Art Therapy: Journal of the American Art Therapy Association, 24(3) pp. 104-110 © AATA, Inc. 2007

# Articles

# Naming the Enemy: An Art Therapy Intervention for Children with Bipolar and Comorbid Disorders

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## Abstract

*Treatment and diagnosis for the pediatric form of bipolar disorder presents a clinical challenge given the differences from its adult counterpart and the various comorbid forms that complicate presentation and developmental course. This article discusses manifestations of early onset bipolar disorder and offers a method for implementing art therapy interventions based on a study of 184 sessions with 16 children over the course of 2-1/2 years. Four case vignettes are presented, representative of 16 cases of children ages 9 to 15 who received 32 trials of the art therapy intervention. Clinical assessment, intervention, and artistic/behavioral outcomes are analyzed accordingly, mainly within the psychodynamic and object relations approaches to art therapy.*

## Introduction: Early On-Set Bipolar Disorder

Recently, a girl of 9 who anticipated celebrating Father's Day began her art therapy session expressing how she might create a gift for her father. Despite her limited experience, Mary (pseudonym) announced that she would create a set of mugs using the potter's wheel. She then began to lecture me on everything she knew about each step of the throwing process, all the while frenetically ripping open a bag of clay. I was hard pressed to decelerate this process. I expressed interest in her idea but explained that creating a series of identical functional vessels requires much time and practice. She was immediately angered when I suggested that we begin slowly by creating a single mug and then moving on, time permitting.

Immediately Mary experienced frustration with the centering process and yet refused any assistance. Finally she permitted me to place my hands atop hers so that she could feel the pressure required to shape the clay into a symmetrical mound. This form of kinesthetic assistance is an effective intervention with beginning "throwers" in clay-work therapy (Henley, 2000). But she soon grew intolerant of such an intimate interaction and reproached me for "babying" her. With no other option but to back off, I watched helplessly as the semi-centered clay began to spin out of control. In frustration, she pounded her fist into the wobbling mess and tore it off the wheel while fighting back tears. She blamed me for "once again" failing her and pronounced Father's Day to be spoiled.

After a period of calm, I brought up a metaphor we had explored in past sessions, as to how the clay had stirred up anger and frustration, both of which had been named her "enemy." To restore calm, I suggested switching to a medium that had we had previously identified as "friendly." Responding favorably to the "friend" concept, she accepted some watercolors and card stock as a consolation. In the waning moments of a battle-filled session, she painted a lively floral design on a card that, with some reluctance, she would present to her father for the holiday.

This child's chronic mood swings between grandiosity and raging despair exemplify the symptoms associated with early onset bipolar disorder. In keeping with the pediatric form of bipolar disorder, this child cycled rapidly between moments of manic elation, accelerated speech, intense anxiousness, and crushing despair, sometimes all within the same hour's session (Papalos & Papalos, 1999).

As early onset bipolar disorder has received scant attention within art therapy literature, I will describe four comorbid manifestations of the disorder. I also will introduce an art therapy intervention that has shown some promise of effectiveness for treating these fascinating but intensely suffering children.

## Literature Review

Diagnosing early onset bipolar disorder is problematic because its symptoms can differ from that of adult forms (Weller, Weller, & Fristad, 1995). First, there appears to be a wide discrepancy in the frequency and duration of mood cycling. Papalos (2003) reported that irritability often coexists with rapid cycling as well as the presence of comorbid disorders that overlap or mix with other child pathologies,

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complicating diagnosis and treatment. Beyond comorbidity there are developmental considerations of diagnosis; as the child is immature at this stage of life, so too is the burgeoning pathology. Each evolves along with the personality and maturation of the child. Therefore, even though bipolar disorder may be diagnosed and treated pharmacologically during childhood, symptoms may evolve into different conditions later in life. Papalos (2003) explained that the severity of symptoms may wax and wane during childhood in response to environmental stressors, central nervous system maturation, or other unknown factors.

