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**ART THERAPY AND THE TREATMENT OF PERVERSION:
THEORETICAL AND CLINICAL ASPECTS
OF PERVERSION AND SUBLIMATION**

Deborah J. Backman

A Thesis
in
The Department
of
Art Education and Art Therapy

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts at
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ABSTRACT

ART THERAPY AND THE TREATMENT OF PERVERSION: THEORETICAL AND CLINICAL ASPECTS OF PERVERSION AND SUBLIMATION

Deborah J. Backman

The subject of this thesis is sublimation and perversion, their theoretical constructs, and their application to art therapy.

Art is often discussed in the literature (as per the theory of neurosis) as a means to sublimate drives, primarily neurotic drives. Perversion is rarely covered or included in these discussions, and is particularly rare in the art therapy literature. This thesis is an attempt to examine the art therapy process that is fundamentally a process of, and strives toward, sublimation of the drives. Perversion, a pathological attempt to deal with anxiety and the drives, will also be discussed as a possible deviation of the drives.

I shall also include an explorational summary of a client's process seen in art therapy. Through it, I hope to illustrate how sexual psychopathology--expressed as perversion--can be seen as symbolized in art work in art therapy.

Following the theory emanating from the work of Chasseguet-Smirgel, I shall also discuss the parallels

between the concepts of "art and sublimation" and "art and perversion." From this controversial perspective, perversion of the drives can be understood as being able to be symbolized or expressed directly (not sublimated) in their raw form, rather than as sublimation of perversion in art work.

This thesis will strive to serve as a foundation for art therapists and other professionals requiring theoretical and practical understanding in this area, enabling them to continue examining perversion and its place in working with sexual psychopathology.

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Finally, I would like to thank Käthe Roth, whose assistance in editing my thesis helped bridge the gap between method and madness.

DEDICATION

To my friends and family, I extend my heartfelt appreciation for their ongoing encouragement, faith, and support, which were essential for me to make this endeavour a reality.

"The soul never sleeps without an image."

Aristotle,
De Anima

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CHAPTER ONE

INTRODUCTION

The original concept of this thesis began while I was working as an art therapy intern. Working with one client in particular (whose case study is included later on in this thesis) led me to need to know more about sublimation and perversion in order to be able to consider a broader spectrum of possibilities for analysis and for working with clients, both in and out of hospital, who exhibit sexual psychopathology. From a psychodynamic orientation, it seemed necessary to fully understand these concepts, whose origins or roots are psychoanalytical, and to know how to work with and apply this knowledge therapeutically.

It is in this light that I have attempted to orient this thesis, first, from a theoretical overview stemming from an understanding of the origin of the concept of instinct and drive theory. This theory is based on a biological concept of psychology--a psychological equivalent to biology. The relevance of the psychoanalytic model is then related to art therapy. I will examine what art therapists say about sublimation; then I will describe how art therapists apply this idea, both therapeutically and interventively.

My theoretical discussion of art therapy will include art, sublimation, drive, and instinct. Art therapists who

follow Freud's classical theories as well as some of those whose theories diverge from them will be reviewed.

The art therapy literature does not appear to contain a great deal of exploration of the mechanism of the drives that are expressed as perversion, but instead focuses more on sublimation and neurosis. As well, there is little mention in the literature of the possibility that drives are expressed as perversion in the art work produced in art therapy sessions.

Perversion and sublimation, as they are manifested within art therapy treatment, and in art work in general, in terms of Freud's theory of sexuality will also be investigated. The framework developed by Freud involves identifying the "polymorphous perverse" evolution of the sexual drives of babies through the oral, anal, and phallic stages of development. These originate separately, and are normally bound together for reproductive purposes, via sublimation, by factors such as guilt, disgust, shame, fear, and socialization. According to Freud's theory, if this binding is not successful, the result may include "perversion" or "neurosis" (Kaplan and Sadock, 1985a).

Dealing with the topic of perversion is difficult because of the negative moral connotations associated with this term. It is to be understood that in this thesis "perversion" is not being used in a pejorative sense; rather, it is considered to be a pathology of the drives. As such,

the relationship between sublimation and perversion in art therapy will be explored and clarified in order to help to broaden our understanding to encompass not only sublimation, but perversion as well.

Perversion will be looked at in terms of the "aim" or "object" of the sexual drives being distorted. Perversion in terms of pathologized infantile sexuality, as well as regression as an explanation for perversion, will be discussed.

A subsidiary question is whether the art produced in art therapy is always in the realm of sublimation. Art can perhaps be seen as both perverted and sublimated, for example, through the sublimation of perversion in artistic expression.

Subject Areas

The subject areas to be explored include the mechanism of the drives and specifically how they express themselves in art forms. If we assume that art is normally a result of transformation of the drives, and that most of the literature in art therapy deals with transformation from neurosis (or psychopathology) to sublimation, can we also describe a process through which patients express perversion of the drives through art, as suggested by Chasseguet-Smirgel?

Methodology

I will begin with a theoretical overview of art therapy, sublimation, and perversion.

The art therapy material of a client whose acting out was pathologized, that is, perverse, will be explored. I will provide images as evidence, rather than as proof, of the individual's psychodynamic state. The art therapy revealed drives that will be investigated in an attempt to explain and explore the perversion and sublimation.

Limitations

This thesis is a speculative work. There is not a great deal of material on perversion in the art therapy literature, and the clinical work described in this thesis was done in the "brief therapy" time span of an internship.

As well, only one client will be focused on, as opposed to a large population; thus, as an exploration of process, this thesis is not to be considered an attempt to provide generalizable findings.

Anticipated Contribution

This is an attempt to tie in theories on sublimation and perversion with current theories of art therapy. I also attempt to suggest directions for working with sexual psychopathology.

CHAPTER TWO

CONCEPT OF NEED AND DRIVE

In order to understand sublimation and perversion and to situate them within the context of art therapy, it is necessary to review how and where the drives originate, develop, and operate; their relationship to the defence mechanisms (e.g. sublimation); and how they can be pathologized (perversion). In this chapter I will explore drive theory: the mechanism of the drives and how they express themselves--some as perversion, others as neurosis, still others as sublimation. Drive theory, including reaction formation, will be examined and will be tied in with the ideas of Kris (1952) about regression in the service of the ego.

Drive and Instinct

Freud's conception of biology was not a simple one: although he insisted on the separation of psychoanalysis and biology, he also insisted on the mutual influence of psychological and biological factors in developmental adaptations. One of the difficulties in theorizing about sex is the tendency to see psychology and biology as either parallel or mutually exclusive (Grossman, 1976).

In Freud's time, the concept of instinct was based on the thesis that what is universal is self-evident truth for those who perceive the lawfulness of nature. This universal experience is conceptualized in the instincts of self-preservation and of preservation of the species (Benedek, 1974). Freud (1915/1952) equated the former with "ego instincts," the latter with "sexual instincts." In his search for universal explanations of psychic conflicts, Freud (1915/1952) assumed that psychic representations of these biological tendencies are energized by forces that are in conflict with each other. Freud later discovered that psychic development, the maturation of the ego, occurs in interaction with libido processes and that sexuality itself is dominated by tendencies related to ego instincts--that is, these forces interact not as opponents but as partners in living (Benedek, 1974).

Freud saw instinct as bordering between the mental and the somatic. He further defined instinct according to its source, aim, object, and impetus, elements which comprise the concept of drive. According to Freud, instincts are not accessible to experience; only their effect on behaviour can be observed. Drives do, however, activate physiological processes that aim to eliminate the need, thus securing survival. Therefore, Freud's conception of the mental representation of the processes induced by drives is that they are derivatives of instincts. Drives, instincts, and

their mental representations are intrinsically interwoven processes. Instinct theory is the foothold of psychoanalysis among the natural sciences, since it is based on the axiom that the mind originates in and is always dependent on the body (Benedek, 1974).

The term "pregenital sexuality," from the point of view of biology, refers to manifestations of the innate, autonomous, self-differentiating patterns that evolve in any organism in the process of maturation. From the point of view of general biology, instincts are regulatory principles that function automatically to secure the survival of the organism (Kubie, 1948). Cannon (1932) defined instincts as coordinators of internal regulatory systems which maintain adaptive stabilization, the processes that serve the homeostatic regulatory functions of the vital primary instincts. They regulate breathing, water balance, food intake, elimination, and maintenance of tissue substance. This sequence, states Benedek (1974) indicates the difference in the urgency of the need that the instinct represents; it shows the physiological time interval between the need and its gratification. Then come the sexual instincts, which regulate procreation (Benedek, 1974).

In 1905, Freud introduced the term "libido," which he described as the expression of sexual instinctual energy. He later revised his theory of instinctual drives. He introduced the concept of aggressive instincts--the instinctual drives

directed toward destruction of the object. The wide acceptance of the concept of aggressive drives has given classical psychoanalysis a dual theory of instinctual drives. The fundamental drives are described as follows: 1) the sexual drives, or libido, which is judged to have a somatic source; and 2) the aggressive drive, which has not been given an acceptable name and which has not been judged to have a somatic source. The two drives may be in conflict--they may vie for priority of expression--but in most instances they are fused. This means that object representation is cathected and that drive wishes initiate actions that serve to gratify both drives simultaneously. It is the conflict between the fused drives and the counterforces that determines both normal and pathological behaviour (in any specific instance, one or the other drive may be the more prominent instinctual element) (Drelich, 1974).

Psychic energy, as it is postulated by psychoanalysts, is a hypothetical force in mental functioning, derived mainly from the instinctual drives that impel the mind to activity. Stimuli, from the external world or from the organs of the body, arouse the instinctual drive forces to the development of a need (Beres, 1965). Wilson (1987) stated that it is in the nature of drive energies to seek discharge through mental or physical activities. By asking their clients to make pictures, art therapists are seeking to mediate peremptory

drive discharge by interposing visual symbols between stimulus, need, and action.

Infant Sexuality

Part Instincts

Erotic sensations emanate for the most part from the mucosal surfaces of a particular body part or organ during infancy and early childhood. The mucous membranes of the mouth, anus, or external genitalia, specifically during the earliest years of life, are the appropriate primary focus of the child's erotic life. Depending on the phase of psychosexual development, the focus will vary. In normal adults, sexual activity is dominated by the genital zone. However, as a child develops, the pregenital or prephallic erotogenic functioning of the oral and anal zones still retains a place in sexual activity, specifically in preliminary mating activities (or foreplay). Preliminary gratification that precedes coitus is elicited by stimulation of such zones. The sexual act will culminate in the pleasure of orgasm in normal adults who have achieved a level of mature genital potency (Meissner, 1985).

Freud called the erotic impulses arising from the pregenital zone (e.g., kissing) component or part instincts. Early genital excitement, or activity of component instincts, may undergo displacement and may consequently be a source of pleasure. Meissner (1985) explained that, ordinarily, these

component instincts undergo repression or persist in a restrictive fashion in sexual foreplay.

The sexuality of young children, characterized by a polymorphous perverse sexual disposition, is relatively undifferentiated and encompasses all of the part instincts. These part instincts, in the normal course of development to adult genital maturity, are presumed to become subordinate to the primacy of the genital region. A variety of forms of pathology may result from the failure to achieve genital primacy. If the libido, for example, becomes too firmly attached to one of the pregenital erotogenic zones or a single part instinct becomes dominant, a perversion such as fellatio or voyeurism, which under ordinary circumstances would be limited to the preliminary stages of lovemaking (foreplay), would replace the normal act of sexual intercourse, even to the extent that orgasmic satisfaction can be derived from it (Meissner, 1985).

Theory of Infantile Sexuality

Freud's hypothesis that mental illness is the psychic consequence of a sexual seduction by an older child or an adult at an early stage in the patient's development led to his assumption that sexual seduction had actually occurred. This hypothesis eventually proved incorrect and led instead to the basic proposition that the roots of psychoneurosis lie in a disturbance in early sexual development--the cornerstone

of the psychoanalytic theory of neurotic psychopathology (Meissner, 1980).

Memories of sexual seduction in childhood were discovered to be, through further clinical studies, fantasies--although the patients themselves seemed to believe in their reality. Through free association, Freud re-examined the data and formulated a theory of infantile sexuality which states that sexual interest and activity are a normal part of human psychic life from the earliest stages of infancy and are not limited to traumatic episodes. Freud continued to stress the importance of the patient's sexual constitution and heredity in the etiology of psychoneuroses. Progress in investigating the precise nature of such constitutional factors has been slow. In contrast, knowledge of experiential causative factors has increased (Meissner, 1980).

The gap between normalcy and psychoneurosis was narrowed by the discovery that infantile sexuality is a normal phenomenon, and Freud was able to elucidate the origins of sexual perversions and their relationship to both normal and psychoneurotic functions. The abnormal persistence in adult sexual life of some components of infantile sexuality may serve as the basis of a perversion (Meissner, 1980).

Some components of infantile sexuality are, however, repressed in the normal course of events, and others are integrated into the adult pattern of sexuality at puberty, with genital primacy. Freud's later insights included the

idea that excessive repression creates instability, so that in later life there is a greater likelihood that precipitating events will cause a failure of repression. In that event, infantile sexual impulses emerge in the unconscious, to some degree, in the form of psychoneurotic symptoms (Meissner, 1980).

Five Metapsychological Concepts

The foundation of the psychoanalytic theory of mental phenomena is formed by a variety of postulates, which have been posited but are not objectively demonstrable. These metapsychological concepts describe the mental apparatus with regard to both process and structure. The individual is regarded (within the analytic framework) as the host to turbulent intrapsychic impulses struggling to be set free; these are inner and unknown desires, largely libidinal and aggressive, to which the person is inherently (biologically) subject but continually defends against, creating a reservoir of infantile feelings and wishes that are inaccessible to the conscious self. Integral to the psychoanalytic concept of the mind are five constructs: the dynamic, topographical, structural, economic, and genetic perspectives. These theoretical premises comprise a long-standing legacy of psychoanalysis proper, and primarily apply to it. However, they also form a major part of the foundation for

psychoanalytic psychotherapeutic theory and practice (Karasu, 1989) .

The dynamic perspective reflects the notion that all mental phenomena are the result of a continual interaction of forces that oppose one another. Human behaviour and motivation are laden with energy, actively changing at all times. This perspective is the basis for fundamental concepts such as conflict and resistance, which relate, respectively, to the foundations of mental illness as the consequence of competing demands or wishes and the largely unwitting ways in which the individual fights getting well.

The dynamic perspective also has positive connotations through its connection to the topographical perspective, which refers to the premise that mental phenomena reveal themselves at different levels of manifestation, from the deepest recess of the mind (unconscious), to the border of awareness (preconscious), and, finally, to the surface (conscious). Human beings thus have the capacity to overcome their pathology, to evolve, to adapt, and to mature as the balance of mental forces perpetually shifts.

The etiological groundwork of repression was laid by this model. Repression comprises the processes by which forbidden ideas and impulses (initially believed to be largely sexual) are denied access to the conscious mind; the reversal of the process of repression removes the original source of illness. The human being's persistent avoidance of

painful experiences or feelings by keeping unpleasant thoughts, wishes, and affect from awareness is recognized by this general orientation. As well, this orientation acknowledges that persistent, resilient, and inaccessible underlying conflicts remain alive and active, and may appear in diverse and disguised forms that are often unrecognized by their host.

The structural perspective refers to the idea that the mental apparatus is organized into a functional unit with three parts: the id (instincts), the ego (external reality demands), and the superego (one's moral precepts or standards). The theoretical structure of intrapsychic conflict is formed by this basic personality organization. The pivotal adaptive and executive functions are served by the ego, which mediates between the individual's primitive instinctual drives and internalized parental and social prohibitions; as well, the overall psychoanalytic goal is to replace the id with the ego in the processes of maturation, development, and achievement of health.

The economic perspective has to do with how psychic energy is distributed, discharged, and transformed. This perspective has implications for how ideas and affect are expressed (e.g., verbally, somatically) and for how the individual fends off psychic threat through a variety of defence mechanisms (e.g., sublimation, whereby unacceptable drives are diverted into socially acceptable forms; reaction

formation, which turns an impulse into its opposite; or displacement, in which feelings belonging to one object are transferred to another). Displacement has direct implications for treatment in terms of the phenomenon of transference, in which affect directed at early significant figures in the individual's life is placed onto the analyst.

The genetic perspective concerns the historical aspects of personality and its subsequent development. It relates to analytic beliefs that the intrinsic core of illness resides in a particular period of infancy (e.g., Oedipal stage, source of the forbidden erotic bond between the child and the child's opposite-sex parent); that early experiences are repeated (repetition compulsion) until they can be neutralized through consciousness; and that regression to infantile modes of behaviour is both a manifestation of illness and a technical process facilitated to recreate, within analysis, the patient's original conflict (transference neurosis), whose resolution is the essence of the classic analytic cure. This perspective also has broader implications for the idea of psychic determinism, which illuminates the crucial notion that present behaviour is meaningfully related to one's past, and for developmental stages, through which the individual evolves from infancy to adult maturity (e.g., oral phase to genital phase) (Karasu, 1989).

Aggression

The psychoanalytic investigation of man and the study of the natural history of aggression, as conducted by ethnologists such as Lorenz (1966) and Tinbergen (1958), illustrate that aggression is a primary instinctive drive (Kramer, 1971). Stimuli such as the stresses of frustration or danger call forth unusually intense aggressive behaviour: the drive is innate, not a mere response to external conditions.

Aggression can be understood as a constellation of specific thoughts, feelings, and actions that are mobilized by frustration of a wish or need. The goal of aggression is to remove the frustration in order to permit drive discharge.

A sadistic component of the sexual instincts was increasingly recognized by Freud as independent of the libido, and he gradually separated it from the libidinal drives. He attributed aggressiveness to the ego instincts and thus separated the sadistic components from the sexual components (Kaplan & Sadock, 1985a). However, there were difficulties in placing the aggressive instinct in the category of ego instincts; on the basis of clinical evidence and his own observations, Freud finally concluded that in many instances aggression or aggressive impulses do not serve self-preservative purposes (Kaplan & Sadock, 1985a). In 1923, Freud gave aggression status as an instinct with a separate source, which he postulated to be largely the skeletomuscular

system, and a discrete aim, destruction. The ego was left with its own ego instincts, the nature of which remained unspecified at this point (Kaplan & Sadock, 1985a).

Pleasure Principle and Reality Principle

Freud viewed the pleasure principle as an inborn tendency of the organism to avoid pain and seek pleasure, through the release of tension by energy discharge. The immediate discharge of tension is not always possible; thus, the demands of the pleasure principle must be modified to meet the demands of reality. The reality principle performs this task. The demands of reality thus necessitate the capacity for delay or postponement of immediate release of tension or pleasure, with the aim of achieving even greater pleasure in the long run. The reality principle arises out of the organism's continual experience of the frustration imposed by the conditions of reality and therefore is largely a learned function. As a result, it is closely related to maturation of ego functions and may be impaired in a variety of mental disorders resulting from impeded ego development (Meissner, 1985).

Life and Death Instincts

In 1920, Freud introduced his theory of the dual life and death instincts, Eros and Thanatos, respectively. These

instincts were thought to represent the forces that underlie the sexual and aggressive instincts.

Thanatos was defined by Freud as the tendency of organisms and their cells to return to an inanimate state. Eros was defined as the tendency of particles to reunite, of parts to bind to one another to form greater unities, as in sexual reproduction. Inasmuch as the ultimate tendency of all biological matter, with the exception of the germ cells, is to return to an inanimate state, the death instinct was thought to be the dominant force (Kaplan & Sadock, 1985a).

Defence Mechanisms

Genesis of Defensive Mechanisms

The pleasures of sublimation differ from those of direct gratification, the latter being more intense and short-lived. In sublimation, it is expected that the object upon which the interest is centred, the goal, and the kind of energy through which the goal is achieved will change. This is not the case in the use of defence mechanisms, where, for example, only the object changes in displacement (Kramer, 1971).

In the early stages of development, defence mechanisms emerge as a result of the ego's struggles to mediate between the pressures of the id and the requirements and strictures of outside reality. Associated drive components evoke characteristic ego defences at each phase of libidinal development. Reaction formations, such as shame and disgust,

usually develop in relation to anal impulses and pleasures. Defence mechanisms from early phases of development persist side by side with those of later periods. When, in adult life, defences associated with pregenital phases of development tend to predominate over more mature mechanisms, such as sublimation and repression, the personality retains an infantile cast (Meissner, 1980).

An important contribution to character formation consists of the repertoire characteristically used by a person to deal with stress-evoking situations. Defences are not in themselves pathological, although abnormalities in the functioning of ego defences or defence mechanisms may have a fundamental relationship to the causes of various forms of psychopathology. Although defences may thus serve an essential function in maintaining normal psychological well-being, psychopathology may arise as a result of one of a variety of possible alterations in normal defensive functioning (Meissner, 1980). A person may also show an exaggerated development and overuse of certain defences, as if the danger posed by infantile sexual and aggressive impulses were as great in adult life as it was perceived to be in childhood.

The development of the ego and its defences may itself be faulty, with excessive reliance placed on the denial-projection-distortion modes characteristic of early oral or narcissistic phases of development (Meissner, 1980). Although

they permit limited functioning--particularly in the original family setting, which may share these defensive patterns--the defence mechanisms cannot adequately equip the adult to meet the challenges of the external world. His or her capacity to form object attachments, to cope with vocational competition, or to engage in heterosexual relationships may be impeded. There may be a breakthrough of direct instinctual expression and a regression in the capacity of the ego to control instinctual motility when the defences fail. This breakthrough in defences and the accompanying regression is most graphically seen in states of acute schizophrenic turmoil (Meissner, 1980).

A. Freud (1936) first presented a systematic and comprehensive study of the defences used by the ego. She stated that everyone, normal or neurotic, uses a characteristic repertoire of defence mechanisms, but to varying degrees. Based on her extensive clinical studies of children, she described their essential inability to tolerate excessive instinctual stimulation and discussed the processes through which the primacy of such drives at various developmental stages evokes anxiety in the ego. A variety of defences is produced by this anxiety. Freud's psychoanalytic investigations of adults led her to conclude that although resistance is an obstacle to progress in treatment insofar as it impedes the emergence of unconscious material, it

constitutes a useful source of information concerning the ego's defensive operations (Meissner, 1980).

Sublimation

Sublimation, classified as a mature defence, is the gratification of an impulse whose goal is retained but whose aim or object is changed from a socially objectionable one to a socially valued one. Libidinal sublimation involves a desexualization of drive impulses and the placing of a value judgment that substitutes what is valued by the superego or by society. Sublimation of aggressive impulses can take place through pleasurable games--sports, for instance. Unlike neurotic defences, sublimation allows instincts to be channeled rather than dammed up or diverted. Thus, in sublimation feelings are acknowledged, modified, and directed toward a relatively significant person or goal, so that modest instinctual satisfaction results (Meissner, 1985).

Kaplan and Sadock (1985b) defined sublimation as a defence mechanism in which the energy associated with unacceptable impulses or drives is diverted into personally and socially acceptable channels. Unlike other defence mechanisms, sublimation offers some minimal gratification of the instinctual drive or impulse. It is the replacement of forbidden behavior with related activities that are personally satisfying and socially approved (Kaplan & Sadock, 1985a).

Through art, the unconscious can take a visible shape. Perhaps unconscious fantasies can become more accessible to the consciousness through formal representation. The therapeutic process, through symbol formation, can take various directions. Naumburg (1966) used art work, initially, to bring unconscious conflicts to the surface and, ultimately, to lead clients to a conscious verbal awareness of these conflicts. Kramer (1971) aimed for a neutralization of the drive energy through stimulation of symbolic expression, by guiding that expression toward sublimation in continued production of art work.

In the next chapter, I will examine the process of sublimation and its application to art and art therapy.

CHAPTER THREE

SUBLIMATION: FROM BIOLOGY TO PSYCHOLOGY

Understanding Sublimation: Drives, Instinct, Pleasure, and Gratification

To understand sublimation, humankind's basic dilemma must be considered. Human beings can never unconditionally obey their instinctive drives or be guided by their primitive affects in the way that other species can, for the latter's behaviour is regulated according to finely synchronized instinctive mechanisms. Thus, the survival of human beings depends on their continuous appraisal of their adjustment to reality. Their chief sources of energy are the drives, and their basic source of pleasure is the gratification of instincts. In their primeval form, the drives are a source of mortal danger to individuals, since they are not held in check by instinctive mechanisms which determine when they can be gratified and when they must be denied fulfillment (Kramer, 1971).

