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Mechanisms of change within a dyadic model of art therapy for parents and their infants

V.G. Armstrong and J. Ross

Introduction

The practice of parent-infant art psychotherapy is an emerging field. The principle aim of this chapter is to bring the nascent research together and use it to develop a framework for understanding this practice area and its potential benefits in order to support practitioners and provide a solid basis for future research. This chapter builds upon an integrative literature review undertaken in October 2018 (Armstrong & Ross, 2020) looking at those papers where art therapy was being used dyadically with parents and infants. Here we shall discuss what art psychotherapy with parent-infant dyads looks like, outlining the different models of practice, the difference between closed and open group formats, time limited and open durations and directive and non-directive approaches. We shall then focus on the mechanisms of change in parent-infant work, based upon a thematic analysis of the literature which identified those aspects of art psychotherapy with this participant group which are consistent between different practitioners, formats and settings to build a model of change. A synthesis of key mechanisms for change can help to articulate what is unique about our practice and why it may be helpful for these vulnerable families. In this chapter we will outline each theme and its impact on the dyads and give a description of how this may look in practice, based on several years of developing parent-infant art therapy sessions (Armstrong Dalinkeviciute & Ross, 2019; Armstrong & Howatson, 2015). We shall offer vignettes of specific groups or dyads from clinical practice in order to illustrate the concepts concretely. These vignettes are taken from art therapy groups running in the context of Art at the Start, a project begun in 2018, based within the University of Dundee, in collaboration with Dundee Contemporary Arts Centre, which addresses the impact of early art experiences (<https://sites.dundee.ac.uk/artatthestart/>). One goal of Art at the Start has been to measure the outcomes of art therapy groups where the parent-infant relationship is considered to be vulnerable. All the parents involved agreed to their data being used for research and educational purposes but we have also changed names and identifying details.

Insert Fig: 1: Infant engaged with painting



Background

The central relationships in a child's first years of life have been demonstrated to build their capacity to regulate affect, to relate to others and to develop their sense of self (Barlow et al 2010, Svanberg 1998, Schore 2001) as well as affecting their future mental health and wellbeing (Belsky 2001, Sroufe 1996, Warren et al 1997). The quality of early attachment relationships are shown to be impacted by the poor mental health of a parent (Cummings & Cicchetti, 1990). An estimated 10-20% of mothers develop mental health difficulties during pregnancy and in the year after birth (Bauer et al 2014). Evidence of similar mental health difficulties for new fathers, and the impact of this on their children, is also growing (Khan, 2017; Paulson & Bazemore, 2010). It is therefore critical to both infant and parent wellbeing to offer post-partum psychological support where there are difficulties.

Dyadic approaches to addressing these difficulties have increasingly been championed (Baradon, 2005) and within art therapy there has been growing interest in dyadic work (Taylor Buck, Dent-Brown, & Parry, 2013). Art psychotherapy with parents and infants together has the potential to address a number of concerns for families with very young children, such as the impact of traumatic birth experiences, concerns around attachment difficulties, post-natal depression, lack of confidence in parenting and social isolation (Armstrong, Dalinkeviciute & Ross, 2019; Arroyo & Fowler, 2013; Hall, 2008; Hogan, Sheffield, & Woodward, 2017; Hosea, 2017). The All-Party Report on Arts in Health and Wellbeing (2017) highlighted the use of arts to improve health and wellbeing for parent-infant dyads in a participative arts context and a number of examples from this field (Black et al., 2015; Starcatchers, 2014) demonstrate the practice. Art therapy is similarly able to use the benefits of the art process and inherently engaging and sensory art materials. However, in addition there is the security created by a facilitator who, as a qualified art therapist, has an in-depth understanding of mental health and attachments and who is trained to create a safe space and to offer psychological support and containment.

What does art psychotherapy with parents-infants dyads look like?