One major comorbid disorder associated with early onset bipolar is attention deficit disorder. Biederman, Mick, Spencer, Wilens, and Faraone (1996) examined 43 children aged 12 years and under with current or previous mania and found that 94% met the DSM-III-R criteria for attention deficit disorder as well. Comorbid markers associated with autistic spectrum disorder, particularly Asperger's Syndrome, are also reported in relation to early onset bipolar disorder. DeJong and Frazier (2003) found that half of the children with Asperger's in their study exhibited mood disorders severe enough to be treated as bipolar disorder. They indicated that individuals with Asperger's and bipolar disorder may exhibit social anxiety; preoccupations with routines, rituals, and complex obsessive-oriented interests (that may border on delusions); while also cycling between moods.

Another comorbid form is that of mixed states. This more severe form may include episodes of mixed sadness and irritability that may escalate to aggressive or tantrum behavior towards oneself or others. Papalos (2003) stated that in the mixed form, mania may take on a delusional quality, severely diminishing reality testing. Delusions may include psychotic and suicidal ideation requiring immediate and long-term therapeutic intervention.

### Medicating for Bipolar and the Problem of Artistic Temperament

Most clinicians emphasize the need to stabilize children with bipolar symptoms through psychopharmacological intervention. Ryan and Varma (1998) wrote that given the neurochemical nature of the illness, psychotherapeutic intervention without medication therapy almost certainly will fail to make significant headway with the disorder. Without tempering the symptoms through medication, the client cannot be expected to respond to psychotherapeutic interventions. However, because many of the symptoms associated particularly with the manic pole of the disorder can appear to enhance creative, social, and academic productivity, patients with bipolar disorder may resist or refuse to be medicated.

Jamison's (1995) self-study of her own illness as well as her historical review (1990) of Romantic era artists such as Lord Byron link bipolar disorder, particularly mania, with sublime states of creativity. Jamison has rekindled the age-old debate of the relationship between genius and madness, asserting that the fine line between divine inspiration and pathological grandiosity may be culturally, rather than medically, determined. The experiences described in this paper seem to parallel the fine line described by Jamison, as some children struggle between euphoria mixed with tortured states of sadness.

Nevertheless, in 6 of the 16 children and young teens with bipolar disorder that I have seen in clinical practice, elated moods are often tolerated in school and social settings, as long as productivity and the quality of relatedness do not suffer. As Jamison (1995, 1990) wrote, mania has the potential for heightening imaginative power, increasing energy, and impassioning those moods that drive creative work. Conversely, medication can deaden such passion and thus dampen the creative drive. The precocious Mary is a case in point: This artistically gifted child often refused her medication as she was well aware of feeling most inspired when her medication was least effective.

With the complexity of overlapping symptoms, devising medication combinations that preserve the client's motivation and creative passion, while also maintaining stability is a major challenge for the psychiatrist. In my practice, it has been helpful that the attending pediatric psychiatrist is psychoanalytically/object relations trained, as well as being a medical doctor. He understands how the productive side of mania can be coveted by these children, and therefore has attempted to pharmacologically stabilize them while preserving their vigor and passion for life.

## Art Therapy Method

Over the course of 2-1/2 years of art therapy, I conducted a total of 184 sessions with 16 children treated for differing forms of early onset bipolar disorder. Of these, 32 "Naming" interventions (described below) were implemented as an intervention that intended to further each child's therapeutic process. For the purposes of this study, only those children between the ages of 9 and 15 were considered, given the controversy for over-diagnosing young children; swings between elation and sadness in younger children can mimic bipolar disorder yet are often purely developmental in nature. Although the outcomes yielded interesting data that constitute qualitative research, the intervention was a therapeutic strategy; it was not conceived as a study of "subjects" in a way that required strict protocols to show efficacy or to justify its conclusions.

The method for the study was adapted in part by Fristad, Gavazzi, and Soldano's (1998) therapeutic intervention termed "Naming the Enemy." The authors described the intervention as a way to disentangle symptoms and to help a child gain some awareness and objective distance from his or her core self, such as when Mary identified her anger while trying to center the clay. To emphasize a more balanced theme, I expanded the intervention with "Naming the Friend" to identify attributes and comfort areas that are working positively for the child, such as when Mary painted a Father's Day card.

Art making adds another dimension to the "Naming the Enemy" intervention, enriching what otherwise might become a dry cognitive exercise that simply inventories the child's problems and parental complaints. An art experi-

ence permits exploration of issues without directly confronting the child about his or her illness.