The resulting dilemma is inescapable (Kramer, 1971). It has brought about, according to Freudian theory, a fundamental cleavage in man's psychic organization, which has been divided into the original primitive system, which Freud named the id, and the more recently evolved ego. The latter is an organizing force which develops differently in each

individual and constitutes humankind's most indispensable organ of survival. All of the higher mental functions are ascribed to it, such as the capacity to perceive and manipulate reality, to postpone gratification, and to maintain the inner unity of personality. The ego ultimately serves the drives, which through the ego's efforts obtain the gratification they could never achieve through the impulsive discharge, which is all the id remains capable of at this late stage of evolution (Kramer, 1971). Kramer stated:

[Sublimation] is a process wherein drive energy is deflected from its original goal and displaced onto achievement, which is highly valued by the ego, and is, in most instances, socially productive. The obsessive single-minded quality that characterizes the drives in their original form is modified through sublimation, so that energies are freed for action beyond the narrow circle of infantile conflict and primitive needs. Because ego strength and autonomy increase in the process, we surmise that a shifting of energy from id to ego occurs and that aggressive libidinal energy is neutralized. An essential feature of sublimation is the great amount of genuine pleasure the substitute activity affords. (Kramer, 1971, pp. 68-69)

According to Beres (1965), the symbol (the vehicle that carries meaning) is the conscious derivative of the unconscious mental representation, and symbolism therefore serves adaptation and communication by giving conscious expression to unconscious mental content. Therefore, the symbolic vehicle--for art therapists, the art work--must be conscious (Wilson, 1987).

Freudian Theory:
Understanding Conflict as Inherent to Humankind

One aspect of Freudian thinking is related to the concept of sublimation. This theory postulates that humanity's great achievements--in art, science, and heroic self-sacrifice, as well as in everyday civilized social behaviour--are fueled by sexual and aggressive energies.

Sublimation

Sublimation, a ubiquitous process, permeates humankind's entire life. It must be distinguished from catharsis, from simple displacement, and from the highly sexualized and/or aggressively charged imagery that is encountered in the art work of psychotics. It is complex and requires a modicum of ego strength and intelligence. Faced with anxiety and emotional turbulence, the ego is likely to mobilize a variety of defences. More often than not, sublimation emerges in conjunction with other defensive mechanisms. A dramatic increase of energy and heightened productivity constitutes one of the hallmarks of sublimation.

According to Freudian psychoanalytic theory, the term "sublimation" is used to designate processes in which primitive urges emanating from the id are transformed into complex actions which do not serve direct instinctual gratification and which are under the ego's control. Pleasure in performing these actions replaces the gratifications that

the fulfillment of the original urges would have afforded. A process of transformation occurs in which drive energy becomes available to the ego (Kramer, 1979). Primitive behaviour, which is necessarily asocial, gives way through sublimation to activities that are ego-syntonic and are also, as a rule, socially productive in the widest sense, although they may not always be socially acceptable (Kramer, 1979).

Sublimation comprises a multitude of mechanisms, among them displacement, identification, and neutralization of drive energy. As mentioned above, sublimation causes a three-fold change: that of the object upon which interest centres, that of the desired goal, and that of the kind of energy through which the new goal is attained. Some element of renunciation is invariably implied in sublimation, although the latter somehow remains so linked to the urges that set the process in motion that the individual indeed attains through it at least partial gratification and partial relief from the pressure of libidinal and aggressive urges (Kramer, 1979).

It is to be noted that the term "pleasure" is frequently used indiscriminately to designate both joyful emotion and simple release from the discomfort of instinctive pressures; it is defined here as the former, while the term "gratification" is defined as the latter. These two positive experiences often take place in conjunction. The same experience may have different significance within various

psychic realms: instinctive gratification may be welcome to the id while it is terrifying to the ego; the aggressive superego may rejoice in the ego's painful humiliation; and so forth (Kramer, 1979).

Freud on the Nature of Art

Freud was not greatly interested in the formal aspect of art. He wrote, "I have often observed that the subject matter of works of art has a stronger attraction for me than their formal and technical qualities, though to the artist their value lies first and foremost in these latter" (Freud, 1914b/1952, p. 211). In fact, during his lifetime, the contribution of psychoanalytic writing to the understanding of art remained limited (Kramer & Ulman, 1977).

However, Freud recognized that art serves psychological needs far more complex than those that stimulate daydreams and their artistic equivalents. He pointed out that numerous works present not only the fulfillment of forbidden wishes but also the psychic processes whereby the wishes arise, the inner pressures which lead to transgression, and the tragic consequences of the transgression (Kramer & Ulman, 1977).

Langer (1957) stated that performing an analysis of secret sources of energy tapped by the artist in his work has

. . . much to recommend it. . . . It does justice to the emotional interest, the seriousness with which we receive artistic experience. . . . It brings this baffling department of human activity into the compass of a general psychological system . . . based on the

recognition of certain fundamental human needs, of the conflicts resulting from their mutual interference, and of the mechanism whereby they assert, disguise, and finally realize themselves. (Langer, 1957, pp. 207-208)

The definition of the concept of sublimation grew more complex in the years following Freud, since he did not make any clear distinction between simple displacement and sublimation and only hinted at the likelihood that sublimation is an important element in art (Kramer & Ulman, 1977).

After Freud: Art and Artistic Value

Since Freud's death, in 1939, other writings based on Freudian principles have appeared. Over the years, psychoanalytic theorists have turned increasingly toward consideration of questions related to the formal aspects of art and, ultimately, to standards of artistic value (Kramer & Ulman, 1977).

Sachs (1942) made one of the earliest attempts to bring the theory of the two sources of psychic energy--libido and aggression--to bear upon the problem of artistic form. Although Sachs did much to develop a theory of art based on Freudian principles, he was hampered by the relatively primitive state of ego psychology at the time he was formulating his ideas.

Ten years later, Kris (1952) made a substantial contribution by introducing the concept of "regression in the service of the ego." Eissler (1961) further defined the

psychological value of art: particularly in the visual arts, one of the objective functions of all great artistic achievements is not only to give pleasure but to stimulate new ego differentiations in the personality of the beholder.

Kramer and Ulman (1977) sought to apply psychoanalytic understanding to the Langer's (1957) questions. They agreed with Langer that the basic task of the art is to give inward experiences form and thus to make them conceivable. Both Kramer and Ulman and Langer shared the conviction that the excellence of a work of art and its meaning are inextricably bound up with its formal character (Kramer & Ulman, 1977).

Art and Sublimation

Art retells the story of transformation, offering primarily the pleasures of witnessing the process. Kramer (1987) stated that the value of art to society consists in stimulating sublimation and influencing its direction. Audience and artist travel together from the primitive source of the creative impulse toward its final form, and from the contemplations of form to the depth of complex, contradictory, and primitive emotions. Conscious, preconscious, and unconscious processes complement each other. It is probable that affect, which is contained but not neutralized, is essential to art, whereas other forms of sublimation would be disrupted by similar quantities of raw libidinal or aggressive energies (Kramer, 1987).

In art, sublimation occurs when artists replace the impulse to act out their fantasies with the act of creating equivalents for those fantasies through visual images. The complete act of sublimation consists of the creation of visual images for the purpose of communicating to a group or to an individual very complex material which could not be communicated in any other form (Kramer, 1958). It is the artist's repressed material, which pushes to the surface and demands fulfillment in the impetuous manner characteristic of primeval drives, that underlies all of his or her acts of sublimation. Internal conflicts are at the core of every work of art, giving it life and determining its form and content to a large degree. Conflict, only partly neutralized, is thus formed and contained. It is in this way that art differs from most other products of sublimation, which are in themselves emotionally neutral. The precarious human situation is epitomized by artists: while their craft demands a strong ego capable of the greatest self-discipline and perseverance, they must maintain access to the primitive impulses and fantasies that constitute the raw material for their creative work (Kramer, 1958).

Conflict can be integrated, re-experienced, and resolved. Throughout history, "the arts have helped man to reconcile the eternal conflict between the individual's instinctual urges and the demands of society" (Kramer, 1958, p. 6). However, the conflicting demands of superego and id

can not be permanently reconciled. The art therapist makes creative experiences available to disturbed persons in the service of the total personality, and must use "methods compatible with the inner laws of artistic creation" (Kramer, 1958, p. 6).

The great need to overcome the isolation which is part of human life is another reason behind artists' need to make art. Through their creations they can reveal and share their inner world with others. They achieve this without losing their integrity as individuals or transgressing the subtle boundaries that protect each person's inner life from destructive intrusions (Kramer, 1958).

Sublimation in Art

Neither the conflict between human drives and the demands of the environment nor intrapsychic conflict provides a comprehensive solution to, or explanation of, the dilemma of sublimation and its role in pleasure and gratification. Sublimation in art remains a continuous task, never becoming empty or stale, as does the repetition born of emotional deadlock. Each new endeavour constitutes a fresh beginning that leads to another partial solution, so that, if all goes well, each new work of art is more powerful and interesting than the preceding one (Kramer, 1987).

Although we must recognize the power of sublimation, we must be careful not to see it as salvation or to oversimplify

its effects. Art and sublimation are not identical. Art serves a great many purposes in cultural and practical life, and all of them are likely to concern the art therapist. Premature insistence on sublimation in the face of other pressing needs can be as destructive as failure to recognize its value.

Visual images may reveal the unconscious wishes and conflicts of the individuals who make them. Through art making, wishes may be displaced from forbidden objects to their symbolic substitutes. The inner mental representations may be objectified through being externalized in concrete visual form. In a discussion of whether or not this externalization changes the stage of the thing being symbolized, Wilson (1987) stated that the history of art and accounts of art therapy practice reveal numerous examples of art work heavily laden with unconscious symbolism that does not change the awareness of the individual who produced it.

The effectiveness of art in some cases perhaps stems from the fact that the external symbolic representation allows distance to be created between the individual and his or her conflict. Although this does not lead to change, it may serve a defensive purpose of considerable significance for the individual.

Theoretical Implications

The psychoanalytic concept of sublimation evolved from that of a special nonpathogenic defence mechanism to that of any aim-deviated (elevated) gratification involving the ego and the use of symbolic capacity. There are some theoretical and practical difficulties arising from the unrecognized introduction of unanalyzed, thus necessarily conformist, social values into the psychological system of the individual, particularly in reference to the aggressive drives. Various transformations of aggressive energies (comprising aim and object changes but not confined to sublimation) were described as contributing to the construction of inner and outer structures (superego, game rules, institutions, etc.) and as being used, in latent, bound, alienated forms, as conscious and unconscious strategies (rather than as symptoms indicating pathology).

Hacker (1972) expanded the principle of mature functioning beyond the reality principle based on the original promise of sublimation, and considered the potentially constructive uses of aggression for motivation, for novel structures, and for rational alloplastic action (simultaneous with autoplasic changes). The reality principle of the future states that the ego learns from the world by recognizing reality and partly forming itself in reality's image, and also the possibility that the world will be taught by the ego--that is, made more liveable and

reliably gratifying in terms of legitimate, mature, human expectations (Hacker, 1972). For example, creative expression through art affords a means of widening the range of human experiences by creating tangible, concrete, visual equivalents for such experiences. The individual artist, or client, can use these equivalents to vary, choose, and repeat whatever experience he or she wishes, thereby learning and recognizing reality.

Sublimation: Its Context Within Society

Although sublimation has traditionally been distinguished from repression, both serve defensive purposes, because sublimation is a conscious and constructive process. Freud (1930/1952) considered repression to be a means for control of impulses, but recognized the superiority of sublimation, which provides not only a control but an "enhancement": "Sublimation of instinct is an especially conspicuous feature of cultural development; it is what makes it possible for higher psychical activities, scientific, artistic or ideological, to play such an important part in civilized life" (Freud, 1930/1952, p. 97).

Freud then commented, "If one were to yield to a first impression, one would say that sublimation is a vicissitude which has been forced upon the instincts entirely by civilization. But it would be wise to reflect on this a little longer" (Freud, 1930/1952, p. 97). Sublimation, even

before it meets the needs of society, gives mute and blind desire a means to speak and a visible aim. Lowery (1985) stated that Freud did not give a complete explanation of the process, but that he recognized its origin to be in the experience of frustration. Although Freud (1905) first described sublimation as a transformation of the sacrificed Oedipal aims, Lowery (1985) believed that this process is itself founded on earlier modifications of pre-Oedipal aims, and thus may be associated with the resolution of primary narcissism and its complex of omnipotence. Object choice itself is dependent on differentiation from the mother, which takes place through frustration of the experience of union and the development of secondary-process thinking where only wishful thinking originally existed (Lowery, 1985). Freud (1900/1952) spoke of this emergence as establishing the preliminary condition for repression, but also foresaw the advantage in the turning away from the wish to allow for consideration of reality. Without frustration of the wish, the organism, he speculated, could exhaust itself in the merely "hallucinatory cathecting of the memory of gratification" (Freud, 1900, p. 598), thereby losing the possibility of finding gratification in the real world (Lowery, 1985). Gross and Rubin (1973) stated, "The establishment of reliable object relations not only is essential for the construction of reality but is also a

necessary condition for the development of relations with the general object world" (p. 350).

Seeing sublimation mainly as a tool of society has also necessitated the assumption that it is a process which leads to increased aggression (Lowery, 1985). Marcuse (1955) warned,

Culture demands continuous sublimation; it thereby weakens Eros, the builder of culture. And desexualization, by weakening Eros, unbinds the destructive impulses. Civilization is thus threatened by an instinctual defusion, in which the death instinct strives to gain ascendancy over the life instincts. (p. 76)

However, this does not necessarily mean that the relation of sublimation to aggression is so unequivocal. Although it is unclear in Freud's writings whether aggression itself could be subject to sublimation, the easing of frustration by means of sublimation might reduce opportunities for aggression or, in some instances, bind aggressive energy to the new sublimated aim (Lowery, 1985).

Although Marcuse (1955) suggested that sublimation weakened Eros, Freud (1930/1952) clearly stated that only by virtue of sublimation can Eros broaden its aims to be a builder of culture in the first place. Freud's vision of prehistory is of erotic drives that were little sublimated and of prevalent and almost unrestrained aggression. Furthermore, it would therefore appear that either the suppression of aggressive and libidinal drives occurs simultaneously in the development of civilization or that it

is primarily the development of sublimated forms of Eros that can successfully bind aggressive drives. Aggression is therefore understood as a condition or threat which requires the sublimation of instincts, rather than being a consequence of sublimation. In this perspective, a diminished capacity for sublimation could leave individuals at the mercy of their aggressive impulses and at the mercy of others offended by their instinctual "freedom" (Lowery, 1985).

The Oedipus complex is motivated by the threat of aggression, which reinforces the subsequent processes of sublimation. It is fear of castration, more specifically, in boys, that leads to modification of the desire for the mother and of jealousy of the father, and it is the perception in girls that they are already castrated that Freud (1933) believed accounted for their lesser capacity for sublimation (Lowery, 1985).

Lowery (1985) wrote of a lie (the discovery of mother's lack) that civilization adds to: that to be lacking is a deformity from which the father does not suffer. Frustration brings on the reality principle: when mother is not always there, not always adequate, the child begins a rudimentary form of sublimation. The child waits, the child speaks--the child is not merely gratified, but actively takes part in defining gratification. Delay of gratification is later associated with the "law of the father," as Lacanians emphasize, since, during the pre-Oedipal period, lack and its

remedy are mediated by the mother. Here, Lowery (1985) referred to the Lacanian model as the law of the father facilitating growing independence from the mother and, in so doing, also guiding the development of sublimation. In renaming the strength and activity first experienced in the person of the mother as masculine traits, the father enables the boy to wrest them from her and claim them as his own. The girl, taught instead to reinvest her desire to be possessed by the mother in the more worthy father, is still in thrall.

Like her brother, the girl must learn to relinquish gratification from the father in favor of satisfactions that can be both more her own doing and more socially useful. It is this essence of instinctual sublimation that Lowery (1985) stated that Freud rightly recognized that it was difficult for women to achieve. Lowery (1985) concluded that, given the assistance which the capacity for sublimation provides to ego development, to satisfactory social relations, and to cultural achievement, there is little to be envied about women's regression to the realm of unsublimated instincts, however unhappy men may be in civilization.

Sublimation and Metapsychology

Hartmann (1955) hypothesized that there is a certain amount of discontent with some of the facets of the concept of sublimation, despite the broad and general use of it made by analysts, and despite many attempts to free it from

ambiguities. He dealt with this problem from the point of view of neutralization, and summarized, "The most important single factor among several that at one time or another entered its definition is the process of deinstinctualization (neutralization)" (Hartmann, 1955, p. 239). Hartmann (1955) examined sublimation with regard to its origin, ontogenesis, and relation to the substructures of personality; its position in regard to ego functions, as opposed to ego aims; its contrasting position with reference to defensive as opposed to nondefensive ego functions; its variations in regard to its differing functions; its connections with secondary ego autonomy; and its variation within and among individuals. On the level of metapsychology, Hartmann (1955) detailed the analysis of modes of energy that are derived from both libidinal and aggressive drives, thus defining sublimation in terms of modes of energy and degrees of their neutralization. This does not, however, illuminate the clinical situation (Gross & Rubin, 1973).

Freud's first published use of the term "sublimation" appeared in 1905:

Visual impressions remain the most frequent pathway along which libidinal excitation is aroused; indeed, natural selection counts upon the accessibility of this pathway--if such a teleological form of statement is permissible--when it encourages the development of beauty in the sexual object. The progressive concealment of the body which goes along with civilization keeps sexual curiosity awake. This curiosity seeks to complete the sexual object by revealing its hidden parts. It can, however, be diverted ("sublimated") in the direction of art, if its interest can be shifted away from the

genitals on to the shape of the body as a whole. (Freud, 1905/1952, p. 156)

. . . What is it that goes to the making of these constructions (opposing mental forces) which are so important for the growth of a civilized and normal individual? They probably emerge at the cost of the infantile sexual impulses themselves. Thus the activity of those impulses does not cease even during this period of latency, though their energy is diverted, wholly or in great part, from their sexual use and directed to other ends. Historians of civilization seem to be at one in assuming that powerful components are acquired for every kind of cultural achievement by this diversion of sexual instinctual forces from sexual aims and their direction to new ones - a process which deserves the name of "sublimation." (Freud, 1905/1952, p. 178)

Although there have been criticisms of Freud's formulation, and various deficiencies have emerged when it is applied to clinical material, there seemed to be no successful revision of his definition of 1905. Hartmann (1955) succinctly stated the commonly accepted definition of sublimation as "a deflection of the sexual drives from instinctual aims to aims which are socially or culturally more acceptable or valued" (p. 216f).

Hartmann's energy concept (neutralization) is very useful in explaining the maturation and development of ego function and structure; the emphasis on energy, however, has certain weaknesses, since it neglects the aspects of sublimation that cannot be derived from energetic considerations alone--that is, aims, values, origin in conflict.

Sexuality. Freud's (1905/1952) first thesis was that sexuality, or libido, cannot be restricted to genitality--that seeing and touching have sexual significance even in

normal sexual relations. Body parts such as the mouth have special erotic potential. Through his study of sexual deviations, Freud claimed that love, marked by devotion to one partner of the opposite sex and by emphasis on genital sexuality, is a psychological synthesis with a long prehistory (Ver Eecke, 1987). Because the libido was not originally directed toward one person, it was instead directed toward a (partial) object (e.g., the breast, the bottle, hair, a foot, linen, pieces of clothing) and was tied to nongenital erotic zones (e.g., the mouth). Therefore, the relation between the sexual drive and its object is a somewhat loose one. Freud concluded, "Thus from the point of view of psychoanalysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact based upon an attraction that is ultimately of a chemical nature" (1905/1952, p. 146).

Perversions. Freud's second thesis, perversions, are a kind of exclusive fixation of the libido on an object that was meant to be a preparatory or secondary object in the process of the development of the libido (Freud, 1905/1952). In order to keep the libido thus fixated, Freud maintained that even in "the most repulsive perversion . . . the mental factor must be regarded as playing its highest part in the transformation of the sexual instinct," and that "it is impossible to deny that in their case a piece of mental work has been performed which, in spite of its horrifying result,

is the equivalent of an idealization of the instinct" (Freud, 1905/1952, p. 161). Ver Eecke (1987) summarized that as the unconscious fantasies of hysteria and the delusional fear of paranoia coincide down to their details with the conscious acts of perversion, Freud argued that neurotic symptoms are built from repressed sexual "pervert" libidinal energy. In this formula, "neuroses are, so to say, the negative of perversions" (Freud, 1905/1952, pp. 165-166). It is important to point out that the examples of sublimation quoted from Freud are reaction formations which Freud called a subdivision of the general category of sublimation (Ver Eecke, 1987).

Libido. Freud's third thesis deals with involvement of the libido in many psychic acts, or what he called sexual overevaluation (Freud, 1905/1952). This overevaluation is connected with flexibility of the libido, in that it leads to the valuation of all that is connected with the sexual object--that is, the total body of the sexual object, even its psychological characteristics. Freud argues that in order for the libido to reach normality, it must achieve two features: it must submit all erotic zones to the primacy of the genital zone, and it cannot remain autoerotic--it must become object directed and must learn to value such an object. This valuation, according to Freud, is a refinding of the lost object: the mother. The mother had given the child satisfaction in breastfeeding. This satisfaction stopped at

about the time the child was able to form an idea of the total person to whom the organ belonged that gave him or her satisfaction. Valuing the final sexual object is thus an act of refinding, revaluing (Lacan called this elevating an object to the dignity of a thing) (Ver Eecke, 1987).

Genitality and Object Orientation. Freud's (1905/1952) fourth thesis is that a number of conditions can help or hinder the double task of the libido to gain genitality and object orientation. In the context of relationships with the parents, it is possible to distinguish between the roles of the mother and the father. The role of the mother is such that the memory of her tenderness helps a man to value a wife as the object of the sexual libido. As for the father's role, Freud (1905) argues that the hostile relation of the boy to the parent of his own sex is decisive in promoting the choice of a heterosexual partner. The loss of a father in childhood thus often favours a homosexual choice. A necessary condition for the possibility of valuing a future husband or wife, Freud (1905/1952) stressed, is separation from the parents. This is a painful process, which must be achieved during puberty.

Sublimation may be understood as the transformation of a pregenital libido into culturally valuable activity. It can also be interpreted as the psychic activity of unifying the pregenital libido onto an exclusive heterosexual object. In both cases, an act of valuing is involved, based upon the

libido not being allowed to find its original object of satisfaction. The final object, in both cases, has also made a connection with the original but lost object (Ver Eecke, 1987).

Schmid-Kitsikis (1987) presented a synthesis of Piaget's (1971) psychological and epistemological theory and Freud's (1911) psychoanalytical metapsychology. Their views concur that the individual is an open system which is threatened by exterior and interior forces, but that the system's form is preserved through struggle and exchange with the environment. Subject-object relation analysis, fundamental to both theorists, is based on clinical studies of the individual's symbol formation in particular. This, stated Schmid-Kitsikis (1987), leads to an integrated view of mental creativity: the sublimation process is viewed as a neogenesis of sexuality, which allows the subject to create theories and representations in relation to sexual, cultural, and social identity.

What was normative, for Piaget (1971, 1977a, 1977b), depended on any fact noted by the psychologist-observer that related to what the subject considers to be not a fact but a norm. This applies to a subject whose task is to solve rational problems encountered in particular and explicit conditions. (It is also possible that subjects raise such problems, in which case their position is at once that of an observer of their own actions, and that of being in search of

an adequate solution). It does not apply to a subject who, as in psychoanalytical theory, is mentally striving to satisfy the fundamental demands of the reality-pleasure opposition, the conflicts of which may at times perturb his activity as a thinking subject. Psychoanalytical metapsychologists and Piagetian developmentalists both try to bring to light certain psychological constructs the subject can elaborate, even though for the psychoanalysts these constructs are essentially linked to the history of early sexuality, while for the developmentalists they belong to the paths of phylogeny and ontogeny. The conceptual framework of the cognitive psychologist and the psychoanalyst are used, both of which observe and interpret their subject's cognitive and psychological functioning (Schmid-Kitsikis, 1987).

