linesch, 1999; Carlson, 1997; Riley, 2000)**

##### **Painting the problem: an externalizing activity. Multiple perspectives**

- A) The family are invited to draw the problem as a co-created picture. This is in a similar way to the childhood game of drawing a head and then folding the paper over and passing it to the next person to draw the arms before folding it over and passing to the next person to draw the body etc. In this activity each member of the family draws their depiction of the problem quickly, folding over their image and passing it on. When the activity is complete the paper is unfolded and the resulting image discussed. The benefit of this exercise is that it is done quickly and contains an element of fun. It would be possible to do this activity before and after a session or at different points in therapy for example, the beginning, middle and the end (Hanney 2011).
- B) The family drawing can also be a free exercise for the family to each individually paint/draw/use collage to portray the problem.

What questions arise from this process? Who recognises the resulting picture as representative of the problem? What are the differences and similarities? Are there any surprises? If the family feel stuck on this task, it could be suggested that they draw the problem as a creature or partake in the more game like activity A.

At the end of this process the various images created by the family, whether in exercise A or B can be put into a collage either whole or cut up.

## 5. IN THE WORLD OF THE OTHER.

### **Internalized other painting/miracle question**

*This exercise is an extemporization of Carl Tomm's (1998) technique of internalised other questioning. Instead of being asked to answer questions as if being another member of the family, a member of the family is asked to draw as if the other.*

Invite the family to consider what another family member's world looks like. For example, the therapist could say to Tom's mother: "Imagine you are Tom, now I am going to ask you to draw your world." This needs to be set in a time frame, for example 10 minutes to complete the task, especially if Tom is just going to sit and watch the process. An alternative might be that Tom draws his mother's world as her whilst she draws his world as him.

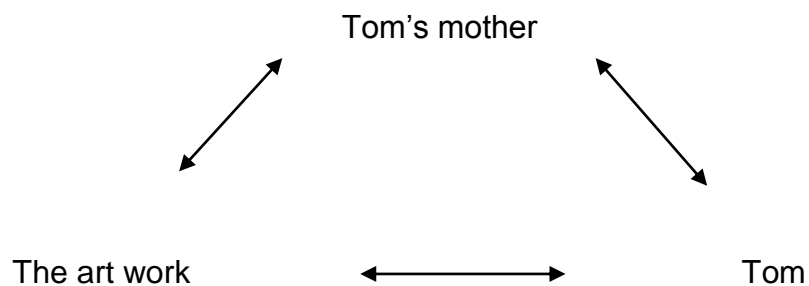
Explore what is created. The therapist could ask Tom's mother: What was it like to be Tom and create Tom's world? Do you think Tom will agree with what is portrayed? What would you like Tom's world to look like? Do you think Tom would want the same? Do you think a world could be co-created between you and Tom to incorporate elements, beliefs and ideas that you both value? Alternatively the therapist can allow Tom to lead the questions to his mother from his own curiosity and vice-versa.

The opportunity is then created for the family and Tom to co-create the Tom's world picture again together under Tom's guidance either Tom's world now or how he would like it to be.

*It is possible to set this task as a piece of homework but be aware some families may not turn up to a following session if they feel they have not completed their homework as suggested. Therefore homework needs to be suggested as a possibility of doing something creative without obligation.*

### **Some thoughts about the art work**

As a therapist it is important to address with the family what to do with the art work once it is completed. This can involve thinking about what has become embedded in the art work and what the art work itself has come to mean for various family members. The art work can become the 'other' and need negotiating:



It is important for the family that you are able to offer the opportunity of looking after the art work yourself and keeping it in a safe place. A folder for this purpose can be very useful and help create a greater feeling of safety. Photographs of the art work can create a useful record and help a review of the work to be done with ease. If the art work is large, photos can be taken to keep in a folder and in the client's notes.

## **Recipe for play dough**

2 cups plain flour

1 cup salt

2 cups water

2 tablespoons cooking oil

4 teaspoons cream of tartar

Food colouring

Put all the ingredients into a saucepan and stir thoroughly. Cook over a medium heat until dough pulls away from the sides of the pan and is “kneadable”. Remove from the heat and knead very well, adding more flour if dough remains sticky. Knead until smooth, soft, and not sticky.

This dough can also be made in a microwave oven. Put all the ingredients into a large bowl – mix thoroughly. Give one minute blasts of heat – stirring well between each one until “kneadable”. Finish off as above.

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# **A Handbook of Systemic Art and Music Techniques**

**Hilary Palmer**

**2014**

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## **Introduction**

This handbook is the result of an action research project that explored and developed family therapists' experiences of using systemic art and music techniques in a CAMHS setting. The book presents ideas to form the basis of your own exploration into using art and music and is meant to be dipped into and not followed religiously. The best way to integrate the ideas into your practice is to consider on your own identity as a family therapist, your experience of art and music either personally or professionally, and how this might influence the way the ideas fit with your way of working.

