To Love and Be Loved: Art Therapy and Couples with Disabilities

Cailey Bussiere
cbussier@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses

Part of the Social and Behavioral Sciences Commons

Recommended Citation
https://digitalcommons.lesley.edu/expressive_theses/425

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.
To Love and Be Loved: Art Therapy and Couples with Disabilities

A Literature Review

Capstone Thesis

Lesley University

Date: 5/5/2021

Student Name: Cailey Bussiere

Specialization: Art Therapy

Thesis Instructor: Vivien Marcow Speiser
Abstract

Couples with intellectual and developmental disability (ID/DD) diagnoses often seek or are in partnerships, but there are, at present, few treatment modalities for working with such individuals. This population faces unique barriers to creating and maintaining partnerships, such as pervasive stigmatization in caretaking systems which they rely on for support, neurological differences, and an increased risk for intimate partner violence (IPV). Art therapy has the potential to be a supportive modality for this population as it moves creative expression beyond words and supports agency and choice. It can create a context in which conflict can be externalized and understood, exploration of creative solutions can flourish, and intimacy can grow. Moreover, arts-based interventions can support neurological integration, IPV prevention, and the building of skills needed for social connection, such as boundary setting, stress reduction, and emotional regulation. For individuals with ID/DD, partnership is a part of identity that is often denied, or rebuffed, due to diagnosis but is invariably a part of their lives. As such, there is a great need to explore and establish supportive modalities to aid in their quest to love and be loved.

Keywords: Art therapy, intellectual and development disabilities, neurodevelopmental disabilities, couples therapy, expressive therapies
To Love and Be Loved: Art Therapy and Couples with Disabilities

Introduction

The setting was a day program for adults with intellectual and developmental disabilities. I carted in a cornucopia of art materials and sat at a circular table, flanked and welcomed by this community. Their struggles, interests, and voracious desire for connection floated amidst the smell of paint and markers. The conversations were potent, and opened my understanding of humanity and vitality. It was the advent of my academic journey and I had but a vague conception of Art Therapy. As I progressed thorough my academic career, I was privileged to continue to work with individuals with disabilities of varying ages and diagnoses. I interned with children on the deaf-blind spectrum, with adults in an arts-based day program, and with a college program for young adults. These experiences, these people, further shaped my understanding of what it means to be human and challenged my conception of quality of life.

So often, these individuals longed for human connection, and were routinely denied or rebuffed as a result of diagnoses and stigma. The young adults, especially, vied for connections that flourished and swept through their hearts with the intensity of a Jane Austen novel. They, like their peers, simply wanted to love and be loved by someone. It was impetus of their adult lives, and they were exploring individuality, identity, and connection. Into our work they brought questions of communication, sexuality, intimacy, and a deep desire to explore an array of partnerships. I wondered how could I, as an art therapist in training, be a support for individuals who are in the thrust of such beautifully complex explorations? From what art therapy techniques could I draw? What therapeutic models already existed? And importantly, what barriers might impede access to finding and maintaining partnerships for this population?

Defining Our Terms
This paper will focus specifically on the way that art therapy can be used as a supportive modality for couples with neurodevelopmental diagnoses. Neurodevelopmental diagnoses encompass disorders that are characterized by “developmental deficits that produce impairments of personal, social, academic, or occupational functioning” where “the range of developmental deficits varies from very specific limitations of learning or control of executive functions to global impairments of social skills or intelligence” (APA, 2013). These diagnoses include: Intellectual Disability (ID), Autism Spectrum Disorder (ASD), disorders of attention, and disorders of movement. ID/DD will be used to denote intellectual and developmental disability diagnoses. Throughout this paper “they/them” pronouns will be utilized to maintain an awareness of the spectrum of gender identities within which individuals with ID/DD may identify. Additionally, the terms “partner” and “partnership” will be used to further provide language that is inclusive of sexual identity and various configurations of relational dynamics.

It is important to note that the author of this paper does not hold an identity as a member of the disability community. As this community is often denied voice in academic, professional, and personal spheres, the stories of individuals with ID/DD have been integrated into this paper. Relationship exploration is a deeply personal part of identity formation, and their words and experiences speak volumes to the importance of creating a system of support that does not deny their voices in the process.

**Method**

In conducting this review of the literature, the search parameters included sources pertaining to art therapy, couples therapy, and work with individuals with ID/DD. The intention was to explore the gap between these three spheres and to find models that could build upon one another to create a system of support, utilizing both art therapy and couples therapy techniques.
for couples with ID/DD. Articles were selected that: 1) illuminated the unique needs and challenges of individuals with ID/DD in partnerships, 2) identified preexisting frameworks for supporting couples with ID/DD, 3) established an overview of the use of art therapy with individuals with ID/DD, 4) explore the use of expressive therapy techniques with couples, and 5) provided insight into the connection between art therapy and established couples therapy frameworks.

