

# Relational Drawings in Couple Therapy

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*In couple therapy sessions, partners often get into long and drawn-out discussions, heavy with pain, resentment, and blame. It is vital for the therapist to avoid becoming entangled in these escalating interactions. In this article, as one way of avoiding these interactions, a protocol is proposed of using relational drawings in couple therapy for opening space for new stories. This approach is strongly rooted in extensive therapeutic experience, as well as in dialogical ideas. Not the content of the partners' imagery is central, but rather the dialogical exchange about the drawings. In particular, the focus of the therapist is on the partners' interactions, their hesitations and their surprises. Working in this way opens space for the partners to reflect on what they experience as crucial in their bond. The protocol is illustrated with two detailed case examples.*

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In couple therapy sessions, partners often get into long and drawn-out discussions, heavy with pain, resentment, and blame (e.g., Kurri & Wahlström, 2005; Willi, Frei, & Limacher, 1993). Often such discussions reveal not only differences in opinion, but, more importantly for the therapist, they also reflect differences in how partners perceive each other as well as how they perceive themselves. In working with couples, it is vital for the therapist to get a sense of these perceptions of self and partner. It is perhaps most important, however, to make these descriptions and these experiences available for discussion in a dialogical atmosphere of acceptance and responsiveness. In promoting such a process, I have found that metaphorical drawings made by the clients about their relationship can be helpful tools. In this article I describe how work with such drawings can be carried out in couple therapy. Drawings about their relationship offer partners a special kind of lens through which they can observe themselves in their relationship from a distance. If the therapist succeeds in co-creating with the partners a dialogical context of empathic curiosity and exploration toward the drawings, the partners can then make choices with some degree of agency about what to talk about in the session as well as what to keep unsaid if something is too vulnerable to share.

This article has its roots in my own extensive experiences in using drawings in couple therapy. Inspired by the work of Michael White, Tom Andersen, John Shotter,

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and other thinkers in the family therapy field, I have tried to work out a protocol for the use of drawings in couple therapy. In this article I will present this protocol and illustrate it with two case stories. It is important to state at the outset that a protocol is just a protocol. It should not be followed to the letter, but rather it should be used when wisdom, flexibility, and a strong dose of experiential intuition suggest that it may be applied. Like any other protocol and technique attempted in the therapy room, a warm, empathic, and accepting therapeutic relationship is a necessary precondition.

### **A DIALOGICAL APPROACH**

In family therapy there is a long tradition of taking seriously the nonverbal mode of communication (e.g., Watzlawick, Beavin, & Jackson, 1967). In the family therapy room, nonverbal modes of communication have been helpful in enriching the therapeutic process (e.g., Andersen, 1995; Gil, 1994; Rober, 2002). Especially in working with children, family therapists have used a variety of nonverbal approaches, such as games, puppets, toys and drawings, to make space for the children to tell their stories (e.g., Berg & Steiner, 2003; Freeman, Epston, & Lobovits, 1997). In therapeutic work with couples, the most popular nonverbal mode of communication has involved the technique of couple sculpting (Papp, 1982). In couple sculpting, Papp (1982) focuses on identifying a central theme in the couple around which the presenting problem is organized. Partners take a position in relation to the central theme, often resulting in the polarization of their positions. These kinds of reciprocal arrangements have been described in the literature as “unconscious collusions” (Dicks, 1967; Willi, 1984), “hidden contracts” (Sager, 1976), “unconscious deals” (Framo, 1982), and so on.

Here a different approach is proposed in which the dialogue between the clients and the therapist is more central than the content of the drawing. This approach fits with the dialogical approaches to family therapy that are emerging in the field and that some authors have called dialogical therapy (e.g., Andersen, 1995; Rober, 2002, 2005; Seikkula & Olson, 2003). The session is conceived as a dialogue among three persons, in which they try to talk about things not easy to talk about. Consonant with the voices of Bakhtin (1984, 1986), Volosinov (1973), and Shotter (2000, 2006), the uniqueness of the dialogue in therapy is considered central, and the living dynamic of the three persons is emphasized (Rober, 2005).

Crucial in such a dialogical approach to the therapeutic encounter is the tension between talking and keeping silent. Talking is invited, but remaining silent is accepted because it is clear that some experiences are hard to put in words. Some of the client’s experiences are linked with disappointments and painful memories, with catastrophic fears, or with vulnerabilities that lie hidden and that can unexpectedly rear their heads. In such cases, in the pause before speaking the implicit question may be evoked in the speaker if words might not be too dangerous, and if it might not be safer to keep silent. To deal with this tension between speaking and keeping silent I try to create space for choice for the couple: a zone where they can decide, with some degree of agency, how to go on with the session.