When trying to integrate anything new into practice it is important to be reflective about your theory of change and be willing to consider new possibilities about how change happens, this will allow you to open up to new possibilities of difference. The main advice would be to follow your instincts. To begin with a helpful question to ask yourself in your every day practice is: 'If I was doing this creatively what would it look like?'

Family therapists who have used the techniques have reported that they are a powerful adjunct to their work with words, have "shifted things" and are particularly useful for children and young people who struggle to express themselves verbally. When trying the new techniques it is also important to consider the wider context of your working environment. If possible create partnerships with other clinicians to introduce the ideas with opportunities to come back and discuss, seek out mentorship, share the new techniques with your manager and team, and include in supervision.

## **How to introduce new ideas in a clinical setting**

When considering applying art and music into family therapy practice it is important to consider how to introduce this different way of working to families. The following ideas are suggestions if you too are wondering how this might work.

It may be good to start using new techniques with families you have been working with for a while; perhaps where it is already known that conversations can get stuck or new insight/direction is needed for family, therapist or both. Music and Art therapy are evidenced based practice and it may be helpful to say to a family that evidence shows that interacting through music and art can give rise to new thinking, interacting and expression and you wondered if they might like to try some.

As many family therapists use diagrams in their practice already it may be easier to introduce art than music, music may feel a little more foreign. It can feel a little daunting for therapist and family alike if the musical instruments are kept in a basket and then need to be unpacked in order to use them. Some therapists feel this is like a big unveiling and makes them question their skill. There are two ways to overcome this:

- Put out a few instruments in the room before you start the session, you may find that members of the family automatically start playing them and if this is the case it becomes more natural to begin a discussion about using them. Bear in mind it is often helpful to start a music activity from silence so it may need some session management to help the family to choose instruments and then sit quietly for a brief moment before playing. However, do not let this hinder your creative spontaneity and if a child has a good rhythm going and is really into what they are doing you can help the family join in.
- As we know children – and adults - are often curious and enjoy a bit of mystery. Children opening up a basket of instruments and helping you delve in can be made into a fun activity in itself. The choosing of instruments for self and for others can also give rise to conversations and shed light on family dynamics.

- Pacing and timing of using the techniques is also important. For example, a child suffering from PTSD may feel overwhelmed with the emotive power of music. In this instance it may be more containing to introduce an art exercise to the family at a time in the work when trust and a good therapeutic relationship have been established.
- Crisis management within sessions can be an obstacle to introducing creative ideas. In these situations there is often a predominance of words and we can find ourselves positioned by the family to become solution focused in order to help them deal with their crisis. Often more multi-agency work is necessary and there is a greater expectation from CAMHS to produce results. This type of working can make it harder for therapist and family alike to step out of prescribed roles to look at the wider picture. In these cases it may be helpful to name this process with families and gradually introduce creative ideas. For example:

‘Today I wondered if you might like to spend the final 15 minutes at the end of the session doing something new with me, perhaps we could use the art materials, I think it might help us to keep hold of all the voices from within the family and may even offer us a different way of seeing things’.

## **Supervision and training**

The art and music techniques can also be used in training and supervision. Incorporating the techniques into these contexts can provide instruction for trainees on creative methods and also be a tool that could be used in a trainee group for processing in a supervisory way. Introducing art and music as a part of training, and using music and art techniques to help explore trainees own personal/professional journey, allows the ideas to become understood from an experiential or 'inside out' perspective, therefore making them more easily incorporated into work with families.

Using the instruments can also be a lively and expressive way to feedback a 'comment' at the end of a CPD event. To do this musical instruments can be left around the room and delegates can be invited to feedback non-verbally on their experience of the day.

## **Systemic Music Techniques**

These guidelines are intended for use by family therapists with or without previous musical training to use with families with or without previous musical training. They do not constitute music therapy but are an introduction to how the activity of live music making can be used in family therapy sessions.

It is helpful to encourage the family to start each exercise by being quiet first. Attempting to make music when talking is like trying to draw on a piece of paper when the paper already has marks on it. Comparing the quiet space to create music in, to a blank canvas ready to paint, can be helpful in giving importance to the musical process about to happen and help the family focus on the activity at hand.

Think about seating arrangements and space. Having room to move your arms is important, as is making sure everyone can see each other. A circle arrangement, as family therapists are used to, is a good starting point.

### **Resources**

It is good to have a selection of percussion instruments that provide various different timbres (tonal quality), a selection is listed below. When choosing try to find a balance between Group A and Group B:

#### Group A Instruments:

Djembe, Conga, bongo, hand drums, tambour, xylophone, guiro, rhythm sticks, wood block, bass bars, wooden agogo, rain stick, ball shaker, maracas.

