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**Identity, Illness and Art therapy:
The Phenomenology of Cross-Cultural Psychotherapy.**

Stuart McIntosh

A thesis in the
Department of Art Therapy

In partial fulfilment
of the requirements of the
Master of Arts in Art Therapy
at Concordia University,
Montreal, Quebec, Canada

March 1996

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Abstract

Identity and Illness in Art therapy: A Phenomenology of Cross-Cultural Psychotherapy.

Stuart McIntosh

This thesis addresses the challenges of providing therapy in a cross-cultural relationship. It focuses on the need for a consistent methodology to circumvent the inherent problems of translation, interpreting cultural signification and cultural bias in the provision of care and development of a therapeutic relationship. Evidence of possible traumatic political experiences is considered from the case material.

It is based on the case study of a male adult from South East Asia receiving treatment for a diagnosed chronic Bipolar Mood Disorder. Adjunct treatment through art therapy supported the phenomenological expression of an immigrant. Visual representations provided an opportunity to elaborate on some of the identity issues. These concerned the isolation from a community of origin, the symptomatology such as somatization as a departure from conventional Western concepts of illness and the definition of body image.

A chapter focuses on cross-cultural and Chinese concepts related to psychological processes that have relevant implications for any psychodynamic psychotherapy is included. The treatment issues of the case suggest that a consistent methodology and awareness of cultural context and of the client's explanations is required to avoid a limited treatment plan or possible misdiagnosis.

Dedicated to Marion,
for heartening support

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Introduction

As therapists attending to the material of the therapy, we find our own ways to reach into the client's psychic world. Yet we must remain within the realm of the natural world, the world given in experience. A challenge to understanding besets us when we find we are spontaneously judging, as a means to relate to or comprehend. All these acts are adapted to our habits of thinking, sometimes at the exclusion of alternate viewpoints. As witnesses and interveners using limited methods, our purpose and practice must be scrutinized. (Macann, 1989) The goals of such reflection is to bring the most direct relation to the material of therapy. With a sensitive understanding and response the therapist could assist in expanding the space within which that phenomena reveals itself. That space, the lived experience is the opportunity for the client to identify his or her own participatory and creative interaction of their life.

There are many ways of looking at the material that comes out of a therapeutic relationship. All of it comes from some context or circumstance. It may be framed within the diagnosis or issues of the therapy. As well it can be explored from the relation of the client to family or to his or her culture. In some ways all these and other specific considerations such as the client's functioning in relation to treatment can be useful to look at.

Such were my considerations with the case of an Asian man, who I call Cheng. But all those things seemed to be unsatisfactory on their own to adequately describe my understanding of him. All the above considerations will be implicated but it will be most useful for me to move as closely towards my experience, as a means of clarifying what understanding that I had gained of this man.

Some of those issues listed above deal with the understanding of him that I have constructed after concluding therapy. These issues are important ways of framing to consider but are inconclusive out of context. The issues alone veil a more distinctive

comprehension that was available to me through my perception and experience of Cheng's expression in art therapy.

Within the discussion of cross-cultural art therapy, I will include in this thesis a relevant, methodological point-of-view to address those practical difficulties of trying to integrate sociological, psychological and psychiatric concerns based on my understanding at the time. It was related to and elaborated by phenomenology as a descriptive study. I focus on it to better understanding my client. I reflect on my relation to the material, which helps me to maintain an authentic presence for the clients' well-being. It is only through this that the decisions that I arrive at and rely upon are resonate for the situation.

Phenomenology is entrenched within aspects of perception. I consider this as the connection of psychotherapy to the creative arts. They are both an area of expression and place for the construction of meaning. Sensory perception and interpretation will be explored as early functions of achieving awareness. It is part of the process of a phenomenological methodology that provided me with the most extensive and receptive technique to understand the complex milieu of this case.

I have found that phenomenology values the personal experience as a way into bridging the isolation from others. The experiences where I found a thorough physical and mental involvement in the immediate experience were akin to states of being. I knew these experiences from my own art making background. As I considered possible explanations following the experiences, it helped for me to orient my methods.

I am writing about the things that I felt, the things that I witnessed and the things that I did within the context of therapist/client relationship. The perceptions and judgments happened over a period and within a variety of contexts. Specific and fundamental contexts will be addressed and examined in various chapters, but each had the potential to shift the gaze from my immediate experience of the client. It took time for my methods to evolve, developing consistence and confidence as I became involved in a

cultural structure beyond what I knew. This thesis focuses on the processes that can maximize the communication and comprehension within a cross-cultural therapeutic space.

What I sensed within my situation as a therapist, is the beginning of the very act of understanding both sides of that relationship. I affirm the importance of the subjective experience as a therapist in an extraordinary context, where there may be foreign experiences and customs that give behaviour its fundamental meaning. Reflection and attention to the details again provide a creative space within which to sense more of the resonance of integrity about this client from which to revise the case. It is the place where I can begin to grapple with the elements of the therapeutic space, the intermediary place between client and therapist.

