CHAPTER 7
DISCUSSION

This chapter concludes with a discussion of the research and clinical implications of the findings presented in Chapters 4, 5, and 6 and a discussion of future research efforts that could provide evidence of effectiveness of the bilateral art intervention in clinical practice. However, before discussing research and clinical implications and future research, it is important to address two topics. The first topic concerns measures that argue for effectiveness of the intervention. While Chapter 6 provides descriptive statistics based upon clients’ scalings of strength of belief in their positive and opposing negative elements, these scalings are just that, scalings. While these scalings may provide some level of assurance to therapists and/or researchers, the important measures of effectiveness are changes in client behaviors. This chapter summarizes reported and observed changes in client behaviors.

The second topic that warrants discussion is obliquely addressed in the first extensive case study --- What goes into the decision to use the bilateral art intervention? In the first extensive case study, bilateral art was used as a primary treatment modality. In the remaining individual case studies, bilateral art was used along with other treatment approaches, including other forms of art therapy, family therapy, cognitive behavior therapy, eye movement desensitization and reprocessing (EMDR), and supportive talk therapy. In the case of the supervisor/supervisee dyads, impetus for the use of bilateral art emanated from the supervisor-in-training’s concern about the effect of the supervisor/supervisee relationship on the process of supervision. While Chapter 1 presents a theoretical rationale for the use of bilateral art, this chapter describes the clinical circumstances that led to its application.
Observed and Reported Changes in Behavior

While Chapter 6 provides quantitative evidence that argues for effectiveness, the real measure of effectiveness of a clinical intervention is change in behavior. Review of the cases described in Chapters 4 and 5 revealed observed and reported changes along several dimensions, including change in affect, change in physical appearance, cessation or reduction in the number of complaints relevant to the elements addressed in the bilateral intervention, change in relational interactions, and change in functioning. In the case of the supervisor/supervisee dyads, change was observed in the pre- and post-intervention drawings depicting the relationship. Table 7.1 provides a summary of the observed changes in both the individual and dyadic case studies of Chapters 4 and 5. With the exception of the first extensive case study (Case 1), where bilateral art was a primary treatment modality, bilateral art was just one of several treatment approaches and the reported and observed changes are undoubtedly due to many factors. Thus, while most of these clients reported and demonstrated improved functioning, only changes relevant to the elements addressed in the bilateral art interventions are included in the summary in Table 7.1.

The client in the extensive case study (Case 1) manifested several of these indicators. Following the client’s second session using bilateral art, she presented with brighter affect and increased energy, and was more kempt, and following her third bilateral art session she had returned to work part time. She also manifested a cessation of complaints associated with some of the elements of her bilateral art activities. For example, the “I am defective” complaint did not resurface during the remainder of our work. Other elements, such as self-care, recurred although an increase in self-care activities was reported.

The clients in cases 2, 3, 4, 5, 7, and 8 all exhibited a cessation of complaints associated with the elements of their bilateral art activities. Recall from Chapter 4 that the use of bilateral
art with the client in Case 6 was not believed to be a successful use of the intervention. Thus it is not surprising that a cessation of the complaints was not observed. However, as noted in Chapter 4, the intervention was not a therapeutic failure, as the client reported in the session following her first bilateral art drawing that her interactions with her spouse had improved.

Table 7.1

Observed and reported changes in behavior and drawings in clients using the bilateral art intervention.

<table>
<thead>
<tr>
<th>Case</th>
<th>Observed/reported changes</th>
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<tbody>
<tr>
<td>Case 1</td>
<td>Brighter affect (observed)</td>
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<tr>
<td></td>
<td>More kempt (observed)</td>
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<td></td>
<td>Improved functioning (reported)</td>
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<tr>
<td>Case 2</td>
<td>Cessation of complaints associated with element addressed using bilateral art</td>
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<tr>
<td></td>
<td>Improved relational interactions (reported)</td>
</tr>
<tr>
<td>Case 3</td>
<td>Cessation of complaints associated with element addressed using bilateral art</td>
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<tr>
<td>Case 4</td>
<td>Cessation of complaints associated with element addressed using bilateral art</td>
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<tr>
<td>Case 5</td>
<td>Cessation of complaints associated with element addressed using bilateral art</td>
</tr>
<tr>
<td></td>
<td>Improved functioning (reported)</td>
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<tr>
<td></td>
<td>Improved relational interactions (reported and observed in family sessions)</td>
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<tr>
<td>Case 6</td>
<td>Improved relational interactions (reported)</td>
</tr>
<tr>
<td>Case 7</td>
<td>Cessation of complaints associated with element addressed using bilateral art</td>
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<tr>
<td>Case 8</td>
<td>Cessation of complaints associated with element addressed using bilateral art</td>
</tr>
<tr>
<td></td>
<td>Brighter affect (observed)</td>
</tr>
<tr>
<td></td>
<td>Improved relational interactions (reported)</td>
</tr>
<tr>
<td></td>
<td>Improved functioning (reported)</td>
</tr>
<tr>
<td>Dyad 1</td>
<td>None</td>
</tr>
<tr>
<td>Dyad 1</td>
<td>Change in drawing of relationship</td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
</tr>
<tr>
<td>Dyad 2</td>
<td>Change in drawing of relationship</td>
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<tr>
<td>Supervisor</td>
<td></td>
</tr>
<tr>
<td>Dyad 2</td>
<td>Change in drawing of relationship</td>
</tr>
<tr>
<td>Supervisee</td>
<td></td>
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</tbody>
</table>