#### Group B instruments

Soprano or Alto Glockenspiel (I prefer the latter), handbells, sleigh bells, tambourine, temple bells, bass claves, chimes, cow bells, triangle.

The most popular instruments for children in my practice of over the last 18 years have been: the djembes, bass bars, guiro (fish scraper), ball shaker, xylophone, glockenspiel, and hand bells.



## **1. BEGINNINGS**

**Warming up, making a sound, playing together, and creating music.  
Engagement, listening to each other, working together**

To break the ice it is important that the family feel safe and supported in making a sound. The therapist needs to take a directive approach to allow for sound to happen safely and to alleviate any fear the family may have of getting it wrong.

- A. Before even trying to organise or co-ordinate any sound into a musical beat it is helpful just to make some noise. This can be done by making a vibration on a chosen instrument. For example, fingers can create a fast tapping movement on a drum. The therapist needs to take a lead and maybe count the family in with a “1, 2, 3, go!”
- B. The therapist asks the family to choose an instrument that interests them. The therapist then asks the family to repeat what she does and plays a simple rhythm. The same rhythm can be repeated several times until the family have got the hang of playing. At this point the therapist can change or elaborate on the rhythmic idea. Think about loud and soft possibilities, different tempos (speeds), accelerating the rhythm to go from slow to fast. The therapist can then ask if any other family member would like a turn to lead.
- C. The therapist explains that together as a group they are going to build up a rhythm starting with one person and building up until the whole family and the therapist are playing together. The therapist can invite someone to start but if there are no takers then the therapist can offer to begin. A very simple rhythm is good to start with. Ask the family to participate in the order they are sitting in the circle. It is helpful to remind the family members to listen to the rhythm for a while first and join in when they are ready, with the same rhythm or with a complimentary rhythm. It is often helpful to begin this activity using drums or wooden sounds. Brighter sounds like glockenspiels and bells can be added later to extend the activity if it is going well. The family may wish to choose another instrument with a contrasting sound to add to the musical whole. Hand bells can be good for this.

- D. Initially instruments can be chosen by family members for themselves. This can be extended to allow an instrument to be chosen by one member of the family for another member of the family as a 'gift'. How easy is it to accept and play the gift? Why was that particular gift chosen?

*This may be the first time a family have participated in an activity together for a long time. Within this simple activity there are already opportunities for the family to experience a different way of being together and different ways of seeing each other. Music played in this way can often lead to laughter and open up opportunities to think about humour, joy and being in the present. Memories of childhood may be evoked as well as thoughts about family patterns and roles, leadership, co-operation, collaboration and resourcefulness.*

## **2. SOLOISTS AND SUPPORT**

**Support roles (giving and accepting support), family roles, individual voices, hearing one another**

This activity relies on the family having been able to engage in creating a rhythm together in the warm up 'Beginnings' exercise. Acknowledge the family's success in playing together and invite them to form a rhythm section to support one member of the family in playing a solo.

- A) Use the same instruments or change instruments from the 'Beginnings' exercise. This time the family all play the same beat together and when a family member wishes to do something different/to take a solo, they raise their hand and start. When they have finished they raise their hand again to indicate that they are not just pausing but they are ready to stop, at this point they rejoin the beat with their family opening up the opportunity for a different member of their family to raise their hand.
- B) In an extension of the above exercise the family become a rhythm section on similar sounding instruments, for example drums, and the soloist chooses a different instrument to allow the solo voice to be heard clearly. Help the soloist to choose an instrument and maybe suggest an instrument with a different timbre (tonal quality) from the rhythm section. Xylophones and glockenspiels can be good. If the soloist is feeling particularly confident they may wish to choose a selection of instruments.

Help the family create a rhythm section; this may mean having a few attempts to get a good sense of playing together (see exercise 1C). Explain to the soloist before the music starts that they can join in as little or as much as they like and may wish to listen to the rhythm section for a while first before beginning. It can be suggested that the soloist indicates they have finished their playing by putting down their instrument. This will allow for the soloist to have pauses in their solo without the rhythm section assuming that must be the end of the piece.

If there is a general reluctance in the family to engage in this activity it may be that two members of the family join forces in a duet whilst the rhythm section support them, rather than one person soloing. Duets can be fun to do be sharing a xylophone, piano or using a set of hand bells.