**Literature Review**

**Disability and Partnership**

In 2019, The Atlantic reported on the experience of a couple living in Long Island, Paul and Hava, who were fighting to protect a specific human right: Sexuality (The Atlantic, 2019). The couple met through a performing arts troupe and quickly become enamored with one another. As their relationship progressed, Paul proposed and Hava accepted. Surrounded by their loved ones, this couple legally joined themselves together and rejoiced. After the wedding, they desired to live in the same home, but hit upon a distinct barrier. As both individuals in this partnership were diagnosed with intellectual disabilities, and lived in group living environments, they were denied the right to cohabitation. The group homes gave their perceived “[inability] to consent to sexual activity” as a justification (The Atlantic, 2019).

There are many fallacious beliefs regarding the experience of sexuality for individuals with intellectual or developmental disabilities. Often these stigmatizations manifest as individuals with ID/DD are asexual or uninterested in romantic or intimate relationships; are unable to experience sex or explore sexuality; or are unable to understand the intellectual and emotional “complexities of being sexually active” (Sinclair, Unruh, Lindstrom, Scanlon, 2015).
These beliefs, flagrantly contradicted by numerous couples such as Paul and Hava, are infused into the systems that are built to support individuals with ID/DD.

This often leads to a negligence of sex education, open or implied discouragement of romantic and sexual exploration, and blatant lack of privacy. Caretakers of adults with disabilities are often fearful of individuals with ID/DD engaging in sexually or romantically oriented relationships, citing higher rates of abuse and manipulation, especially for female identifying individuals who are at a significantly higher risk than their peers for sexual or domestic violence (Sinclair et. al, 2015). This can create a distinct gap between knowledge, experience, and access to supportive resources, that further plunges this community into vulnerability, leaving them unprepared for navigating partnerships.

Lack of education and supports further manifests into a situation where the threat of intimate partner violence (IPV) looms large. IPV is defined as “threats, physical, sexual, and psychological victimization, as well as technological victimization [perpetrated] by a current or former intimate partner” (Son, Cho, Yun, Choi, An, Hong, 2020). While studies have demonstrated that around a third of college age individuals are affected by IPV, there has been less attention on the experiences of college aged individuals who identify as having a disability. Risk factors such as low socioeconomic status, low income, increased rates of isolation, and perceived vulnerability by perpetrators, further predispose individuals with ID/DD to IPV (Son, et al., 2020).

In a study examining prevalence of IPV for college aged students with disabilities, the authors found that 70 percent of students with disabilities reported having experienced IPV at least once in their lives. Moreover, the study found that 58 percent of individuals who had experienced IPV did not seek help or support (Son, et al., 2020). Stigmatization, lack of access to
information regarding IPV related supports, and a lack of bystander intervention education were noted as barriers to help-seeking. As IPV is rampant among college aged individuals with disabilities, it can be inferred that there is a lack of support, education, and resources around this topic.

Moreover, intimate relationships are often seen as incompatible with diagnoses such as Autism Spectrum Disorder (ASD), despite adults with ASD yearning for romantic connections. ASD is characterized by difficulties in interpersonal interactions, decision making, and perspective taking, along with emotional-dysregulation and sensory sensitivities — which are often viewed as impediments to the socially nuanced environment of a romantic partnership (Strunz, Schermuck, Ballerstein, Ahlers, Dziobeck, Roepke, 2017). Additionally, individuals with ASD are often isolated from interactions in childhood that serve as a foundation for relationship building.

A recent study examining romantic relationship experiences and interest in a group of individuals with ASD found that 44 percent of the individuals reported being involved in a romantic relationship, and 29 percent reported past relationship experience (Strunz, et al., 2017). The study further found that “severity of autistic symptoms or the need for social support did not have an influence on whether someone was currently, had previously been, or had never been in a romantic relationship” (Strunz, et al., 2017). Fears around initiating interpersonal interactions and maintaining intimate relationships were cited as barriers to partnership.

In a qualitative study of neurodiverse (ND) couples, the authors explored the experience of the neurotypical partners in navigating relational dynamics where one partner is diagnosed with ASD. Specifically, they looked at the challenges engendered by one of the partner’s diagnosis, and the ways in which these challenges shaped or altered the couples’ relationship. It
is noted that up to half of the individuals diagnosed with ASD in the United States “enter long-term intimate relationships and many remain undiagnosed until after these relationships have begun” (Lewis, 2017).

Common challenges cited by neurotypical partners in the study were: unmet needs due to limited interactions with the partner diagnosed with ASD, a sense of isolation, communication difficulties, a feeling of disconnect, sexual difficulties, increased expectation of caretaking, and financial stressors (Lewis, 2017). These unique concerns require support systems that are relevant to the specific relational needs of individuals with ASD. The author suggests that interventions, or modes of treatment, be mindful “that both members of the couple must learn to adapt to their differences, not to “fix” the person with ASD” (Lewis, 2017).

It can be seen in stories such as that of Paul and Hava, who eventually found a group home willing to support them as a couple, that there is a deep need for systems that support the intimate lives of adults with disabilities. Shows such as Netflix’s Love on the Spectrum (Holden, 2020) are further examples of the desire of individuals with ID/DD to date, create connections, and explore intimacy. They also serve to highlight the need for more diverse supports in navigating the relational process.