Similarly, the clients in Cases 2, 5, and 8 reported improvements in their relational interactions. The client in Case 2 reported improved interactions with her roommates following her third bilateral art drawing, which focused on a relational difficulty. For the client in Case 5,
improvements in relational interactions were both reported and observed. As outlined in Chapter 4, the bilateral intervention focused on setting limits with the client’s daughter. In the session following the intervention, she reported being able to set limits more consistently and that her daughter’s behavior had improved. This improvement was also observed in subsequent family sessions.

The clients in Cases 5 and 8 both reported improved functioning. For example, recall from Chapter 4 that the client in Case 5 struggled to leave her children in anyone’s care to go grocery shopping or even to take a walk around the block. In the week following the bilateral art intervention, she reported leaving her children with her spouse to go the grocery store, not just once, but twice in the same day.

The assessment of change in the supervisor/supervisee dyadic relationships uses the pre- and post-intervention drawings depicting the relationships. In all four instances, the change in the content of the drawings is observable. The Dyad 1 supervisor’s pre-intervention drawing revealed the disconnected and disparate images of the supervisee and herself. In the post-intervention drawing, the supervisor revealed a more connected and integrated view of the relationship. The supervisee’s drawing revealed similar observable changes. The supervisee’s pre-intervention drawing depicted a floating object with seemingly no safe place to land. In contrast, the post-intervention drawing revealed the same floating element with a much softer ground.

The second supervisor/supervisee dyad revealed similar changes in the pre- and post-intervention drawings. The Dyad 2 supervisor-in-training’s pre-intervention drawing focused on a disconnect in the communication between herself and supervisee. The post-intervention drawing with the supervisor-in-training and supervisee were similarly represented as bright
yellow suns indicative of an alignment between the two. The drawings of the supervisee changed observably, although the nature of that change is less clear. Recall from Chapter 5 that the pre-intervention drawing revealed an open door and a bank of windows with diffusers obscuring the view. The post-intervention drawing revealed an underwater scene with three fish, one identified as the supervisee, a jellyfish, starfish, and snails. Unable to place the supervisor in the drawing, it is unclear how this drawing might represent a change in the supervisee’s view of the relationship.

Indicators for Use of Bilateral Art

A second issue important to the study of bilateral art as an intervention addresses the question “What determines when to use it?” Initially, indicators for the use of bilateral art were “gut-level” responses to client presentations of polarities that they struggled to either live with or resolve. This was particularly true of the client in the first extensive case study (Case 1). As I continued to work with the technique, I began to articulate and refine this “gut-level” response.

It appeared that bilateral art was most appropriately applied to situations where the client expressed a cognitive awareness or belief but struggled to “feel” the truth of the belief --- they believed “in their heads but not their hearts.” There was a need to integrate the client’s cognitive awareness with their felt awareness. This belief in the need to integrate is consistent with current thinking on the resolution of trauma as stated recently by Wylie (2004)

van der Kolk continues “fundamentally, words can’t integrate the disorganized sensations and action patterns that form the core imprint of the trauma.” Treatment needs to integrate the sensations and actions that have become stuck, … (p. 35)

Three patterns emerged from a review of the cases. In the first pattern, the clients presented with disconnects between their cognitive or logical awarenesses and their actions or
feelings. It would often look like “I know this to be true in my head, but not in my heart --- I don’t feel it.” In the second pattern, clients articulated their dialectical tension directly. It often looked like “I feel like this but I want to feel like this.” In the third pattern, the clients presented with a distorted belief and their actions were congruent with that belief. In this case, the client received help identifying an opposing positive, non-distorted belief to use in the bilateral art intervention.

In the first extensive case study, the client revealed two of these patterns. Recalling this client from Chapter 4, she articulated the positive belief “it is good to take care of myself,” but struggled with feelings and/or actions congruent with that belief, an example of the first pattern. As an example of the second pattern, she articulated the opposing elements as “setting my own standards” and “trying to measure up to the standards of others,” i.e., she articulated the dialectical tension directly. Even when she presented with the first pattern, she quickly identified opposing elements to use with the bilateral art intervention. She was the first client to use the bilateral art intervention and did so over a nine-month period.