### **THE USE OF DRAWINGS IN COUPLE THERAPY**

The complete protocol is schematically summarized in Table 1. In what follows, the protocol will be illustrated, step-by-step, with the case story of Alan and Susan.

TABLE 1  
*Summary of the Protocol*

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1. *Presentation of the homework assignment* (session  $X$ )
  2. *Discussion of the homework assignment* (session  $X + 1$ )
    - a. Reflection on the process of drawing (hesitations)
    - b. Discussion of the drawing of partner A (B is *outsider-witness*)
      - Stage 1: discussion of hesitation of A
      - Stage 2: exploration of A's drawing
      - Stage 3: discussion of what surprises B
    - c. Discussion of the drawing of partner B (A is *outsider-witness*)
      - Stage 1: discussion of hesitation of B
      - Stage 2: exploration of B's drawing
      - Stage 3: discussion of what surprises A
  3. *Discussion of the relevance of the drawings* (session  $X + 1$  or  $X + 2$ )
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### Case of Alan and Susan<sup>1</sup>

Alan (36 years old) is a general practitioner. Susan (30 years old) is a nurse. They have two children: Jonas (4 years old) and Anais (2.5 years old). They have been married for 6 years.

In the first session, Alan says that he often feels imprisoned in the relationship. When he feels that, he goes out with a friend; usually, though not always, a girl friend. Susan says that this is hard to bear for her, because she is left at home with the children. Then she also says that she is concerned about what Alan does with his girlfriends, because she and Alan have not made love in the past two and one half years. Alan denies that he has affairs. He is frustrated that Susan doesn't believe him. Then Susan says that she knows that Alan has been unfaithful at least once. He has had an affair with one of his patients.

Susan: "I wonder does he still love me?"

This kind of dynamic often develops in a couple session. The partners are feeling pain about what happened in the past (for instance: Susan is hurt by Alan's affair and his lying). They feel confused or frustrated about their relationship (for instance: Alan is frustrated that he is not believed by Susan), and scared about what the future will bring (for instance: Susan fears that there is no future for their relationship). These experiences are often expressed in the form of stories of blame and disappointment where each partner accuses the other of failing to live up to the responsibilities reasonably expected from a partner.

### Case of Alan and Susan (Continued)

I then say that the time is almost up and I ask Alan and Susan if they would agree to do a homework assignment for the next session:

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<sup>1</sup>This case story is based on the notes the therapist made during and immediately after the session with Alan and Susan (not their real names). The therapist used the notes to write the story of the therapy session. Then the story was sent to Alan and Susan, and in collaboration with them the therapist edited the text until there was consensus that it was a faithful report of how the session went. Also, measures were taken to prevent the clients from being recognized by readers.

“I would like each of you to make a drawing of your partner. Make your drawing in a metaphorical image, as you experience your partner. You can choose an animal, a house, a landscape, a person, whatever you find most appropriate to express how you experience your partner. . . . When you have made the drawing of your partner, you draw yourself on the same paper, also in a metaphorical image, as you experience yourself in relation to your partner. Let me give you an example . . . ”

Then I tell them that I might, for instance, make a drawing of my wife as a soccer ball. I then would draw this soccer ball on the paper and then I would ask myself “if she is a soccer ball, what would I be? Would I be the grass on which the ball rests? Would I be the soccer player kicking the ball? Would I be the pump inflating the ball? Would I be the goal? Or the referee? Then I choose an image, and I draw it on the paper.”

This is the instruction I usually give to couples. I ask them to make a drawing starting from the image they have of their partner. This connects with the story most partners have at the beginning of therapy when they usually describe themselves as antagonists of their partners (Sinclair & Monk, 2004). At that point it is common to hear statements like “I react like that, because he/she gives me no choice.” In so doing, partners make punctuations in their circular interaction, and describe their own behaviors as replies to what their partners do. In other words, they begin therapy with the telling of their story from a position in which they describe themselves as a victim of their partner’s selfishness, inflexibility, or madness. The aim of couple therapy in dealing with this can be formulated as one of clearing space for other stories, in which the partners can give themselves more active roles where they are accountable in the relationship. This appears to offer an escape from the hopelessness of the relational situation they experience as imprisoning them, and to help them to focus on relational possibilities.

### **Case of Alan and Susan (Continued)**

After I give the assignment Alan says that he doesn’t know how to draw.

I try to reassure him that it is not a drawing contest.

But Alan is not reassured.

Alan: “But what are you going to do with the drawing? Are you going to make an interpretation about who I am? Are you going to label me in some way?”

I explain that I am not going to do anything like that, but that we are going to use the drawings as a starting point for a conversation.