In this approach, sublimation is to be understood within a context defined by cathexes and counter cathexes, by the vicissitudes of object relations, and by the dynamics of the ego. In this context, conceptual elaboration must be understood as also taking part in an interaction with fantasy and primitive thinking and conceptual elaborations--a fragile balance or equilibrium. Sublimation is thus part of the libidinal drive, from which it draws its wealth and variety of elaboration and expression. Dysfunctioning of the libido can bring about inhibition, inertia, destruction, stereotypical form, and excessive sexuality (Schmid-Kitsikis, 1987).

Sublimation is fundamentally the capacity to create symbols, and thus to take into account the conflictual aspects of the object and the ego and to face the loss of the object (arrangements, desires to recreate the object). Symbols represent "creative links" between elements of the external world and meanings derived from the organization of emotional experiences, experiences with physical objects, and the subject's actions on these objects, which he tries to master by activities such as separating, reuniting, ordering, aligning, and coordinating (Schmid-Kitsikis, 1987).

According to the original Freudian concept, sublimation was considered to be the only reliably nonpathogenic, desirable "good" defence mechanism, insofar as, via change of aim and object, sexual drives were transformed to nonsexual, "generally higher" esteemed accomplishments (Freud, 1917/1952). Accordingly, the expenditure of countercaustic energy, characteristic of repression and displacement, is avoided in sublimation; instinctual energy is discharged by the indirection of change to elevated ego- and society-syntonic aims and objects. Hacker (1972) stated that sublimation thus prevents neurotic development or impoverishment of the organism by creating, through full and unimpeded instinctual discharge, the higher and lasting forms of artistic, cultural, and social accomplishments by which personal, idiosyncratic, subjective strivings are transformed into socially valuable, altruistic, and objective functions

and structures. In this light, sublimation is available to few, under particularly favourable circumstances, and remains constantly subject to regressive pulls resulting in defusion (resexualization and reaggressivation) and "desublimation" (Hacker, 1972).

In spite of these stated fundamental theoretical divisions, no reliable, consensually validated, clinical distinction can be made between repression, displacement, and reaction formation on the one hand and sublimation on the other. Similar uncertainty reigns in regard to energy quantities and qualities, which in terms of either reaction formation or sublimation can be evaluated at best only retrospectively (Hacker, 1972).

The concept of sublimation came to be used as a designation for every successful defence effort not producing symptoms or necessitating countercathetic energy expense. Sublimation denoted an ideal type of energy transformation, including such ego-syntonic and socially syntonic behaviours as change from passivity to activity, reversal of the aim into its opposite, and so on (Fenichel, 1945). Many kinds of gradational and transitional stages of energy, from fully instinctual to fully neutralized (neutralization constituting, according to Hartmann [1955], a measure of sublimation) were described as sublimatory, and the possibilities of gradual transformation of defensive structures to non-defensive functions in the framework of the

ego were explored (Hacker, 1972). Freud's (1923/1952) suggestion that all sublimation takes place through the agency of the ego, which redirects sexual-object libido, via narcissism, by overflow and extension to external objects, supported Hacker's (1972) hypothesis. Sublimation at this stage of theoretical development was no longer defined as a special mechanism, but taken to be simply representative of any normal, productive, satisfying (non-regressive, non-pathological) expression, differing from the model of direct discharge only by the use and interposition of the human being's symbolic equipment. Drive discharge, with the participation of (mediated by) the ego, is thus seen as the accomplishment of goals in reality via the pleasurable redirection of the symbolic mode (Hacker, 1972).

The methods used in analytically oriented art therapy aim to release the unconscious by means of spontaneous expression. Free association and development of the transference relationship are the roots to this process. The continuous attempt to draw out the patient's own interpretation of his or her symbolic designs allies art therapy to psychoanalytic theory (Naumburg, 1958a). As art therapists, we must ask or attempt to find whether or what parts of the symbolic imagery in the art produced derives from unconscious material, whether the person who made the symbol is aware of the unconscious idea, why it is appearing

now, whether the client can be made aware of it, how this awareness should be brought about, and, most important, what the consequence will be of this awareness.

The next chapter will explore perversion, a pathological, unsuccessful binding of the sexual drives. It is necessary to attempt to understand perversion in order to provide effective therapy to clients who express or exhibit such pathology. Art therapists may be helped by this understanding in their work with clients whose art work can be seen as an expression or illustration of their perversion.

CHAPTER FOUR

PERVERSION

Perversion, also referred to as paraphilia and sexual deviation, occupies a significant position on the continuum between health and illness. In its pure form, perversion is clinically distinct and unique at one end of the spectrum. It then shades into the psychoses and gender-identity disorders; moving toward the other end of the spectrum, it gradually becomes more repressed in the neuroses. Perversion shares much common ground with borderline character disorders, as evidenced by the fact that it has been included among the paraphilias in a new and major classification, psychosexual disorders, in DSM III (Webb et al., 1981). This classification also includes gender-identity disorders, psychosexual dysfunctions, and ego-dystonic homosexuality. Subcategories of paraphilia recognized in DSM III are fetishism, transvestism, zoophilia, pedophilia, exhibitionism, voyeurism, sexual masochism, sexual sadism, and atypical paraphilia (Kaplan & Sadock, 1985a).

Perverse activities are designated compulsion symptoms because the patients feel "compelled" to carry out their pathological action. In general, perversions are, at least, pleasurable, or are performed in the hope of achieving pleasure. Guilt feelings, however, may disturb a perverse

action to a significant degree, so that they are therefore felt as painful. Perverts feel forced to "like" something, even against their will. Although their impulses may be opposed by guilt feelings, at the moment of their excitement they experience the impulse as ego-syntonic, as something they want to do in the hopes of achieving positive feelings. The impulses have an "instinctual" character; they are felt in the same way as are normal instinctual impulses by normal persons (Fenichel, 1945).

Perversions are characterized by specialized masturbatory practices, sexual fantasies, sexual props, and requirements of the sexual partner. The special fantasy, with its unconscious and conscious components, is the pathognomonic element, arousal and orgasm being variously dependent on its active elaboration. The influence of the fantasy and its elaborations in behaviour extend beyond the sexual sphere to pervade the person's life (Kaplan & Sadock, 1985a).

A perversion is not an alternate lifestyle or a normal variant, but a recognizably human product of an individual developmental pathway. Nevertheless, the exaggerations that seem so unusual appear to be built out of common wishes and experiences (Kaplan & Sadock, 1985a).

Perversions are manifestly sexual in character. Orgasm is achieved when the pathological impulses are acceded to. The investigation of perversions was initiated by Freud

(1910/1962), when he discovered infantile sexuality and disclosed that the sexual aims of perverts are identical to those of children. In perversion, sexuality is replaced by one component of infantile sexuality; the cause and nature of this substitution constitute the problem (Fenichel, 1945). According to Fenichel (1945), some observers have pointed out that perverse acts are one-sided and exaggerated distortions of acts which, in a less exclusive and less definite form, also occur in the sexual behaviour of normal persons, especially in introductory activities before intercourse.

Perversions are universal among human beings, and have been practised in all ages and among all races; in certain periods, some of them were generally tolerated, or even highly esteemed (Fenichel, 1945). Freud (1920/1952) observed that perverse tendencies--occasional perverse acts or at least fantasies--occur in the life of all individuals, normal as well as neurotic; the latter's symptoms are revealed by psychoanalysis to be disguised perverse acts.

According to Fenichel (1945), perverts are persons with infantile, instead of adult, sexuality. This may be due either to a regression or to an arrested development. The formula presents itself such that persons who react to sexual frustrations with a regression to infantile sexuality may be perverts, while persons who react with other defences or who employ other defences after the regression may be classified as neurotics (Fenichel, 1945).

Early Formulations

At the time when Freud began his work, the paraphilias were regarded as products of degeneracy. Freud, however, recognized the precursors of such conditions in the fantasies and preoccupations of children. He also discovered that perverse wishes and fantasies were unconscious in neurotics, and that neurotic symptoms were, in part, reactions to perverse preoccupations. Freud (1905/1952) hypothesized that sexual perversion was the product of direct extension of childish libidinal investments into adult life, the infantile sexuality having failed to succumb to repressive forces that would convert it into neurotic symptoms. It subsequently became obvious that perversions were themselves defensive formations. It was suggested that repression might be only partially successful against an especially strong component of childhood sexuality, suppressing the greater part only at the expense of sanctioning some lesser part. The conscious piece of infantile sexuality was observed to be selected because it could pass unchallenged by parental representations in the superego. The role of perversion as a symptomatic compromise between drive and conscience was also noted to have an important ego-sustaining function, in that it helped to patch over flaws in the sense of reality. More recently, the complexity of perverse formations was emphasized in terms of their conscious and unconscious components, the roles of guilt and the conscience, the

important contribution of aggression and libidinal interests, the developmental missteps adumbrated in the perverse activity, and the degree to which the perversion is synthesized and assimilated out of diverse elements (Meyer, 1985).

Later Formulations

In the mid-1950s, when ego psychology, developmental observations, and object relations theory came to the fore, other factors were suggested to be important in paraphilia. According to Galenson and Roiphe (1980), there is an early phase (at the age of 18 months) of body-genital schematization during separation-individuation, at the onset of the rapprochement crisis. Heightened sexual drives, as manifested by an increase in object-directed masturbation, characterize this phase. At this time, there is complete discrimination between self and others, heightened aggression, and an emotional impact due to recognition of the anatomical distinctions between the sexes. Disorder at this stage may be associated with aberrations in sexual-object choice and in the fabric of maternity or paternity, because an appreciation of the anatomical differences between males and females serves as the psychological basis for sex and reproduction. This phase is also contemporaneous with the period known to be important in gender-identity formation. The child appears to be vulnerable to anxiety around sexual

differences, body image, separation, and gender--all factors that are important in paraphilia--when there is impairment in the mother-child relationship at this critical juncture (Meyer, 1985).

Body image itself, as distinct from its localization and spatial-orientation functions, contains components of the positive or negative emotional investments in the body and its parts. A poorly defined and unstable body image is a frequently noted feature in the pathology of perversion. Meyer (1985) gave the example of stress-related compulsive masturbation associated with perversion, which serves not only as a means of orgasmically discharging anxiety, but also as a means of combatting a sense of bodily dissolution. If the glue of an emotionally solid, stable body image does not set, body parts are highly but unstably invested, as though they are in constant danger of coming apart. More than usual, the appendages are invested with aggression. In the interest of bolstering body image, the maturing drives are distorted, lending sexual relationships more narcissistic than object-related value. Castration anxiety thus begins earlier and has a different quality, since it is much more involved with body narcissism. In this way, aggressive drives are also exaggerated in the service of narcissistic needs. A wish develops to compel through force what is not given out of love if the early relationship with mother is peculiar and is lacking in the uncomplicated qualities of freely given

empathy and affection. Aggressive drives are also exaggerated in the service of narcissistic needs. Envy, spite, possessiveness, and derogation of one or both parents play a larger part in the precursors of paraphilia than is true in the healthier jealousies of other young children. The severity of the Oedipal crisis is thus imaginable, as is extreme castration anxiety in perversion-vulnerable children, given their instability of body image, their identification with mother, their anxious body narcissism, and their exaggeration of aggressive drives (Meyer, 1985).

Although qualitative factors contribute to the difficulties that are solved in a perverse way, there is little in such features that is unique to the pathogenesis of paraphilia. The relationships of individuals who are schizophrenic or borderline are similarly coloured by guilt, anxiety, and aggression. In perversion, however, these factors are more clearly sexualized. The unconscious components of fantasy life appear to contribute to the specifically perverse outcome. Acknowledgment and denial are simultaneously present at the heart of the perverse fantasy (Meyer, 1985). Although their significance is denied, anatomical differences between sexes are cognitively recognized--they are neither the cause nor the condition of sexual desire. Meyer (1985) stated that a corollary to this negation is denial of the genital relationship between the parents, of the complementarity of parental genitalia, and of

mutual parental desire. A further subsidiary denial is the wish not to grasp the reality of how babies are made and where they come from.

The perverse constellations are characterized by primitive fantasies. These include the fantasy that the child's genitals are considered an extension of, and a perfect match for, the mother's own. A sexualized and infantile attachment to mother maintains this fantasy, in which father is excluded from the closed-circuit relationship between mother and boy. With his infantile sexual capacities and yearnings, the boy nourishes the fantasy of being the perfect partner. Idealization and envy of father, ordinarily stimulated by the mother's attachment to her husband, is a vital constituent of masculine identification. The development of the young man is arrested by its failure (Meyer, 1985). Meyer stated:

In the nascent perversion, the recognition of the nature of female genitalia is frightening. The fright is the consequence of the identification with the mother and the desire to yield up the penis to her, a desire that threatens to overwhelm the child's brittle male identification and narcissistic investment in his phallus. The child destined to become perverse is caught in a developmental trap. The extraordinary incorporation of the mother and the identification with her adopted to meet one developmental crisis, serve to undermine adequate resolution of subsequent crises. The child cannot win. Never having had an adequately conflict-free emotional investment in her or from her, he cannot give up the identification with her. This identification, which is essential to his shaky bodily integrity, constantly serves to undermine his masculinity. There is a further reason for the aversion to female genitals. The mother's genitals force recognition of the father's role in the union of the sexes. Not only is the mother

without a penis, but she also has a vagina that the little boy cannot fill. The reality, which is recognized but is deprived of all impact through denial, is that the father has a mature penis and enjoys prerogatives that are only potential for the little boy. (Meyer, 1985, p. 1069)

Although contact with the father is not totally lost in the paraphilias, representation of the father is elaborated in unusual ways. In some cases, the fantasized presence of an anonymous spectator representing the father has been noted. The father has not been lost and may still provide an anchor against total maternal immersion, although he is duped and humiliated by the perverse practice. In the transference, the anonymous spectator is often the psychiatrist (Meyer, 1985).

The difference between perverse and gender-dysphoric patients depends on the degree to which the fantasy must be made concrete. The more it is possible for these patients to symbolically both deny the distinctions between the sexes and make altruistic reparation to their mothers, the more likely they are to be perverse; the more their symbolic capacities fail or concrete restitution to maternal figures seems inescapable, the more likely they are to have a gender-identity disorder. Perversions express the fantasy by the substitution of symbolic objects or rituals (Meyer, 1985).

Causes and Dynamics

Kaplan and Sadock (1985a) stated that it seems probable that constitutional factors are involved in sexual behaviour, most likely as minute feedback loops acting in concert from

multiple loci. The data indicate that experimental and psychological factors dominate in the formation of perversions.

Since an appreciation of anatomical differences between males and females is being integrated during the first few months of life, a disorder here is associated with aberrations in sexual-object choice and in the fabric of maternity or paternity (Kaplan & Sadock, 1985a).

A feature in the pathology of perversion is a poorly defined and unstable body image. There is uncertainty about the position, size, permanence, and functioning of the penis and the attributes of the gonads. Male perversions are external, often flamboyant structures with concrete props that tell the story of triumph over a castration threat. Female perversions are largely unobtrusive, and are revealed by a particular willingness to accommodate male perversions. They are fueled by castration resentment, and represent a clandestine insurgence against a sense of genital inferiority. Perversity in the woman is satisfied by an illusory penis, which may be represented by rituals or props or, more often, by the incorporation of the phallus of the man (Kaplan & Sadock, 1985a).

Clinical Features

Clinical features of perversions are divided into two groups: those common to the whole class of disorders and

those specific to a particular subclassification. The obligatory or nearly obligatory dependence of arousal and orgasm on a sexual fantasy featuring objects or acts that attenuate the linkages between sexual expression, genital congress, and human contact are common to sexual perversion. In the paraphilias, the fantasy is conscious (in contrast to the neuroses, in which perverse elements are unconscious), although unconscious features determine its power, and it is regularly manifested in overt behaviour. Individual paraphilias are characterized by the particular nature of the fantasy and by special behaviours such as erotization of pain in sadomasochism (Kaplan & Sadock, 1985a).

In the perversions, sexual pleasure is made possible in the face of a severe fear of castration by overemphasizing a component instinct whose activity apparently contradicts the possibility of castration (Fenichel, 1954). In libidinal development, what we call "fixations" not only go back to special experiences of satisfaction or frustration, but are built in a fashion analogous to that of the perversions. Fenichel (1954) states further that the attitudes to which the subject has become fixated often simultaneously contradict an opposing anxiety.

Ego Strength

Both the expression of clinical features and the ultimate treatability of paraphilias are materially

influenced by ego strength. One important hallmark of ego strength is psychological flexibility. The usual sequence is relative flexibility (health), some inflexibility (neurosis), rigidity (borderline character), and brittleness with fragmentation (psychosis). The general principle is that it takes at least a modicum of ego strength to create a perversion, which, by and large, both fixes and stabilizes character. With relatively more ego strength, there is complete dependence on the perverse fantasy and its trappings for arousal and orgasm. Greater ego capabilities lessen the servitude to the perversion. At higher levels of ego strength, neurosis is fashioned and perverse elements in the person's fantasy life are largely unconscious (Kaplan & Sadock, 1985a).

The various paraphilias can tend to be arranged along a gradient of preservation of object relations. For example, in sadism, masochism, fetishism, and transvestism, there is the potential for maintaining contact with adult objects; with exhibitionism and voyeurism, the contact is strained and largely autistic (Kaplan & Sadock, 1985a).

Perverse imagery and arousal requirements have occasionally been suggested as sufficiently atypical or bizarre to preclude relations with consensual partners. However, this is true only for more seriously disturbed perverts who have no choice but to totally dehumanize any partner. Their relationships are tenuous and rupture rapidly.

For those capable of object attachment (and who are thus less disturbed), consensual partners are available (Kaplan & Sadock, 1985a).

Diagnosis

In brief, the criterion for diagnosis of paraphilia comprises the presence of the pathognomonic fantasy and its behavioural elaboration. The fantasy contains unusual sexual material that is relatively fixed and shows only minor variations. The achievement of arousal and orgasm depends on behavioural playing out of the fantasy or on mental elaboration. Sexual activity is stereotyped or ritualized, and makes use of reduced, degraded, or dehumanized objects. The patients show earmarks of borderline personality disorder in symptoms and signs (Kaplan & Sadock, 1985a).

The perversions include such behavioural entities as homosexuality, fetishism, transvestism, exhibitionism, voyeurism, and sadomasochism. It is thought that the general mechanism of the perversions is a defensive flight from the positive Oedipal configuration, in which the parent of the opposite sex is loved and the parent of the same sex feared, to the negative Oedipal constellation, in which it is the opposite sex that is feared and the same sex loved (Meissner, 1985).

Perversions are manifestly sexual in character. Orgasm is achieved when the pathological impulses are released. The

sexual aim in adult perversions corresponds to components of sexual drives in children. The genesis of perversions, however, cannot be attributed solely to the hypertrophy of infantile partial instincts. Many factors play a part in determining the genesis of perversions, including anxiety at the phallic (castration) and pregenital levels, bisexuality, identifications, structural considerations, and external circumstances (Meissner, 1985).

Socarides (1974) stated:

The defense against castration anxiety in the perversions takes the form of a regression to pregenital instinctual levels so that there is a failure of the normal developmental process by which early instinctual expressions become integrated in the normal heterosexual phallic adjustment. Greater appreciation of the developmental vicissitudes underlying various forms of perverted behavior, however, have impressed on analysts the variety of early developmental failures and fixations that can contribute to the development of perverted behavior. Homosexuality, for example, may be a reflection of genital level phallic conflicts, but it can also reflect a wide variety of much earlier and more primitive developmental difficulties, including early symbiotically based difficulties in separating from the mother resulting in a relatively intense feminine identification or overwhelming anxiety related to fears of engulfment and loss of a sense of self in any attempts to establish intimate or sexual relations with a woman. Consequently, the diagnostic assessment of the perversions, as in other forms of psychopathology, requires a careful assessment of underlying ego strengths and earlier developmental achievements, particularly in relation to the problem of separation and individuation. (p. 291)

Sexual perversions often seem to be quite intractable, and the results achieved in the psychoanalytic treatment of, for example, overt homosexuality have been disappointing. The alteration of a neurotic preference for one's own sex is by

no means assured. The more indications, either conscious or repressed, of some heterosexual interest in the history of the patient and the less completely the patient has adopted the psychological traits and habits of the other sex, the better the prognosis (Meissner, 1980). Generally, patients who find their perverse behaviour ego-alien and who are relatively well motivated to undertake therapy and to rid themselves of this behaviour pattern have the best chance for modification of the perversion and of its psychodynamic roots (Meissner, 1980).

The perverse acts of persons whose pathological states represent regressions to infant sexuality are polymorphous; the main emphasis of these persons' sexual life is displaced onto the fore-pleasure, and it is not easy to say where stimulation ends and where gratification begins (Fenichel, 1945). For typical perverts, there is only one way to gain sexual pleasure. All of the pervert's sexual energies are concentrated on one particular partial instinct, the hypertrophy of which competes with the pervert's genital primacy. Some obstacle, which is more or less overcome by the perverse act, blocks the capacity for genital orgasm. As such, perverse sexuality is not simply unorganized, as is the sexuality of polymorphously perverse children and of infantile personalities; it is, rather, organized under the guidance of some component instinct whose satisfaction makes genital orgasm possible once again (Fenichel, 1945).

Like neurotics, perverts have specific pathogenic repressions. They have an unconscious Oedipus complex and an unconscious castration anxiety. Thus, the possibility that other parts of their infantile sexuality are warded off is not precluded by overemphasis on one component of infantile sexuality. The perverse symptom, like the neurotic symptom, gives discharge to a part of the cathexis of an impulse that originally had been warded off, thereby facilitating the warding off of the rest. The difference between neuroses and perversions lies in the fact that the symptom is "desexualized" in neuroses, but is a component of infantile sexuality in perversions; as well, while its discharge is painful in neuroses, it brings genital orgasm in the perversions (Fenichel, 1945).

Gender Disorders

According to Stoller (1985), there are two groups of gender disorders: variants (deviations), made up of aberrations of masculinity and femininity that are not the result of intrapsychic conflict, and perversions, which are the result of intrapsychic conflict.

Although much of modern sex research seems to be aimed at showing that sex aberrations are merely variants (with the additional benefit that the term "perversion," with its pejorative connotations, could be done away with), the evidence from this research is weak (Meissner, 1985). It is,

however, generally argued in non-psychoanalytic circles that perversions are not created by one's personality, but are created by forces outside the psyche. In this school of thought, which Meissner (1985, p. 1035) called "deodorizing aberrant erotic behavior," perversion is changed to paraphilia. Perversions and the marked disorders of gender identity are seen as the result of genetic factors, constitutional factors, or both. Nearly all perversions may be considered gender disorders because, except for homosexuality (which may or may not be considered a perversion), most are either rare or unknown in women (Meissner, 1985).

It is still not clear to what extent perversions are biologically determined and to what extent they are associated with non-biological forces that influence the development of masculinity and femininity (Meissner, 1985).

Homosexuality

Homosexuality can be considered a vicissitude of the Oedipus complex, in that the resolution of the Oedipal conflict is based on a negative Oedipal constellation. The child, identifying with the opposite-sex parent, chooses the same-sex parent as the love object. An important role is played by narcissistic factors in that the choice of an object is based, in part, on its sexual resemblance to the person himself or herself.

Epidemiology

The DSM III (Webb et al., 1981) suggested that the paraphilias are rare or appear to be rare, reflecting the general uncertainty surrounding their prevalence. A reliable index or case register of specific paraphilias, coupled with detailed study of their frequency and distribution, would be beneficial to the field. In certain respects, perversions are operationally defined because one criterion event--the perverse sexual act--is, in principle, observable (Meyer, 1985).