A methodology of phenomenological concepts serve me as a clarifying function. They help to reveal the elements as microcosms. They illuminate the overall case despite the passage of distance and time. I did not miss these elements in the moment of the therapy but they become significant with this learning process, and enrich the creative act of understanding and constructing meaning.

According to Henri Ellenberger, (cited by Minkowski, 1958), "The clinician attempts to reconstruct the inner world of (the) patients through an analysis of their manner of experienced time, space, causality, materiality," In this way *their manner* becomes my way of knowing how the client *'lives his world.'* (italics added) (p. xxxiii)

The training curriculum utilizes case material as a component of learning about the psychodynamic elements of the human personality. It was an opportunity to learn about the interaction of the individuals within a framework or context, to be generalized in practice. My use of this acquired understanding of psychodynamics was limited to me when I consider a broader context of the individual and the psychodynamic treatment of suffering.

Summarizing complexities embodied within another human has always seemed daunting, and perhaps impossible, without a sense of the context. Within therapy, this should acknowledge the presence and impact of the nature of the therapeutic relationship and contain elements of the dynamic interaction between those two individuals. As the essence of the alliance, it holds an important key to the elements of that personality relating outwards to another.

Moving away from my immediate experience caused the words and their implied meaning that I choose, to fall within the abstract. They would be available arbitrarily to an intellect thinking without the full impact of the felt sense of the relationship. I am writing about something physical. It is experienced through the body, the thinking and the feelings of me as a human within that therapeutic alliance.

There is a loss of vitality with the result and a diminished sense of the client's real experience. I felt that it may preclude the very essential clues that would inform me of this person's situation in the world. As such I fail to understand, the elemental goal in the support of the client's movement to well-being

Could I capture the personal experience of the individual well enough for the client to feel understood? As a comprehensive understanding was not available as I worked, it is now my goal to find such an understanding through this thesis. So much of that individual's life as I know it lies within the realm of speculation. Yet this case intrigued me. Throughout the interaction I ask the question, "Who is this man?"

These were vivid and real experiences for me, which came about through a variety of circumstances. Concentration upon this puzzling case gives me the opportunity to clarify for myself about the phenomenological experience with the acquired skills and insights developed over the duration of training. It is my chance to summarize the process of providing therapy to someone. The different issues and elements of this process, would remain unresolved as a task, until I find some means to reflect and comprehend

Various fields of inquiry are implicated here, as I must still acknowledge the case's complexity. While not an exhaustive theory around the case of this man, it is my opportunity to understand with a more integrated vision. Much of my understanding passed through a sieve of theory and rational, cognitive functions that I use, while learning the basics of working in a profound way with another human being. That has not been a natural way to develop a coherent system of beliefs for me to apply within and through my work as an art therapist.

In some way, despite my lack of comprehension of the implications of phenomenology, I intuited through my therapeutic work some of its basic elements. My work with this man was to understand his "being in the world" as Heidegger said. It was from there that I could learn about the client and assist with the therapeutic goals of adjusting to the life experience that he had.

Clear understandings came to me within the immediacy of the situation. I have used them to ground the discussion of identity and illness as themes within the thesis. They were foundations to my understanding of the client's experience of the world.

Particularly when I return to intense interactions with the client, I am returning to the sensory phenomena that I experienced, and responded to. While not "knowing" what was happening, I had understood enough to respond, usually in a constructive way. In other situations, I find a much richer understanding of the dynamic that I witnessed of others and their relation to the Cheng.

My view that I take with this challenging case highlights various pertinent aspects that have influenced me over the duration of the clinical interventions. I began to work with Cheng during my internship in the Graduate Diploma of the Art Therapy Programme. Following this practicum, I continued working, within the position as a Therapeutic art specialist on a treatment team, and so I continued to work with the man in a different context. Over that space of time the nature of the work changed over that time for many

practical, situational and therapeutic reasons.

Those five years of work were a time where my own identity as a therapist developed. I learned about art therapy processes and human psychodynamics. The way I conceived of what and how I worked matured. I imagine that the evolving identity of my client made time important for Cheng as well.

Foundation of case material

Within the thesis I will look at a therapist's phenomenological experience as relevant to understanding the phenomenology of the client and his personal experience of life. Through the client's expressions within art images made in a therapeutic environment and my understandings based on theory and experience, I will suggest some interpretations that may distinguish well-being and pathology as well as the provision of health-care service for this client of Chinese heritage.

I became more certain of my understanding of the structure and reality of this complex clinical situation through my phenomenal experience as a witness to his expressions. The selection of images began with those that I could sense the client's experience of body, time and space in relation to the therapeutic space and alliance. It enabled me to more confidently distinguish the clinical view that I held as based on my own experience of the relationship rather than my own subjective limitations in dealing with a complex case.

As this type of experience provided a foundation to understand the man, this thesis was formed around those phenomenological experiences. They are elaborated by drawings of relevant themes that I distinguished were most consistently expressed. They were seen to depict the client's evolving expressions about his identity.

My overall goal has included speculation about who this man was. I have attempted

to make sense of the possibilities to see how my therapeutic practice could best respond to the material of this therapy.