Our review identified 11 published papers and 2 unpublished at the time which addressed art psychotherapy with parents and infants together (Armstrong Dalinkeviciute & Ross, 2019; Armstrong & Howatson, 2015; Arroyo & Fowler, 2013; Hall, 2008; Hosea, 2006, 2011, 2017; Lavey-Khan & Reddick, 2018; Meyerowitz-Katz, 2017; Parashak, 2008; Proulx L, 2003, 2000, 2002). There are other papers whose model works with either just the parent or with the parent and infant separately (Hamed-Agbariah & Rosenfeld, 2015; Perry, Thurston, & Osborn, 2008; Ponteri, 2001) but we focused on those where the work was entirely dyadic. All the models described in this literature took a group approach with various numbers of dyads brought together. In terms of the referral criteria for groups, some focused on specific populations, such as a diagnosis of post-natal depression, while others had broader criteria around improving relationships or increasing parental confidence. Most were for children under 3 but some included children up to the age of 5 within their groups. All the groups were run by an art psychotherapist (in one case students with supervision, but qualified in all other cases) and at least one co-facilitator.

A variety of timeframes for work were described ranging from groups with no time limitations to blocks ranging from 4 to 20 weeks. The format for groups included open groups, closed groups and rolling groups. An open group is ongoing and families can choose to join, when to come and when to end the work. In a closed groups the same set of parents and children are referred to the group for the duration of a fixed block of time, with the intention that all the dyads will complete the block. A rolling group sits

somewhere in between, where parents are invited to join, but they are able to join and leave an ongoing group as they please. There are benefits to each format, with open groups offering maximum flexibility and the potential to involve the greatest number of people, but with the risk of having too many or too few participants each week. A closed group offers the most consistency for the members and security about who will be there but the group duration offered may not suit the participants themselves and any drop-outs cannot be 'replaced'. A rolling group may offer a good compromise but difficulties may arise in knowing when a dyad has chosen to leave the group in order to have a recognition of endings and to offer those spaces to others.

A typical session may last from 60-90 minutes and involve between 4 and 8 dyads with a focus on shared art making. The art psychotherapist introduces the art making and the materials and offers containment to the dyads, helping them to engage with art making and bringing everyone back together for some reflection time at the end. The papers reviewed reveal some geographical variation in the role of the art therapist. Art therapists based in North America tended to be directive, with structured sessions and activities chosen as an intervention by the therapists, perhaps to support a particular difficulty. By contrast, art therapists in the UK tended to be more non-directive; although there was often structure around the use of time, the art making itself was left open to the dyads and the parents were encouraged to follow the infants' lead. The vignette below describes a typical art therapy session within the Art at the Start project to help visualise how a session may unfold in practice.

A group vignette

Our art therapy groups run in blocks of twelve weeks, taking referrals wherever there are concerns about the dyad's attachment relationship. This particular group has 5 mothers who come every week and another couple who dip in and out. The referrals came from health visitors and from a team working with young mothers. Several of the mothers have a diagnosis of post-natal depression and several have issues around anxiety. Some express feelings of isolation and a number of the mums have negative relationships with the children's fathers. The backgrounds of the mothers are socially and economically diverse but the art making and focus on the babies brings them together. The session lasts an hour and a half and starts with dyads arriving and settling themselves in, maybe making a cup of tea and getting little ones snacks or changed into messy clothes or just a nappy. One mum who has two children with her arrives quite late and a little flustered but the others welcome her in and we get her tea and give her time to settle while we play with the children. We introduce the art materials for the day. There are consistent materials every week and then additional things may be added following requests from the previous sessions or after consideration of materials which might benefit particular dyads. This week we have all our usual paints, papers, chinks, glues and collage materials but we have added in a collection of large boxes. The art making time is left open to the dyads and we emphasise to parents that they should follow their child's lead and see what materials interest them and take breaks when they lose attention. We have big plastic mats spread out on the floor so there are no worries about mess and we just need to keep mopping spills promptly so it doesn't get slippery. One of the youngest little ones in this group at 6 months is put in a box by mum so they can play peek with the flaps. We reflect to mum how much her little one is enjoying

this game as this mum often seems nervous that she is not doing the right thing. Some of the older toddlers have ideas for building race cars and we help the mums to facilitate their ideas for them and to play together. A two year old girl is keen to use the paints, which we sense might be a little disappointing to her mum who had ideas of what she could build. We notice mum bring her back to the box activity several times and we gently reflect that she seems to be really interested in the paint this week. Mum takes this on board and is able to follow her lead and do some messy painting together. We allow dyads to find their own ending and there is a process of filling big buckets with water for baby baths, which for some is the favourite part. We have several buckets so a couple of little ones have a bath facing each other and splashing. After this, we regroup with some snacks to reflect on the work and think about next week. We sometimes find it hard to elicit suggestions from the mums who prefer us to give them some ideas but we are trying to move towards them feeling more ownership. We sing a few ending songs as a group. The co-facilitator for this group is also a music teacher and has introduced us to a goodbye song where each child is named in turn and all have responded to this with great delight.