However, secrecy and furtiveness surround most paraphilias, and cases are noted only if treatment is sought or if there are legal entanglements. In treated cases, epidemiological study suffers from the clash of interests between psychiatric confidentiality and case discovery. Even if case discovery were routine, the generation of useful data would be confounded by a further difficulty: because the interplay between historical events and internal emotional processes produces the pathologically significant historical episodes, teasing out the etiology of a perversion requires utmost confidentiality, long contact, and skill in handling the transference. Those are not the usual tools of the epidemiologist and, unfortunately, the clinician and the epidemiologist seldom find ways to collaborate (Meyer, 1985).

The problem with estimates of prevalence, or other inferences, based on cases identified through the legal

system is that the sample is strongly biased toward more impulsive individuals and toward paraphilias that are considered to be dangerous or a public nuisance.

Fenichel (1945) stated that there are two main problems with understanding the complexities of perversions. The first is what determines the disturbance of genital primacy, a factor comprising primarily anxiety and guilt feelings directed against the Oedipus complex. This factor is identical with the factor that has the same effect in neurotics: anxiety and guilt feelings, directed against the Oedipus complex. However, Fenichel (1945) stated that among the neurotic anxieties that motivate the defence, anxiety over loss of love is less important in perversions. As well, anxiety over one's own excitement is not of much importance, since the attainment of orgasm eventually becomes possible. Castration anxiety (and guilt feelings, which are derivatives of castration anxiety) therefore appears to be the decisive factor (Fenichel, 1945).

The second problem mentioned by Fenichel (1945) is why the gratification of a special partial instinct undoes the disturbance of genital primacy. The person will try to regress to the part of his or her infantile sexuality to which he or she is fixated after genital enjoyment has become impossible because of fear of castration. It is not merely that some infantile component that has not been feared is substituted for the feared genital sexuality. Explicit,

decisive parts of this infantile sexuality are repressed. The hypertrophy of one infantile sexual component apparently is used for the purpose of strengthening this repression (Fenichel, 1945). That fixation determines the choice of the infantile component that is overcathected in the perversion means that there is some truth to the assumption that perversions are constitutionally determined. However, to allot to each component impulse a specific hormone, an exceptional amount of which is purported to be present in the case of the corresponding perversion, is not a convincing argument (Fenichel, 1945). That normal persons may become perverted under certain conditions constrains the importance accorded to constitutional factors.

Constitution

As long as it has been known that the organogenesis of the reproductive tract follows a bisexual pattern, there has been the possibility that biological factors play a significant role in sexual aberrations. Much thought and effort has been expended in recent years investigating the possible biological roots of sexual identity modification (homosexuality) and gender-identity modifications (transsexualism and some intersex conditions). Less effort has been devoted to the modifications of eroticism (the paraphilias). Observations of and follow-up on intersex children, manipulations of fetal hormones, investigations of

centrally mediated hormonal-feedback loops, a review of brain-lateralization findings, and extrapolations from human and infrahuman mammalian research have produced suggestive evidence but as yet, no clear evidence suggesting that biology is primarily responsible--other than genital and reproductive differences and eroticism or gender or sexual-identity formation (Meyer, 1985).

It has been suggested that behaviour is centrally mediated and androgen sensitive, and anti-androgen medication has been used to control driven or violent sexual behaviours. However, the sample of paraphilic men to date has been highly skewed. As well, the possibility that the paraphilic activity is motivated behaviour and not strictly androgen mediated is suggested by the fact that many sexual offender subjects electively stopped their medication and returned to their previous deviations (Meyer, 1985).

The androgen operator is important in consideration of the etiology of paraphilia because, at first glance, the sex ratio is significant. The sexual perversions, as usually defined, seem to be largely male conditions. There are several important questions about the phenomenon of male preponderance in the paraphilias. Meyer (1985) asked whether it is conceivable that the different incidence between males and females is more apparent than real. He speculated that perversity among women may be expressed in a different form or in a more subtle manner, or that women are more quietly

perverse because feminine integration ordinarily lends itself to complementary receptivity. Meyer (1985) hypothesized that capacity to form a sexual identity and some masculine or feminine predisposition may be the legacy of fetal life; what is done with that legacy appears to be entrusted to postnatal development.

With regard to perversions having to do with fixation on childhood experiences, these experiences are not the cause, but rather the first manifestation, of the perversion. When an individual's first sexual excitement, experienced simultaneously with certain attendant "accidental" circumstances, thereafter causes the individual's sexual reaction to remain bound to such circumstances, these childhood events prove (in analysis) to be not only fixation experiences but screen memories which serve to disguise the real causes of the fixation. Incidents of this kind are remembered easily, and the individual seems to be readily able to ascribe to them the origin of the perversion (Ferenczi, 1945).

At the basis of perversions are fixating experiences, one type of which is prominent: experiences of sexual satisfaction which simultaneously give a feeling of security by denying or contradicting some fear. When perverts are disturbed in their genital sexuality by castration fear, they regress to the component of their infantile sexuality that has given them a feeling of security or reassurance, and

whose gratification is experienced with special intensity because of this denial or reassurance in childhood (Fenichel, 1945). Perverts are thus individuals whose sexual pleasure is blocked by the idea of castration. They try, through the perversion, to prove that there is no castration. Sexual pleasure and orgasm become possible as this proof is believed.

Fenichel (1945) stated that the hypertrophy of the reassuring infantile partial instinct simultaneously serves as a safeguard to maintain the repression of the Oedipus complex and of other warded-off remainders of infantile sexuality. This is achieved by a partial repression of infantile sexuality and the exaggeration of other parts (Freud, 1919/1952).

Environment

A critical psychological milieu is the nuclear family and the relationships within it. The substrate for psychological development, in the first few months of life, is an empathic and stable relationship between mother and child, in which the mother helps the infant deal with poorly controlled tensions. It is the mother-infant relationship that serves as the basis for the growth of comfortable and trusting intimacy: the sense that needs and tensions are acceptable and will call forth an intuitively sensitive response stem from this relationship. Without this basic

sense, all intimacy suffers and sexuality is marred by an insatiable emptiness, giving rise to perpetual attempts to extract sustenance from others. Efforts to exact revenge are the result of hopeless inadequacy of any response to these attempts. Envy, rage and emptiness become outlets of sexual expression (Meyer, 1985).

At about five months of age, the child normally begins to independently move away from and dependently return to mother in the process of establishing against the mother's grid the capacity to relate as a separate and individual person. When this developmental task is poorly handled, separation comes to be experienced as abandonment and closeness to be feared as engulfment. The father, as a familiar and caring person outside of mother's immediate orbit, is important in fostering inquisitiveness and exploration: when he is absent, uncaring, effeminate, devalued, or dominated by mother, establishment of appropriate object choices is impaired and disidentification from mother takes place (Meyer, 1985).

The child is at the mercy of drives that are strongly tainted with oral and anal components and butt against a primitive superego when the external structuring is of poor quality. Self and object images and the drives may become split into aggressive and libidinal clusters. Internalized objects are crudely drawn, and identifications are primitive. Perverse trends infiltrated with sadomasochism characterize

sexuality arrested at this level. Coincidentally, there is great sensitivity to engulfment or abandonment, with an uneasy oscillation in the degree of intimate contact permitted. Devices such as fetishes, which are simultaneously bridging and distancing part objects in an effort to cope, may be incorporated into sexuality (Meyer, 1985).

Family factors contribute to the form and substance of paraphilia. Children form emotional resonances to their family's unspoken wishes and unconscious needs. The general operating principle is that although it is possible to veil the practices and paraphernalia of perversion from children, it is not possible to mask the preoccupations, affective changes, and emotional investment. More specifically, libidinal and aggressive undercurrents communicated in handling, feeding, training, and cleaning children; uneasiness at both intimacy and separation, magical investment in talisman objects; tacit interdictions and seductions; and mythology about the differences between the sexes, procreation, and birth are more emotionally alive in any household than are logic and etiquette. Family dynamics are necessary, but do not seem to be sufficient, in causation of perversion; this requires the active participation of the child or adolescent. The individual manner of integrating family idiosyncrasies into fantasy and character help determine whether the child will become perverse or remain unaffected (Meyer, 1985).

Symptom formation in perversion is parallel to the phenomenon of the defence mechanism of denial. The psychology of screen memories becomes clear: persons who try to repress a memory are seeking associatively connected substitute scenes which they may offer to their memory. In perversion, as in screen memories, the work of repression is apparently facilitated through something associatively connected with the repressed memory being consciously stressed. Certain impulses, which are usually forbidden, remain in consciousness, thereby guaranteeing the repression of the Oedipus complex and castration complexes (Fenichel, 1945). Perverts' discharge of sexual pleasure is possible only after hindrances and through distortions; their sexual pleasure is therefore necessarily incomplete, and not more intense than that of normal people, as some would think (Fenichel, 1945).

Treatment

Treatment of paraphilia is subject to the same conditions as are found in other areas of psychiatry and medicine, the fundamental task being to select the technique that will maximize the patient's chance for recovery and optimal health, taking into account both the inroads of the disease and the patient's residual healthy capacities. Prognosis varies according to the paraphilia and the degree of psychological health (Meyer, 1985).

The selection of treatment depends on an assessment of tolerance for regression, ego strengths, synthetic and sublimatory capacities, and motivation. When these factors are available in sufficient quantities, psychoanalysis is preferable in that, unlike other modalities, it offers an opportunity to trace and unseat the illness at its core, as it works through the transferential resurrection of the passions and relationships condensed in the perversion (Meyer, 1985) through re-experiencing, re-examining, and reintegrating pathological elements, with the benefit of an adult observing ego and in the context of a relationship in which the original pathogenic roles are not repeated. In the process of this working through, the freeing of stymied potentials leads to the opportunity for personal renovation (Kaplan & Sadock, 1985a).

Dynamic psychotherapy, when less ego strength is available, is likely to be the most beneficial treatment modality for reducing and stabilizing the pressure from the perversion, and for helping make other aspects of life as free from its interference as possible. Behaviour-modification techniques have a place in attempting to detoxify the behaviour in severe compelling and driven perversions (Kaplan & Sadock, 1985a).

Early internalized relationships, with their effect on one's current reality, form the core of object-relations theory (Robbins, 1987). The "object" refers to the "who" and

"what" in which a person's libidinal energy is invested. Libidinal energy here refers to the constitutional reservoir of energy and life that is part sexual, part aggressive: it is the fuel that motivates one to reach out and find relief, in the form of contact with the world.

Art can be a container or organizer that mirrors internal object relations and their associated defences and developmental problems. The art therapy relationship offers a safe framework within which to investigate and experience the object world. Our challenge as art therapists is to utilize concepts from disciplines such as psychiatry and psychoanalysis, while maintaining the vision and perceptions we have as artists. In this perspective, verbal and nonverbal behaviour coalesce into a mind/body whole as we, as artists and therapists, give recognition to our respect for continuity and individuation (Robbins, 1987).

It is possible that the externalization accomplished by making a visual image changes the state of the idea being symbolized from an unconscious to a preconscious state, perhaps freeing, for example, individuals who are otherwise blocked in verbal expression. The production of art work can permit the expression, exploration, and organization of underlying fantasies, once they are depicted consciously in concrete visual terms.

Internal conflict over the management of aggressive impulses can appear clearly in symbolic form in the art work.

Some of the fantasy material can be brought closer to the surface, where it can sometimes be put into words and perhaps modified. Clients come to therapy with a theory of the pathogenesis of their symptoms; their verbal and artistic expressions convey not only a description of what they are suffering, but also their own diagnosis of and explanation for their illness. This information can be used as data, in conjunction with the respective client's creative expression that speaks of this illness, in concrete form (the client's art) to facilitate insight. The art therapist needs to have some notion of what is wrong as well as how to facilitate a process leading to mental health. Rubin (1984) stated that theory, to be worthwhile and meaningful, must help to explain the phenomena with which it deals in a way that enables art therapists to work with them.

In the next chapter, I will apply the psychoanalytic concepts of drives, sublimation, and perversion to the practice of art therapy.

CHAPTER FIVE

IMPLICATIONS FOR ART THERAPY

The following theoretical constructs, overviews, ideas, and theories are presented in the hopes of illuminating possibilities in art therapy. Art therapists can perhaps consider a broader spectrum in their analysis and in working with their patients/clients, and not limit their scope of understanding to artistic expression and sublimation.

Art and the Artistic Process

Langer (1962) conceived of the arts as highly disciplined modes of making available to contemplation experiences that cannot be encompassed by discursive thought. The arts contribute substantially to our understanding of human existence. The art therapist functions as auxiliary ego and as facilitator of processes of neutralization and sublimation.

Ulman (1986) wrote of a universal inclination toward the arts as a means of reconciling two conflicting demands: the need for emotional release and the need to discover order and impose organization. The artistic process, like maturation in general, calls on the widest range of human capacities and demands the integration of many inescapably conflicting elements, among them impulse and control, aggression and

love, feeling and thinking, fantasy and reality, the unconscious and the conscious. The common thread among theories on the function of the arts is that they all recognize the inherently integrative character of the arts, that is, their power to unite opposing forces within the personality and to help reconcile the needs of the individual with the demands of the outside world (Ulman, 1977). It is within this framework that art therapy facilitates this reconciliation.

Circumstances other than the needs of a given client can sometimes dictate the choice between art psychotherapy and art as therapy, and every choice entails a sacrifice of whatever lies along and at the end of the path not taken. Ulman (1986) explained that sometimes an art therapist is free to choose from within a wide range whose limits are set only by her own capabilities; at other times, choice is limited by many factors, including availability of personnel, money to pay for their time, institutional policies, and a myriad of others (Ulman, 1986).

Summary of Historical Developments in Psychotherapy

Contributions to psychoanalytic psychotherapy include A. Freud's (1936) application of ego psychology to psychoanalytic treatment and child analysis, with emphasis on the adaptive function of defence mechanisms. The influence of

the British object-relations school and the theories of Klein (1948), Bion (1967), Winnicott (1965, 1971), and Balint (1968) led to modifications in technique to accommodate patients without adequate mothering in the early months of life, embodied in such concepts as therapy as a holding environment, the therapist as "container," and healing the basic fault.

As shown in the last chapter, the therapeutic power of psychoanalysis lies in the opportunity to re-experience, re-examine, and reintegrate pathological elements with the benefit of an adult observing ego and in the context of a relationship in which the original complementary pathogenic roles are not repeated. Personal renovation is possible through this process of freeing up stymied potentials.

Dynamic psychotherapy is likely to be the most beneficial method in cases in which less ego strength is available; this method is useful for reduction and stabilization of the pressure from the perversion and for helping to make other aspects of life as free from its interference as possible. A variety of other therapeutic modalities are available for the range of the more severe, compelling perversions. These techniques would seem to work well providing that the appropriate modality is selected for the individual patient (Meyer, 1985).

Short-term Therapy

In the 1970s and 1980s, a variety of short-term psychodynamic and psychoanalytic psychotherapies emerged, which are now primary preferred modalities in their own right, since they meet several contemporary needs, including socioeconomic constraints that make protracted and costlier treatment less viable, the wish to serve larger numbers of patients, and the pressures for accountability (which calls for systematic studies of psychotherapy outcomes based on specific formats and circumscribed time frames). Short-term therapies provide a range of brief treatments that derive from non-interpretive techniques, an active approach, and abbreviation of time requirements (Karasu, 1989).

Theoretical Overview

Art, Therapy, and Sublimation

A theoretical overview can help perhaps acquaint art therapists with the broad range of ideas in and possibilities of art therapy practices and help them to gain the flexibility that will enable them to choose the best available method in their work with clients.

Freudian-based art therapy descended and evolved from the theoretical and practical differences among, for example, Naumburg (1947, 1950, 1953, 1966), Kramer (1958), and Ulman (1961, 1977, 1986), and presents great possibilities for favorable change. Ulman (1986) stated that we must also face

up to the limitations of therapeutic work whatever its theoretical basis. It has been remarked that the net achievement of psychological treatment in general has been to cure the healthy and maintain the sick.

Accepting this as a realistic expectation of our endeavours is, as Ulman (1986) stated, perhaps less cynical than it seems at first: the sick can be maintained in the desperation of an old-fashioned back ward or in the dignity of a day hospital whose program may offer art therapy among other beneficial opportunities. It is a mistake to underestimate the vast amelioration that can take place short of a complete cure.

The art therapist who sees in sublimation a process essential to emotional health will be inclined to shield it from untimely interference, and this will influence the nature and timing of therapeutic intervention (Kramer, 1987). Oversimplification must be avoided, while the powers of sublimation must be recognized. It is important to remember that art and sublimation are not identical; art serves many purposes both in the life of individuals and in the cultural and practical lives of peoples. Premature insistence on sublimation in the face of other pressing needs can be as destructive as failure to recognize its value.

Through art therapy, what had earlier been unchoate, unconscious, and inexpressible begins to take visible shape. It seems that an unconscious fantasy, through being given

formal representation, becomes more accessible to consciousness. Some deeply unconscious material shifts upward and reaches a level of preconsciousness by virtue of taking form in the art. For some patients, this may be a sufficient goal, particularly since it may be accompanied by a cathartic experience.

There are two other directions, well known to art therapists, that therapeutic progress through symbol formation can take (Wilson, 1987). Naumburg (1966) used art work initially to bring unconscious conflicts to the surface, and ultimately to lead patients to a conscious verbal awareness of these conflicts. Kramer's (1971) approach aims for a neutralization of the drive energy stimulating the symbolic expression, by guiding that expression toward sublimation in continued production of art work.

Whether the art is thought of primarily as a vehicle for sublimation (healing through the creative process) or for communication (art in psychotherapy), the art process and product always occupy considerable time and space. The more authentic the art (authenticity being defined here as a visual projection of personal, internalized experiences--real or perceived--and personal, interactive, or perceived experiences), the more likely it is to be a true sublimation or an honest communication (Rubin, 1984).

When sublimation is successful, it must partake of intense involvement, as well as of the taming and forming

required to make the product attractive to self and others. The act of containing forbidden impulses and ideas in an aesthetic form may provide a sense of mastery, similar to the more intellectual act of understanding what is hidden in the art (Rubin, 1984). Sublimation is a most useful defensive/adaptive mechanism for otherwise unacceptable impulses, permitting as it does both gratification and disguise in symbolic form.

It seems that some people's mental health does improve following involvement in creative activity with minimal reflection, so that the healing element probably is sublimation or some other aspect of the creative act itself. Rubin (1984) further stated that it is also true that for many people genuine creative involvement seems impossible to achieve. For others, despite such involvement, the art process provides only a temporary respite from crippling tensions and feelings of despair.

Through art therapy, many people can, however, achieve significant psychological growth in which as much attention is given to the reflective as to the productive components of making art. This reflection, stated Rubin (1984), is not always on the level of awareness (insight); but there is usually some degree of understanding more, and of getting a better perspective through looking. It was Rubin's impression that, if linked closely in time with the doing and feeling part, this component of art therapy is a fruitful area

requiring knowledge and artistry on the part of the therapist in order to reach its fullest potential (Rubin, 1984).

Art therapists can frequently observe sublimation at its very inception, since they work with individuals whose capacity for sublimation has often remained rudimentary or whose sublimations have broken down under the impact of illness. Individuals can thus be seen oscillating between sublimation and more primitive sexually and aggressively charged behaviour, or sublimation may give way to painfully constricting defensive mechanisms under the impact of the frightening upsurge of primitive affects. The interdependence between different modes of functioning is unquestionable. Sublimation noticeably affords a very special kind of pleasure, distinct from simple instinctive gratification but somehow related to it (Kramer, 1979).

Parallels between Art Therapy and Psychoanalysis

In a sense, a psychoanalytic understanding helps the therapist to know where an individual is "stuck" developmentally and gives clues about what is being defended against (feared impulses) and how (favoured coping and defense mechanism). Psychoanalytic examination of art sessions translates some of this terminology into the clinical "data" of art therapy (Rubin, 1987).

The art therapist plans and provides the conditions under which the creative process can take place and be pleasurable, substitutes his or her knowledge and deliberate acts in any area in which the patient is unable to function fully (Kramer, 1971), and serves as a model of ego functioning and as an auxiliary ego. The patient's pathology and needs thus direct the art therapist's working methods. In certain respects, the creative work induces confrontation that resembles the confrontation in psychoanalysis and psychoanalytically oriented psychotherapy. The amorphous condition of the art material and the lack of specific directions for forming it are analogous to the blank quality of the therapeutic relationship. It is this freedom that induces the individual to form the art material or the relationship in his or her own image. Part of the individual is contained in each element of his or her work. Accordingly, the menace that confrontation with the self and its pathology constitutes is mitigated by this narcissistic gratification (Kramer, 1971).

The hidden as well as the overt aspects of the individual's production must be recognized and responded to by the art therapist, helping the individual to produce art work that contains and expresses emotionally loaded material --thus creating and maintaining a working atmosphere in which the desire to make art prevails over all other concerns.

Art and Sublimation

Practice and theoretical outlook are fundamentally influenced by the art therapist's attitude toward the concept of sublimation, a powerful source of energy which cannot be planned or plotted. The therapist can only establish an atmosphere in which the group of processes of which sublimation is born can unfold (Kramer, 1987).

Winnicott (1965) described the prototype of this situation as one in which the child is in contact with a mother who is benignly available but not at all intrusive. The infant reaches a state of relaxed tension because he or she can be calmly certain of the mother's continued availability. Experiences belonging to the realm of impulsive instinctual living or, to use Winnicott's terminology, id experiences can occur within the framework of a relationship anchored in the ego, rather than arising from the id, and can be serene rather than passionate. The ego, rather than being overwhelmed, is strengthened by the experience (Kramer, 1987).

A benign contact with the primitive mind that enriches and energizes the ego characterizes such processes. Older modes of functioning are activated as repressions are lifted. Memories and ideas belonging to the ego's realm are briefly subjected to the mechanisms of primary-process thinking. This dipping into the domain of the id is beneficial rather than destructive, since it occurs when the individual is able to

resist the pull toward permanent regression, so that even though prelogical primary-process thinking prevails and ancient libidinal and aggressive strivings are reactivated, the ego continues to function on a mature level. New maturational spurts are brought about if all goes well (Kramer, 1987). Kris (1952) described these processes from a psychoanalytic viewpoint, and coined the term "regression in the service of the ego," while Arieti (1976) suggested the term "tertiary process" for this creative synthesis. Awareness of the risk entailed is necessary, for if the ego is unable to withstand the pressures arising from the id, there may be regression in the pathological sense (Kramer, 1987).

In terms of psychoanalytic understanding, Winnicott's concept of companionable solitude constitutes the ideal situation for producing art or for vicariously experiencing it. In the practice of art therapy, art therapists must frequently be much more active than the mother envisioned by Winnicott (1965). It is sometimes necessary for the therapist to directly participate in the patient's creative efforts. At other times, the therapist may be the first to provide the essential catalyst that had been missing in the patient's life by encouraging ego functioning. While striving to libidinize the creative process, the therapist must nevertheless maintain a balance between ego support and respect for the patient's need for unmolested introspection.

Kramer (1987) further noted that only what emerges within an ambience of supportive but nonintrusive contact can feel real to the person who brings it forth. Information obtained through coercion or forced production can rarely be fully assimilated and can have no lasting effect on the individual's life.

Theoretical Viewpoints Descending From Freud

Although both Naumburg and Kramer relied on psychoanalytic insights, the divergence between their theories and practice widened over time. Art therapy as Naumburg practised it was based "on releasing [the unconscious by means of] spontaneous art expression; it has its roots in the transference relation between patient and therapist, and on the encouragement of free association. It is therefore closely allied to psychoanalytic therapy" (Naumburg, 1958a, p. 516). Naumburg went on to state, "Treatment depends on a continuous effort to obtain [the patient's] own interpretation of [his or] her symbolic designs. . . . The images produced are a form of communication between patient and therapist . . . [they] constitute symbolic speech" (Naumburg, 1958b, p. 561).