Alan seems more at ease now.

In my experience it often happens that the first reaction of couples to this homework assignment is one of hesitation or reluctance: “I cannot draw,” “I am so busy,” “What are you going to do with it?” and so on. Usually this can be resolved by giving the partners chances to voice their hesitation. Sometimes therapists need to give some additional information about what they have in mind with the drawings. Often, it is necessary to talk in more depth about the hesitations and to explore the good reasons the couples have for their hesitations (Rober, 2002).

### **Case of Alan and Susan (Second session)**

Alan and Susan bring their drawings to the next session.

I ask them how the drawing went for them.

Alan replies that for him it was difficult because he was very busy.

Alan: “Also, the first images that came to mind were all very negative. All about fighting, and quarrels and violence.”

Therapist: “What do you mean?”

Alan: “I wanted to portray our relationship in a hopeful way. But the first image that came to mind was the image of a cat and a dog. That was so hopeless: a cat and a dog fight continually.”<sup>2</sup>

Susan is surprised.

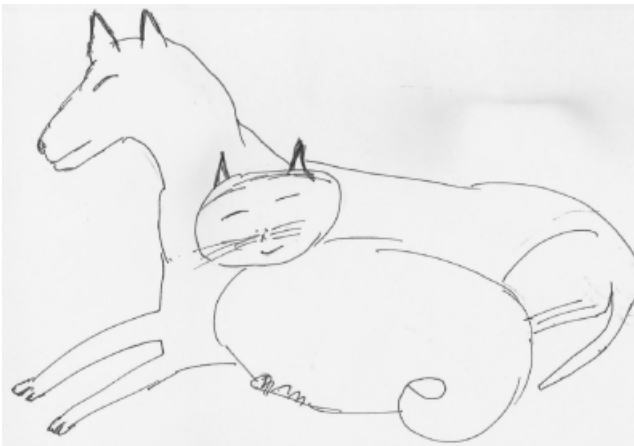
Susan: “That’s so strange, I made a drawing of a cat and a dog.”

Up until this point, I’m not interested in the content of the drawing. Rather, I ask about the process of drawing: for example, how did it go to make this drawing? In reply to this kind of question, clients often start to tell stories about hesitations (Rober, 2002). I show interest in what made them hesitate to make the drawing, or what made them postpone the actual drawing, or what mental obstacle they had to remove before they could start the drawing. Implicit in this interest is the idea that hesitations are legitimate ways to protect oneself against possible hurt or unpleasantness, and that every person has a right to take care of his/her own safety (Rober, 2002).

After the discussion of the process, I move to the discussion of the content of the drawings. I ask each of the partners, one by one, to talk about what they have drawn. While one partner talks, the other listens.

### Case of Alan and Susan (Continued)

I ask Susan if she wants to start to tell something about her drawing, and I ask Alan to listen. I reassure him that he will get the chance later to talk about the issues the drawing raises for him, but first I want Susan to have room to tell her story about the drawing. Alan agrees. Susan shows her drawing (see Figure 1). It is the drawing of a dog and a cat. Susan says: “This is a dog and a cat. They are lying together. Safe.”



<sup>2</sup>In the Flemish language, as well as in Dutch, there is a saying “they are like cat and dog”, which means “they fight/quarrel all the time”.

Now I try to clear space for the dialogical exploration of the drawing. I do so by taking the position of an interested and respectful listener, and by asking the partner to tell me more about the drawing. I start with this open question, and gradually move to more closed questions about details of the drawing. In this exploration it is important that my questions only address the drawing, not the everyday life of the couple outside the drawing. Although there may be obvious parallels between the drawing and their real life, I avoid focusing on this link. This allows for a dialogical context where blame is avoided, and more room for reflection is created.

### **Case of Alan and Susan (Continued)**

Therapist: “Can you tell me more about the cat and the dog?”

Susan: “They are lying in a basket. They are close together, but they are not at ease. The ears are pricked. The cat is continually afraid that the dog might leave her.”

Therapist: “Is the dog also ill at ease?”

Susan: “I think so. Maybe he also is afraid that the cat might leave? No, I don’t think so. Maybe he is afraid that the cat might claw and hurt him? I don’t know.”

Therapist: “Can you tell me something about what happens after this?”

Susan: “I don’t know what the future will bring for the cat and the dog. I do know, however, that the cat is not at ease and she is alarmed for what might come.”