I have adapted the "Naming" intervention in two forms: The first involves engaging the child in a pre-art making discussion about the Enemy/Friend aspects of his or her week, much like any verbal psychotherapy session wherein topics are broached while the therapist actively listens. After this warm-up conversation, art media is made available, the talking stops, and the children begin their studio work. They are free to create any image with any given scenario that comes to mind, regardless of the previous discussion or the "Naming" theme. Given such a stimulus, issue-laden material is usually projected into the form or content of the image and is dealt with by the child without interference from the therapist, using an "art-as-therapy" approach (Kramer, 1971).

The second form of the adapted intervention minimizes preliminary discussion and permits the child to create art spontaneously without overtly discussing "friend or enemy." During the post-art making reflection, the therapist may probe, in either form or content, the relevant metaphors of the child's friend and/or enemy frame of reference. In keeping with Naumburg's (1949/1973) original art therapy methodology, the therapist avoids interpreting the work for the child, seeking instead to have the child self-reflect and self-analyze, which the therapist then can reframe verbally. Given that emotional issues linked to pictorial form or content may occur at an unconscious level, the therapist must exercise caution in broaching this material. Defenses are to be respected and thus it may not be possible to overtly address much Enemy/Friend symbolism. Instead, the intervention is permitted to "wash" over the child on any level he or she may tolerate.

Some discussion may take on a behavioral/cognitive orientation, as reflective discussion can assist with raising the child's self-awareness of how his or her illness impacts upon his or her quality of life. Responsible and effective self-regulation can only be achieved once such awareness is raised and behavioral strategies are cognitively practiced at home, school, and other arenas. In some instances the art can serve an extension of this process whereby children may respond to the image as a concrete illustration of their problem-solving experiences.

Giving the growing awareness of this disorder among the lay public, the treatment team in my practice handles the diagnosis and treatment of young children with great caution. When identified as having bipolar disorder, I approach each clinical assessment, intervention, and artistic/behavioral outcome using the form and content of art criticism as well as psychodynamic and object relations theories.

With these ideas in mind, I will introduce several case vignettes that exemplify manifestations of this disorder. Details about the children discussed have been changed sufficiently to protect their anonymity.

## Mary: Classic Early-Onset Bipolar Disorder

In the opening vignette, Mary presented with euphoric moods, precocious intelligence, some artistic giftedness,

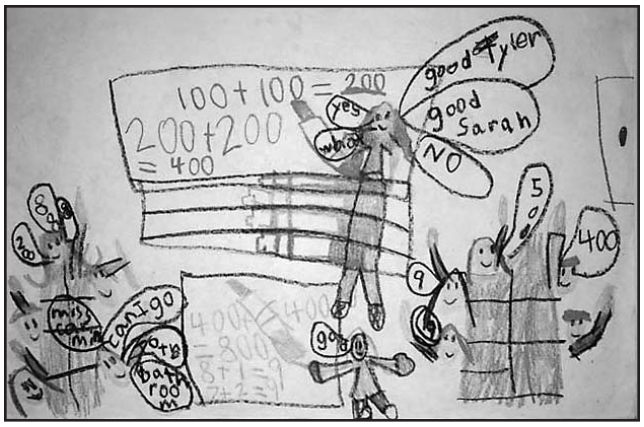


Figure 1

accelerated speech, medication non-compliance, and rapid cycling. She has been seen in individual art therapy for 2 years, on average every 2 or 4 weeks depending upon need and level of resistance to treatment.

During another session, Mary spontaneously drew a crayon picture about school without any pre-art making intervention (Figure 1). When I asked her about the image, she described an "exciting moment" of being chosen by her teacher to demonstrate a math problem in front of the class. Mary shows herself at the board easily solving the equation and then, with perhaps *too* much enthusiasm, she depicts herself taking control of the class.

This image is remarkable for the vividness of its characters and its dynamic narrative. Mary identified the figure in the center of the composition as her self-representation. She is shown in action and is as big as life: leading the class, calling on children, asking questions, dispensing discipline, and savoring every moment. The flurry of action evokes every detail of a math class; each interaction, dialogue, and even the math computations themselves are all swirling around the force of this child's manic energy. After completing the image, Mary stated proudly that the "class was happy" and "very obedient," and that her teaching was "much better than that of the teacher!"