Sexuality and ID/DD

The systems and models that have historically been used in working with individuals with ID/DD are often limiting and ineffective in providing individuals with ID/DD the resources for exploring their relational identities. Sinclair et. al. (2015) advocate for moving toward a quality-of-life approach in working with adults with ID/DD, and establishing a system built on understanding and supporting the intimate lives of individuals with ID/DD. This perspective “requires… that all individuals receive the opportunity for education along with [relational] and
identity exploration” (Sinclair et al., 2015). It hinges on the concept of intimate citizenship, described as “the control over one’s body and choices made in context with that body” (Sinclair et al., 2015). Many individuals in this population are denied the right to seek partnership, especially sexual relationships, and are thus denied the right to intimate citizenship.

Paul and Hava’s story is one that exemplifies the flagrant stigmatization of individuals with ID/DD in regard to exploring sexuality. The chief apprehension cited in many cases, such as Paul and Hava’s, is the perceived inability to consent to sexual activity for members of the ID/DD community. Their diagnostic profiles are held up as irrefutable evidence of an inability to understand and participate in sexual activity. The fear of IPV blends with stigma to create an environment where sexuality is denied before it is even considered an integral part of wellbeing.

It is of note that there are numerous programs that work to protect the right to intimate citizenship through the use of education and advocacy. The Birds and Bees is an online sex-ed resource for educators, individuals, and parents that provides curricula and learning content for individuals on the Autism Spectrum. Their curriculum for adult learners covers diverse topics such as the anatomical reproductive processes, crushes and dating, power dynamics in relationships, sexuality and the law, and gender roles (Curtiss, n.d.). Moreover, Autism Speaks, the National Council on Independent Living, the Asperger and Autism Network, and the Young Adult Institute, all provide similar relational supports and education for adults with ID/DD.

Despite the accessibility and prevalence of sexual health education resources, there are few therapeutic models that include sexual wellbeing as a component of treatment. In the article, “Asperger Syndrome in the Bedroom”, the author examines the need for traditional sex therapy techniques to be adapted to fit the needs of clients with ASD (Aston, 2012). As communication, theory of mind, social interaction, and empathy are major components of building an intimate
relationship, individuals with neurodevelopmental diagnoses will “require a very different kind of intervention and support than would normally be offered in typical psychosexual therapy” (Aston, 2012). Aston notes that having ASD does not preclude the ability to engage in intimate relationships, but indicates that they may need strategies that account for the differences in their neurological processing of social situations. This may include clarifying the expectations of each partner, learning new behaviors, identifying sensory sensitivities, and providing psychoeducation around the ways that ASD can affect interpersonal interactions (Aston, 2012).

Another model for integrating sexual wellbeing into mental health treatment positions sexual health within the sphere of cultural competence. As “sexual health and well-being are essential elements of mental health maintenance for some individuals, including people with disabilities… and chronic health conditions… disability culturally competent health care should routinely include sexual health as a focus” (Mona, Cameron, Clemency Cordes, 2017). This proposes a shift in the way that disability diagnoses are conceptualized, moving toward an intersectional framework that accounts for the varying identities a client may hold. This may be achieved utilizing “disability affirmative” assessment and treatment approaches. These incorporate “the social experience of disability, self-awareness of personal values, and an advocacy-empowerment stance rather than a purely individualistic or intrapsychic approach to patient goals” (Mona et. al, 2017).

**Supporting Couples with Disabilities**

In the originating episode of the Netflix reality show *Love on the Spectrum*, Michael, a 25-year-old straight, cisgender male living in Australia, calmly asserts that his “greatest dream is to be a husband” (Holden, 2020). Twin “love duck” carvings sit, gazing at each other, on his bedside table. He tells the camera crew that he purchased them in hopes they will help him find a
partner. Michael radiates positivity and determination. Further on we meet Chloe, a 19-year-old cisgender female with ASD, also wants to experience love. She remarks with somber gravity, “I see so many people holding hands and kissing and doing all that and that’s what I want” (Holden, 2020). She tells the camera crew that she is interested in exploring her relationships with both male and female identifying partners.

There are, at present, few therapeutic models for supporting the diverse needs of couples with disabilities. One such model, detailed by Munro (2011), specifically addresses the need for a comprehensive systems-oriented approach to couples therapy. Munro proposes a model for “positive-support couples therapy” (PSCT) that works in conjunction with caretaking systems to provide support for couples with disabilities. As “people with intellectual disabilities often have very involved families, upon whom they can be very dependent” (Munro, 2011) this model works to use these supports as a resource for the couple. PSCT is described as “particularly helpful where collaboration among the couple, extended family and service system needs to be high… [as these are] conditions typically needed for couples with intellectual disabilities to maintain successful relationships” (Munro, 2011). The model is grounded in strengths based social work, positive psychology, unconditional constructive mediation, cognitive behavioral therapy (CBT), narrative therapy, and integrative couples’ therapy. A strong focus is placed on resilience, resourcefulness, empowerment, and what is “going right” within the interpersonal dynamics.

Munro notes that “many couples with intellectual disabilities can have successful long-term marriages and love relationships…[y]et, couples with intellectual disabilities frequently report difficulties in finding therapists willing to work with them” (Munro, 2011). This lack of support is attributed to the widespread fallacy that individuals with disabilities are incapable of
gaining insight within the therapeutic context. Munro counters this, stating that “many adults [with disabilities] have some capacity to consciously change behavioral and cognitive patterns as a result of psychodynamic and behavioral insight, at least on a basic and practical level… [and] have wisdom, intuition, and verbal and memory skills well-beyond assessed intellectual functioning” (Munro, 2011). In this model, insight is fostered through techniques such as: direct language, repetition, rephrasing, reframing, psychoeducation, boundary setting, and the Stop/Think/Go technique.