Ulman (1961) defined therapeutic procedures as those designed to assist favourable changes in personality or in living that would outlast the session itself. The art therapist often needs to tolerate defensive or escapist uses

of art materials. Ulman provides a condensed definition of art in the context of art therapy:

Its motive power comes from within the personality; it is a way of bringing order out of chaos--chaotic feelings and impulses within, the bewildering mass of impressions from without. It is a means to discover both the self and the world, and to establish a relation between the two. In the complete creative process, inner and outer realities are fused into a new entity. . . . The proportions of art and of therapy within art therapy may vary within a wide range. The completion of the artistic process may at times be sacrificed to more immediate goals. Emotions must sometimes be permitted. Communication and insight may take priority over development of art expression. On the other hand, where no fruitful consolidation of insight can be foreseen, the exposure of conflicts may be deliberately avoided in favor of artistic achievement. (Ulman, 1961, p. 20)

Freudian personality theory was relied upon by both Naumburg and Kramer as the basis for understanding people's psychological needs. However, they viewed the implications of Freudian theory for the practice of art therapy differently (Ulman, 1986). Kramer subscribed more fully to Freudian principles, but Naumburg emulated the psychoanalyst's techniques.

Ulman (1971) used Langer's (1953, 1962) terminology to make her own formulations concerning the place of the arts in human development:

The business of the arts is to give form to feeling: and this is the basic method whereby man created his world. Every child needs to be an artist insofar as he must find a means to conceive himself and the world around him and to establish a relation between the two. . . . But the task does not end with childhood, and the arts serve throughout life as the meeting ground of the inner and outer worlds. (Ulman, 1971, p. 93).

Freud held the conviction that psychoanalytic insights might help us understand art through investigations (Halsey, 1977). The study of malfunction has led to greater understanding of physiological as well as psychological processes in general. In art therapy, we witness not only many artistic miscarriages and abortions but also are occasionally present at the birth of art in the face of great obstacles. In this position, we have an unusual chance to look into the genesis of what Kramer and Ulman (1977) called the unity of form and content which lies at the heart of the mysterious power of art.

CHAPTER SIX

OVERVIEW OF A CLINICAL CASE STUDY

D, the subject of this case study, was 42 years old at the time I (as an art therapy intern) worked with him as a client in art therapy, at a local community clinic. This case led me to need to understand and explore perversion, sublimation, and sexual psychopathology.

This case illustration is included in an attempt to investigate and illuminate the processes of sublimation and perversion. I will look at elaborated perverse material to see if there is another way to understand the transformation of drives. I will use a Freudian psychodynamic framework as the major orientation within which to recount the following art therapy sessions. The interpretations I have provided comprise a combination of the theory presented in this thesis and the client's own verbalizations and explanations, accompanied by my educated intuition/understanding of the process.

Personal History

D had been on lithium treatment for approximately 10 years. He had attempted suicide at least three times in the past, and had been hospitalized for depression. One suicide attempt was through a drug overdose; another was through

slashing his wrists. The method for his third attempt is unknown. These attempts--cries for help--were later graphically reproduced in his images, as symbols of the complexities going on within him. They were physically executed on him, by himself, and were later repeated in his imagery (figs. 1a, 2c, 6b, 7a, 10b, 11a). D had a history of alcohol abuse, and was consuming at least two litres of beer daily at the time we began our art therapy sessions.

D was the elder of two children. He described his sister as "a perfect angel." Father was described as cold and indifferent, afraid of D's homosexuality and of his own latent tendencies--both of which he (father) could not resolve or accept. Father had never shown tenderness or physical closeness to D. There was a family history of bipolar disorder (father), and both parents had been hospitalized for "mental problems" (D's words) in the past. Both parents had attempted suicide.

D's parents divorced when he was young (age unknown) after many turbulent years. There was a court order banning D from being near his father, since D has made several threats against him. D spoke with his mother often, which produced great anxiety and frustration for D, who felt that she could only accept him when he was "down and depressed." D described his mother as a "black-tipped winged angel," and also as a successful artist--"Everything she touches turns to gold"--connoting his great ambivalence toward her.

D was articulate, intelligent, and introspective. His moods fluctuated regularly, but were muted, dulled, and controlled by a screen of mild intoxication. D wrote regularly and was in the middle of a novel about two schizophrenics who lived in a hospital. The main character was an Oriental woman, who represented D himself. The writing appeared to give him a fundamental sense of purpose and identity, providing a creative outlet for an abundance of inner conflict.

D's final diagnosis appeared to be that he suffered from major affective bipolar disorder, the primary and preponderant disturbance being in mood. Mood is a prolonged and pervasive emotional state that affects the total person: feelings, outlook, attitude, self-regard, activity level, homeostasis, balance, and trends in thinking (Webb et al., 1981).

Over all, my main observations in working with D over a period of 7 1/2 months remained consistent: D struggled with intense inner aggression that was potentially homicidal, as well as potentially suicidal, in nature. His inner sense of self and ego identity were both fragile and dependent on the approval and incorporation of others. The following case-material summary should help to illuminate and illustrate these points. In D's own words, "The journey is going to be a difficult one, but I'm not afraid."

Reason for Referral to Art Therapy

Although he was articulate and intelligent, D appeared to use his intellectuality, idealization, and alcohol abuse as a means of screening, muting, and dulling the inner turmoil he experienced. It was believed that, although he presented himself as calm and in control, much aggression and anger lay beneath the overt verbalization of what "upset" him and his emotional equilibrium. Art therapy was proposed as an alternate therapeutic modality that might get beyond his well-rehearsed verbalization.

Duration of Art Therapy

D was seen twice a week, over a period of 7 1/2 months (the duration of my internship).

Goals of Therapy

In the short term, the goals of therapy were to provide a safe and comfortable environment for free expression of the inner world through symbolic expression, and to engage D in the creative process with less need to use verbalization as a means to distance himself from the process.

The long-term goals were to provide a means and a space for the sadness and anger that appeared to be guarded against to be vented; to enable D to sublimate successfully; to enable him to express feelings in a cathartic way; to enable him to connect and understand wayward patterns of behaviour

(relationships) and to understand how these patterns are turned inward, into suicidal ideation; and to enable him to make a shift from externalization (of events, etc.) to internalization, insight, and understanding of his own needs and feelings.

Issues in Therapy

There were two main issues. The first was the struggle with intense inner aggression, in which inner sense of self and ego identity appeared both fragile and dependent on the approval of others. The second issue was transference: the image and idea of the Oriental woman (the main character in his novel). This woman was at times the woman in him. This evolved to his identification of the therapist as being Oriental ("Asian")--the unattainable, feared, desired, and hated woman.

The Art therapy Material

D initially showed a preference for oil pastels, and for the colours white, black, and red. In the sixth session, he discovered the water-colour paints, which he continued to use for the majority of the remaining sessions. In the 13th session, D combined water colour with the oil pastel, a technique he also incorporated in other works as well. From session 17 onward, he would experiment by adding much water to the paper, then adding paint, to create watery, drippy mixes of colour, while saturating the paper.

Report on the Art Therapy Sessions

In this section, I will address only certain art works produced by D in an attempt to highlight several key and wayward themes and difficulties. Elaboration of each session and each work is beyond the scope of this paper. Images are identified by number according to the session in which they were produced, then by letter according to the order in which they were done within each session. A list of each art work can be found in Appendix 1. D participated in 41 art therapy sessions, producing 60 images in my presence, on 18" x 24" manila paper, standard white. (No other type or size of paper was available.)

Summary of the Sessions

It appeared, through his imagery and his accompanying verbalizations, that D did indeed struggle with intense inner aggression.

Manic-depressive persons, typified by D, manifest a particular kind of infantile narcissistic dependency on their love object. To offset their feelings of unworthiness, they require a constant supply of love and moral support from a highly valued love object, which may be an individual, an organization, or a cause to which they feel they belong. Because of their strong self-punitive tendencies, however, the object choice of manic-depressive individuals is masochistically determined and is bound to disappoint them.

Thus, they themselves set the stage for their illness. When they are disappointed by the love object, ego functioning is impaired at every level (Kaplan & Sadock, 1985a). This is clearly indicated by D's repetition of seeking in men (love objects) similarities in both physical and emotional qualities, and the ensuing relationships being being characterized by imbalance (figs. 11a, 22a, 23a, 32a) coldness, and emptiness, very reminiscent of his relationship to his mother and father.¹

The first image D made (fig. 1a) was a family portrait, illustrating what D called "bad times and bad memories." The house had round edges, so as not to be "too severe": this appeared to be indicative of D's attempt to present a facade of things not being too difficult, of pain not being too severe, or anger and aggression not being too easily visible.² Father was coloured all black, with red lines slashing throughout. Mother was both black and white, perhaps connoting the duality of emotion D said that he felt for her. Sister was all white, "an angel." In the image, D's back is to the rest of the family, and he is also coloured black and white. This illustrated the strong identification with mother and obvious aggression toward father, which became more

¹ D had a succession of male lovers (five in all), all of whom had the same first name as D's.

² D regularly drank before most of the first 13 sessions. The effect was a muting or inhibiting of emotions and affect.

obvious in the ensuing treatment, as it was illustrated graphically and verbally by D. Beneath this image, D drew two outline figures: father and son. D's arm was outstretched, elongated, to reach father's shoulders. A red spiky line under the arm perhaps illustrated the harsh feelings that passed between these two figures. The image was of sadness for D: father could never feel comfortable with son, would never accept his homosexuality, and bristled at his mere touch.

The first session provided major clues to this individual and his problematic areas: his ambiguous sexuality, and his anger and aggression related to inappropriate, unfulfilled, unsuccessful developmental transitions.

In the sixth session, D noticed the water-colour paints and became excited. He asked if he could do a masterpiece (fig. 6b). Talking throughout, he said that his mother never worked in water colour--it was too messy, too easy-going. He spoke of the feeling of finally painting, enjoying the water and the malleability of the medium. It was to be a layered picture: "the perspective of looking up a hill, and down it to see the water." As he painted, he said that I was probably waiting for the "telling moment"--the time when he would add the figure looking down (a girl). This girl, for him, was himself--his homosexuality--his not being able to relate to "macho things." I wondered if this could be an image of the anima--the woman inside (Jung, 1933). D added various lines

to accent or emphasize things, in an effort to separate the many layers of grass and sand from the cliff. This ultimately resulted in the creation of train tracks, upon which the figure attempts to be fleeing. It is difficult to discern which way the figure is facing--out to the water or sideways. This may have related to D's uncertainty about where he was going and how he wanted to deal with his conflicts; it may also have related to his sexual-identity confusion. (He had at times expressed a desire to be heterosexual, since he was unfulfilled by sex with another man. This tended to alternate with his expression of contentment and pleasure in being with men.)

In the seventh session, D referred to fig. 6b as being an image of a time when he had not come to terms with his homosexuality--that the woman was indeed himself. He spoke of a new companion, D1, to whom he had recently become attached. D1, who had been heterosexual, was soon to move in with D. D expressed relief at now being able to disengage himself from his two "mental patient" roommates and his eagerness at living with someone normal. In this session, D first expressed his fear of becoming more like sicker people if he spends time with them. This could be understood as being related to a denial of his own psychopathology, an inability to see himself as he was and a tendency to idealize and, perhaps, normalize his self-image. D then spoke of his mother and of how superficial their conversations really were, of

her not having loved him or accepted him for who he was. Anger was mixed with love: when he mixed up the words "mother" and "lover," D hesitated, smiled, and said it was a slip of the tongue.

It was my impression that the direction or aim of D's inner aggression seemed confused, aimed sometimes at himself and sometimes at others (figs. 2a, 2c, 7a, 10b, 14a, 15a, 25a, 30a, 31a, 23a). For example, D produced a painted red arm/fist aimed up at a black line (fig. 7a), which he stated represented mother. This image was perhaps an expression of wanting to both hurt and love her. As an afterthought, D added a large, red scar-like configuration that could be seen as an expression of the pain his dilemma causes him. At the end of the session, D expressed confusion about "this whole mother thing, what is really going on, and what it really means." He again stated his feeling of being unloved by her, and of wanting the attention she lavished on his lovers--men, whom, he speculated, she might have preferred to D as sons (or lovers, I wondered). D's actions may thus be a reaction to and identification with mother: if mother wants them, so does he; he will get to mother through them.

To create fig. 11a, D, using paint and "holding his breath," carefully made a series of lines and intersecting lines, refining and redefining areas over and over again. It was a balanced image, Oriental in its quality. "I relate strongly to Orientals, their sensitivity, their

understanding," D stated. D explained that his new living arrangements were "interesting": D1 was young enough to be D's son, while D was young enough to be D2's son, and all three were living together. It seemed that this gave a new order and sense to the meaning of family; I wondered who filled which role. The result was a sort of "son having sex with father." D described the image as being of balance, of life opening up and not spilling. On the left are what he called "two peas in a pod": D and D1 before, with all of their sexual difficulties. These two "pea pods" looked ominously like carcasses hanging from hooks. (Perhaps this was a clue to things to come, as manifested in session 14.) On the right were three more Oriental-style gestural lines; according to D, these represented D, D1, and D2 having worked things out. Looking at the image, D stated that he was again the one in the middle, acknowledging his tendency to over-intellectualize. This image is similar to the immediately previous drawing (fig. 10b), with its suicidal or homicidal potential; I wondered whether the anger would be turned inward or outward. There appeared to be growing confusion over who is who. D's identity appeared to become more and more confused and enmeshed with the identities of all of his ex-lovers. Each new lover took on the role of the previous one--each being like a new creation, or an evolution of a past involvement. This was evident in figures 22a and 23a, in which each of the figures D described had not only the same

name but the same identity as D. Thus, the boundaries between D and his lovers, and their relationships, were increasingly confused. This confusion was evidenced in his relationship to both mother and father. Moreover, he subsequently became involved with his father's second wife, expressing, yet again, his confusion over the ideas of "mother" and lover."

In the 14th session, D began by asking if I wanted to keep the door of the room open, since, he said, "I might kill you." He was obviously depressed. Leaning on the table, D recounted his anger at being left at home by his roommate, D1, with whom he was now in love, and in the process of reliving and re-experiencing a destructive, unfulfilling relationship. His displaced aggression later resulted in a brawl with D2, who subsequently died in hospital as a result. The fight resulted in the telephone being broken (this was represented or perhaps forewarned in fig. 13a, an explosion and a telephone wire). Sitting down--the first time he had done so to work--D painted his world coming apart: a black face in profile sat atop a sort of mountain rock. A green figure, "hope," was seen to its right. This appeared as a half-figure, yet D insisted it was both himself and D1. This may have been an illustration of D's identity confusion. This image was an idealization and defence (orange) versus reality, superego, therapist, depression, and anger (black). D referred to this as a big mess, and said that he would do more of a disaster in his second drawing.

D thus set himself up by becoming enmeshed in unfulfilled homosexual relationships, confusing who is who, and what are the goals, boundaries, and limits (figs. 9a, 9b, 9c, 10a, 10b, 16a, 22a, 23a, 24a). D's fragile identity was clearly expressed in fig. 22a, which related to the previous session in which a concern of D's was that it was possible to see through him. D described this image as himself and his ex-lover D3. The identities were enmeshed and superimposed: D, in blue, was portrayed kneeling; the green figure represented D3, who was prone, and who appeared to be penetrating D from behind. D again expressed anger at the "You's, who don't give me what I need," and explained that he felt inferior to women (like his mother, I wondered) and their stance, on the pedestal where he has placed them.

In fig. 23a, D portrayed himself and a new lover, D4. The boundaries were confused and overlapping. D was expressing, symbolically (via the art work), his emotional inability to separate himself from these individuals. These figures appeared to be joined at the hands, which also appeared to have phallic significance--or suggests sexual intimacy between them. At the same time, it was an image of mother and child, with a sort of spiritual halo overhead--the glorification or purification, I felt, of mother's love. He titled this image "Sandbag People"; thus, the forms were changeable and malleable, perhaps signifying the interchangeability of all the D's. The more deeply attached D

became to these new love objects, the more his fragile ego was bound and his identity becomes measured or mirrored, according to how he is treated or seen by this person. It seemed apparent through D's images that the phallus became a sort of weapon that harboured the aggression within him and which he used to "penetrate," thereby wounding or killing the object through a "perverse" sort of act of love.

The second half of our sessions together produced images that could be seen as having gradually evolved from what appeared to be a raw expression of his perversion (of the drives) to a more cathartic, sublimated process in his creative image making--perhaps a sublimated expression of his perversion.

D came closer to experiencing the profound sense of loss and separation associated with the loss and separation a child experiences (in birth and the developmental stages). It was hoped that he would negotiate a good separation and introject a part that he could incorporate for himself from which to progress in his own journey, growth, and development.

It is difficult to say whether D's capacity to draw on his own life experiences, especially the pain he suffered as a child and as an adult, represented a true sublimation--a drive discharge in a modified form--or a variety of defensive measures. These latter may be understood in terms of a whole range of more or less successful efforts at sublimation that

need to be repeated as they become increasingly involved in conflict and progressive neurosis. Perhaps the latter became progressively evident as sublimations failed to provide stability, especially as aggression did not appear to be contained.

Perhaps D took revenge for the many occasions he had suffered real or perceived abuse at the hands of mother and father. D gave his resentment against his parents a form which for him changed the suffering into a pleasure--a feat indicative of a wide range of defensive measures. But these were only partially successful; the rancor came through in the description (both verbal and in art form) of the significant others in his life and was not ameliorated through its expression in his art work. The continued and increasing bitterness was seen in D's life and in his art work, and the father and mother were portrayed as unattainable or aggressive.

In the 31st session, there was still pent-up anger. D said that he could not live with the feelings that consistently resurfaced, especially when he needed father. Angrily, he picked up the paper, crumpling it and tearing it in places. He said that this session was for "reactivating his feelings of hatred for father." He then smoothed out the paper and attempted to paint a large figure representing his father, and the anger and hatred that he had never known how to live with. The figure, he said, was vanishing. He could

not continue at this point, and sat down. The anger, and perhaps humiliation, he suffered and carried with him had become too much felt and experienced here. (D had arrived for this session without his false teeth; teeth can be understood as an aggressive element, which is thus absent in the course of venting the anger. This may relate to D's apparent castration anxiety.)

The anger was not ameliorated by the pleasure in his writing or art making. Aggression and artistic ability were at war in his imagery. He attempted to compensate for earlier suffering through his writing and art work, but was only partially successful when the conflict was imprisoned by repression. The hostility against his parents did not seem to be able to be neutralized. Throughout the art therapy, there was evidence of the repression of D's rage, jealousy, and aggression against his mother and father which began in his first years of life and which prepared him for his neurotic development. D's continuous preoccupation with others who bore his name, with death, and with homosexuality can be seen in this context, although they were also themes in his images.

The pleasure of giving expressive form, one of the hallmarks of sublimation, could be seen mainly in the gaily coloured pieces (figs. 3a, 6b, 21a, 24a). There was evidence that D had experienced the process of sublimation. At the beginning there was some expression of raw, aggressive

sexuality, and this was followed by the wish to regress to the infantile pleasures of smearing and messing with paint. D renounced these pleasures, however, in favour of constructive, ego-syntonic action. Direct concern with the penis was displaced onto a universal phallus symbol. As he gratified his phallic aspirations, he gained access to repressed and menacing emotional content. Sublimation faltered as he was unable to give full expression to this material. He turned instead to more conventional, emotionally more neutral subject matter. His finished work fails to attain the inner consistency and evocative power characteristic of art work embodying complete sublimation, but he came close enough to sublimation to experience the special kind of pleasure associated with it.

Case Discussion

A review of the sessions and the art work illustrated that the art therapy process revealed the major conflicts and disturbances that affected D's life, experience, and perception. The art work revealed major clues to this individual and his problems: his ambiguous sexuality, and his anger and aggression related to inappropriate, unfulfilled, and unsuccessful developmental transitions.

The colour black remained a constant in the images, often accompanied by severe contrasts, such as yellow, orange, or red. This could be seen as consistent with manic

depression, an incorporation of both extremes as defences against the inner turmoil that it is too difficult to experience directly. Perhaps the black reflected his inner shadow--the depression, the link to his past.

The first figure we usually meet in the confrontation with the unconscious is the personal shadow. Since he mainly consists of what we have rejected in ourselves he is usually quite uncongenial to us. . . . If we are hostile to the unconscious, however, it will become more and more unbearable, but if we are friendly, realizing its right to be as it is . . . the unconscious will change in a remarkable way. (Hannah, 1981, p. 7)

In Kleinian terms, D exhibited strong aggression that perhaps refers to aggressivity toward the breast--a returning to the "bad breast." The ensuing struggle between D and mother figures resulted in both projection and intrusion (figs. 23a, 25a, 26a). Perhaps the yellows, associated with the idealized mother, were used for a sort of self-idealization in what Freud would call an aggressively symbiotic relationship. Where mother and child have created a matched world that is illusory, the result is an inability for the child to grow. As a result, D had to deny his own psychopathology, the inability to see himself as he was, tending to idealize and, perhaps, normalize his self-image. Anger mixed with love; hatred with depression; male with female; mother with father.

Throughout his description of the libidinal phases of development, Freud made reference to the significance of the child's relationships with crucial figures in his or her

environment. Freud postulated that the choice of a love object in later life, the love relationship itself, and the object relationships in other spheres of activity depend largely upon the nature and quality of the child's object relationships during the earliest years of life. In boys, the development of object relationships during the phallic phase is relatively simple because the boy remains bound to his first object, the mother. The boy's interest in the mother as the source of nourishment continues, and he develops a strong erotic interest in her and a desire to possess her exclusively (Kaplan & Sadock, 1985a). This stage of development, normally ultimately resolved by a strong identification with father, seems never to have successfully taken place in D's case. He appeared to be stuck in between, still desiring his mother yet still desiring his father, as expressed in his homosexuality.

D placed the feared and desired woman on a pedestal: she remained elusive, unattainable, feared, and hated. Her sexual desire and her aggressivity were both feared, hated, and desired--as were D's mother's. Many of the generational taboos collapse, which contributed to his confusion, as father took on a second wife who was close to D's age. D became involved with this second wife and found the relationship confusing, thereby complicating his already confused identity.

Instead of fearing the father, D perhaps somehow transferred this fear to women. Kaplan and Sadock (1985a) described ego-dystonic homosexuality, the criteria for which are a desire to acquire or increase heterosexual arousal so that heterosexual relationships can be initiated or consummated, and a sustained pattern of overt homosexual arousal that is an explicitly unwanted or persistent source of distress. It was difficult to unequivocally place D in this category, since this diagnosis is reserved for homosexuals for whom reversal of their sexual orientation is a persistent concern and not simply the product of a disappointing love relationship or of a difficulty in adjusting to a new awareness of homosexual impulse. Rather, I am including it here to present a possible aspect of the psychopathology (perversion of the drives), since D's confusion, sexual unrest, and lack of homosexual fulfillment suggested a questionable sexual orientation that was not yet finalized. (Change was not, however, predicted or indicated in this area.)

Throughout the art therapy sessions, D repeatedly presented a growing confusion as to who he was: did the procession of lovers named D represent aspects of his own incomplete sense of self? Were they all entangled parts of his first lover, or of his original love objects (mother and father)? The ego--the part of personality that originates when the child differentiates himself from the surrounding

world and recognizes his own identity--appeared to have been not fully developed and thus lacking in strength. The successful and healthy introjection of parental figures had not, in the normal sense, taken place, and had not assisted in this process.

The art material, as well as D's verbalization "I might kill you," continuously revealed the aggression that lay beneath the surface. The black and reds attested to an ever-present potential for aggression or explosions. This was speculated on in the first sessions (before Christmas break), and became "fact" in the latter half, as D revealed the potential of his anger--especially after D2 died. D's aggression targeted different sources at various times: himself, his lovers, his mother, and his father. D's fragility revealed a constant identity that became less defined and more diffused, enmeshed, and taken over by his lovers, his mother, and even by his all-consuming hate/love for his father, which he enacted and re-enacted with each sexual encounter.