*It can take a lot of courage for a family member to put themselves in the soloist position and may be an opportunity to consider confidence, assertiveness, bravery and different perspectives on this within the family. It may also be the case that a dominant family member takes this role and this can be explored in terms of repeating patterns and roles, what is helpful and what change is desired or required. The family may be open to explore how it felt to give and receive support in their various roles and how this reflects or does not reflect life at home. These conversations may lead to a repeat of the exercise with other family members having a turn at being soloist.*

### 3. CONDUCTING

#### **Leadership, self expression, sharing and collaborating**

Once the family have experienced playing together, an opportunity can be created for one family member to organise and conduct the music that the family play. The family member may wish to give the music a title or theme before they start conducting or they may wish to reflect on it afterwards. The conductor has the opportunity to choose the instruments played and who plays what. The conducting can happen in two ways:

- A) The conductor uses eye contact to bring in a family member. The conductor looks directly at the family member they wish to join in, family members may accept the invitation or pass.
  
- B) Simple hand gestures can be invented to indicate volume, starting and stopping and tempo (speed). The conductor can be as directive as they wish to be and may wish to have the family create a rhythm together first or play in a more ad hoc 'sounds in space' way. The conductor may choose to play as well or not.

*This activity can be used to consider issues such as power and control, collaboration, self expression, leadership, self esteem and confidence. The way a family communicates at home through eye contact may also be possible to explore. How easy is it to have eye contact in the family? How is it understood and what do people hope to express through eye contact? It may be interesting to consider using it where boundaries are an issue or when a child is struggling to express an emotion/feeling state through words. In this case music may help to try and express those feelings non-verbally with their family's help.*

#### 4. DIFFERENT VOICES

##### **Enactment/circular questioning**

The instruments themselves with their various different shapes, sizes and sound possibilities can be a useful symbolic tool to use in eliciting verbal and musical conversations around differing perspectives and understandings within the family.

Questions to a young person in the family could include:

What instrument would dad use?

How would he play?

Who else would play like that?

How would that sound?

Who agrees with that?

What would the differences be?

How did he used to play? Who would notice the difference?

How would you like his playing to sound?

What would happen if mum played like that instead?

What would you have to do with your own playing for your mum and dad to play differently?

At each point within this verbal dialogue is the opportunity to test out assumptions by playing music together.

*In a similar way to verbal enactments, the family can be invited to have musical conversations with each other, swapping instruments and swapping positions to experience what other members of the family might experience. For example, a member of the family may end up playing a quiet delicate instrument whilst everyone else is playing instruments with the potential for great volume. How influential can the quiet instrument be? Who can hear it? What happens when it plays? What happens if it stops playing?*

## 5. THE MUSICAL SCULPT

### **Multiple perspectives, possibilities for change, internalised other voice.**

The use of sculpts are common within family therapy practice and can take various forms from family members physically being positioned in a room, to using buttons, animals, or even objects from a handbag, on a table. Using musical instruments in a sculpt allows for the sculpt idea to gain a further dimension. Family members can be asked to choose an instrument to represent themselves or one family member can choose instruments to represent their family. A member of the family then comes forward to place the instruments in a sculpt depicting family relationships, either in real time or in future orientated time. A discussion about the process and result of what has taken place then ensues. If the sculpting objects are instruments the possibility of playing them remains an option and, in a similar way to enactments, musical conversations can then occur through the playing of the instruments. The therapist's role is to observe and support the process which may elicit questions, for example: Can the instruments play together if too far apart? Can they hear if too close? What can other 'instruments' in the sculpt do to create change/contribute? Can their contribution be heard? Can all the instruments in their sculpted positions play a rhythm together like they did in the 'Beginnings' activity? What would need to change to enable this? Opportunities to 'play' other people can also be created, for example, dad is a drum, placed in the corner by mum, but played by the son.

*As in all work in family therapy the timing of interventions is important to bear in mind, in doing sculpts this is even more so. The very physicality of the instruments themselves can become powerful and emotive symbols, for example if you can imagine a tiny hand chime symbolising a daughter placed under a tall conga drum symbolising a mother or father. It may be necessary to consider the instruments as silent objects in the first instance and use the sculpt as you would any other before attempting any musical conversation or activity.*

## 6. IMPROVISATION

### **Free expression, telling a story, being heard.**

Improvisation is a process where the family are invited to play freely. Some children particularly enjoy the freedom that improvisation offers, whilst others find the lack of structure overwhelming. Improvisation in family therapy can be used in a number of ways. Below are a few suggestions:

#### A) To chart time.

Improvisation has been used in family therapy as a way for children to be able to tell the therapist what has been happening since the last session or reflect on a period of time. For example, a child could be invited to play a piece that represents how they felt at the end of the summer school term, how they felt during the summer holidays and how they feel about returning to school. The journey through therapy can also be reflected on in a similar way to look at process.

#### B) To tell a story.

Improvisation can be a good vehicle for children to be able to tell their stories either through solo performance to their parents or by inviting the children to guide their parents in supporting them musically. This can be through the child choosing instruments for their parents to play - in a similar way to the conducting exercise. In cases where there is a lot of parental conflict and the children's voices are not heard, improvisation can be a safe way for children to begin to tell their story to their parents and express how they feel.