Mechanisms of change

Through a process of thematic analysis of those papers in our review exercise we identified two encompassing themes in the literature on art psychotherapy groups for parents and infants, under which we were able to bring together detailed mechanisms of change. The first of these, which we called 'qualities of the group process' captured aspects of the therapeutic group experience that created change: namely, the kind of space created, the benefits of being a group member, the qualities the therapist brings, and the direct support for relationships. The second theme, which we called 'qualities specific to using art' captured those mechanisms of change that were unique to the art-making process: the materials, the process, the containment within the art and the final art works themselves. Detail of the mechanisms as described in the literature can be found in our review (Armstrong and Ross, in press) and we do not seek to replicate this. Here we shall summarise each theme and then offer descriptions of how this looks within practice in our own project's sessions that we hope will feel useful to practitioners.

Qualities of the group process

The space created

The space of parent-infant art therapy groups conveys safety but also the potential for playfulness. Containment, or holding, is essential to creating safety and can be more about the physical containment through keeping boundaries or it can be psychological, about containing strong emotions for participants. Hall (2019) has given a useful visual description of the different levels of support that operate within her groups to keep them contained, both from the facilitators and from the systems around them. It matters how groups begin and end and how the facilitators keep consistency of space, time, participants and structure (Hall, 2008; Hosea, 2017). Similarly it matters that everyone in the group feels the art therapist is able to contain difficult emotions and offer them support. Within art therapy sessions, there is an ethos of non-judgement and confidentiality that enables parents to feel safe. Within the safety created in the group there is the scope to be imaginative, to experiment, to be playful together and to view the relationship differently. It is a space outside of everyday life (Arroyo & Fowler, 2013).

In the Art at the Start project, as the art therapist and co-facilitators, we find it useful during supervision to think about the different layers of containment operating. Sometimes for example we might be holding a parent, offering them support in order that they are in turn able to hold their infant. At other times we may be holding the group as a whole or perhaps an infant is their parent is unable to manage in that moment. Sometimes we might just be holding the space by not letting outside factors intrude into our room in a busy public gallery environment. We hold the boundaries of the space and the time through the art therapist starting off the group together in a circle and bringing it back together as an ending and through rituals such as bath time and the songs. In our groups the idea that the group is a space slightly outside of the everyday may be reflected by regular comments from parents that they are glad not to have to clear up the mess. Partly this allows us to show that we are looking after the parents as well as the infants but also emphasises that the normal rules may not apply here and that they can feel free to try a new activity but also a new way of behaving.

Group membership

Parent-infant art therapy groups offer a support network of other parents in similar circumstances acting as a community (Hosea, 2017). Within this atmosphere of mutual support the parents can gain confidence, meet new people, form friendships, try new activities and learn from each other. The knowledge that there are shared experiences is important, allowing parents to share their own stories and the difficulties they are facing, both with practicalities and with mental health. In the groups, parents receive support from the other members and an understanding that others have similar struggles, lessening feelings of isolation and offering empowerment (Arroyo & Fowler, 2013; Lavey-Khan & Reddick, 2018).

In our sessions, we don't try to force any direct sharing of difficulties, and we reassure parents that this will not be expected of them as it is something they've been expecting and are nervous of. We only directly seek to reflect on how that day's session had been experienced for the group at the end. However, we find that parents gradually start to share with each other and move from only looking to the facilitators for support, to looking to the group as a whole. We hear parents sharing difficulties and offering each other empathy. Other authors have acknowledged the need to balance some of the tensions within the group dynamics between one-to-one and group relationships; between interactions with the therapist rather than the group or between the engagement with the group and the need to keep the parents' focus on their infants (Lavey-Khan & Reddick, 2018; Parashak, 2008). We have similarly found this to be true at times but overall we find that the benefits of the group far out way any challenges and that we are able to gently find a balance.