The image clearly alludes to a merging of identities between teacher and student. Mary identified the teacher as being helpful and allied with her, but also often "stern and boring her with worksheets and quizzes." In merging identities, she appeared to "improve" upon her teacher's persona, making her more dynamic and exciting. Unlike the clay session, the Enemy/Friend relationship was not overtly or verbally explored but existed within the art therapy process itself. The metaphor remained unconsciously activated through identification and projection, as the child internalized aspects of the "good" mother and merely discarded the "bad," thus forming a newly improved version based upon her own ego-ideals. The image gives dramatic form to both the strengths and weaknesses of the artist, and stands as an eloquent testament to her creative powers as well as the seriousness of her illness.

Although mania is evident, so too are the child's powers of compensation: Mary managed to function as a bright, competent student. Her teacher reportedly referred

to her as a "class leader who was always helpful." The teacher's opinion seems to underscore how these qualities, even if symptomatic, are highly prized in the mainstream culture of the United States (Jamison, 1995). The image stands as a therapeutic point of departure from which the therapist can help extend the child's "frame of reference" (Lowenfeld, 1953) beyond the euphoric and toward increased reality awareness and behavioral change.

## Tim: Bipolar, Mixed Type

In the mixed type of bipolar illness, mania can reach severe proportions with irritability, destructive outbursts, and even suicidal ideation or behavior. Tim (pseudonym) was a usually gentle 12-year-old boy who has received 4 years of art therapy, ranging from intense weekly sessions to monthly check-ins, depending upon his needs. During periods of medical and/or familial instability, Tim was prone to rage reactions in response to limit-setting or perceived injustices that sometimes escalated to paranoid and delusional levels. For instance, after once being denied a swim in the family pool, he drew a kitchen knife on his mother, screamed she was "against" him, and ran toward the window, threatening to jump. Such unexpectedly violent reactions to routine limit-setting deeply upset his parents and siblings, and led to multiple hospitalizations. After one such discharge, Tim's behavior continued to display impaired reality testing. He became frightened during the session, reporting sounds and smell sensations from within himself, as well as recurring thoughts of how everyone was plotting to send him back to the hospital.

In this session, I implemented the Enemy/Friend intervention prior to art making as a means of encouraging subject matter that was immediately interesting for Tim yet fairly benign and thus emotionally grounding. I began by suggesting that he depict a "friendly place or person" that I felt could perhaps soften his paranoia. Tim immediately identified his room and created a colored pencil drawing (Figure 2). He attempted to accurately draw the corner angle of his room with different furnishings such as shelving, a dresser, bed, and nightstand. He struggled to render