*If particular themes keep coming up for a family, improvising around the theme can be useful. Future orientated questions can also be asked, for example: 'How would this sound if it was resolved?' 'Who needs to play what and in what way to create that?' Improvisation can be emotive and powerful and needs to be used with care.*



## **Some thoughts on the voice**

The above six activities do not specify any particular use of the voice other than talking. Depending on how comfortable the therapist is with using the voice, the voice can be brought into all the activities as another instrument through accompanying vocal sounds like ah, oh, uh; or through semi sung rap or poems. For example when doing the sculpt, further family scripts may be unveiled from which key phrases may be illuminated, for instance: “just don’t ask”, “I’ll do it tomorrow”, “everybody knows everything”. These can be incorporated into aspects of the playing: reframed, expanded, or new narratives created, as part of any of the above activities.

## **CLINICAL EXAMPLE**

### **USING MUSIC IN FAMILY THERAPY**

**Family consisting of mum, step dad and three children: John, age 11, Katy, age 9 and Dylan, age 6. Katy is being treated at CAMHS for anorexia.**

We used music today in the family therapy session. The children were excited to see the instruments and said they were keen to come today because I had said we would do some music. We began by choosing instruments and creating a rhythm together. The children were impressed they could all play together and said they were all listening to each other and that does not usually happen. We did a soloist and support exercise and considered voices being heard. All the children were worried about 'speaking out' and being soloists. We wondered about making lots of noise at home and no one listening and how different it feels if people are listening. The family then tentatively began grouping together to do duets. Dad asked John to play with him and they played together on the xylophone whilst being supported by me and the rest of the family. Later in the session we considered how John and dad rarely have co-operative time together and are often in conflict. Dad spoke about how good it was to have the opportunity of doing something together, listening and co-operating. John was really pleased too and said he had forgotten what it was like to get on with dad. Katy was reluctant to play but mum helped her do a duet. Katy was really pleased with the result and thought it sounded great. All the children said Katy's music was 'cool' and sounded relaxing and smooth. Mum said how good it was that Katy had accepted her support and described feeling useful and helpful which she had not experienced for some time.

We then used the instruments to do a sculpt. Katy led this activity, choosing instruments to represent family members. Katy placed family members at quite a distance from each other but put herself close to dad. We discussed this together. Katy then did a sculpt of how she would like it to be, everyone closer, with mum and dad outside protecting. Dad said that was how it used to be before the illness and Katy became tearful because she couldn't remember it being like that. The family were then able to describe the illness as pulling people away from each other and causing tension and friction. We externalised

the anorexia and considered how it had impacted on all relationships and how we would know if Katy had become bigger than the anorexia and was able to tell it to go back out the door. We shared thoughts about what would have to change to achieve Katy's sculpt. Katy liked the sculpt and wanted it to be photographed so that we could know which instruments to play next time to experience a musical version of how the family would like to be.

## **Systemic Art Techniques**

The following art methods to be used in family therapy do not require the therapist or family to have any previous experience in, or knowledge of, art. The techniques do not constitute art therapy but are presented as art tools to use within usual systemic practice with families. It is important to be organised and have your equipment ready. Materials to use may include: pencils, paints, pastels, and a selection of different sizes of white and coloured paper, card, magazines, glue, sticky tape, and scissors. If you do not have a designated area at work to do art you may wish to use pastels rather than paints. Pastels allow for vibrant immediacy but help limit any mess that may occur. Think about the space you want to use. Is your room big enough? Drawing around a table is much easier than drawing on the floor, especially for adults who may struggle. Can everybody see everybody else? Planning ahead for the possibility of using art in your session will allow the process to be more comfortable for the family and grow organically from conversations in the room.

It is important to consider your position in any activity. It is suggested that a position of observing and noticing, remaining attentive and connected may be helpful to families. Try to avoid explaining and interpreting, instead remain curious and allow your curiosity to be shared through your formulation of questions to help the family consider their art work. Allow for silence if it arises. Whilst the drawings are being created, allow the family to relax into being in the present, give the family the time they need. Sitting in silence is a different position for most family therapists but if we can bear being quiet and remain in the present we will help our families bear it as well.

It is important to set the scene when inviting the family to use art and explain that it allows for other ways of seeing and understanding worries, as well as identifying strengths and resources.

**1. BEGINNINGS: doodles, squiggles and footprints (Winnicott, 1968; Kwiatowska, 2001; Hanney, 2011).**

**Co-creation of a picture. Multiple perspectives/developing narratives**

*Doodles create an avenue of live art making that frees the creator from having to worry about their artistic ability or experience. Doodles allow for a non-threatening, familiar introduction to art making and are a good beginning to the introduction of art in family therapy sessions.*

**Doodles:** Each family member chooses a colour to draw with, they then take turns, one stroke each for every turn to create a picture.