In subsequent case studies, client presentations were markedly varied. Several manifested the first pattern with a clearly identified disconnect between logical or cognitive awareness and heart or felt awareness. For example, recall from Chapter 4 the case of the client who witnessed the events of September 11, 2001. He was logically aware that his wife was undoubtedly safe even though she was late returning from her run. However, his emotional response to her lateness was not congruent with his logical awareness. I believe that the use of bilateral art helped this client integrate these opposing elements. However, I chose not to use bilateral art to process his trauma of the events of September 11th. I don’t believe that his beliefs
surrounding that event were distorted. They were very real and treatment with EMDR served him well.

Similarly, recall from Chapter 4 that the client in Case 2 easily acknowledged that it was good to be patient with the process of therapy, yet she continually presented with a need to “get this over with.” I believe the use of bilateral art served to integrate this client’s logical awareness with her felt awareness. She was more relaxed and more open to the process of therapy following the intervention.

Case 5 provided similar experiences. For example, the client was able to verbalize that it was safe to leave her children with her spouse or their grandparents so that she might do the grocery shopping or take a walk, yet she was unable to do so. Again, there is a disconnect between logical awareness and action.

The client in Case 8, illustrating the second pattern, needed little assistance; she presented with very clear opposing elements that she wanted to integrate. As a client who was “in charge” of her own therapeutic process, she pointed out that she could apply the technique on her own.

Case 5 provides an example of the third pattern where beliefs are distorted and actions are congruent with the distorted beliefs. Recalling Chapter 4, this client acknowledged that she was having difficulty setting limits with her children because she was afraid that if she disciplined them they would not love her. In this case, I helped the client identify an opposing positive belief, e.g., “If I discipline my children, they may get mad but they will still love me.” Then bilateral art was applied to the client’s original negative belief and the newly identified positive belief. As reported in Chapter 4, the client reported that she was able to set limits with her children following the bilateral art intervention and I believe that the intervention facilitated her ability to do so.
Similarly, the client in Case 7 presented with concerns about being easily led. Helped to identify an opposing positive belief, she responded favorably to the intervention by asking to take her drawing home so that she could look at it from time to time.

However, a word of caution is needed here. The intervention was not successful in all cases in which clients presented with distorted beliefs. For example, recall Case 6 from Chapter 4 where the client struggled with the belief that she was responsible for her husband’s ability to handle his own pain. Helped to identify an opposing positive belief, she was unable to “hold” on to an awareness of that positive element in the bilateral art activity. She digressed rapidly to her negative awareness, and the bilateral art intervention did not serve to integrate her opposing awarenesses or beliefs.

Reviewing the use of the intervention with dyads, each of the supervisor’s and supervisee’s experiences fit the second pattern. In each instance, the dialectical tension was expressed directly. In the remaining dyad, using protocol 1, the member of the couple identified the negative element and matching behaviors first, an example of the third pattern. It is not surprising that both of the clients that have been identified as failures of the technique (Case 6 and the couple in Chapter 5) matched this pattern. Perhaps the fact that these clients did not initially identify their positive beliefs indicated that the positive elements were not sufficiently a part of their awareness. The bilateral art intervention’s requirement that the client respond to the positive element was thus not possible. Perhaps alternative treatments that increase awareness of the positive element will be required before the bilateral art intervention is used.

Research and Clinical Implications

I believe that this effort provides a model for the scientist-practitioner engaged in clinical discovery. It provides numerous case studies reflecting experiences using bilateral art on a range
of presenting problems with clients in a typical agency setting. Elements of these case studies are coalesced and summarized both quantitatively and qualitatively. While the individual cases argue for effectiveness, I believe that the aggregated results provide more compelling arguments for further formal study.

Additionally, I believe that this body of work provides evidence of effectiveness of bilateral art as a therapeutic intervention. I believe that it serves to integrate a client’s cognitive or logical knowing with more emotional “felt” knowing. In seven of the eight individual case studies, client behaviors following the intervention were more congruent with the positive elements than with the distorted negative beliefs holding their behaviors hostage prior to the intervention. The post-interventions drawings of supervisors and supervisees using the relational bilateral art protocol reflect similar evidence of more integrated positive views of their relationships. Even in the one case study, Case 6, that I believe did not serve to integrate polarized elements, the intervention provided insight and increased client awareness, hardly a therapeutic failure.

Similarly, I believe that the relational protocols facilitate new insights and views into relational difficulties. The use of bilateral art in supervision provides a new way to explore supervisor/supervisee relationships.