Freud (1905/1952) described the inverted man as being like a woman, being subject to the charm that proceeds from masculine attributes, both physical and mental. He feels that he is a woman in search of a man. This can be seen in D's painting of a woman forlornly looking out to sea (fig. 6b). In the earliest years of childhood, the future invert passes through a phase of very intense but short-lived fixation to a

woman (usually his mother); after leaving this behind, he identifies himself with a woman and takes himself as his sexual object. Proceeding from a basis of narcissism, he looks for a young man who resembles himself and whom he may love as his mother loved him. Inverts have continually transposed the excitation aroused by women into a male object (Freud, 1905/1952). D had thus repeated all through his life the mechanism by which his inversion arose. The compulsive longing for men had turned out to be determined by his ceaseless flight from women. In inverted types, a predominance of archaic constitutions and primitive psychical mechanisms is regularly found. Their most essential characteristics seem to be a coming into operation of narcissistic object choice and retention of the erotic significance of the anal zone. This was seen in D, who, upon elaboration, clearly stated his preference for being the active partner in anal sex. Factors which provide a point of contact between the perversions and normal sexual life, and which can also serve as a basis for their classification, include the distinction of perversions or deviations which are, according to Freud (1905/1952), sexual activities which either extend, in an anatomical sense, beyond the regions of the body that are designed for sexual union, or linger over the intermediate relations to the sexual object which should normally be traversed rapidly in the path toward the final sexual aim.

Chasseguet-Smirgel (1984) wrote that the pervert has a pull, as does the artist in each of us, toward supplanting conventional reality with a universe of one's own making. For the pervert, she stated, it is a universe in which the boundaries between the sexes and between the generations are obliterated (fig. 22a, D and lover; fig. 23a, D and mother/lover). In D's painting (fig. 11a) of the Oriental sign of balance, he had represented his microcosm--in his apartment--where he had collapsed the generational taboo: father and son and grandfather living together "incestuously." This fusion was again displayed in fig. 36b.

Given his imagery of anxiety, depression, anger, and fear of castration, it appeared that D was somehow caught in a sort of twilight zone of an unresolved Oedipal stage, in which he never fully renounced his Oedipal love for mother, nor fully identified with his father and incorporated within himself his father's prohibitions. Hall (1979) stated that development of the Oedipus complex creates a new danger for the boy. If he persists in feeling sexually attracted to the mother, he runs the risk of being physically harmed by the father; the specific fear harboured by the boy is that the father will remove the offending sex organ of the boy. This fear is called castration anxiety (Hall, 1979). D remained locked into both desiring, fearing, and hating women (mother) as unattainable objects, and desiring rather than identifying with men (father).

Through art, D seemed to be able to express himself, thereby releasing his repressed or sublimated wishes and drives. It appeared that some of what D found too shameful to reveal verbally he released in his images, perhaps freeing himself of some of the great anxiety, tension, and shame that resided within him. Because of D's defence of over-intellectualization, he was quite adept at masking his inner darkness, yet this darkness was ever-present in his art work. It was the black that often counterbalanced the idealized yellows (figs. 14a, 13a, 30a).

The art work and images that D produced transcended his ability to hide and make the exterior world seem or appear as if "things aren't so severe"--as he did try to do in his first image in our first session together (fig. 1a). Contrary to what D might have liked to exude, it became apparent, through his art work, that deep within him lay a great storm of inner anger and depression that often has no single identifiable target. It was hoped that the art therapy process might help to channel and identify some of this anger into more viable targets--the art work and the art-making process--in an attempt to diffuse what appeared to be explosions or other major expressions of fury that might be acted out.

It is postulated that the art therapy process here revealed an example of drives expressed as perversion (i.e., the Freudian concept of aim or object as being "wrong"). As

was hoped for, it appears that a transcendence occurred: the drives became more sublimated and expressed progressively in the art work.

D had also come to understand how suicide had been used throughout his life by his parents, who indirectly taught him that suicide and its threat comprise a form of "problem solving": a seeking of attention and gratification that results in aggression and depression, which, turned inward, punishes outward--those left behind after the suicide or the attempt.

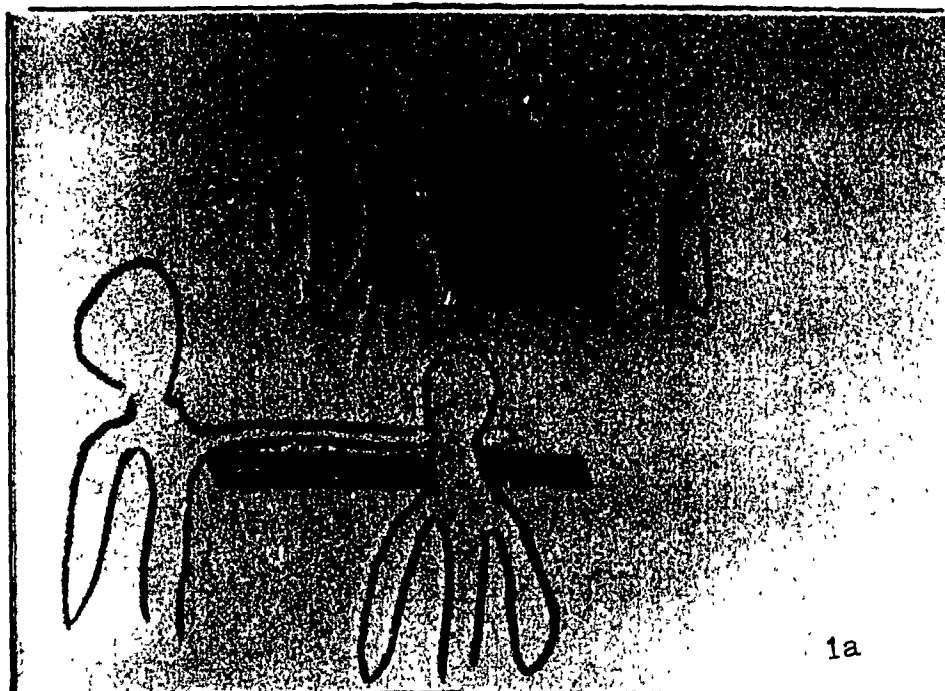
It was important for D to continue to explore the anger that had its roots in this depression, and to channel it to more viable targets, such as art work and the art-making process--even his writing. His art work was heavily laden with explosive or volatile material; given the nature of the client, there was concern over how, when, and where he would express the underlying feelings.

The drinking, the promiscuity--the "fixes," as D called them--like the mania, the depression, or even his subtle delusions of grandeur, had the effect of numbing (or attempting to numb) all that D felt or experienced--dulling the aching feeling of emptiness--escaping from the innate feeling of being nothing. D progressively proceeded to tap into all the fantasy and illusion about himself that drinking afforded him; the intense fear of feeling, especially of anger, was finally expressed, acknowledged, and experienced

(or re-experienced) both appropriately (on the paper) and inappropriately (fig. 31a).

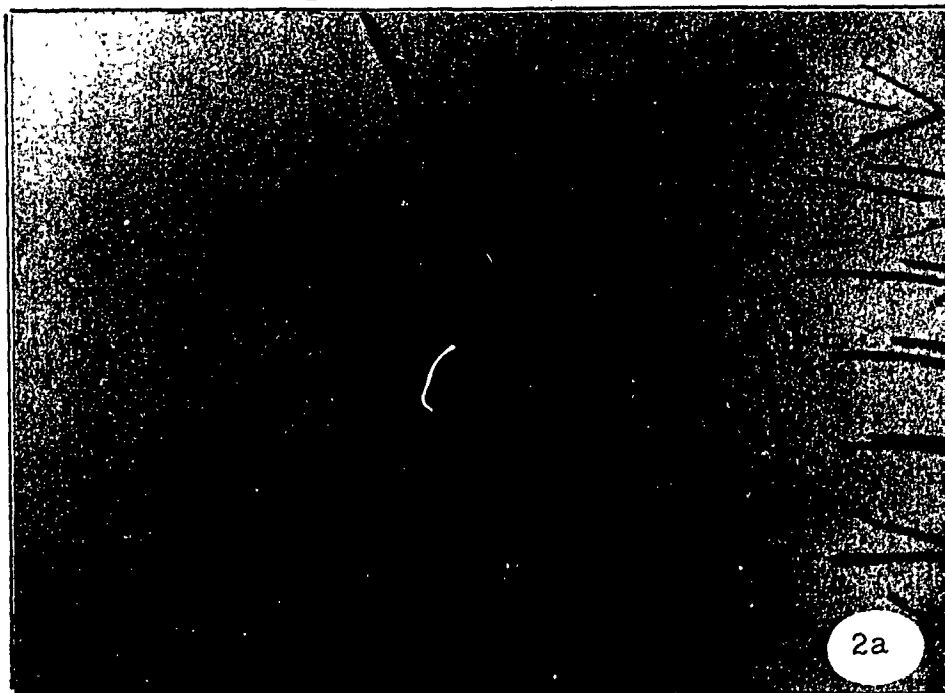
The final sessions culminated with D progressively distancing himself from me, preparing to disengage from the process and be on his own. In his last image (fig. 41), colourful, watery lines radiated from the page, reaching up to a sun of deep orange encircled by yellow. He constructed images of progressive separation, the shapes becoming less enmeshed and propelling off in different directions. His anger surfaced more readily and was directed at me and his father as therapy progressed to termination. (Some of D's anger could be understood as a response to termination, which was imposed because my internship ended.) Once again, D exhibited a need to leave "a bad mother" rather than a good mother.

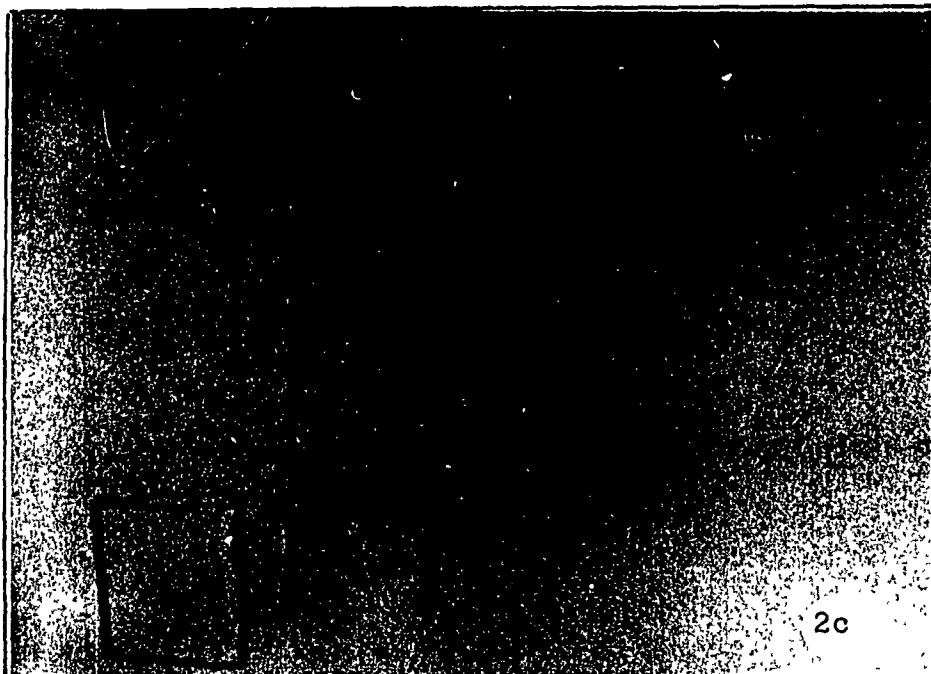
Upon termination of therapy, it was still apparent that D still needed to "escape" from feeling and owning the feelings, for fear that taking responsibility might destroy him. Although it was hoped that he incorporated some of the good, he needed to reject angrily, so that separation was thus less painful and would not be perceived as genuine loss of the good object.