A similar model is the “Myhill and Jekel Treatment Model for Neurodiverse Couples”, developed through the Autism and Asperger Network’s (AANE) Institute for Neurodiverse Couples in Watertown, Ma. This model provides a neurologically informed treatment option for neurodiverse (ND) couples. “Neurodiverse couples are those relationships in which one member is neurotypical (NT), meaning [they have] a pattern of processing information that falls within a typical range, and the other partner fits the profile of someone with [Asperger syndrome]” or Autism Spectrum disorder (ASD) (Myhill & Jekel, 2015). Myhill and Jekel posit that the use of psychoeducation around neurological differences can be used as a potent means of reframing relational dynamics and a basis from which change can occur. The framework builds upon this education to move toward resolution that “will involve either teaching new skills to one or both members of the couple, changing the environment, or helping the couple accept what cannot change” (Myhill & Jekel, 2015).

This framework hinges on the therapist’s understanding of the different needs of each member of the partnership. Myhill and Jekel assert that it is essential to begin treatment by creating an environment that is sensory friendly, accommodates anxiety, is cognizant of differences in executive functioning skills, and employs patterns of communication that benefit
individuals with ASD (Myhill & Jekel, 2015). This allows the therapeutic space to become one that is supportive of neurological differences. Next, the authors recommend guiding the clients to look at and identify problems in their relational dynamic which can then be distilled into “specific behaviors that are concerning” (Myhill, Jekel, 2015). The therapist will then aid the couple to “reframe and resolve their issues using a neurological lens” (Myhill, Jekel, 2015). Here, repetition is key, and homework is given to reinforce the identified changes. Additionally, where there is a behavior that is neurologically fixed, Myhill and Jekel recommend assisting the couple in reframing the experience to find creative solutions which alleviate conflict.

**Art Therapy with Individuals with ID/DD**

In addressing the nature of art therapy, Moon posits the term “metaverbal” to “define our work as beyond words” (Moon, 2008, p.56). There is a well of nuanced communication that lingers, waiting to be drawn upon, and is often beyond the reach of talk-oriented approaches to therapy. This well is doubly difficult to access when engaging with a population whose diagnoses oftentimes lend themselves to styles of communication beyond the verbal. Individuals with ID/DD, then, can face distinct barriers to communication as a part of their diagnostic profiles, which may “lead to frustration, self-injurious behaviors, and the avoidance of social activities” (Bailey, 2015, p.321). Art therapy, in this instance, has the ability to “bypass limitations in the intellectual and verbal ability to assist with assessments, help build a trusting therapeutic relationship, and provide a starting point for future interventions and support” (Bailey, 2015, p.321). In essence, creative expression can move the conversation into a space beyond the need for words.

This metaverbal capacity for communication opens the door for therapeutic interactions in ways that can be supported through the creative arts. Individuals with ID/DD are often within
systems of supports that are rigidly structured and leave little room for autonomy and self-expression. When faced with a lack of empowerment and choice, preexisting mental health conditions may be exacerbated, and maladaptive behaviors may manifest. “In contrast to their regular interventions and activities of daily living, creative activities can provide an alternate means for gaining control, making choices, and expressing one’s ‘voice’” (Bailey, 2015, p.320). Voice, for a population that is chronically disempowered, can be a monumental shift toward wellbeing. As Moon notes, “every paint streak, each chalk line, and every slab of color, harmonious and dissonant, declare to the artist, beholders of the work, and humankind, ‘I am here and I have something to express’” (Moon, 2008, p.57).

Art therapy has, moreover, been shown to be effective in work with individuals with ASD, as “art therapists are in a unique position to engage the mind, brain, and senses through art making, and to support communication through the art product” (Richardson, 2015, p.306). ASD is neurologically linked, and, as such “a holistic, individualized approach to understanding it, based on awareness of an individual’s sensory needs and neurological makeup, and understanding the potential behaviors and emotions that emerge in therapy, is essential” (Richardson, 2015, p.306). Art making has the dual benefits of engaging a client non-verbally, and in ways that support neurological integration that engages the mind and body. In this capacity art making can be used to support social connection and communication, reduce stress, bolster emotional regulation skills, and move the client toward empathetic engagement (Richardson, 2015).

In working with individuals with ID/DD, art therapists must consider the physical environment within which the work is conducted, the qualities and need for adaptation of materials, and the way that instructions are given and presented (Bailey, 2015, p.321).
Expressive Art Therapy and Couples

Art making, in its ability to capture experience beyond the verbal, can be an important tool in exploring the relational dynamics of a couple. At present, the creative arts are used in couples therapy as a means of augmenting traditional couples therapy frameworks and techniques — but there are few distinct models in which the expressive therapies remain at the forefront of treatment.