After talking with the one partner about her/his drawing, I then address the other partner and inquire what surprised him/her in the drawing. In that way I position the partner as an outsider witness (White, 2004). At first, this can be strange for clients, as they are often inclined to judge the truthfulness of the drawing, or to talk about what they recognize in the drawing. A question about what surprises them in the drawing postpones their evaluation about truth and probes for what is unexpected for them. Such a question also addresses the often implicit issues evoked in them through their partner’s drawing. What surprises them is often something that intrigues them, but what they do not as yet understand.

### **Case of Alan and Susan (Continued)**

I ask Alan what surprises him in the drawing Susan made.

Alan: “They seem to be doing all right together. That’s strange. At home, when I wanted to make a drawing of the relationship, I also had this image of a dog and a cat. But I did not think of any other image of a dog and a cat than one in which they were fighting.”

Therapist: “And now you see that cat and dog can live together peacefully?”

Alan: “Yes, but they have a price to pay. They are not at ease.”

I nod.

Talking about what surprises makes room for new stories, or for new *accounts* of the old story. In this way, the old story becomes more complex and richer as new and often more hopeful perspectives are added. This can open opportunities to talk in a different way about dilemmas and obstacles the partners encounter in their life.

Then it is time for the other partner to take her/his turn to talk about his/her drawing with the first partner in the outsider-witness position. I again start to focus on Alan's hesitations.

### **Case of Alan and Susan (Continued)**

Then it is Alan's turn to show his drawing. He produces a folded sheet of paper closed and sealed with a piece of transparent adhesive tape. The drawing can not yet be seen. He places this packet on the little table in front of me and says: "You can open it."

Because I am surprised by the way he presented his drawing, first I address the carefully folded and taped sheet of paper. I wonder if it expresses Alan's hesitation to show his drawing. I decide to focus on his possible reluctance to show the drawing, and ask him about it.

Therapist: "Oh, but I don't know if I can open it. You have taped it closed so carefully. Is there possibly some danger involved if we look at the drawing? What could go wrong if we look at the drawing?"

Alan: "I am afraid Susan will criticize my drawing. She will say it is no good."

I remember that Alan in the previous session had said that he is not a good draughtsman.

Therapist: "OK, and is there something else that might keep you from showing your drawing? What might be your good reasons not to show your drawing?"

Alan: "Yes, I hope it is not too negative. I would not want to convey that there is no hope for us anymore."

Therapist: "Ok, so you don't want to emphasize that there is no hope for your relationship?"

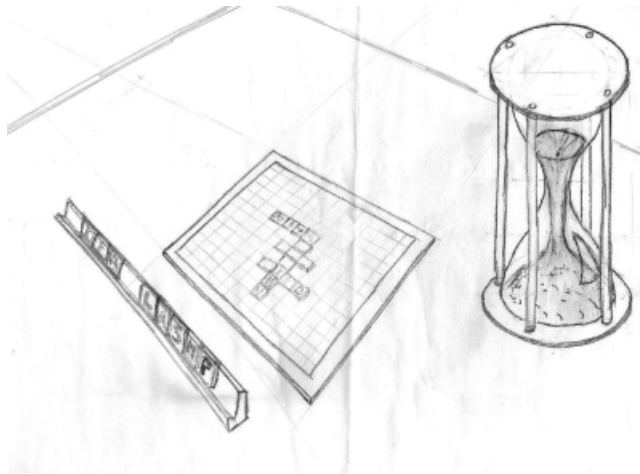
Alan: "Yes."

I sense some relief.

Speaking about "hesitations" and "good reasons to hesitate," and taking seriously subtle signals of insecurity or reluctance, often expressed in short silences, in some facial expressions, and so on, give the partner permission to pause, reflect, and begin to feel comfortable with the process. In the case of Alan I took the time to reflect with him on his good reasons for hesitating to show his drawing. This helped him to express some of his tacit fears, to weigh the pros and the cons of showing the drawing and to come to a decision.

### **Case of Alan and Susan (Continued)**

Alan made a drawing of a scrabble game, and an hourglass.



Therapist: “Can you tell me more about your drawing?”

Alan: “It is his turn. But the hourglass puts pressure on him, because the hole where the sand goes through is very big. He has to make a move, but he is becoming very nervous.”

Therapist: “What will happen now?”

Alan: “He wants to show her what he can do, but he will not get the opportunity to show it.”

This was the second stage (see Table 1): the exploration of Alan’s drawing. Now I move to the third stage.

### **Case of Alan and Susan (Continued)**

Therapist: “Susan, what surprised you in Alan’s drawing?”

Susan: “The big hole in the hourglass. I have the reputation of being a difficult woman, but I did not realize that this put so much pressure on Alan.”

Therapist: “Is there something else that surprises you in the drawing?”

Susan: “Yes, Alan is not in the drawing.”