*Having used this activity with a child and a mother successfully in a session this activity was given as a 'doodle diary' homework task. When the child found they were having difficulty in school they would find a quiet place and do a doodle. The child found this helpful, was able to share their day with their mother through looking through the doodle diary, and was keen to bring the doodle diary in to show the family therapist next session.*

**Squiggles:** One member of the family draws a squiggle on a piece of paper and then passes it on to another member of the family to transform the squiggle. Once transformed the image is given to another member of the family to adapt. The process is complete when every family member has had a turn.

**Footprints:** Each family member draws around their shoes on separate pieces of paper. These are then placed in the room for members of the family to step into each others' shoes. Discussions can then unfold around what it is like to be in someone else's shoes. The activity can be expanded into a sculpt and family positioning can be thought about.

*This activity has also been applied to couple work and feedback from its use in this context described that it helped a couple who were very stuck on the details of events to move out and see the wider picture. Keeping the questions general about the experience was found to be useful. The couple were surprised by the answers each gave and reported that 'the change of mode created a gear shift' The getting up off seats and physically moving into each others' positions, had a big impact on them, allowing conversations about process rather than detail to take place.*

## **2. FAMILY PORTRAITS. ( Wadison, 1973)**

**Conversations, different ways of seeing and being seen, ways of being (the process) ways of seeing (the process/result).**

Portraits can be used in a number of ways as follows:

- A) The family chose one member of the family to draw. They then draw or paint the person whilst the person does a self portrait. The pictures are then discussed: What does the family member see in the picture? What did the family member drawing it hope to depict?
- B) Each family member draws themselves as they think they are seen by one family member. For example, each family member has to imagine how Tom, age 14, sees them and draw that image. While the family draw their pictures of themselves in Tom's eyes, Tom can be asked to draw himself as seen by the family. The pictures can then be discussed in terms of expectations and surprises. What does Tom make of the pictures? What does he recognise? Within this exercise there is the opportunity for further drawings resulting from conversations. Tom may wish to help particular family members redraw how Tom sees them as a joint exercise.

If there are two or more siblings the children/young people could draw themselves as they believe they are seen by the adults and the adults could draw themselves as they believe they are seen by the children.

- C) Each family member draws themselves in human or animal form. The pictures are discussed and can be used in a sculpt.
- D) Using good plasticine or play dough the family can make sculptures of themselves, discuss the process of doing this, and then use in a sculpt. The plasticine can be easily warmed on a radiator. Hand-made play dough is great to use as you can make a large quantity and it is soft, pliable and non sticky. See recipe at the end of the handbook.

### 3. THE CIRCLE ON THE PAGE

#### Multiple meanings/negotiating solutions/a family mandala?

A) Invite family members to sit around a large piece of paper with a circle drawn in the middle of it. Frame the activity as an opportunity to fill the page together in whatever way they wish to. When the activity is completed consider how the circle was negotiated: Who draws in the circle? Who draws around the circle? What significance does the family give this? Consider both process and content:

Process: how easy was it to all draw at the same time? Did a natural leadership develop? Did the task progress as everyone would have wished it to?

Content: Were there any surprises for anyone? What does each family member make of the result? If it was to be done again would anything change? How would this change be made possible?

*The word 'mandala' is a Sanskrit word loosely translated as meaning 'circle'. The mandala represents wholeness. The mandala has a spiritual and ritual significance in Buddhism and Hinduism. Jung saw the mandala as a representation of the unconscious self and believed that the mandala symbolised a "safe refuge of inner reconciliation and wholeness." Depending on what stage of therapy the family are at, it could be suggested to the family that they may wish to create their own mandala to symbolise individuality as well as unity.*

B) For younger children and families who think in a more concrete than abstract way it may be more helpful to have a structured activity. Hanney (2011) suggests the dinner table idea. Place a large piece of paper in front of the family and ask them to draw a meal time. If the family do not sit up at a table for meals you can ask them to imagine what they think it would be like. Consider how the family arrange themselves, whether this is a given or has to be negotiated. What is the significance of meal times for the family? What is the meaning of food for the family?

#### **4. THE FAMILY DRAWING. (Kwiatowska, 1978;Landgarten, 1981; Linesch, 1999;Carlson, 1997; Riley, 2000)**

##### **Painting the problem: an externalizing activity. Multiple perspectives**

- A) The family are invited to draw the problem as a co-created picture. This is in a similar way to the childhood game of drawing a head and then folding the paper over and passing it to the next person to draw the arms before folding it over and passing to the next person to draw the body etc. In this activity each member of the family draws their depiction of the problem quickly, folding over their image and passing it on. When the activity is complete the paper is unfolded and the resulting image discussed. The benefit of this exercise is that it is done quickly and contains an element of fun. It would be possible to do this activity before and after a session or at different points in therapy for example, the beginning, middle and the end (Hanney 2011).
- B) The family drawing can also be a free exercise for the family to each individually paint/draw/use collage to portray the problem.