Expressive Therapies Techniques

In expressive therapy work with couples, there are some techniques that have been used to great success. A few examples are: joint drawing, genograms, improvisational theater, partnered dancing, and family sculpting. These allow for the dynamics of a partnership to be externalized, examined, and explored by the couple providing a space in which relational patterns may be reworked.

Joint drawing, an art therapy technique in which couples are invited to draw on a shared piece of paper, is often beneficial in illuminating interpersonal dynamics. In an article examining the use of this method, Snir and Wiseman (2013) explain that the act of drawing may illuminate components of the relationship, “while the spatial character of the picture illuminates perceptions of self and other” along with patterns of communication (Snir & Wiseman, 2013). In their qualitative study of joint drawings, the authors identified three common dynamics: the balanced, complicated, and disconnected patterns. The balanced pattern, characterized by the creation of a cohesive image, is indicative of attunement, collaboration, understanding of the other’s perspective and intent, as well as a balance between connectedness and individuality. Subsequently, a complicated pattern is characterized by images that lack coherence and are populated by distinct and separate drawings. This style can be indicative of a need to maintain
autonomy, or even of unsuccessful attempts at connection between the partners (Snir &
Wiseman, 2013). Lastly, the disorganized style, characterized by a lack of closeness in the
proximity of images, can be illuminative of a lack of connection between the partners.

Genograms, another art therapy tool, are used to visually delineate family structures, and
have been used in conjunction with the principals of the Bowen Family Therapy (BFT)
framework. BFT “focuses on family patterns, both in the nuclear family and
transgenerationally… Murray Bowen conceived of families as emotional systems and focused on
patterns of response that families use to defuse [the] anxiety that perpetuate[s] emotion-driven,
problematic patterns of interaction” (Gatfield, 2017). Through this lens, art making tasks such as
the genogram serve to illuminate these systemic patterns throughout a family’s history. When
used early on in work with a couple it can further serve as a means of collecting information and
formulating treatment plans.

Drama therapy techniques, such as improvisational theater games, have been used to
externalize relational dynamics and lay a foundation for further change. Improv allows the
therapist to address: “(a) changing dysfunctional yet stable transactional patterns; (b) broadening
the range of displayed identities that clients present to significant others; and (c) altering overly
serious and negative affective interpersonal climates” (Wiener, 1999). Moreover, improv can be
beneficial in allowing a couple to creatively problem solve in real time and play out different
scenarios.

Dancing is another means of creative expression that can illuminate characteristics of
attachment and partnership. In the article “Being together in time: Body synchronicity in
couples’ psychotherapy”, the author posits that sensation is connected to an individual’s initial
sensory experiences with a caregiver (Englehard, 2018). These experiences, rooted in the
caregiver’s ability to attune to the child through movement (body synchronicity), form the
foundations for adult intimate relationships and establish a sense of safety within self. As body
language is a large portion of interpersonal dynamics, it follows that engaging with and attending
to somatic sensations within a relational context holds the potential to liberate emotional content
and increase intimacy.

In various studies, presented in the article, it was found that “matching bodily rhythms,
whether between mother and infant or in adult relationships, [leads] to a positive influence on
relations and on consolidating empathy” (Englehard, 2018). Therefore, studying a couples’
experience of body synchronicity will potentially provide insight into their relational patterns.
Moreover, body synchronicity while dancing has been linked to an increase in experienced
empathy and emotional attunement (Englehard, 2018). The author found what when studying
couples’ experiences while dancing, when “body rhythms were matched participants were
inundated with somatic sensations of “vitality” and pleasure, in contrast to rigidity and negative
feelings that appeared when body movements were asynchronous” (Englehard, 2018).

Lastly, family sculpting and couple’s choreography have been shown to be effective
expressive tools in exploring relational dynamics. These can externalize perceptions, facilitate
role play around new ways of interacting, and equalize power dynamics in the relationship
(Papp, Scheinkman, Malpas, 2013). Moving beyond the verbal realm of therapeutic
interventions, expressive therapy techniques create fertile ground for metaphor which can further
aid in shifting self-narratives within a partnership.

*Art Therapy and Couples Therapy Frameworks*

Emotion Focused Therapy (EFT), when integrated with arts-based practices, fosters a rich
environment for relational exploration. EFT, an evidence-based framework for working with
ART THERAPY AND COUPLES WITH DISABILITIES

Couples, is intended for use, specifically, with couples in distress (Metzl, 2020). Though this lens, supported by attachment theories, “romantic partners are the primary source of attachment, and distress in the romantic relationship is often a manifestation of attachment difficulties” (Metzl, 2020). There is an abundance of creativity within EFT interventions, which Metzel (2020) indicates may be heightened by art making. As art making is highly symbolic, arts-based interventions may have the potential to capture “the couples process and help...to externalize the essence of their conflict through a shared reality” (Metzl, 2020). Moreover, as art making can be distinctly tactile, it can evoke feelings around the physical aspects of a romantic relationship, and aid in exploring boundaries, experiences of desire, pleasure, pain, and other sensorial aspects of the relationship.