Although I sense vaguely that this touches her, I don’t pick it up or comment on it. Later in the session it will become clear that from Susan’s perspective the fact that Alan is missing in the drawing is a very central point (see below).

After both drawings have been explored and discussed in three stages, it is time to end the exercise. In the final part of the protocol, I discuss with both partners the relevance of the dialogue about the drawings for them: In what way is it relevant for their experience of their relationship and their difficulties? What does it touch upon that is hard to express in words? In what way does it shed new light on their relationship? And so on.



### Case of Alan and Susan (Continued)

When I ask Alan and Susan what is the relevance of the discussion about the drawings for them, Alan says that he is disappointed.

“I had hoped that you would give some kind of interpretation.”

Therapist: “This surprises me. Can you help me to understand your disappointment, Alan, because I thought you said in the beginning that you were afraid that I might make interpretations?”

Alan nods, and explains that that is true, but that deep inside he had hoped that through the interpretation of the drawings, I would find some solution for all of their problems.

I ask Susan what is the relevance of the drawings for her.

Then Susan starts to cry.

Susan: “I was shocked when I realized that Alan had not drawn himself on his drawing. I am so scared that he is going to leave me.”

She is sobbing very intensely now.

Susan: “I think it is too late. It feels as if he already left me.”

Later in the session, Alan would admit that Susan was right and that he indeed had decided to leave her. He did not want to stay with her because he had lost hope, he explained. This illustrates how relational drawings sometimes pick up as yet unspoken but crucial aspects of the couple’s relationship. Through the discussion of the drawings the couple is helped to focus on these aspects and talk about them.

### ANOTHER CASE ILLUSTRATION

Now I have proposed the protocol, using the rather straightforward case of Alan and Susan as step-by-step illustration, I will propose a second case with some additional comments. This case illustrates some of the complexities a therapist might encounter using this protocol. This is the case of Kirsten and Lars.

#### The Case of Kirsten and Lars<sup>3</sup>

Kirsten is a 30-year-old secretary. Lars is 32 years old. He is a shopkeeper with a large and very successful business in a Belgian city. They have been married for 10 years and they have one son, Tom, who is 3 years old.

When she was 17 years old, Kirsten was hospitalized and given the diagnosis of bi-polar depression. She has been taking medication ever since. When I met them for the first time

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<sup>3</sup>This case story is based on the notes of the therapist of the sessions with Kirsten and Lars (not their real names). After the story was written, the therapist sent it to the couple to ask their permission to use it in a publication, and to ask their approval for the accuracy with which their sessions together were portrayed by the therapist, as well as for the modifications made in the story to protect their identity. Kirsten and Lars suggested some modifications and then gave their permission to use the story. They were very eager to cooperate, especially because they wanted the story of their struggles to be heard, in the hope that their story might help others: therapists and couples struggling with the same difficulties of dealing with chronic psychiatric illness.

Kirsten and Lars struck me as being beat and exhausted. It was as if they fought a long, hard battle and had to admit defeat.

Therapist: "What brings you here?"

Lars: "We are completely stuck. We don't connect anymore. I have become cynical and I lose my patience so fast."

Kirsten: "We don't talk anymore. We don't even try anymore."

Therapist: "What are your good reasons not to talk? What is holding you back?"

Lars: "I don't say a thing, because I don't want to be misunderstood."

Kirsten: "I am afraid of being hurt. And, more importantly, I don't want to hurt him."

Therapist: "I hear you both saying that talking might be dangerous for you. You might get hurt, or misunderstood. I would want to propose to you, to play safe here in the therapy and to talk very carefully. Would that be a good idea?"

Kirsten and Lars answered in unison: "Yes."

They sounded relieved.

Lars: "It is as if we have lost the skill to talk. The past months in the hospital we only had to listen to what the psychiatrists, the psychologists and the nurses told us. We don't know how to talk anymore."

I choose not to rush into the content of Kirsten and Lars' troubles. I first wanted to focus on the process and talk about the couple's decision to see a therapist, and especially about the risks of this step. I was also struck by Lars' complaint that in the previous months they had to listen all the time to the professionals. This statement, which was loaded with irritation, seemed to express Lars' hesitation to commit again in a therapeutic relationship. It could be heard as a warning, but I also understood it as a request: "Please, don't talk too much. Give *us* room to talk." I experienced the fact that Lars trusted me with this statement, as a precious gift. It told me that Lars still had hope that this new therapist might be different from the professional helpers they had met in the hospital.