What questions arise from this process? Who recognises the resulting picture as representative of the problem? What are the differences and similarities? Are there any surprises? If the family feel stuck on this task, it could be suggested that they draw the problem as a creature or partake in the more game like activity A.

At the end of this process the various images created by the family, whether in exercise A or B can be put into a collage either whole or cut up.



## 5. IN THE WORLD OF THE OTHER.

### **Internalized other painting/miracle question**

*This exercise is an extemporization of Carl Tomm's (1998) technique of internalised other questioning. Instead of being asked to answer questions as if being another member of the family, a member of the family is asked to draw as if the other.*

Invite the family to consider what another family member's world looks like. For example, the therapist could say to Tom's mother: "Imagine you are Tom, now I am going to ask you to draw your world." This needs to be set in a time frame, for example 10 minutes to complete the task, especially if Tom is just going to sit and watch the process. An alternative might be that Tom draws his mother's world as her whilst she draws his world as him.

Explore what is created. The therapist could ask Tom's mother: What was it like to be Tom and create Tom's world? Do you think Tom will agree with what is portrayed? What would you like Tom's world to look like? Do you think Tom would want the same? Do you think a world could be co-created between you and Tom to incorporate elements, beliefs and ideas that you both value? Alternatively the therapist can allow Tom to lead the questions to his mother from his own curiosity and vice-versa.

The opportunity is then created for the family and Tom to co-create the Tom's world picture again together under Tom's guidance either Tom's world now or how he would like it to be.

It is possible to set this task as a piece of homework but be aware some families may not turn up to a following session if they feel they have not completed their homework as suggested. Therefore homework needs to be suggested as a possibility of doing something creative without obligation.

## 6. HOPEFULNESS EXERCISE

### Gauging levels of hopefulness

In this exercise colour is used in a similar way to using numbers on a rating scale.

The family are first asked to paint their feelings through colours about a particular situation or generally. Conversations can then follow about the meanings of different colours, and similarities or differences among family members. If the pictures result in the paper being awash with black, grey and blue, and it feels there is little emotional 'light' in the family, or for a particular family member, then ask if it is okay to think about hope. If consent is given to do this, put out yellow paint and give family members small paint brushes before asking questions along these lines: 'If there was yellow in this, and it meant hopefulness, where would it be? Who feels brave enough? And how would it fit in? How would it look?' In this way the paintings could become an outcome measure. If you were to repeat the process at different stages in the work, the following questions could be asked: 'How much yellow or orange was there on the last picture?', 'Who dares to begin to hope that there can be some difference?' If it is the child who is brave with their yellow, how do the parents feel and visa-versa?

It can also be useful to reflect on the therapist's position. If the therapist asks permission to paint their own picture to reflect the families, and then uses yellow paint as well to express how hopeful the therapist is feeling, the therapist can ask the family if they are being too hopeful in this situation or unrealistic, and is that really getting on the family's nerves? Do the family feel they are being heard?

*Here the 'hopeful' paintings could be used to explore the therapeutic alliance and process as well as to gauge progress and change. The therapist joining the family in this exercise can be seen as allowing the family to be able to comment on the therapist as part of the system and collaborate on monitoring issues like hopefulness.*

## 7. THE FAMILY BOX

### **Safety, secrets and family stories**

The family box can be used to keep messages, thoughts or art safe. The box can also be an aid to 'talk about talking', reflect on what can and cannot be said, and think about issues of safety.

The family build a box from a template. The box has a lid on it. Each side of the box has a drawing by each family member (the base and lid can be used too if necessary). Once the box has been constructed it can be used at various stages in the therapy process and the therapist has the opportunity to reflect with the family on themes. Here are some suggestions:

Does your art need to be in the box? Does it need to be folded up and put away? Who keeps the lid on the box? I was thinking about who could open it up and take something out? When are people ready to share? When is it safe to share?

*This technique was created in response to a young boy spending much time in a session drawing and then folding his picture up and putting it in his pocket. If a box had been available the picture could have been kept safe but returned to, and shared when the boy was ready.*

## 8. ISLANDS

### **Gaining understanding, building bridges**

An exercise to create visual representations of islands when there is distance between a parent and child or between siblings.

Each family member is asked to paint/draw their island, depict the resources they have on their island – emotional and physical- and what makes their island unique to them. This could include thoughts, feelings, and beliefs.

Once the drawing is complete the therapist then has the opportunity to consider with the family various themes: Who can visit the islands and how is this done? When is it okay to visit? What further resources are needed on each island? Do they recognise each others' island or are they surprised? What do they feel it is like for each other being on an island on their own? What is it like for mum when you visit in your boat?