The Gottman’s Sound Relational House Theory, built on a foundation of years of research, posits that a sound relationship house sits on a bedrock of friendship within a marriage that leads to more “positive sentiment override, which essentially means that there is enough positive regard between the couple that these feelings override or buffer the effects of negativity” (Ricco, 2015, p.222). The ability to regulate conflict and create a shared sense of meaning are further components that bolster a “sound relationship house”. Five skills are identified as important to the ability to move through conflict: a softened start-up, repair and de-escalation, accepting influence, physiological soothing, and compromise (Ricco, 2015, p.223).

In fusing this method with art therapy, Ricco (2015) states that “art production is less guarded and is done with less inhibition or guilt arousal than spoken words... [and] a single session of art therapy will often reveal a number of aspects of a couple’s relationship for the first time, despite much previous traditional verbal therapeutic work” (Ricco, 2015, p.223). Some advantages of engaging couples in creative work are as follows: the immediacy of making
something conjointly, the innate genuineness of creative expression, the use of space within an image, the ability to externalize a conflict and render it in a concrete form for review, and the shared pleasure of engaging in artmaking (Ricco, 2015).

Ricco further proposes a sequence of arts-based interventions that draw from conceptual aspects of the Gottman’s Sound Relational House Theory. First, a genogram or “marital landscape” drawing are used to assess the relational dynamics of the couple and gather information. Second, during the meta-emotional interview phase of the Gottman method, Ricco proposes inviting each member of the partnership to create a “lifeline” drawing. The objective of this is “to (1) establish rapport with each client as an individual; (2) identify personally significant life events; and (3) provide a catalyst for processing and working through unresolved emotion and conflict” (Ricco, 2015, p.225).

Next, a Have/Need collage would be implemented to address the Gottman concept of “turning toward” as a means of avoiding the Four Horsemen of the Apocalypse (stonewalling, criticism, contempt, and defensiveness). This intervention is designed to reveal the needs and wants of each partner, practice identifying needs through images, and make connections to “meanings and dreams” (Ricco, 2015, p.225). Positive elements of the images are to be explored first to mirror building a foundation of positive regard from which unmet needs can be explored gently. Next, a joint picture is created to explore the concept of accepting influence which “(1) provide[s] an art intervention that will uncover covert patterns of interaction and communication; and (2) create insight/awareness regarding ingrained patterns of relating” (Ricco, 2015, 227).

The subsequent two interventions address compromising and creating shared meaning. A Solving Problems collage is utilized to create a space for the couple to express feelings and needs, explore creative compromises to the identified problem they are facing, and practice using
a softened start-up. It may also aid in “learning to make and receive repair attempts, soothing
themselves, and compromising and being tolerant of each other’s faults” (Ricco, 2015, p.227). A
House of the Future intervention is used to explore the couple’s individual and shared life goals
and dreams. It also gives the opportunity to practice shifting perspective in a “gridlock” situation,
moving away from a desire to change the other member of the partnership toward “honoring and
accepting” their dreams (Ricco, 2015, p. 229). Finally, a Bridge Drawing is used as a way to
review the therapeutic process and reflect on progress that has been made, while assessing the
need for further treatment (Ricco, 2015, p.229). This creates a tangible representation of the
couple’s journey and facilitates insight into next steps.

Hinz (2009) proposes that relational dynamics can be explored and illuminated through the
use of the Expressive Therapies Continuum (ETC) framework. As a whole, this framework has
the potential to support the couple in exploring their relationship though considerations in the
way that each partner engages with creative media. When a couple or family works to create art,
they inherently engage in the creative process in different ways, and the ECT can be a beneficial
tool in explaining and exploring these differences. Moreover, describing the ECT “can provide a
way to balance power at the beginning of therapy, by helping family members understand that
different persons take in and process information in various ways” (Hinz, 2009, p.251). The
levels of sensory/kinesthetic, perceptual/affective, and cognitive/symbolic can further serve as a
means of exploring intimacy, identifying needs and expectations, and reworking patterns of
behavior.

The sensory/kinesthetic level of the ETC draws on activities that are not results oriented
but instead require action (Hinz, 2009, p.252). This can reduce feelings of competition in the
partnership and encourage a sense of exploration and joy through experimentation with creative
media. “A couple can use perceptual processes to represent their perceptions and expectations of their relationship, as well as hope for relationship improvement” (Hinz, 2009, p.253). A graphic representation of the couple in line, shape, and color, can demonstrate the differences in how each member of the partnership views their relational dynamics. This may give rise new understanding of the way that differing perspectives affect the couple and their presenting concerns. Finally, the cognitive/symbolic level “allows the integration of opposites, the intuitive rendering of new definitions of relationships, and the recognition of unconscious obstacles to effective functioning” (Hinz, 2009, p. 257).

**Wadeson’s Couple Art Evaluation**

Working from Kwiatkowska’s family art evaluation, Wadeson formulated an Art Therapy assessment procedure for use with couples. This assessment consists of four drawing tasks: a family portrait, an abstract representation of the relationship, a joint scribble, and a self-portrait that is given to the partner to be altered. All of the drawings, except for the scribble drawing, are to be done by the couple separately (Asawa & Haber, 2015, p.527). In the first task, Wadeson theorized that “the relative size, arrangement, similarities, differences, and level of detail of the figures correspond to inclusion, alliances, identifications, and other aspects of the relationship within the family” (Aswa & Haber, 2015, p.527). In the second task, the perceptions and dynamics of the couple’s relationship are considered through color associations and symbolic content. The third task allows the therapist to “learn valuable information about deeply ingrained response patterns, decision-making, cooperation or sabotage, dominance, and interpersonal involvement” (Aswa & Haber, 2015, p.527). Lastly, the final task asks the couple to symbolically “offer themselves” to their partner who is then asked to change or add to the image,
thereby providing a powerful representation of relational dynamics as well as the perceptions of each member of the partnership.