In my experience, a genuinely respectful and reserved therapeutic approach to a person's hesitations to commit in a therapeutic relationship can open space in the session for stories about feelings of vulnerability, bad experiences with the telling of sensitive stories, and lessons learned. Especially this approach opens space for the couple to protect themselves by being more careful with their commitments with professional helpers. This respectful approach toward the risks experienced by the couple in the beginning of a therapeutic process also helps the therapist to establish a collaborative therapeutic relationship with them. In the case of Kirsten and Lars, my resolution to "talk very carefully" addressed their need to tell their stories, while it also acknowledged their vulnerability and their hesitations to speak.

At the end of the first session I gave them the assignment to make a drawing of their relationship (see above).

After I gave the assignment, Lars reacted enthusiastically: Lars: "What an interesting assignment!"

Kirsten agreed.

## Second Session

At the beginning of the second session I asked them if they had any feedback about the first session.

Lars: "It was a good session. We had a chance to tell our story, and you listened to us."

Kirsten: "Yes, you said that we would talk very carefully. That was very important."

Lars: "Yes, 'to talk very carefully'."

Therapist: "Can you help me to understand why 'talking very carefully' is so important for you? What is the risk involved?"

Lars: "That Kirsten might become depressed or manic again. I know it is still in her. Too much stress or too much strong emotions might make her relapse."

Kirsten: "For me the risk of talking is that we would separate. He has already put up with so much shit because of me . . . Some day he will be fed up and then he will leave."

I decided that it was time to talk about the drawings, and I asked if they had made their drawings.

Kirsten: "Yes, I have made my drawing."

She looked expectantly to Lars, but Lars said: "I did not make a drawing. I thought about it a lot but it is so very difficult."

Therapist: "Can you help me understand what was difficult, exactly?"

Lars: "It was easy to draw her, but I could not make a drawing of myself. If you had asked me a year ago to make a drawing, it would have been easier. It was more straightforward who I was in our relationship. She was depressed and I carried the burden of our family, our household, our child. But now, we are hanging somewhere in between, I don't know where."

Therapist: "It is surprising to me that you only experience difficulty in drawing yourself, and not in drawing Kirsten."

Lars: "Yes, I have more distance towards Kirsten. It is easier to reflect about her."

Therapist: "Would it be possible to make a drawing by our next session? If so, we postpone the discussion of the drawings until next time."

Lars agreed to give it another try: "I will get something on the paper," he said.

Kirsten was disappointed. She explained that she was curious about what Lars might have drawn.

Kirsten: "I also looked forward to talking about my own drawing."

## Third Session

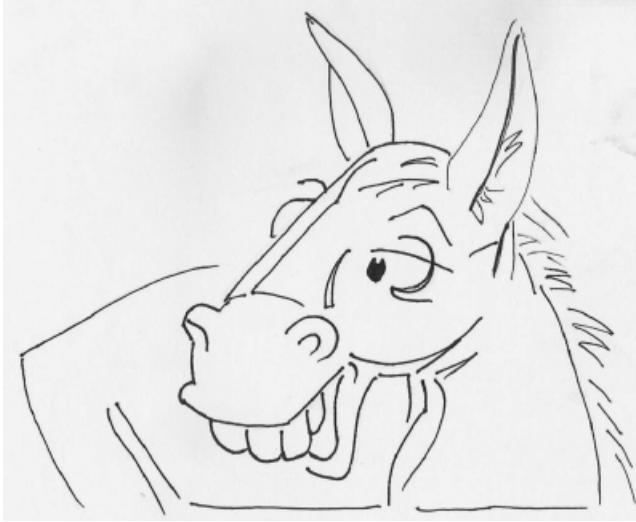
Lars was proud when he said that he had succeeded in making his drawing: "In fact I made three drawings," he said, "That was the solution I found. I did not succeed in making one drawing with Kirsten and me, but then I made three separate drawings: one to portray Kirsten, one to portray me, and one to portray our relationship."

"Great," I replied, "You have found a solution to the problem you shared with us last week . . ."

Although Lars strayed from the homework assignment as I had given it to them, I didn't mind. Rather, I complimented him, because he came up with a solution for the dilemma he had talked about in the previous session.

Kirsten agreed to sit in the observer's chair and be an outsider witness, while Lars presented his drawings.