1a.house,mother,father,sister;self/father

2a.D.versus negative forces/people

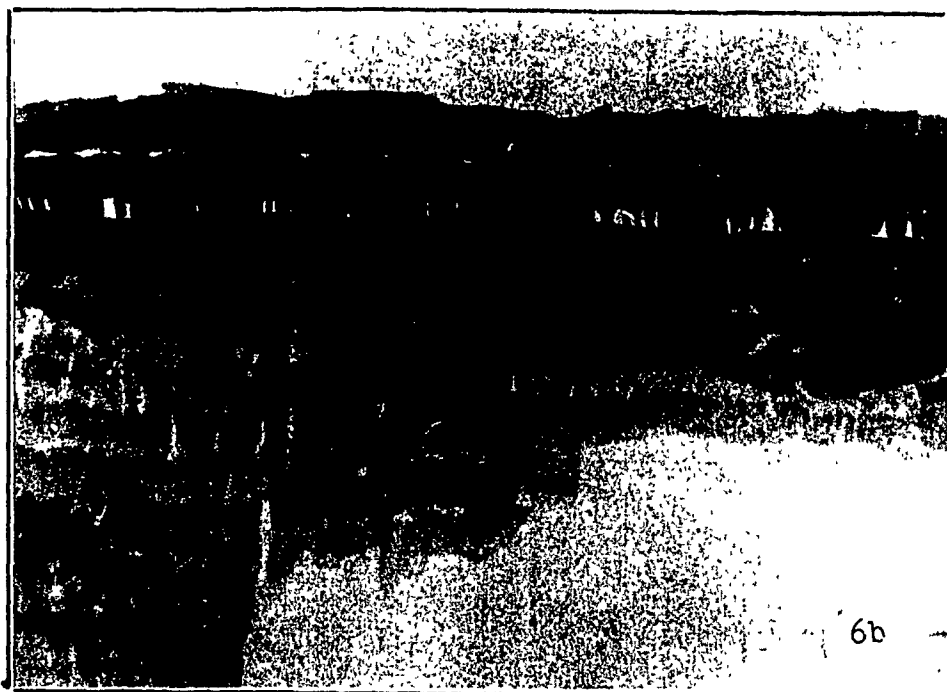




2c.self,father;dead on a slab of concrete

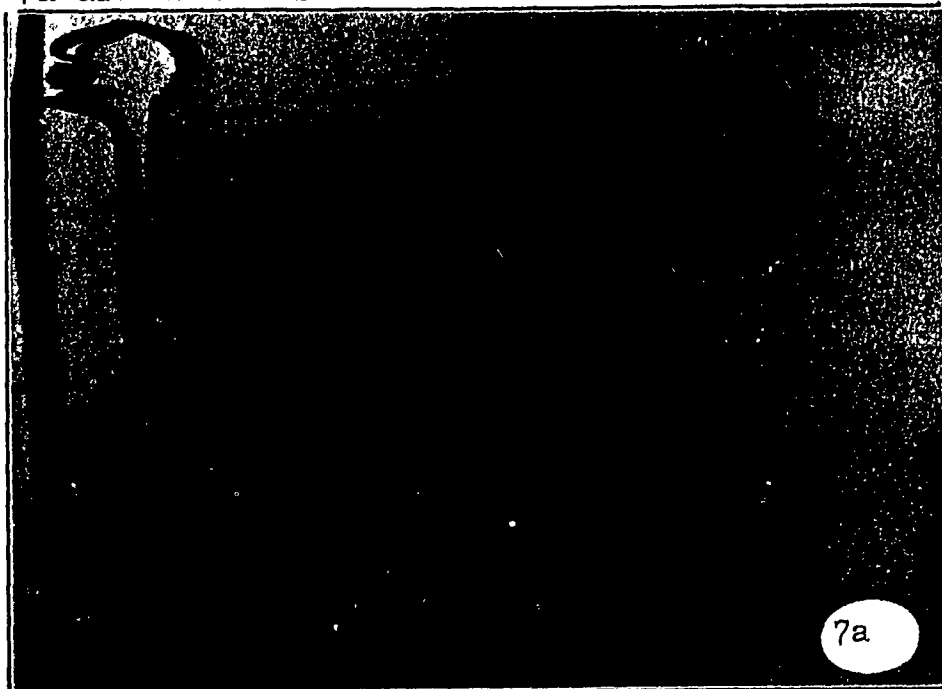
4b.path of life/tree

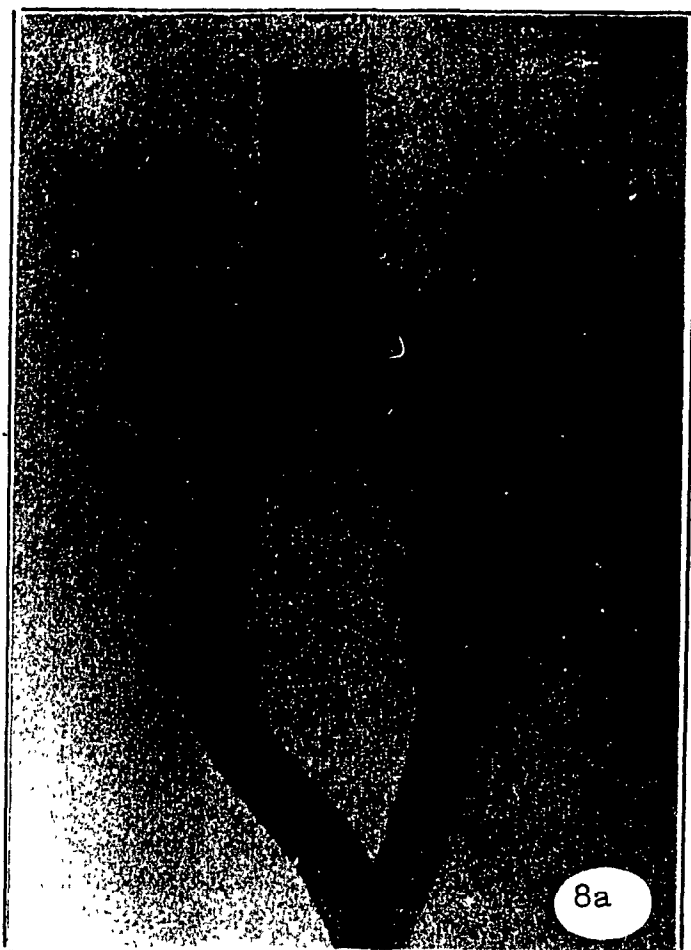




6b. landscape with woman looking at sea

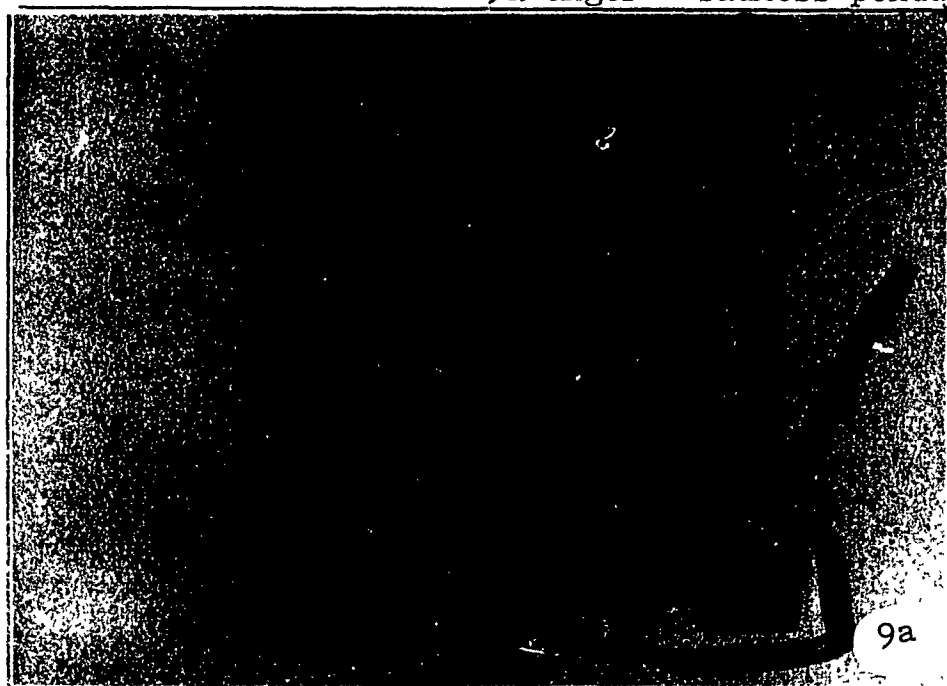
7a. arm with muscle

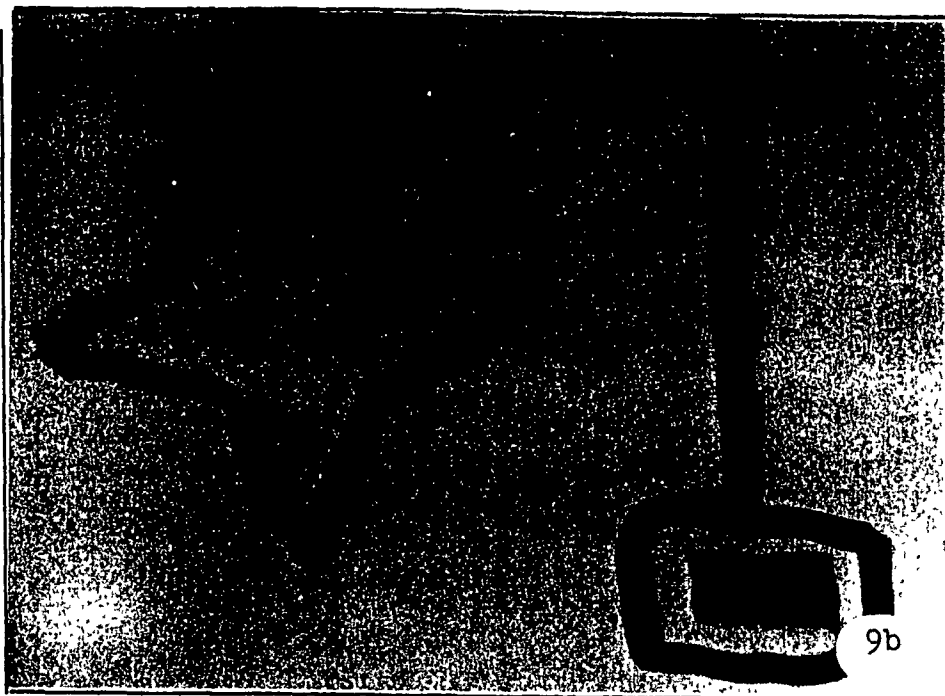




8a. vulva

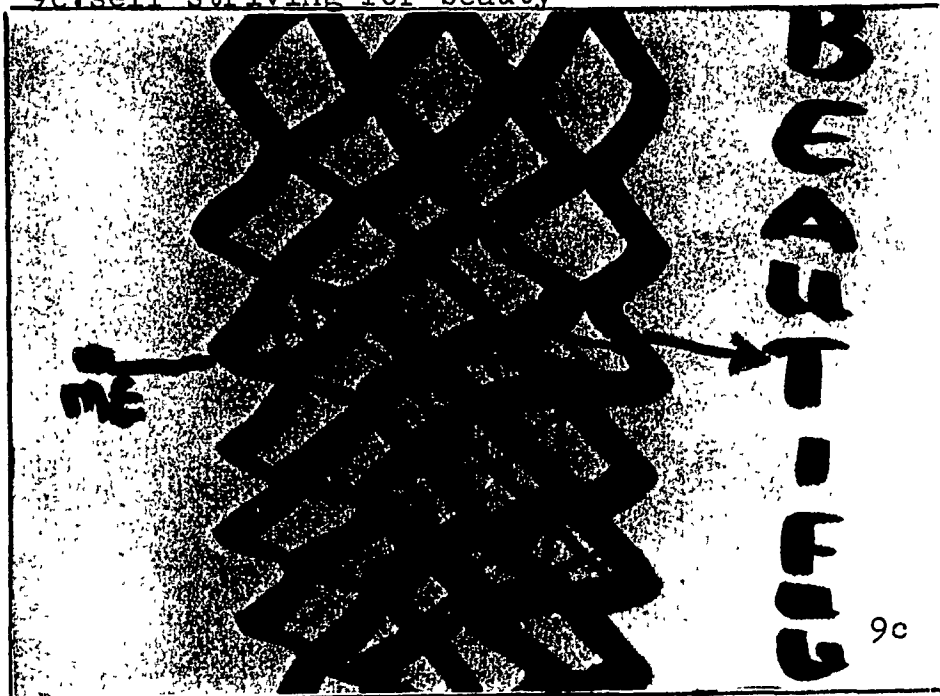
9a. anger + sadness pendulums



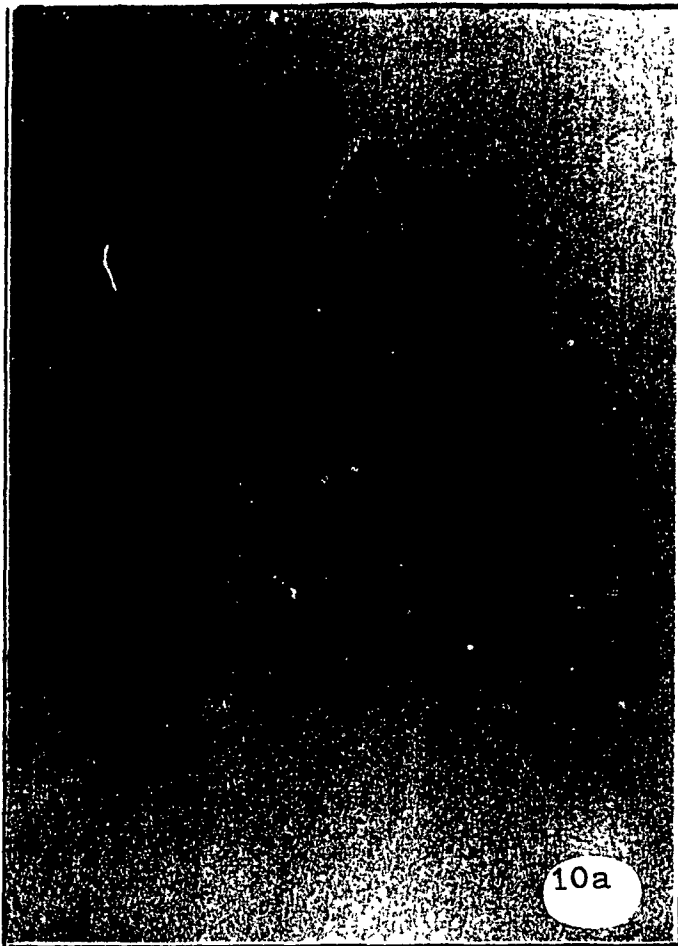


9b.star and pendulums

9c.self striving for beauty

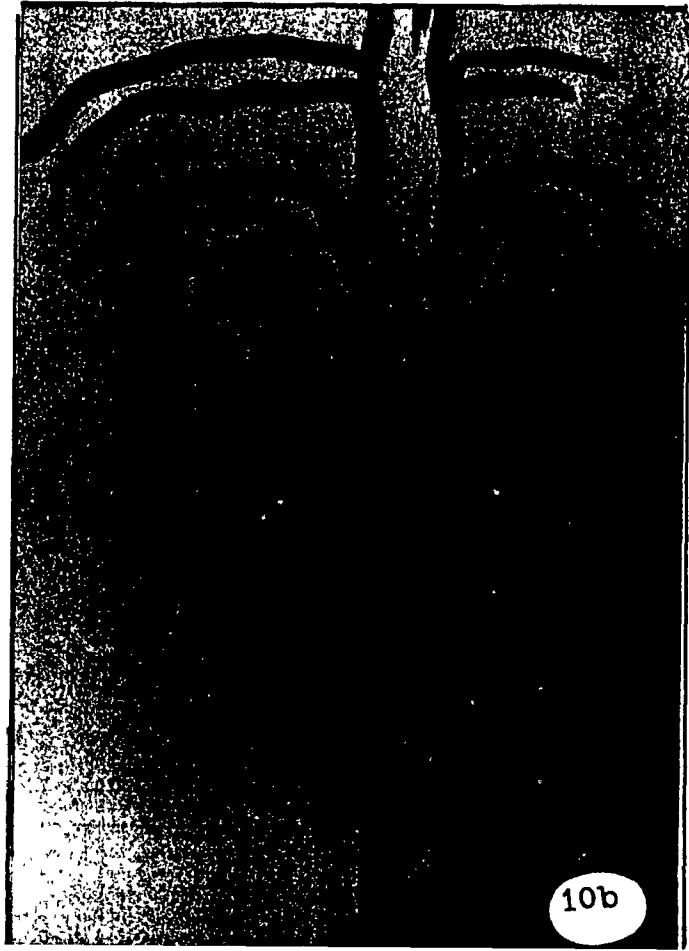


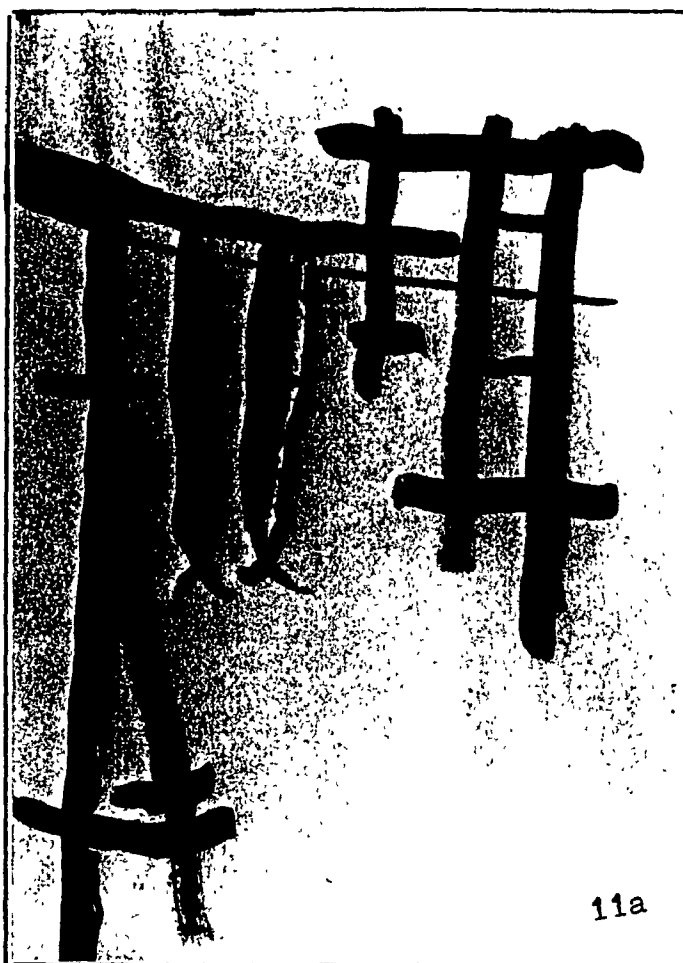
9c



10a.intertwine:self,ex-lover

10b.hanging from tree

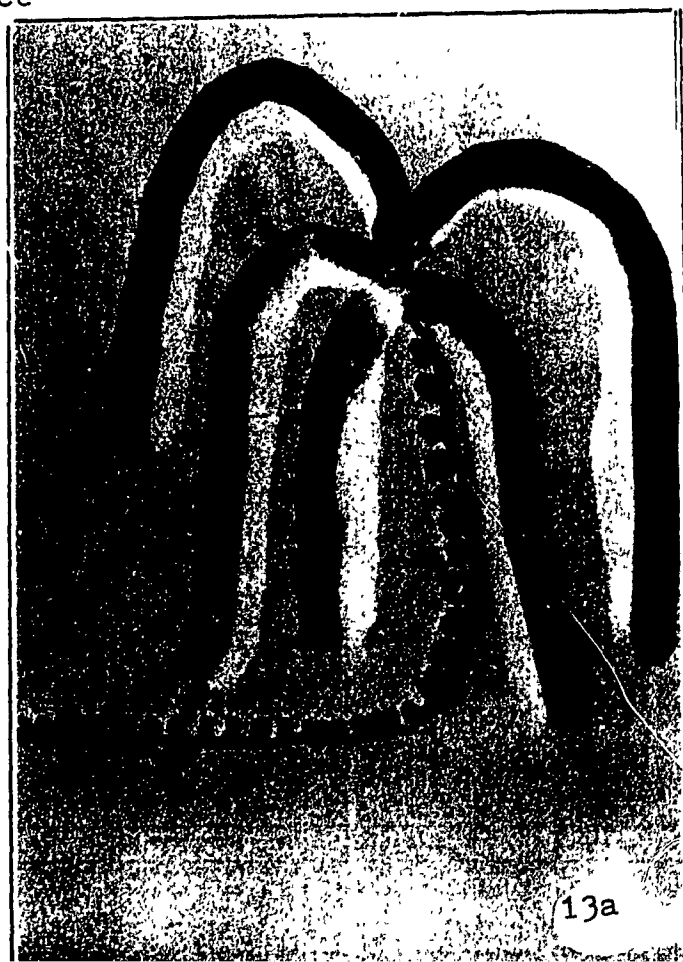




11a

11a.oriental sign:balance

13a.flower + telephone wire

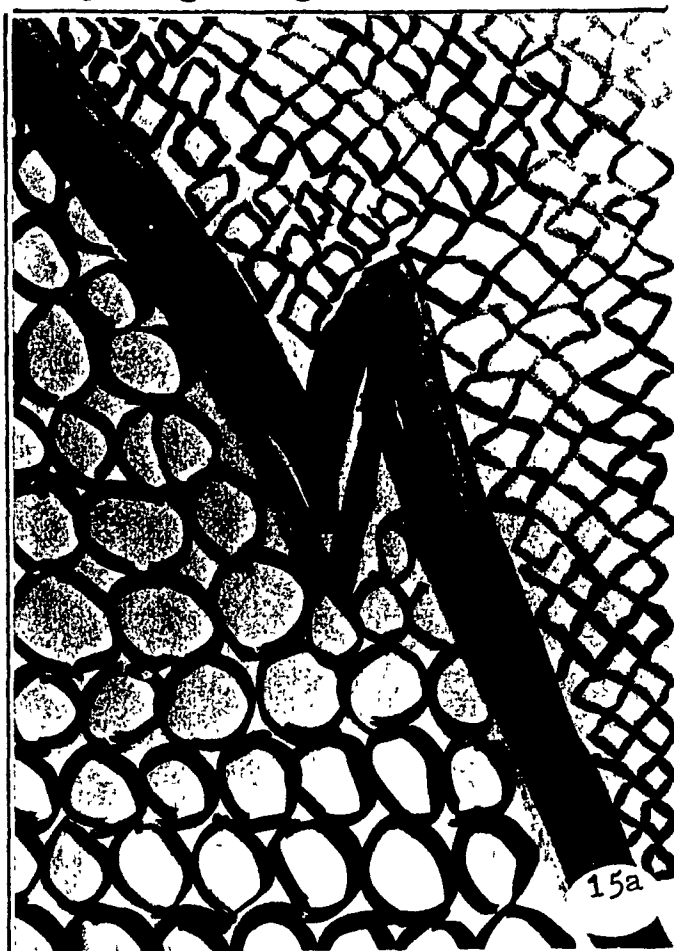


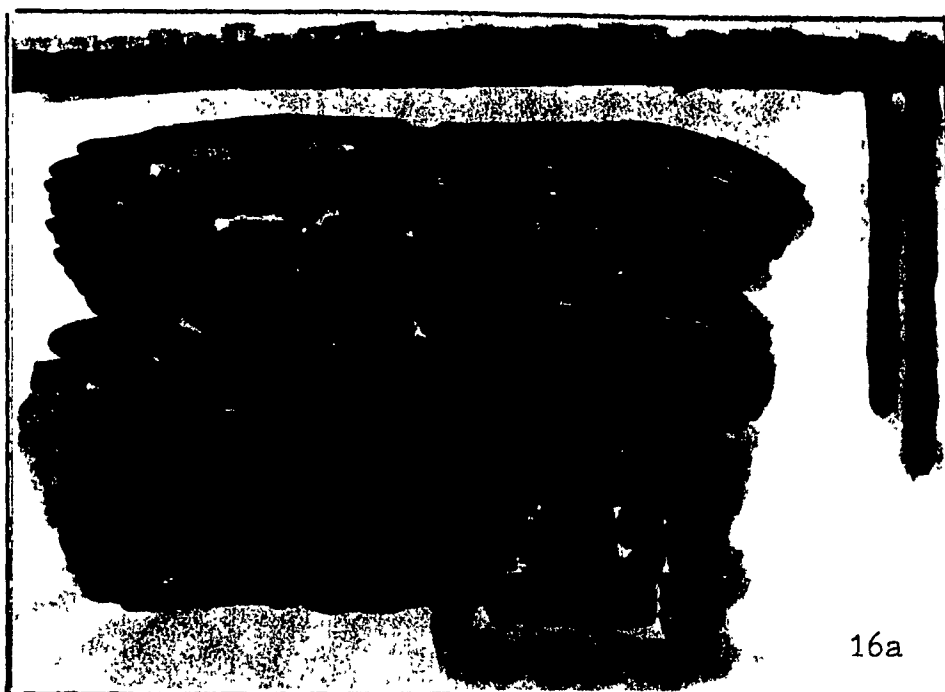
13a



14a.world coming apart

15a.lightning bolt

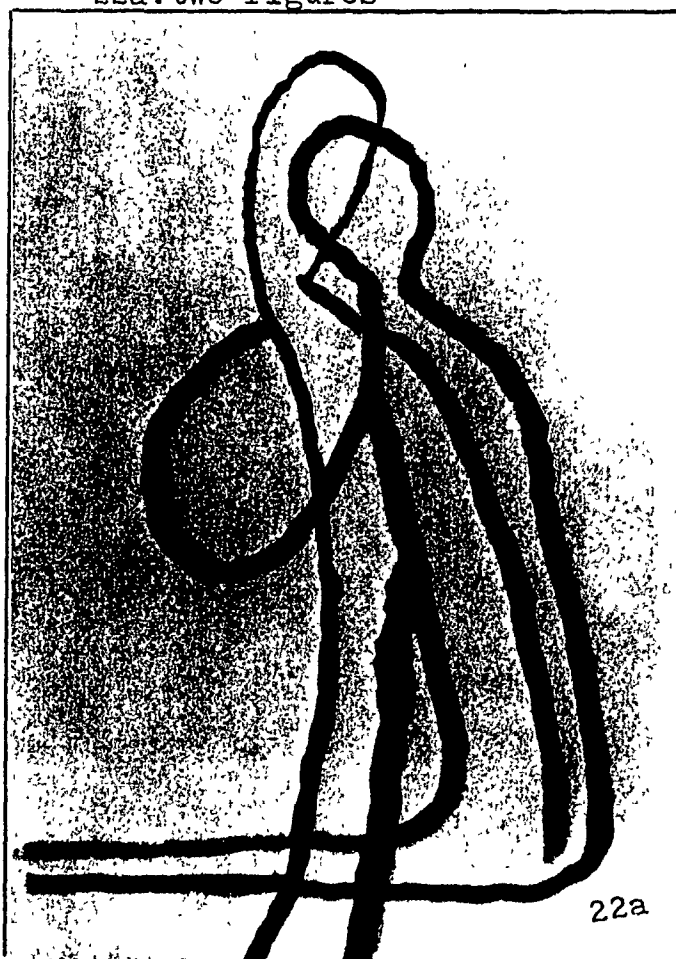




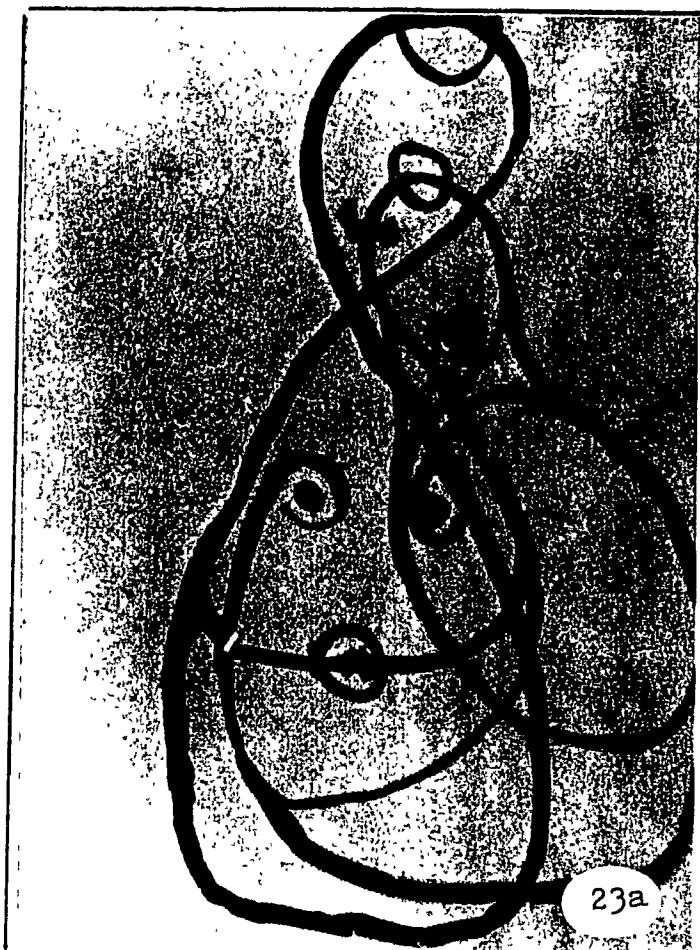
16a

16a.blurred:muting of feeling

22a.two figures

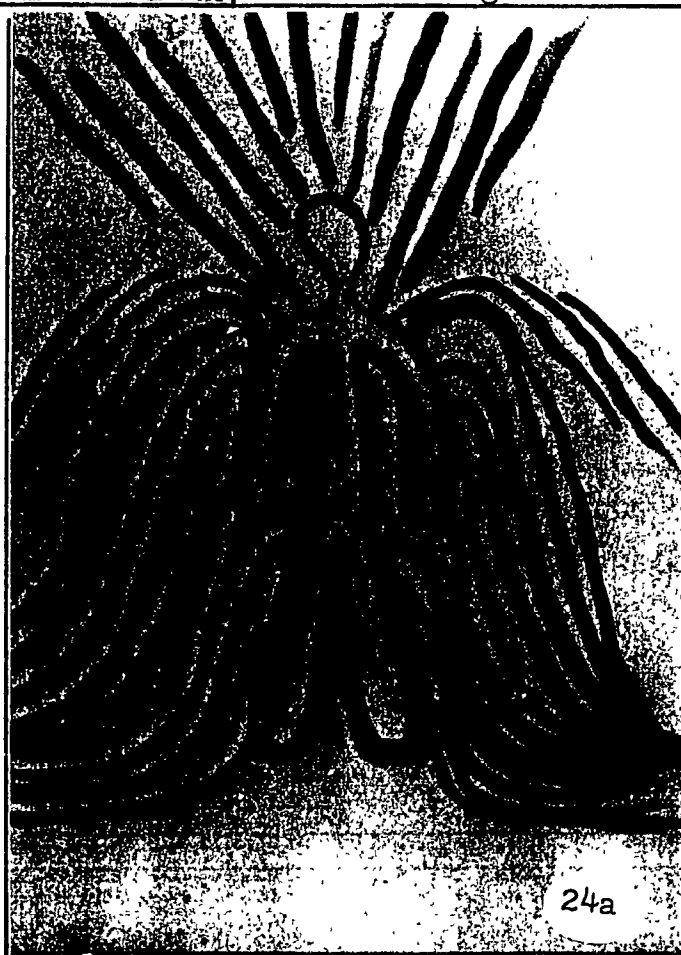


22a



23a.two figures

24a.shedding old self





25a.pain/insecurity

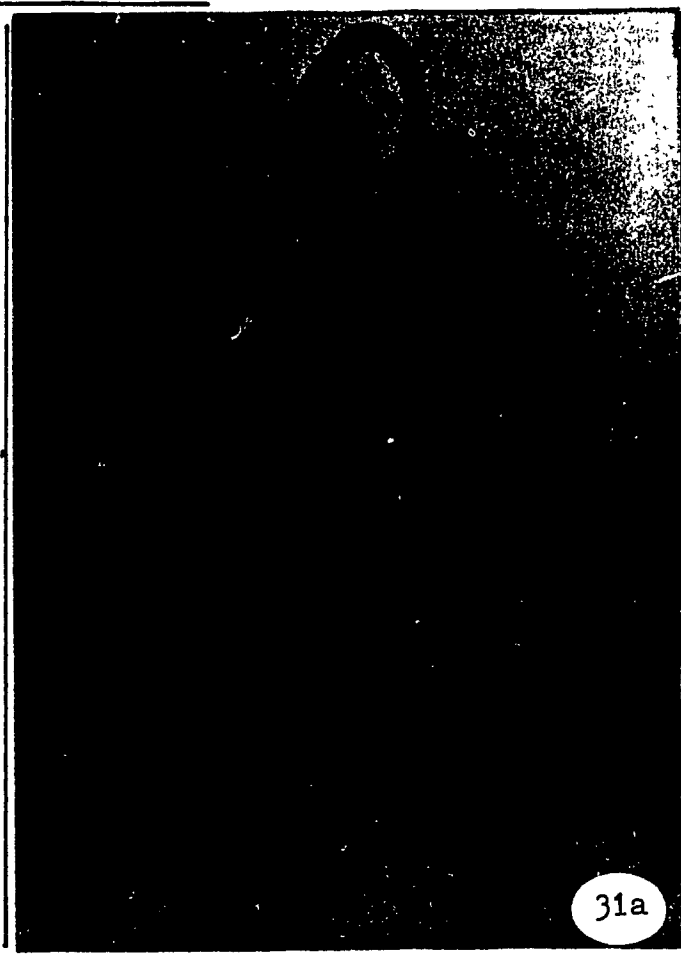
26b.thorn



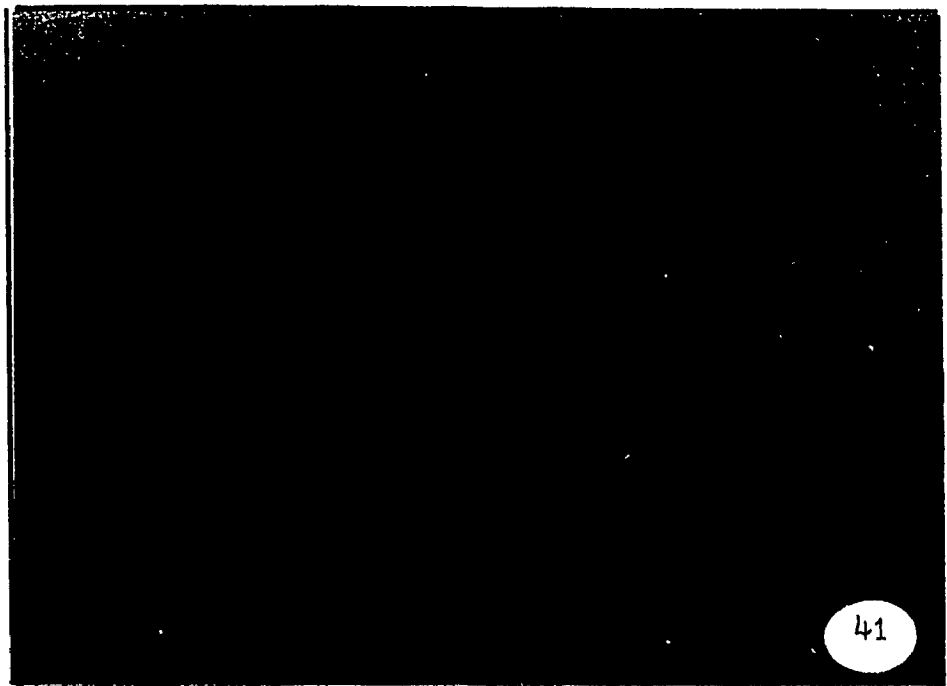


30a.phallus

31a.father



31a



41.sun and life forms

CHAPTER SEVEN

DISCUSSION

Sublimation, in general, refers to a shift in the aims of the drives from a socially unacceptable goal to an acceptable one. This transformation usually implies discharge of energy. However, the accompanying change in the quality of satisfaction is not always the same. Different sublimations have various degrees of stability. It is believed that it makes a great difference whether sublimation occurs from inner abundance or in an effort to solve a persistent unconscious conflict. The former takes place when there is reasonable satisfaction of instinctual impulses, a satisfactory sexual life, or at least the inner readiness for it. It is difficult to say whether D's capacity to draw on his own life experience, especially the pain he may have suffered, represented a true sublimation--a drive discharge in a modified form--or a variety of defensive measures, which could be understood in terms of a whole range of more or less successful efforts at sublimation that need to be repeated as they become increasingly involved in conflict and progressive neurosis. Perhaps the latter became progressively evident as sublimations failed to provide stability and especially as aggression could no longer be contained.