Vignette: Pria and Kye

Pria is feeling isolated at home with children and struggling with the loss of her previous work role which involved status as well as lots of interaction. We find that she comes to the group with a lot to share as if she has been keeping it all week. We want to balance giving her the space and opportunity to vent this without losing the focus on the dyadic relationship. We also want to ensure all parents are given space without feeling overwhelmed by one member. Sometimes we may play with her baby (Kye, 13 months) for a little while after they first arrive to give her some time to chat with one of us or with other mums before directing her back towards Kye to start the making. In this way we aim to

keep the group as a positive experience for both of them. We noticed over the course of the sessions that Pria shifted her focus from only seeking to share and chat with us as facilitators to being much more happy to engage the whole group. She also gets positive validation now as other parents seek her out for advice and to share with.

Qualities of the therapist

The art therapists running parent-infant groups demonstrate sensitivity and empathy as well as the ability to scaffold experiences for the infant when the parent may not be managing to do this. Scaffolding describes the way the art therapist may step in temporarily to offer some support to an infant in lieu of their parent so that their experience is manageable and does not overwhelm them. The literature also include descriptions of therapists getting down on the floor and joining in (Hall, 2008; Hosea, 2006; Parashak, 2008) and this may contribute to a less hierarchical feel compared with other services offered to parents as well as demonstrating a playful and engaged way of behaving with the infants. Many papers refer to the concept of modelling (Armstrong, Dalinkeviciute, & Ross, 2019; Armstrong & Howatson, 2015; Meyerowitz-Katz, 2017; Proulx, 2000), where the art therapist models a way of behaving and interacting with the infants. There is some caution too, with Parashak (2008) highlighting the need not to become 'the better mother' and Hosea describing the potential for 'grandmother' transference with the connotation of support and experience but also the risk of being seen as 'critical or withholding' (2006, 2017).

In our project we get down on the floor with the parents and the infants, although we do not tend to make paintings ourselves, and we engage playfully with the children. We try to give attention to the needs of both the parents and the infants and we aim to remain empathetic and non-judgemental. We know that sometimes one of us may need to play with a little one to give their parent time to process something difficult with the other facilitator. When we play we are modelling a way of following the lead of the infant and of valuing what they do. There is a balance to be struck when modelling positive behaviour as we do not want to take over or present ourselves as experts and therefor reinforce any feelings of inadequacy in the parents. Where possible we try to find ways to keep the parent themselves engaged with the play alongside or we may redirect the play to include them.

Vignette: Hannah and Blair

We notice in one session that Hannah and her daughter Blair (8 months) are slightly separate from the rest of the group. Hannah seems nervous to pick up Blair who is clearly seeking this and is tearful on the floor. Hannah seems overwhelmed and in fact moves further away from Blair towards the snacks, which Blair had not shown interest in. Blair is not yet able to crawl but, left on the floor, is attempting to move towards mum. It feels painful for both and we are wondering what it feels like for mum to be struggling to meet Blair's need for contact and what may have been happening for them that morning. We feel that we need to help scaffold this experience for Blair and so I move to sit with her on the floor and interest her in coloured scarves. I'm aware that I don't want to be seen as 'rescuing' Blair and replacing mum and so while we play gently I talk to Blair about how she is wondering where mum is and that mum is getting her some snacks and will be back soon. When mum returns with snack I 'help' Blair to hide under the scarf for mum to discover and mum is able to engage with this

game and start to play peek a boo under the scarf. Another slightly older little one also comes over to play with them and so we start a four-way game of peeking. Hannah seems to gain confidence and become more present and able to pick up Blair on her lap and to continue the game with the other child. We are also able to have time later in the group when Blair is tired from the art making to chat with Hannah and listen to her struggles that morning and her feeling that she never knows what Blair wants from her.

Support for the relationship

The relationship between parent and infant is of central importance in all the literature and is something worked on directly as well as through art materials. The techniques described are about increasing parental responsiveness and their emotional understanding of the infants. In practice this is done through helping parents to interpret infant's communications, building their attunement, their reflective capacity and skills at mentalising, and by reinforcing positive interactions when observed. (Armstrong, Dalinkeviciute, & Ross, 2019; Armstrong & Howatson, 2015; Arroyo & Fowler 2013; Hall, 2008; Hosea, 2006, 2017; Lavey-Khan & Reddick, 2018, Parashak, 2008).