This is Lars' first drawing

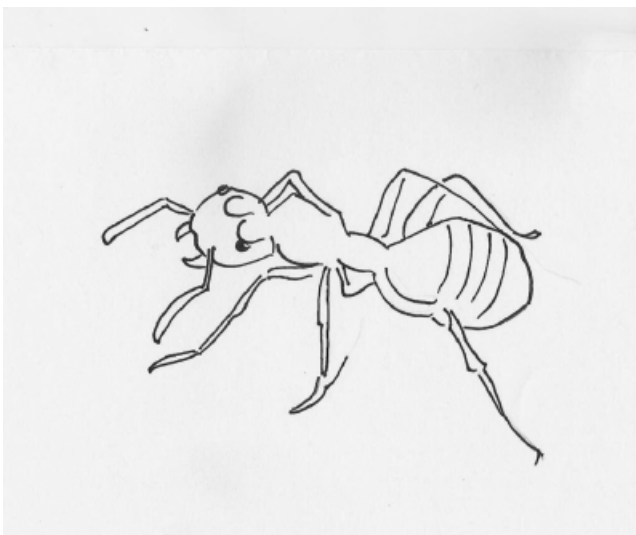


“A donkey. (addressing Kirsten) That's you!”

Kirsten asked “A foal?”

Lars: “No, a donkey. A laughing donkey, enjoying life. A stubborn, laughing donkey.”

Lars showed the second drawing:



“That’s me,” he said, “An ant. A worker.”

Therapist: “Can you tell me more about the donkey and the ant?”

Lars: “The ant is nervous. He is working hard to make a nest in an anthill.”

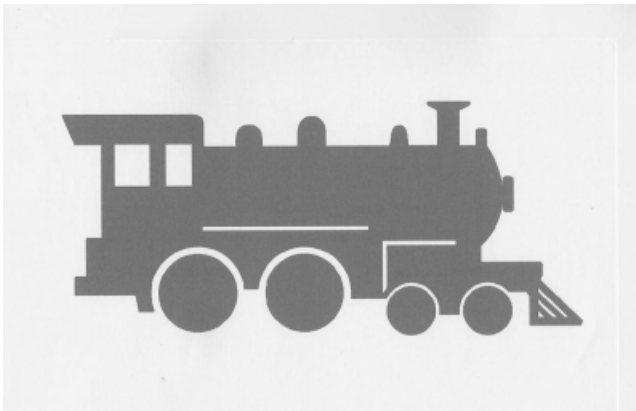
Therapist: “And where is the donkey?”

Lars: “The donkey sometimes walks against a nearby tree. And sometimes a branch from the tree falls on the anthill. Then the ant has to repair the hill.”

It was silent for a moment.

Lars: “Again and again the donkey walks against the tree and the ant has to work hard and try to repair the damage. And the donkey is laughing and eating grass. That’s the only thing the donkey does: laughing, eating and playing. The donkey doesn’t even notice the ant. The ant is too small for the donkey to see.”

I asked Lars to show his third drawing, the drawing about the relationship.



Lars: “This is the drawing of an old steam train. Kirsten is at the steering wheel. I’m the mechanic, making sure that the train keeps moving. That’s our relationship.”

I asked Kirsten what surprised her most about Lars’ drawings and about his stories. Kirsten replied that what surprised her most is that the train has a steering wheel: “A train follows the tracks. It is not steered by a wheel. The train just follows its tracks. Maybe Lars means that what I do is not important. Playing with a steering wheel while the train just follows the tracks.”

Lars immediately replied: “No, the driver is important. The driver has the control over the train.”

Kirsten: “I don’t understand at all. I don’t have control at all.”

I asked Kirsten: “Is there something else that surprises you?”

Kirsten: “Yes, I am surprised that the donkey is so big and that the ant is so small. In Lars’ story I pity the poor ant. He has to repair everything the donkey destroys in his ignorance.”

Lars agreed.

“That’s it,” he said.

He seemed to be relieved in some way.

Then I turned to Lars and asked him to take the observer's seat and listen to what Kirsten had to say about her drawing. Kirsten took a large piece of paper from her bag and showed her drawing.



Kirsten: "It is a bird, a crane, flying over the fields. He flies and has very strong wings. But the wings grew smaller in the past years. He lost some of his power. There is lead hanging from his legs. It is very hard to get off the ground. I am the smaller bird. I follow the big bird. I realize that I am to blame for the big bird's wings becoming smaller. And this is the nest."

Kirsten pointed to the circle shaped form in the right upper corner of the paper.

Kirsten: "The big crane puts a lot of energy in the nest. He builds and he builds. He likes to build."

Therapist: "Is there some kind of contact between the two birds?"

Kirsten: "They left off together and flew sometimes together, sometimes apart. But they always come back together. They belong together."

I turned to Lars, and asked him what surprised him most in Kirsten's story.

Lars: "The other bird. The small one. It has no name. What kind of a bird is it? Is it a crane too?"

Kirsten: "No, it's not a crane. At first I thought it was a crane, but now I realize that it certainly is not a crane. I don't know exactly what kind of bird it is."