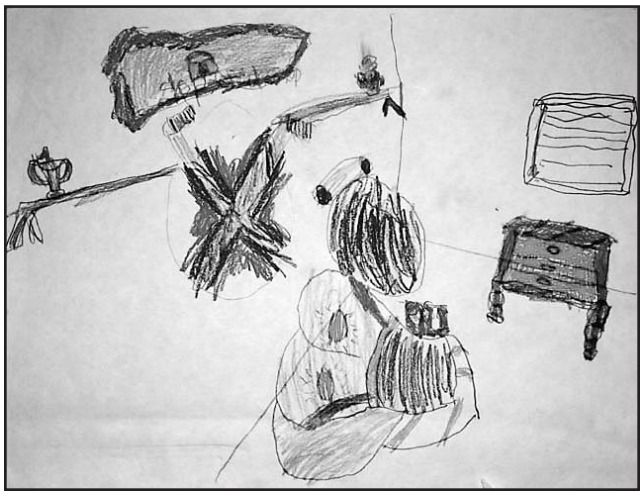

Figure 2

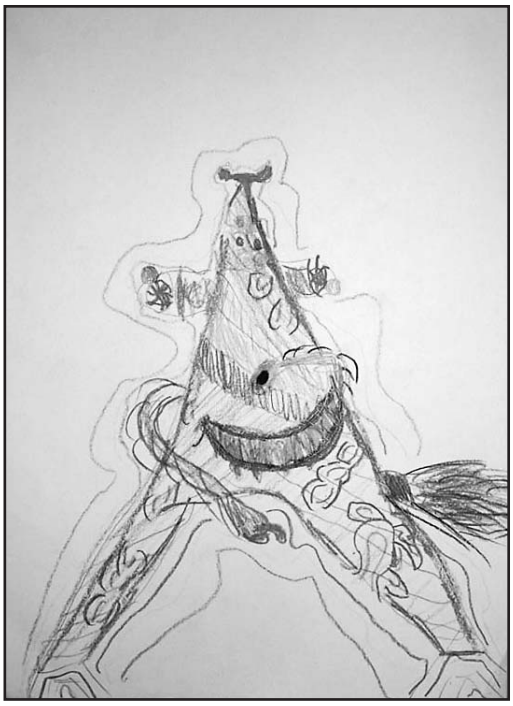

Figure 3

these elements realistically and, with my suggestions and support, managed to organize his belongings and space. Tim identified his trophies as particularly important because they represented his athletic accomplishments. Perhaps they were symbolic of a sense of loss, as his illness now precluded him, at least temporarily, from participating in competitive sports. His room held these mementos as "object constant," for although he had been hospitalized (sometimes for months), his return to this space amidst his objects of accomplishment seemed to welcome him with comfort, security, and hope.

This intervention was implemented as a structuring agent in the face of recurring regression. As a framework, the stimulus helped support ego functions of realistic perception, as well as structuring more affectively charged memories that accompanied the room theme.

Two weeks later regression reemerged. Tim cycled wildly between tearful and frightened behavior while drawing overexcited, odd ideas. He announced his intention to revisit the room theme and create an image of one of his stuffed toys. The choice of a favorite stuffed clown perhaps functioned as a transitional object symbol of infantile comfort in the face of his sweeping regression. The image presents a loosely drawn clown toy that vibrates with what Tim disturbingly referred to as "laugh waves" (Figure 3). Floating in space, it is formed around a triangle and is embellished with numerous threads of color, some of which encircle the figure, perhaps in a bid to contain and organize. The addition of strange, limb-like phallic forms shown with active lines renders the figure threatening and bizarre. After calmly drawing this figure, suddenly Tim's affect changed to fear, as though his comforting, friendly toy clown now took on the ominous tone of the enemy. This outcome was prophetic, for within 2 weeks of this drawing,

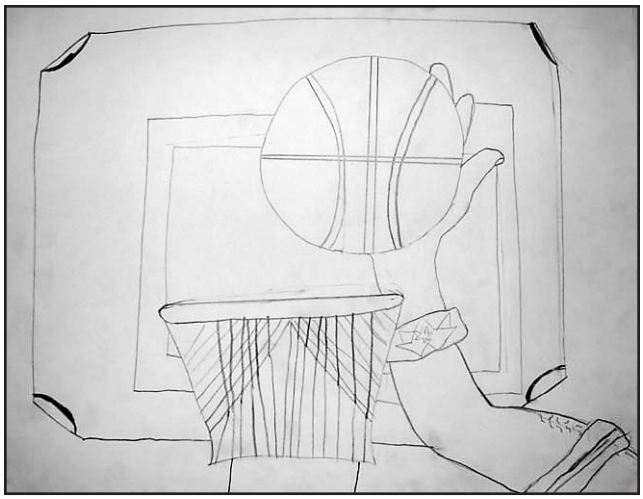

Figure 4

Tim was again hospitalized with violent impulses and frightening ideation.

After his subsequent discharge from the hospital, Tim spontaneously recalled our "Naming Game." He announced that he would create the "friendliest aspect of the hospital": that of earning extra recreation privileges on the basketball courts. Figure 4 presents an image suggesting that, post-hospitalization, Tim was now cognitively lucid and relatively stabilized. The image is a graphite sketch depicting a basketball lay-up shot. Using his own hand as a model, Tim struggled to draw accurately from life. The picture's firm, realistic handling of narrative subject matter indicates healthier self-identification and stronger ego function. The conspicuous omission of the ball player's identity might even be interpreted as a healthy element, portraying a more benign rather than grandiose ego-ideal. The compositional emphasis on the ball (which seems to take the place of the face) suggests the hope that Tim might again be able to play ball, depending upon his own capacity for self-regulation and control.