In our sessions we often voice what we see the baby doing and what they might be looking for as a way of helping parents to see their infant's communications as meaningful. Really simple things like "Katy you're picking up the brushes, are you trying to pass those to mummy?" help to draw a parents attention to what their infant may be doing or communicating and the use of emotional language such as "it looks like you're really excited about that paint" build on their capacities to be reflective about their infant's inner world. This is especially useful when it highlights a positive moment in the relationship, for example to say to a parent "Charlie looked so happy when you were pouring the rice into his hands for him".

Qualities specific to using art

Materials

Art therapists' understanding of the qualities of art materials provides a unique benefit compared with parent-infant psychotherapies. The literature gives consideration to keeping the materials developmentally appropriate (Parashak, 2008; Proulx, 2000), to the qualities of colours (Hosea, 2006) and to their somatic and symbolic qualities (Meyerowitz-Katz, 2017; Proulx 2002). The specific qualities of certain materials may be used to address particular needs, for example bubble paintings or puppets may promote eye contact, while collage may help parents to engage with their infants without the anxiety about mess or the need to be constantly putting in limits (Armstrong & Howatson, 2015; Proulx, 2000, 2002).

In our sessions we appreciate the physicality of the materials and how they may necessitate physical contact from parents to enable little ones to use them, helping to maximise the chances of positive interactions. We also find that presenting the materials to be inviting might encourage a parent to engage. The introduction of certain materials may also help to redirect interactions positively, for example by adding something more manageable for a particular dyad, or they may prolong a dyad's shared engagement, such as by adding a new texture or tool, like a sand shaker just at the point when the child loses interest in painting.

Vignette: Anna and Jamie

Jamie, 19 months, comes to the group with his mum Anna. He is very energetic and Anna is often frustrated at his behaviour when he gets boisterous. We suggest materials that allow him to be big and expansive. On a particularly bouncy day we tape rolls of paper to the floor and suggest to mum that they try to make the biggest footprints they can to engage her with his energy. They have fun together trying to balance each other while they do this and it later turns into a game of follow my leader with each making a funny walk that leaves painty footprints that the other tries to step in. We want mum to see the positives in his energy and we reflect back his sense of fun and how much he is enjoying this game with her. Jamie doesn't really like the brushes, maybe finding these fiddly, and so we offer them big paint rollers and he finds this much more engaging, rolling patterns across very big paper and mum joins in playfully by turning them into road ways for cars.

Insert Fig 2: Using cars through the paint



Art making Process

The art process provides opportunity for playful engagement and the literature emphasises how the art making brought the parent and infant together. Hall (2008) describes how infants were always interested in being involved in painting with their parents and that the parents respond with interest. The sharing of the creative experience can give a dyad a point of contact around which to relate and may make their interaction feel easier by having this focus. The process is also fluid and can allow the

dyads to engage at different levels depending on where they are in their relationship at that moment; they may be each making in parallel, a parent may be observing and supporting the art making of an infant, or the parent may be making themselves to encourage a little one to join in, or they may be mutually engaged in a shared art making.

In our groups we always start each session by encouraging parents to follow their child's lead and what is interesting them that day. As in the example of Jamie, this can lead to playful interaction and an enjoyment of each other. Activities that we found to be particularly engaging have been those which were new to both parent and child such as using shaving foam as a base for marbling, or using coloured salt dough clay. We find there is something extra special about trying a new experience together and sharing each other's reactions.

Insert Fig 3 image: Shared engagement in the art making



Vignette: Cassie and Nial

Cassie seems cautious in her interactions with Nial (12 months) as if anxious that she may make a mistake. When I observed them with toys on our initial home visit, she did not join in with him. The art making is engaging for both of them and so it draws them together. This usually happens quite naturally but sometimes it takes a little encouragement from us. We find that there are lots of the new sensations for Nial to try with the materials, such as the texture of cold wet paint or the soft feeling of feathers, and this gives lots of opportunity for us to encourage Cassie to observe and reflect back his responses. This seems to help her find a way that she is confident to join in with him. In later sessions we encourage her to notice and respond through the materials themselves, echoing the mirroring process of positive early relating. For example, when Nial was enjoying a very physical way of using paint by banging down the brushes, we

suggested that Cassie might join in with him and she made lots of dots of paint, producing a sympathetic shared image. It felt very powerful to see this dyad engage in shared creation and Cassie took this work home to display.