Lars explained that he was struck that Kirsten could not name the bird representing herself. Then Kirsten pointed out that it was the same with him, when in the previous session he did not succeed in drawing himself. It seemed that both could easily characterize the other, but experienced difficulties in characterizing themselves. I made a mental note of this: I thought it would be interesting to talk with them about this later. Then I focused again on the protocol and I addressed Lars:

"Is there something else that surprised you in Kirsten's drawings?" I inquired.

Lars: "Yes, the lead hanging from the legs of the crane. I realize that I have worked hard these past years to help our family to survive. I have taken care of our son Tom. I did all the

work in the house. I went to visit Kirsten in the hospital. I also worked full time in my shop. Now that Kirsten is well again, I hardly dare to believe that she is better. Because if I start to believe that she is better, and she becomes depressed again, I might not be able to go through all of it again.”

Therapist: “So, now you are confused, and you don’t dare to believe that Kirsten is better?”

Lars: “Yes, a relapse of Kirsten is a continuing threat. Sometimes I ask myself what is the use ...”

He didn’t finish his sentence.

Kirsten was crying silently.

In the weeks after the session with the drawings we talked more about what is precious for them in their relationship (the importance of the nest), about Lars’ feelings of depression (the lead on the feet and the small wings), and about their care for each other. For the first time, they both realized that they had neglected themselves in the relationship. They also said that they now understood that there was a price to pay for this neglect. Often their concern for each other led to silent tension in the relationship, because they felt that talking is dangerous.

The further therapy did not run smoothly. There were major crises and difficult sessions. But there was this safe dialogical space in which we could talk about what was difficult. There also was a relapse of Kirsten when she had to be hospitalized again for a short while. At that time, Lars seriously thought about leaving Kirsten. In a very tense session we talked about the possible ending of the relationship. A week later they came back and told me that they had decided to stay together and proceed with the therapy. This decision proved to be a very important turning point in the therapy. Lars and Kirsten had found a new balance in their relationship as they realized that they had a relationship with three members: Lars, Kirsten and the bi-polar depression. They realized that throughout their life together they would have to find ways to give the bi-polar depression a place in their family, without permitting it to dominate them.

### **SOME FINAL REFLECTIONS**

Many authors in the field of marital and family therapy have stressed the importance of metaphorical language and nonverbal therapeutic methods. However, especially where couple therapy is concerned, clear and structured protocols that can guide the therapist in practice are seldom provided. In this article I have proposed a dialogical approach to the use of relationship drawings in which not the content of the imagery is central, but rather what happens around the drawing. In particular, the focus of the therapist is on the client’s hesitations and the client’s surprises. Such a focus implies a genuine respect of the therapist for the client’s reluctance to tell sensitive stories. It can open space for new and unexpected stories in the session; stories about vulnerability, bad experiences with the telling of sensitive stories, lessons learned, and the ways of protect oneself by being more careful what to say and what to keep unsaid. Rather than the interpretation of the content of the drawing itself, the respectful dialogue of the therapist with the partners about the drawing is central.

This protocol needs the therapist to be present in the session as a person, connecting with the clients as a warm and active responsive listener. This means moving

back and forth between positions of identification and empathy, on the one hand, and positions of curiosity and *outsideness* (Seltzer & Seltzer, 2004), on the other. He/she is open to what surprises him/her (Rober, 2005), because what surprises opens space for new questions and new meanings to emerge in the session. Together with the clients the therapist tries to find language to express some of the complexity, the uncertainty, and the insecurity of the couple's life together, in such a way that some kind of movement develops in what was locked, frozen, and stuck.

I have used this protocol quite often in my work with couples. I prefer to use it in one of the first sessions of the therapy. I might give the assignment in the second session, for instance, and then we can discuss the drawings in the next session. In that way the talk about the drawings can lead to a kind of dialogically created agenda of some of the interesting themes that seem relevant for the couple to discuss in the sessions to come. Also, I keep the drawings handy during the rest of the therapy. Often I spread them out on the floor in the consultation room during our talks, referring to them from time to time, and especially looking for new developments and fresh possibilities in comparison with what they have drawn in the beginning. These new developments are then picked up and talked about.

From my experience I know that working with drawings in couple therapy in this way is not acceptable for all couples. Sometimes this method just does not connect with the clients, for whatever reason, and in that case the therapist has to find other ways to help the couple. A lot of the couples I worked with using this protocol, however, told me that they found this a very valuable approach to therapy. This connects with my experience as a therapist. I have noticed that working with relationship drawings in this way helps partners to take some distance from their daily conflicts and irritations. It offers them a mirror that is not blaming, but rather invites them to try to listen generously to each other. In that way room is created to address things in the session that are difficult to put in words: Room to reflect on what the partners experience as crucial in their bond.

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