## Greg: ADD and Hypomania

Greg has been seen for 7 years in different durations and frequency according to the severity of his symptoms. At the onset of treatment at age 10, Greg presented as having attention deficit disorder (ADD): He was impulsive, distracted, moody, intense, and artistically gifted. Sessions often consisted of Greg unleashing a tidal wave of associations, some agitated, some inspired, each indicative of both ADD and hypomania. Countless images of fantastic characters with a complex array of magical powers were created and exhaustively described. Like his characters, Greg constantly seesawed between a state of inspiration and dark brooding angst. Irritability, deep depressions, and negative choice-making all coincided with periods of artistic creativity and productivity. At the time of this session, he was a teen of 16 whose ADD had now emerged as full-blown mania. Jamison's (1990) temperamental persona of the Romantic artist/poet fit Greg perfectly at this

Figure 5

stage, as he struggled with his demons and heroes, shadows and brilliance.

Figure 5 illustrates some of Greg's talents as well as symptoms. Greg spontaneously drew the creature without any "Naming" stimulus prior to art making. It is a well-drafted zoomorphic-type creature, posed in a melodramatic gesture. The drawing was followed by a verbal stream of free-associations on the creature's fantastic powers, which Greg stated were at once murderous and benevolent. At the urging of my supervisor, I attempted to slow the pace of these overwhelming associations. I introduced the Enemy/Friend metaphor in order to focus and lend structure to his highly fragmented thought processes. With a sophisticated demeanor for a 16-year-old, he described his "wolf-man as embodying both dark and light sides of the self—that at any moment he could morph from animal to human--savior to criminal."

Despite the intensity of Greg's work and verbalizations, it was interesting to observe that while in the act of drawing, his manic and ADD symptoms would often fall away. Although he had been un-medicated at the time (he is now reluctantly medicated at 18 years of age), art making appeared to calm him and slow his thought process. Often he paused only to remark on some technique issue, such as whether to switch to a darker graphite to increase tonal contrast. The paradoxical effect of becoming selectively focused during the art process often is seen with children on the ADD/ADHD spectrum, as the most hyperactive or manic child can be calmed by something he or she finds intrinsically satisfying (Henley, 1998). The investment that Greg and other children bring to their artistic efforts almost certainly increases self-regulation, which in turn increases the chances of a productive sublimation. Yet this boy's capacity for sublimation was specific only to those instances when he was engaged in art making and could not be generalized to his everyday behavior. Given

his un-medicated state and propensity for dramatic morbidity, his mood cycling always remained a disabling force. Assuming the persona of the Romantic artist—medication-resistant, intensely driven, and wildly dramatic—he stated that his preference was to always remain "on the edge" between self-destruction and inspired creativity.

### Gil: Bipolar and Asperger's Syndrome

The regulation of moods and impulses is a difficult enough task for the child struggling with bipolar disorder. Consider adding symptoms related to the Autistic Spectrum: Rapid cycling moods with mixed states of agitation, anger and giddy euphoria, along with impaired social relations (DeJong & Frazier, 2003). Many of these children have active inner worlds that they retreat to when the demands of their environments become overbearing. This is not simply a matter of daydreaming or being unfocused; their intensely private inner worlds are fully elaborated, activated, and even more real than reality (Henley, 2001a; 2001b).

One such child is Gil (pseudonym) who has been treated on a long-term, as needed basis for 8 years. As a child, he presented with autistic symptoms; upon adolescence, manic states became more prominent and he began to oscillate between excitability and social withdrawal. When attempting to be social, he is usually silly, over-talkative, and not in touch with his peers. His odd, immature behavior is often ridiculed by classmates and as a result he withdraws into his private world.

An avid artist, Gil always began drawing without preliminary discussion and would often recall the "Naming" intervention from previous sessions, regarding it as a kind of game. Gil drew Figure 6 and then, without prompting, related it to the Enemy/Friend metaphor. The piece speaks for itself, as his mother pleads for him to be "more social." In return, he languishes in his room, a sullen and sad monster reminiscent of Kafka's tragic creatures. Even if coaxed into entering the real world, the image indicates that it would be impossible, given his humiliatingly monstrous state.

After creating this picture, Gil described with remarkable insight how the metaphor relates to his illness. He identified his mother as someone he loves but who is also a "nag," always "pounding on his door." He named his mother as both enemy and friend: one who accepts his symptoms with safety and nurturance, but also a potentially destabilizing force that cajoles and even threatens him if he doesn't join his family. I reframed this association by identifying the wall and door as an important barrier, one that shelters the child within his own world but that also acts as a potential pathway should he feel prepared to venture outside. As usual, this commentary was received by Gill without comment but was surely taken in.