I have included Chasseguet-Smirgel's theories about perversion to give an alternate orientation, one which is still controversial at this stage in the art therapy discourse. Much of the following material makes reference to the theories of Chasseguet-Smirgel (1984), according to whom there is an enigmatic relationship between creation and perversion. The creative process implies having recourse to sublimation. The same instinctual energy, pregenital libido, that is directly released through perverse sexual activity is made use of by sublimation. This author believes that the essential raw material of sublimation comprises the pregenital instincts. Freud (1905/1952) sets forth the problem of perversion versus sublimation:

Perversions are neither bestial nor degenerate in the emotional sense of the word. They are the development of germs, all of which are contained in the undifferentiated sexual dispositions of the child, and which, by being suppressed or by being diverted to higher, asexual aims- by being sublimated-are destined to provide the energy for a great number of our cultural achievements. (p. 50)

Sublimation therefore appears to be a vicissitude of the pregenital instinct, as opposed to direct release in a perverse act. The energy available for sublimation could be nonexistent in perversion because it is entirely directly released (Chasseguet-Smirgel, 1984). Because this release is schematically free, Chasseguet-Smirgel questioned why the pervert would divert part of it into so-called cultural aims.

From a strictly economic point of view, in one individual, endowed with an abundant libidinal energy, there may coexist various instinctual vicissitudes and various character areas. There may be a "perverse" area in which pregenital instincts are released into sexual activity, a "neurotic" area in which they would undergo repression, and a third area in which they would be sublimated (Chasseguet-Smirgel, 1984). Freud (1905/1952) stated that there are various areas in the personality which make it possible for perversion to coexist with neurosis and with creation: "A characterological analysis of a highly gifted individual, and in particular, in one with an artistic disposition, may reveal a mixture, in every proportion of efficiency, perversion and neurosis" (Freud, 1905/1952, p. 238).

Chasseguet-Smirgel (1974) proposed the hypothesis that subjects who have not been able to project their ego-ideal onto their father or his penis and have consequently created defective identifications, will--for narcissistic reasons--seek to confer upon themselves their missing identity in different ways, one of which could be creative activity. The work created would symbolize the phallus, the incomplete identity having been experienced as castration. The impossibility of identification with the father (or with the father-substitute) leads subjects to "make" rather than "engender" their work, which, like themselves, would not bend to the principle of ascendancy through a "family line." The

subject does not possess the necessary desexualized (sublimated) libido to construct his or her work because introjection of the paternal attributes which normally accompanies the inverted Oedipus complex has not occurred and because the desires linked to this process have been repressed and counteracted. The originator of creative work will therefore be the ego-ideal, but the raw material that is used will not have been fundamentally modified. The ego and the ego-ideal are made to coincide by short-circuiting the process of sublimation that would imply a paternal identification. In terms of introjection conflicts, it is a question of economizing. At a certain level, it is legitimate to differentiate between the perverse structure proper and entities in which perverse sexuality, although present, does not demonstrate all of the characteristics proper to the perverse ego (Chasseguet-Smirgel, 1974). Conversely, the speculation was that the common nucleus of different nosological entities stretches from perversion itself to certain characterological or psychopathic formations. Examination of this nucleus is a question of pathological solutions to psychopathic formations or inverse ego expression in which acting out is always present and in which the creative work itself may be considered to be an acting out destined to miraculously fill the space of separating "the wine from the water" (Chasseguet-Smirgel,

1974, p. 353)--the pregenital penis from the genital penis, the child from the father.

In terms of disturbance of the process of sublimation, the creative process can be guided exclusively by the ego-ideal, since sublimation does not occur because of certain faults in identification, to the extent that the more painful an individual feels the separation between ego and ego-ideal to be, or the more he or she fears its being revealed, the more he or she will be tempted to exploit creativity to make up for what feels like a very deep wound. In some people, the separation between ego and ego-ideal is all the greater because they have not been able to adequately integrate their identifications. These gaps in the ego, caused by defective identifications, lead to disturbing the achievement of sublimation. The goal of creative work is therefore to fill in these gaps; the result is that a considerable number of creations in different areas follow a process based on the ego-ideal without deep modification from the instincts (Chasseguet-Smirgel, 1974).

In this view, it is obviously easier to understand certain problematic aspects of development and their negative effects than to understand why some individuals, in similarly unfavorable circumstances, escape the illness. This is analogous to the fact that subjects who reveal the common structural nucleus are not always devoid of the capacity to sublimate. Differences exist in the quantity of libido

immediately discharged in perverse and related activities; as well, gaps in identification are of varying magnitude. Studies indicate that, among sexual perverts, homosexuals have the greatest capacity for sublimation. This poses the problem of homosexuality itself, which Freud (1925/1952) said hardly merited the label of a perversion, since the object relations of homosexuals vary greatly according to the individual, stretching from an obvious part-object love to a total object-love that is closer to genitality (Chasseguet-Smirgel, 1974).

Chasseguet-Smirgel (1974) made an interesting contribution to psychoanalytic knowledge by shedding light on the role played by anal erotism and idealization in the formation of perversions and of pseudo-creative work, thus extending the line of thought followed by Freud and others (Lussier, 1974).

Chasseguet-Smirgel (1984) recast Freud's theory of infantile sexuality which explains the pervert's regression to a chaotic, anal-sadistic world. She revises Freud's theory of denial of castration by suggesting that in fact, children may be innately aware that males and females were created differently. Freud had supposed that children believed women were born with penises and subsequently castrated, and that it is the boy's fear of castration that leads him to repress incestuous desire for his mother (Freud, 1905/1952). The young boy, fully aware of his mother's vagina, denies instead

the envy of his father's superior genital endowment. This leads the normal boy to first idealize and then identify with his father, and thus to strive for maturation. What goes awry in the case of the perverted boy is that his mother has indicated her preference for him over his father, the smallness and infertility of his penis notwithstanding. Since there is no incentive under such circumstances for the boy to strive for growth, he regresses to a condition in which he compulsively idealizes his own erotogenic zones and instincts as well as features of his natural surroundings in order to preserve the illusion that pregenital sexuality is superior to genital sexuality (Chasseguet-Smirgel, 1984).

Lussier (1974) questioned Chasseguet-Smirgel's (1974) explanation that the male child denying the absence of the penis and the presence of the vagina in the mother is basically a protection against the narcissistic injury that would result from a confrontation with his own genital inadequacy. Lussier does maintain, however, that he has observed the pervert's sensitivity to the thought that the father, whether idealized or not, is the only one genitally equipped to satisfy the mother. Disavowal of the vagina and repression of the desire to penetrate it are linked to fantasies that have very little to do with the genital capacity proper. The vagina is felt to be an abyss, a terrifying "chasm" recalling the most archaic fantasies of devouring orality. It is the desire for and the dread of a

regressive return to the maternal womb or the projection onto the mother of the desire to repossess the penis that maintains the fantasy of an annihilating chasm (Lussier, 1974). The boy, in order to mentally confront the mystery of the maternal body, has his pregenital fantasies at his disposal, and thereby finds himself immersed, as in a nightmare, in the darkness of the most primitive fantasies at the time of traumatic confrontations with the mother's genitalia. He is prey to anxiety and terror, as opposed to humiliation and impotence (Lussier, 1974).

The solutions chosen by clients were seen as attempts to have the ego and the ego-ideal coincide. The use of creative work is seen predominantly as a solution to the conflict--those of men, for example, who are unable to project their ego-ideal onto their father, and consequently try to magically confer upon themselves the identity they have been lacking. This is but one of many possible solutions to the conflict (Chasseguet-Smirgel, 1974).

The conflict arises when the neurosis of so-called narcissistic personalities was essentially caused by a desperate attempt to idealize the self. In the case of the male pervert, the idealization of the drives confers upon him a narcissistic completeness as it leads to the idealization of his own ego (Chasseguet-Smirgel, 1974). D, thinking himself to be the creator of literary or artistic masterpieces, illustrated perhaps not sublimation but only

idealization and magical thinking. In his delusion, he believed that he had painted the portrait of the most beautiful woman on earth. We are confronted with the compelling force of the self-condemning artist: all is reduced to idealization. Only the delusional fantasy is invested and not the concrete work; no link exists between idealization, a thought process, and sublimation, which is thorough action. Lussier (1974) stated that the chance for achieving sublimation is lost as soon as the individual allows himself or herself to become too fascinated by idealization and more or less elated with it. Further, idealization and perversion are incompatible with creativity.

Directions for Further Research

What are the specific perversions for which a solution through creative work is most likely to be encountered? Chasseguet-Smirgel (1974) wrote about the pathology and failure of creativity in the pervert, and outlined the conditions required for an authentic creative sublimation. She declared that the creative work of her patients is false (not creative). This assumption was based on a classical metapsychology (Chasseguet-Smirgel, 1974). Sublimation, following strict Freudian theory, seems to proceed normally, in the boy, from identification with the father and his genital phallus. Those who are unable to project their ego-ideal onto the father and his phallus are unable to resort to

sublimation (Lussier, 1974). Sublimation follows awareness of the castration threat (Green, 1963); although the phallus is oriented toward the mother, it does not lead directly to her but sends one back to the necessity of social investment by way of sublimation (Green, 1968). Lussier (1974) felt that this is too restrictive, and that much more research must be done to establish the links between creative sublimation and genitality. Lussier (1974) referred to introjection of the paternal phallus as a step toward the solution of the Oedipus conflict occurring within the sphere of genitality. Lussier speculated whether sublimation in the service of creation means essentially an identification with the genital father, and felt that this is too exclusive a vision of the role of the father and the symbolic phallus. The identification with the genital father differs entirely from phallic assertion, a trait that is often found in the artist. The linking of creative sublimation and identification with the genital father and the phallus seemed to Lussier to imply some impossible integration, because of the complexities and the irreconcilable nature of the many elements in such a synthesis. Lussier further contended that this is attributing to genitality a function that does not necessarily belong to it.

Among the still unresolved issues is symptom choice, that is, the selection of a particular perverse theme as the dominant one from among a variety of possibilities. The best

answer at present is that symptom choice appears to be determined by the subsidiary goal that is most important in the dynamics (Meyer, 1985). Transvestism, for example, may evolve in those children and adolescents whose maternal identification is strongest and who are most vulnerable to separation anxiety.

Another dilemma is the apparent sexual specificity of the perversions as a male domain. This seems more apparent than real. Males have a need to erect clinical edifices to deny the possibility of castration, while perversion in females is expressed in a more subtle form, the essential ingredient of which is accommodation to a vulnerable, perverse man (Meyer, 1985).

Another controversial issue is the nature and degree of psychopathology in the paraphilias. They are considered to be wholly pathological because, unlike homosexuality, they are apparently considered to be inherently disadvantageous (Meyer, 1985). The paraphilias are composite products of psychological development that has suffered interference. There may be the capacity for affectionate ties, or the object relations may be of the most degraded or tenuous sort. Meyer (1985) stated that psychopathology may run from the near psychotic to the near neurotic. The individuals may feel well and enthusiastic and be unable to imagine themselves as different, even though sexuality and, often, generativity

have been pulled out of place. Treatment can prevail only if the patient makes sincere efforts.

The perversions seem to be best understood within a developmental and dynamic framework. Developmental observations and theoretical formulations, both psychological and biological, have advanced our understanding of paraphilias, and these notions have replaced those of congenital taint or degeneracy. Meyer (1985) stated that although perversion most often occurs in an individual with a borderline personality structure, the range of ego strengths is great, with the spectrum running from the near psychotic to the near normal. Selection of treatment from among psychoanalysis, dynamic psychotherapies (including art therapy), behaviour modification, and chemical control require an assessment of ego strengths as the guideline.

Meyer (1985) stated that perhaps the more proper way to look at mental disorder is as an abandonment of mature adaptation for some developmentally more immature or alternate position under the pressure of apparently insoluble dilemmas. The symptomatic fantasy, act, or character is the best and most adaptive compromise available, considering the individual and his or her circumstances. Although it is clear that even the best possible compromise could be disadvantageous, the perverse solution may be highly advantageous in comparison to some other, worse fate.

Whether or not an individual's creative work can truly be an expression of perversion and not an expression of the drive as sublimation is a question that can at this time be only presented for thought without a definitive answer. It is hoped that the present thesis can serve to provide greater comprehension of and openmindedness regarding clients whose perversions are encountered in the course of therapy. By understanding the process of sublimation and the expression of perversion, professionals can perhaps better provide their clients with the help, focus, direction, and understanding they will need.

The art therapist is interested in what clients make and how they create; their art-making processes and their behaviour in other areas reveal their individual and interpersonal dynamics, how they relate to one another, and how that interaction can help the worker to understand the specific problem of the identified patient (Rubin, 1982).

Visual art attempts to preserve the multidimensional spatial structure of reality. Through its verbal expressions, language dismantles the multidimensional simultaneity of space and strings perceptual concepts in linear succession, one though following another. Concepts existing side by side in space (in juxtaposition) are arranged through language in sequence (one after another). Objects of equal significance which cannot be dealt with simultaneously are forced into linear sequence. Verbal language, in turn, stabilizes and

preserves the intellectual concepts essential for logical thinking (Billig, 1971).

Visual art and creativity differ from verbal language. Visual cognition loosens and dissolves the linear sequence, interrupting established thought patterns. The various patterns and shapes are perceived simultaneously, and the total image is the result of interaction between its components in space. What is created is a dynamic relationship between form and colours, as exists in a painting. The visual medium adds new dimensions to the "one-dimensional sequence of verbal language" (Billig, 1968).

Forrest (1978) discussed some of the problems that art therapists face in connection with the diagnosis of mental illness. She stressed the great need to become aware of the flaws in our present classification system and to consider the role that art therapy can play as a valuable source of diagnostic understanding. The present state of the art of diagnosis leaves us at best with inconclusive knowledge about etiology and with inexact descriptive criteria (Forrest, 1978). Frequent misdiagnosis of patients admitted to hospitals and outpatient agencies is to be expected under these circumstances. Forrest (1978) further emphasized that admission diagnosis should thus be regarded only as tentative, that outdated material not be enshrined in charts to remain--as happens all too often--unquestioned.

Forrest did not advocate the total abandonment of classification of mental disorders. Categorization, she stated, is absolutely necessary to systematic thinking in psychiatry, just as classification of observed phenomena must underlie every attempt to expand man's knowledge. Further, refinement of treatment methods depends in part on an outgrowth of diagnosis: insight into the causes of various psychological dysfunctions. Better understanding of the etiology of mental diseases is dependent on substantial improvements in the effectiveness of psychiatric treatment (Forrest, 1978).

Art therapists must therefore be prepared to take the initial diagnosis into account, but at the same time they must be ready to offer therapeutic alternatives if the diagnosis should prove to be inaccurate. Thus, the art therapist must do what he can to help refine the psychological evaluation of each individual patient, by finding out as much as possible about the patient and his or her illness as early in treatment as possible.

Using art in diagnosis and therapy is becoming an important part of orthodox technique, just as it has become increasingly apparent that the effective treatment of maladjustment depends ultimately upon the ability of the therapist to understand, to recognize, and to utilize the distorted and disguised functionings of the patient's unconscious (Bloom, 1957).

Symbols, a form of self-expression, often comprise a monologue spoken in the language of the unconscious. The patient, frequently not understanding this language, needs to have the psychotherapist interpret it for him or her. According to Bloom (1957), symbolism apparently has more than one psychological function: it is a form of self-expression as well as a means to grasp concepts or emotional states which otherwise might be expressed with shame, guilt, and reluctance. It may be an escape from intolerable conflicts and pressures, an attempt to lessen the pain of those conflicts by changing them into an overt form which is less unpleasant. In artistic activity, as in dreams, this is effected by seizing upon the world of objects and endowing some of them with the charge of emotion. Thus, objects which would otherwise be relatively neutral emotionally become imbued with unconscious significance (Bloom, 1957). Nonetheless, consideration of the peculiarities of a particular patient's case must ensue before the schemata of a school of psychology are rigidly applied. It is essential to bear in mind that schemes of symbolism are not formulas but diagrammatic illustrations (Bloom, 1957).

Art need not be used by the therapist only when the need arises in an analytical session; rather, it can be used when it seems to suit the stage and tempo of the analysis. The art may be used unobtrusively--not for direct interpretation with

the patient, but to discern needs, if any, or any immediate significant features (Bloom, 1957).

A picture is physically present in a way that, for example, dreams are not. This makes it possible to use the pictures actively to dramatize a patient's conflicts by pointing out their latent content. As with other techniques and as with art therapy, the success of active devices depends on the psychotherapist's sense of timing, so that the interpretation frees and stimulates and does not push the patient into numbness or hostility (Bloom, 1957).

The introduction of art therapy into psychiatric-treatment services has been slow and difficult. It appears that skepticism and misunderstanding account for much of the indifference and resistance to a technique that has proven to be helpful to many emotionally disturbed patients. This is partly due to the lack of clarity regarding just what is intended by art therapy. Much depends upon the sensitivity, aptitude, and experience of the individual therapist.

My conviction is that human beings have genuine creative potential with at least one preferred creative modality. In order to fulfill this potential, the modality must be identified. There is a natural tendency toward growth and actualization of the potential at increasingly mature levels. This growth process is cyclical--both regressive and progressive--with a general tendency toward balance or order. These human capacities (positive tendencies toward creativity

and growth) can be blocked or distorted into destructive or disorderly behaviour. Freudian psychoanalysis seems to attempt to explain these blocks or distortions, as well as their genesis. Developmental aspects of psychoanalytic theory attempt to explain how individuals can be stuck at earlier phases and therefore be unable to fulfill their potential. The Freudian theory of personality structure and psychoanalysis are also useful in helping to recognize different adaptive modes and defensive mechanisms for dealing with intrapsychic conflict, thereby helping us to understand the symptoms.

Art, as symbolic speech (Naumburg, 1955), enables clients to express themselves freely while they and the therapist work toward an understanding of what is interfering with their ability to function more effectively (presumably, internalized conflicts). The manifest content and initial associations are a deceptive disguise for a less obvious (latent) meaning (Vaccaro, 1973). Art can enhance the analytic experience of insight, probably because art is concrete and visual as well as being helpful in uncovering unconscious imagery (Rubin, 1987). For example, the perversions of the drives are given full rein for expression in a socially acceptable, therapeutic medium--art. Thus, the theory which informs classical psychoanalysis is useful in understanding and guiding therapeutic work.

Perhaps inherent in a comprehension of art therapy and its processes is the basic foundation of understanding communication. Communication is not something which is done to a person: it is an interchange which is engaged in by consenting parties. Responding openly is to react not only to words and images that emerge, but to the total behaviour of the sender/patient/client. Communication is multi-dimensional. It is not an isolated or singular process, but an amalgam of many processes that are interrelated, that operate at varying levels of complexity, and that acquire significance in the context of larger intrapersonal, interpersonal, or sociocultural systems of behaviour.

Effective communication exists between two persons when the receiver interprets the sender's message in the same way as the sender intends; the sender's message directly or indirectly reflect his or her intentions, and the receiver's interpretations match these intentions. Effective communication is accomplished when the receiver correctly and accurately interprets the intentions of the sender and the meaning of the message. When the message is understood in the same way by patient and therapist, symbolic communication has served its purpose.

Open-mindedness--about how one perceives what is happening, how one approaches the patient, and what one does in response--requires seeing and hearing what is being presented, perhaps through various theoretical lenses. There

are times when we simply cannot perceive the signal, however, more often, we could see and hear what is there, but are unable to do so because we do not know a frame of reference (a theory) that would make it possible. Perhaps one of the goals of this thesis can be to increase the number of "lenses" art therapists are able to put into their clinical frames, effectively multiplying the number of looking or listening perspectives potentially available clinicians so that they can receive, perceive, and conceive as well as possible when dealing with different patients at different times. Art therapy provides a new, promising way to look at perversion and its treatment. The art "speaks" of the conflicts in a concrete, tangible, and manageable way, offering clients and patients a safe and therapeutic framework within which to express and work through their inner conflicts. I felt that the clinical material on sublimation and perversion were well documented, and were helpful in understanding the process involved in working with D, his expression of perversion, and his attempt to sublimate via the creative process. The theoretical framework helped to illustrate and guide my understanding when I worked therapeutically with D. At the onset, it was evident that a thorough investigation was necessary in order for me to be able conscientiously to work with him.

Most would likely agree on two things: the importance of the image and the complexity of both person and process in

art therapy. Working with clients whose pathology is expressed in the form of perversion is difficult, and will likely be experienced by the therapist as such. The projections (and transference) of the client and the ensuing countertransference of the therapist need to be looked at, understood, and properly dealt with by the latter. Perhaps a suitable place for the therapist to work this through would be in some form of insight-oriented exploration outside of the therapy context. My own experience resulted in a need for me not only to be very aware of my ambivalent feelings about D's transference feelings, but also to be aware of and deal with my own responses. Thus, working with sexual psychopathology needs to go further than mere intellectual knowledge of the theoretical framework to an ability to apply the theory, which by definition includes issues of transference and countertransference--which will likely be experienced as difficult--given the parameters and form of expression of the pathology. Perhaps this thesis will be a step in that direction, and will make the journey somewhat less confusing than it might have been without any theoretical overview to help define the pathways.

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APPENDIX 1

THE ART THERAPY CASE MATERIAL

Format: 59 images on 18" x 24" paper, manila/standard white.
The asterisks indicate images referred to or described in this thesis

Content:

- (1a)* house, mother, father, sister, self/father & son
- (1b) poem with cross
- (1c) self-portrait, oil pastel
- (2a)* D versus negative forces/people
- (2b) diamond in the rough
- (2c)* self & father; dead on slab of concrete
- (3a) large flowers, oil pastel
- (4a) vortex spiral & feathers or arrows, oil pastel
- (4b)* path of life/tree
- (5a) clover in a cracked world, oil pastel
- (6a) figure "8"
- (6b)* landscape with woman looking at sea, water colour
- (7a)* arm with muscle, water colour
- (8a)* vulva
- (8b) anger repressed from unconscious, water colour
- (9a)* anger and sadness pendulums
- (9b)* star & pendulums
- (9c)* self striving for beauty, water colour
- (10a)* intertwine of self & ex-lover
- (10b)* hanging from tree, water colour
- (11a)* Oriental sign: balance, water colour
- (12a) D & D1 pressed together by circumstances, water colour
- (13a)* flower & telephone wire, oil pastel and water colour

Note: Christmas break here.

- (14a)* world coming apart
- (14b) tombstone and path
- (15a)* lightning bolt
- (16a)* blurred: muting of feeling
- (16b) blotting water & paint (not able to photograph)
- (17a) eye with grid
- (18a) flower
- (19a) open flower
- (20a) magnification of step/flower
- (21a) phallus: sobriety
- (22a)* two figures
- (23a)* two figures
- (24a)* shedding old self
- (25a)* pain/insecurity
- (26a) spontaneous anger
- (26b)* thorn

- (27a) suicide
- (27b) drips
- (28a) nothingness
- (29a) bird in flight
- (30a)* phallus
- (31a)* father
- (32a) scale
- (33a) brain
- (34a) saturation
- (35a) "mess"
- (35b) "mess"
- (35d) oysters
- (35e) kindergarten
- (36a) "Busy being born"
- (36b) mother, self, father
- (37a) fence/cow
- (37b) black sun/wheat
- (38a) landscape/layers
- (39a) black and grey spheres
- (40) grey and yellow spheres
- (41)* sun and life forms

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ART THERAPY PROGRAM

I hereby give consent that art produced in evaluation and/or on-going therapy may be photographed and used along with case material by _____ for any of the following purposes:

1. Consultation with mental health professionals intended for the clients' benefit;
2. On-going training of other mental health students or professionals;
3. Publication or presentation at professional conferences;
4. Educational purposes.

No reference will be made to the identity of the client and confidentiality will be maintained.

WITNESS

SIGNATURE OF CLIENT

DATE

SIGNATURE OF PARENT OR GUARDIAN