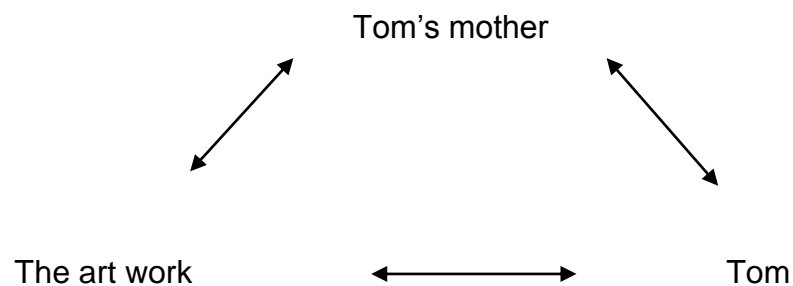
Consider also the history of the islands: Did you used to visit? Were the islands once joined?

The therapist can then reflect on the sea between the islands: What is in the sea keeping them apart? How dangerous is the ocean? Is it too dangerous to make the crossing to visit? Are there any SOS messages in bottles in the sea? Who has written them and who do they need to be found by? What would need to change in the sea for them to swim to each other? If a bridge was to be built between the islands how could it happen? What resources would be needed? Who would need to do what?

*These conversations can be left in words only, or the island pictures can be built on as these conversations progress, to draw the sea and add messages in bottles, boats, sharks etc.*

### **Some thoughts about the art work**

As a therapist it is important to address with the family what to do with the art work once it is completed. This can involve thinking about what has become embedded in the art work and what the art work itself has come to mean for various family members. The art work can become the 'other' and need negotiating:



It is important for the family that you are able to offer the opportunity of looking after the art work yourself and keeping it in a safe place. A folder for this purpose can be very useful and help create a greater feeling of safety. Photographs of the art work can create a useful record and help a review of the work to be done with ease. If the art work is large, photos can be taken to keep in a folder and in the client's notes.

## CLINICAL EXAMPLE

### USING ART

**Family attending the session consisted of mum and two daughters Ginny, age 10 and Jane, age 7. Dad and Claire, age 5, did not attend the session. Claire has an untreatable brain tumour and severe behavioural difficulties.**

This was the beginning of a second phase of family therapy work for this family following a break of six months. Ginny and Jane looked shy and reticent on entering the room but as soon as I said: 'who fancies playing a game?' they lit up and gave me eye contact. I began with a doodle exercise which they enjoyed and allowed us to connect again with each other and talk in a problem free way. After this I suggested the footsteps exercise by simply saying: "who would like to draw around their feet?" The girls and mum were very happy to draw around their feet and they also drew feet for Claire and dad who were not in the session. I started by asking them to step in their own shoes and tell me some things they like to do, and then step in each others' shoes telling me things that each other like to do. Ginny, age 10, was able to step in another person's shoes and think from their perspective, but Jane, age 7 found this more tricky so each time I gave her the choice to step in her own shoes or someone else's and she always chose to step in her own shoes. When the questions got trickier to answer I suggested the girls might help each other and they laughed as they each had one of their feet in dad's shoes. They spoke about dad for some time and how they missed him because he had to have quiet time when he arrived home from work. They stepped into mum's shoes too and spoke about her worry. When in their own shoes they spoke about their efforts to help and make things better and how this doesn't work because they are told off for interfering.

I kept referring back to mum about any surprises or new knowledge. Mum was then able to step into the children's shoes while I asked her questions about what it was like to live with Claire from Ginny and Jane's perspective. The girls listened and were able to respond about what they felt mum got right and it opened up the possibility for them to speak more openly about tricky times with mum and dad too and their mixed feelings towards Claire. Themes arose about

being the eldest and Ginny trying to be the other mother and how it was okay to just be Ginny and be a child too.

We finished the session by playing a game of gradually building up a funny person on a piece of paper (someone draws a head folds it over and passes it to the next person to draw the body etc.) which mum then unrolled and everyone laughed about. I invited the family to do this exercise in order to build up the girls' resources again before going back into the world of school and home life. The girls asked me to keep the feet which they named and requested that next time we cut them out and make a family collage.

## **Recipe for play dough**

2 cups plain flour

1 cup salt

2 cups water

2 tablespoons cooking oil

4 teaspoons cream of tartar

Food colouring

Put all the ingredients into a saucepan and stir thoroughly. Cook over a medium heat until dough pulls away from the sides of the pan and is “kneadable”. Remove from the heat and knead very well, adding more flour if dough remains sticky. Knead until smooth, soft, and not sticky.

This dough can also be made in a microwave oven. Put all the ingredients into a large bowl – mix thoroughly. Give one minute blasts of heat – stirring well between each one until “kneadable”. Finish off as above.



## References

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