An intelligent child, Gil is well aware of his incapacities—how he is different from others and has difficulty fitting in as a high school student. He often voices a sense of hopelessness in being unable to overcome the allure and safety of his inner world. It is an ongoing battle, one that


Figure 6

attempts to balance the forces that control anxiety and self-regulate within the demands of the real world.

## Discussion and Conclusion

Over the course of 2-1/2 years of art therapy, I utilized the "Naming" method as one of many interventions to support the therapeutic art process for these and many other children within my practice (Henley 2001b). One of my initial concerns for implementing Fristad, Gavazzi, and Soldano's (1998) method was its potential to inadvertently encourage "splitting" of the child's ideas, relations, and feelings into irreconcilable enemies and friends. The goal of psychotherapy, regardless of orientation or modality, is that of integration: Whether urging the archetypal shadow towards individuation, or good/bad part objects towards object constancy, or facilitating sublimation of the drives, the therapist should support the patient's autonomy and not dichotomy. Thus, it was a surprise to find that, after completing 32 interventions, documentation indicated that in only 5 instances did the intervention precipitate a split between "bad" and "good." In those cases, the children were experiencing acute illness or I had blundered the intervention. However, to prevent the potential for splitting, I believe that every attempt should be made to implement the intervention as a structuring/motivational agent that the children are free to accept, make use of, or ignore altogether.

The Enemy/Friend art therapy intervention was used in 4 different sub-types of children with bipolar disorder and elicited outcomes in individual ways. In the case of Mary, a child with the most classic manic symptoms, her indomitable, recalcitrant spirit and young age rendered her unable to withstand an overt use of the "Naming" intervention beyond attributing "friendly" attributes to the art process, such as painting greeting cards. Given the technical demands of clay, wheel throwing constituted an enemy that she battled to tears. The art therapist's task, then, was to help select media that could contain her frustration and anger while helping to organize her ideas and experiences.

There was a mixed outcome for Greg, whose mania and ADD behaviors also assumed an unrestrained and

wildly spirited force. Unlike the younger child Mary, Greg's age and maturity may have enabled him to tolerate the "Naming" intervention as a means for exploring his art in therapy. During his extensive free-associations, he described how his wolf-man encompassed many personal metaphors: from Dr. Jekyll and Mr. Hyde, to the mythology of the wolf man, to the wolf as an Amerindian power animal. As a reflection of the child's persona, however, the figure reveals an underlying fragility. Although shown well armed with spike-like claws, it appears to relinquish some of his omnipotence, as it gestures almost pathetically. The outstretched paws and lack of a face evokes a sense of helplessness. Such are the discrepancies between ego strength and weakness in bipolar disorder. Because of a tenuous and fragile ego, Greg has required years of support in therapy to manage constant fluctuations of feelings and ideas.

In the mixed-type of bipolar disorder in Tim, the intervention served to structure ideas and feelings, and reflected the ego's struggle between the primary and secondary processes. For example, his rendering of his room was created during a time of regression, yet he was able to draw with perspective and scale differentiation, emphasizing his precious trophies. Then in a downturn he created an image of comfort that became nightmarish. Tim's progress elucidates the critical importance of effective psychopharmacological interventions for this population. With close consultation between psychiatrist and art therapist, Tim stabilized sufficiently to achieve varying degrees of integration, from exploring object constancy by recalling the image of his room, to creating the nurturing transitional object (the clown) that morphed into a menacing terror, to picturing the realistic hope of someday functioning as a typical school-boy athlete upon the remission of his symptoms.

Finally, in the case of Gil, the young man with Asperger's, we were able to catch a rare glimpse into the autistic experience, where reality is often times subordinate to a more compelling alternative reality. In this outcome, the concrete goals and objectives drummed into the child by parents and teachers over years of special education were given a humorous and even eloquent form through this narrative drawing. His art process appeared to reinforce cognitive/behavioral goals and reconcile them within his much-preferred magical realm. Such is the meeting ground of transitional space: His characters and narrative ideas point to a developing sense of observing ego and self-awareness that essentially integrated both of his worlds. The hope for such integration enabled this boy, as well as each of the other struggling children in this study, to stand a better chance to generalize the gains made through the partnering of psychiatry and art therapy into their life at-large.

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