**Discussion**

We sat in an old Victorian style building, across from one another on worn rolling office chairs, and he carefully laid out the challenges of his week. He and his girlfriend were in the midst of a conflict and his anxiety was piqued. From his pocket he withdrew a smart phone and read aloud a long string of their text message conversation. She needed support, he needed space. He was overwhelmed and consumed with guilt over his own needs. Each session we teased apart deeply held feelings of ‘unworth’ and worked to rebuild self-esteem. As a 20-year-old, straight, cis-gender college student, previous school systems for children with ID/DD had done little to prepare him for his first foray into the world of partnerships. Moreover, the systems in which he was enmeshed lacked the ability to support these explorations.

I worked with this client at a college program for individuals with ID/DD diagnoses. There were few resources available to the students that supported their relational lives. It offered a sex-ed course which covered the biological basics of reproduction, consent, and sexual health practices (i.e. how to use a condom), but was woefully unprepared to provide space for the depth of the relational explorations erupting in every corner. The other resource, an array of counselors, focused primarily on individual sessions and did not provided the opportunity for couples counseling. The relational lives of the students, newly independent and excited to experience life, were treated as an afterthought.

As evidenced by the literature, popular media, and anecdotes from within the ID/DD community, individuals with disabilities often seek or are in partnerships. These partnerships face distinct barriers to supportive services, such as a lack of willingness to work with
individuals with ID/DD (Munro, 2011). Moreover, the specific challenges that are faced by this population creates a unique dynamic that requires a therapist to be cognizant of their needs as individuals, within partnership, and within a systems-oriented context (Myhill & Jekel, 2015; Munro, 2011; Mona, et. al, 2017). Without access to relational resources, individuals with ID/DD, a population predisposed to IPV (Son, et. al, 2020), are further pushed into vulnerability. Moreover, they are systemically denied access to intimate citizenship (Sinclair et. al, 2015).

The need then is to utilize and build upon the preexisting frameworks for supporting the relational lives of this population. Munro’s PSCT model for use with individuals with ID/DD brings into the conversation the need for a systems-oriented lens (Munro, 2011). One that works within preexisting caretaking systems to help a couple thrive in their partnership while maintaining the supports that are already in place. The Myhill and Jekel Treatment Model for Neurodiverse Couples extolls the need for any therapeutic model to be cognizant of the neurological needs of each member of the partnership (Myhill & Jekel, 2015). This encompasses creating a therapeutic environment that is friendly to sensory sensitivities, accommodates anxiety, utilizes patterns of communication that are best suited to the individual needs of each member of the partnership, and is aware of differences in executive functioning skills (Myhill & Jekel, 2015).

It is further imperative that any treatment model utilizes an intersectional and disability affirmative approach that acknowledges the expansive range of identities and experiences an individual with ID/DD may hold (Mona et. al, 2017). Sexuality, an identity that may be present in work with couples with ID/DD, cannot be left unexplored. This disability culturally competent approach is the key to reframing the concept of wellbeing to include parts of identity, such as sexuality, that are often neglected, ignored, or denied in supportive systems. It reorients the lens
of therapeutic modalities to consider the whole of the individual and works to dismantle systemic stigmatization.

Art therapy, a metaverbal modality, has the potential to be uniquely beneficial to this work of supporting the relational lives of individuals with ID/DD. As art making moves expression beyond the verbal, it can be a potent technique for individuals who find difficulty in verbal modalities. It may also allow individuals with ID/DD in partnerships to connect and communicate with their partner in new ways. Thus, increasing the experience of connectivity and understanding within the partnership. Moreover, art making has the potential to bolster self-expression and empowerment for individuals with ID/DD who are often in systems that do not allow for autonomous choice (Bailey, 2015, p.320). Art then functions as an arena where voice is unapologetically liberated and given space to roam. Creative arts further serve to facilitate neurological integration, engage the senses, and promote mind-body connection. For individuals with ID/DD this can support increased social, communication, and emotion regulation skills, as well as decrease stress and facilitate empathic engagement (Richardson, 2015, p.306). All of which are integral for navigating partnerships.

When art therapy is used with a couple, the techniques can illuminate relational dynamics, explore communication styles, externalize conflicts to find creative solutions, build intimacy through shared meaning making, and provide a modality that diminishes power dynamics. A variety of expressive therapies techniques can be used to explore these avenues, and can be especially useful when working with individuals with ID/DD.

It is of note that in choosing a therapeutic technique the art therapist must remain aware of the physical environment in which the work takes place, the qualities of the materials presented, the need for material adaptation, and the way in which instructions are given and the
activity is presented (Bailey, 2015, p.321). This ensures that the art therapist maintains an awareness of the neurological, sensory, and interpersonal needs of each partner.