Limitations

It is important to note the limitations of this body of work. Perhaps the most significant limitation is that it is only possible to speculate on the notion of neural integration. Advances in neuroscience are consistent with an argument for integration and the experiences described in this body of work are similarly consistent with an argument for integration. But the results are no more than consistent. They cannot prove.
Similarly, the case studies presented in Chapters 4 and 5 are consistent with a notion of effectiveness, but they do not prove a direct cause and effect.

Certainly the results argue that the use of bilateral art is promising and worthy of further investigation.

Future Research

This body of work represents preliminary investigation of a new therapeutic modality that integrates advances in the field of neuroscience, marriage and family therapy, art therapy and several other therapeutic modalities. While this investigation reveals that the bilateral art protocols yielded positive results in most cases, it also points to the need for controlled outcome studies. Further research is needed along several different dimensions including prospective outcome studies, the neuroscience underpinnings of bilateral art, integration of the protocol with other therapeutic modalities, and the detailed elements of the protocol itself. The following lists some of the more specific research areas and questions that this investigator would like to see addressed in the future.

The first area of inquiry is an exploration into neuroscience underpinnings of the bilateral art protocol.

- If the bilateral art protocol used only the dominant hand to express and trace over positive and negative elements would the results be the same as when both dominant and non-dominant hands are used? This might further identify the involvement of left and right brain integration.
The protocol uses motor activity (drawing), touch, and pressure bilaterally, but not bilateral visual stimulation. Would the results be the same if the visual field was restricted bilaterally with the use of goggles?

Belkofer and Konopka (2003) reported changes in brain activity before and after art making measured using EEGs. It would be interesting to compare the EEGs of individuals recorded before and after a bilateral art intervention. This effort might include pre- and post-intervention EEGs taken as the client focuses on each of the positive and negative targets used in the intervention.

Is the order in which participants respond to and trace over the positive and negative elements significant?

Is there a relationship between positive and negative elements and the hand associated with these elements?

What results would controlled studies yield --- using same hand different beliefs, same belief (single target) different hands?

A second area of inquiry would be the use of bilateral art as an adjunct to other forms of therapy.

Does the use of bilateral art as an experiential adjunct to cognitive behavior therapy (CBT), specifically to the cognitive restructuring process, improve the effectiveness or efficacy of CBT?

Does it make sense to integration bilateral art with other treatment modalities?

A third area of inquiry would be indicators for the use of bilateral art. This effort describes clients who presented positive and negative elements for use with bilateral art in a variety of ways.
• Are there additional patterns of presentation, not identified by the case studies in this effort?
• Do different patterns of presentation yield different intervention results?
The next area of inquiry involves looking at the details of the bilateral art protocol itself.
• Is there any value in extending the protocol with individuals to include the use of pre- and post-intervention drawings similar to those used in the second relational protocol?
• Do the results of scaling correlate with changes in client behavior?
• Is there any value in using the bilateral art process on single targets rather than the polarized targets described by Cartwright (1999)?
• Is there any value in a content analysis of response drawings?
• Is there a relationship between visual/emotional content and scale indicators or outcomes?
• What are the results of controlled outcome studies using this protocol?
And the final area for inquiry involves relational use of bilateral art.
• More experience with dyadic protocols is needed.
• Experience using the second relational protocol with couples is needed.
• Further exploration with supervisor/supervisee relationships is needed.
Additionally, any future studies should include client feedback on effectiveness and follow-up assessments.

Conclusions
This dissertation represents a first step toward an effort to explore the effectiveness of bilateral art as a therapeutic tool. It presents case studies outlining experiences using bilateral art with eight individuals, 1 client dyad and two supervisor/supervisee dyads. Many different
themes manifested in each use of the bilateral art intervention. However, discernable patterns emerged in client responses to the intervention as well as in the investigator’s decisions to use the intervention.

Quantitative results argue for the effectiveness of the intervention; however, it is noted that clients scalings of the strength of their beliefs is hardly sufficient to claim success. These changes in scalings must be accompanied by changes in client behavior. Changes in behavior are described for all but one of the case studies, the client dyad with issues of addiction.

I believe that the use of bilateral art facilitated therapeutic change for both the individuals and the dyads. It is not possible to infer from the case studies if the bilateral art protocol actually engages specialized right brain and left brain neuronal structures, nor is it possible to know if integration and rebalancing across hemispheres is occurring. Nevertheless, the bilateral art protocol appeared to succeed in evoking new insights and new behaviors. Neither will future effectiveness and/or efficacy studies be sufficient to direct claims about the neurological bases for change. For now, assessing effectiveness must stand on its own merit. Hopefully, the rapid pace of research in neuroscience will provide new tools for examining relationships among biological processes, family systems, and art therapy.