Containment in the art

Containment has been discussed within the theme of safe spaces but containment can be provided within the art making itself. Some of the art materials have the potential to become very messy and there were descriptions in the literature of the therapist having to provide containment to stop the materials becoming overwhelming. This was true particularly where parents find the messy nature of some of the painting materials to be a challenge, and in these cases the art therapist may make adaptations to keep the art making fun rather than chaotic. Hosea (2006) explains that a role for the facilitators is to make the mess safe enough that the dyads can be playful. Proulx (2002) describes how the set-up of materials, for example with lots of small containers and trays to paint in, might build in some limits to provide containment and keep it pleasurable for the dyad. Although some materials have the potential for chaos, others may offer containment through their own qualities. Armstrong and Howatson (2015) give an example of using an activity with large cardboard boxes to offer playfully some contained spaces to very energetic twins who had been struggling to regulate, and Proulx (2003) describes an activity painting inside boxes to make aquariums where the use of the box rather than paper helps to contain the painting process and also becomes a literal container for cut out fish.

In our sessions we notice parents who become anxious at the thought of the mess and make adaptations for them so as not to have this anxiety get in the way of their chance to be playful with their child. We want to maximise engagement and do not want a fear of mess to cause a parent to disengage. Simple steps like bringing in spare overalls to wear, or suggesting certain materials which parents may be more comfortable to start with before gradually introducing more mess. Where little ones are very keen on using a lot of paint and mums find this distressing we offer reassurance but also sometimes a practical suggestion such as painting into a box lid so that the paint can get very thick without pouring everywhere.

Final Artwork

The final art works are a visible document of the relationship and in this way are powerfully symbolic. Many papers consider how final art works were invested with meaning, and described how they were displayed and carefully looked after by the facilitators (Armstrong, Dalinkeviciute, & Ross, 2019; Armstrong & Howatson, 2015; Hosea, 2006, 2017). Proulx (2000) describes how the ritual of sticking a painting on a wall may allow for 'natural separation'. The artwork's impact can also extend beyond the session if they are reflected on the following week, or taken home and displayed.

In our sessions we do not stick with the convention of art therapy that all work is kept till the end of treatment and instead we tend to spread it out to reflect on at the end of the session and then we dry it carefully to return the week after. We think this reflects the different needs of work with very young children, where they need more immediacy and where art work may no longer be meaningful to them after long delay. If works are already dry they may even take them home that day. We find that the parents in our groups are keen to feed back to us that works have been appreciated and will share pictures on their phones of them decorating their fridges and doors. Sometimes we find that art works which are especially layered with paint and seem as if the paper may dissolve can be rescued by making

a print of the image onto another page or by capturing the work with a photo. We try to carefully write names onto artworks as often they are hard to pick out by the next week. Sometimes the parents do not seem as concerned about keeping track of their creations but by doing this for them we are modelling that they are important. When we value the art work we see ourselves as valuing the relationship that created them.

Insert Fig 4: Final art works for reflection



Conclusion

Art psychotherapy groups have been shown to benefit parent infant relationships and to improve well-being for the dyad. Through a process of thematic analysis of the literature base we have brought out the mechanisms of change that may be proving beneficial to the parents and infants that we work with. These included change brought about by the group experience – from the space created by the art therapist, from the chance to share with other parents, from the therapists way of behaving and from the direct support to the dyadic relationship. Other benefits were specific to the use of art making - the materials themselves and the process of making art together, the symbolism of the final shared product and the capacity to offer containment through the art materials themselves. In the Art at the Start project we have found this framework to be useful in our understanding of what is going on during our sessions and it is helpful in trying to breakdown the different elements of the process for reflection. Obviously, in reality, the different mechanisms are happening in parallel and complimentary ways through the fluid process of the groups. When several different interactions are happening simultaneously it can be a challenge to pick apart what is happening for each dyad and what may be influencing the outcomes so it is valuable to have a framework to come back to. It is our intention that this framework will be beneficial to those reflecting on their own parent-infant practice or those thinking of developing this way of working. We also find this framework useful as a starting point for

further investigation as it offers a common way to think about parent-infant practice even when the specific models have some variation between practitioners and contexts. Having a shared understanding of what is fundamental about the process will allow for comparisons and further research. It is important for this area of practice that there continues to be research and investigation in order to provide a solid evidence base that captures the benefits of art psychotherapy intervention that practitioners are observing.

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