In the intake phase of working with a couple with ID/DD, a genogram may be a useful tool to gain insight into the family and caretaking dynamics in which they are situated (Gatfield, 2017). As individuals with ID/DD may have robust caretaking systems, it is invaluable to understand the environment in which they exist. Using materials such as white paper, pencils, markers, colored pencils, and pens, each member of the partnership is invited to create a map of the significant people in their lives. This activity thrives on the artist’s point of view and is highly structured, which can ease any tensions around artmaking. It may also serve to communicate learned relational patterns that can be later explored.

To gain understanding of the prevailing conflict, and the relational dynamics of the couple, an abstract representation of the partnership can be utilized. This activity invites each member of the partnership to create an image using only color and line. This may be accomplished using pencils, markers, pastels, paints, etc. The abundance of choice allows for the individual to have access to a range of ways in which to express their views, ensuring that their voice is fully present in the process. Giving access to an array of media can also serve to allow for ready adaptation around sensory sensitivities. Moreover, the restriction of representational images creates space to process the relationship on a perceptual and affective level (Hinz, 2009). This forms a ground from which the couple can practice perspective taking and engage in empathetic interactions around the perception of the other.

To practice the Gottman’s concept of “turning toward” and to facilitate the identification of needs, a “needs” collage can be implemented (Ricco, 2015). This activity invites each member of the partnership to create a collage that explores what they desire in relation to others. This
could include how much alone time they need, what they need to feel safe or comfortable within a space, their preferred communication style, or what they desire sexually. It can also encompass physical needs or systems of support that each individual identifies as important to their relational identity. For individuals with ID/DD this may also be useful in providing a concrete representation of the needs of each partner that can be discussed and explained.

A “joint scribble drawing” can be used to promote shared meaning making, as well as the practice of communication skills. On a large piece of paper, the couple is asked to create a scribble drawing using pencils, pens, markers, or pastels. During the drawing time, the members of the partnership draw in tandem on the paper. This can illuminate patterns of relating and communication, as well as power dynamics. It can further aid in the practice of communicating needs by allowing the individuals to ask for space on the paper and for materials they desire. The negotiation of space can also model the need for consent, which the art therapist may use as a point to integrate psychoeducation around the need for boundaries and possible IPV prevention.

A “house of the future” activity (Ricco, 2015) can be used to explore creative solutions to the identified area of support, and to foster consideration of the environment within which this partnership exists. A pervasive barrier for many individuals with ID/DD to partnerships are the systems they rely on for support. This activity allows them to imagine their ideal environment. It may use a variety of 2D or 3D media to allow for choice and agency within the creative process. Moreover, it can allow for the exploration and communication of the conjoint needs and desires of the partners. Finally, a “bridge drawing” can be used to reflect on the progress made and to identify areas of further need in treatment. This can be a 2D or 3D activity depending on the needs of the clients. Created together, it can serve as a representation of growth for the couple, create shared meaning, and allows space to further practice of communication skills.
This exploration of the literature is limited by the lack of research into the application of art therapy as a supportive modality for use with individuals with ID/DD. Further research would benefit from the implementation of art therapy techniques in work with couples with ID/DD. Moreover, it would benefit from continued integration of the stories and perspective of the ID/DD community and their perspective on partnership.

**Looking Forward**

There is a song that recounts the story of a strange, enchanted boy, who wanders after the loss of love. Upon a chance encounter with the narrator, he shares a lesson from his travels: “the greatest thing you’ll ever learn is just to love and be loved in return” (Ahbez. 1961). This musing, as poetic as it is simple, captures the heart of those who seek partnership. It is a desire to be known and to know another human with intimacy. It is a right to love and be loved. Individuals with intellectual and developmental disabilities are often denied this right, whether through blatant stigmatization, fallacious beliefs that color the systems in which they seek support, or through lack of knowledge of and access to resources.

Art therapy has the potential to be a supportive modality for this population as it moves creative expression beyond words and supports agency and choice. It can create a context in which conflict can be externalized and understood, exploration of creative solutions can flourish, and intimacy can grow. Moreover, arts-based interventions can support neurological integration and the building of skills needed for social connection, such as boundary setting, stress reduction, and emotional regulation. All of which are integral for building partnerships.

Art making allows for individuals with neurodevelopmental diagnoses in a partnership to interact without the need for verbalization. It fosters a sense of joy in the process of
collaboratively making something new and can become the bridge between two hearts. It is a space in which to love and be loved, and to find growth therein.
References


https://www.aane.org/neurodiverse-couples-institute/


https://www.autismspeaks.org/tool-kit/tnair-p-puberty-and-adolescence-resource


Lewis, L. F. (2017). “We will never be normal”: The Experience of Discovering a Partner Has


https://doi.org/10.1037/amp0000283


https://ncil.org/sex-ed-for-individuals-with-i-dd/


https://doi.ezproxy.lesflo.org/10.1016/j.aip.2018.06.003


THESIS APPROVAL FORM
Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Art Therapy, MA

Student’s Name: Cailey Bussiere

Type of Project: Thesis

Title: To Love and Be Loved: Art Therapy and Couples with Disabilities

A Literature Review

Date of Graduation: 5/22/2021

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Vivien Marcow Speiser