This type of case does not lend itself to standard research structures. There are particular concerns and complexities identified here that require more room for elaboration. The concepts can be witnessed in many therapeutic communities with such a pluralistic society. As a qualitative study the discussion around the issues of the case may be useful to the developing discourse of cross-cultural work in art therapy.

Chapter 1

Background of the case.

During my formative training, I provided various forms of expressive therapy for an Asian man, of Chinese origin. Cheng had lived in South Vietnam, Taiwan and later South America prior to his arrival in North America.

He was involved as a client within my individual art therapy practicum, at a chronic-care group home and day-treatment facility in a large urban area. The client came after hospitalization and treatment for a bipolar mood disorder with severe psychotic ideation. Cheng was the only client from South East Asia.

No intake records were available but there were some elements of his history that I picked up from the client and other care-givers that were important. He had been involved in some kind of political demonstration, where he had been physically beaten. Other details of his experience or exposure to political strife was unavailable, nor was it known how long ago this had occurred. As well he had attempted suicide a few years prior to his beginning therapy with me. Later on the client disclosed a family history of mental illness, but in general, the details of his past were unclear or unsubstantiated.

The primary care at the treatment centre was based on the medical model, involving an attending psychiatrist and using pharmacology as treatment. The relevance of pharmacotherapy to stabilize illness is defined by the American Psychiatric Association's (1987) Diagnostic and Statistical Manual Of Mental Disorders 3rd Ed. The biological basis as the preliminary stage of a methodology in treating depression, was a solid and correct place to begin the treatment, affirmed by a number of authors who underline this principle form of treatment for major illness. Fabrega (1974) and Singer (1975)

This dynamic influence on the character of illness will be seen through the related representations of the client. It was a powerful issue to ingest medication and its impact can be seen in the representations of identity.

Phenomenological Art Therapy.

I began to use the art therapy as a functional means of identifying emotional responses and changes in attitude to illness. Over the time that I worked there, it was a pivotal beginning to the understanding of what my goals would be, working within that foundation in the medical model.

I worked at this small treatment centre prior to my beginning academic training in art therapy. I facilitated activities that would promote creative growth through the processes of art making. My way of working changed with the beginning of the practicum placement for art therapy studies. The explicit goal for this expressive opportunity became more defined. For these clients in treatment for a chronic mental illness, the art therapy was to provide an opportunity to support the day-to-day experience of the individual. Through an exploration of specific issues related to a client from a country unfamiliar to the therapist, I may review and discuss my application of art therapy, as an adjunct in the treatment of psychotic symptomatology and suffering.

Adherent personality and existential concerns that might complicate treatment seemed amenable to adjunctive art therapy. The modality was my bridge between the cultures and traditions of clients' past experiences and that of the cultural context of present treatment. I was beginning to understand chronic mental illness.

My technique is built on my belief and understanding of creativity and motivation through self growth. This premise on which I based my process, involved providing structure after I understood something of the other person and how I could facilitate growth towards well-being. Such an attempt to understand how this person 'lives' his world was my challenge.

The art therapy process has lead me, as an observer, through years of experiences and development for this client. He participated in my individual therapy initially and

group sessions with another therapist. Later he would join my own group therapeutic activities. In every context, I wanted to accept the material that came into the framework of therapy, as my beginning point to understand elements that preoccupied him, had formed him and that were inextricable to his identity as a unique human being.

I will briefly introduce the client and his treatment situation to provide a basis for developing a more sensitive methodology out of phenomenological theory. For a number of us on the treatment team, there were powerful issues stirred up with this client. We were witnesses to deep, intense mood swings and periods of suffering. There were changes in the client's behaviour that became threatening in its aggressiveness.

His primary treatment began with the diagnosis of bipolar affective disorder with psychotic features. The typical cycles of Cheng's active and productive behaviour itself could be seen as symptomatic of bipolar disorder. Treatment to stabilize this mood disorder seemed to miss something though. As well there were symptoms displayed within the behaviour and suggested through the use of the image that were inconsistent with that diagnosis. The ineffectual, or refractory response to the medication suggested that there was something else. It took much time and ultimate failure to approach a differential diagnosis. At times it felt futile for me to hope to respond to secondary elements of illness when the primary form was unsuccessful.

Somehow the diagnostic criteria didn't really capture my subjective understanding of him. I wished to achieve a more profound understanding of who this man was as a person. I felt that understanding the creative capacity as manifested through the art images could provide me with a sense of this man's capacity for wellness, as well as potential for regression. It revealed elements of his relationship to the world through the primitive object relationships of the representations. Within the images that he made, I felt that the client was able to maintain some differentiation to the symbol as an analogy. They represented who he was; they were not who he was. (Volken, 1976 p.5)

When I began to work at this institution, I was employed as staff in the group home on Saturdays. Cheng was frequently not there, having left early in the morning to go to Chinatown during his free time. He was reserved in his interactions but persistent if there was something that he wanted.

At that time I recalled many occasions when the Cheng would stand still for long periods of time. He had been at the treatment centre for a number of months before I first met him. I saw this behaviour as a hesitation. He was waiting for permission from someone to permit him to do basic things. As a passive behaviour it may have had some cultural basis that I was insensitive to, but his gesture rejected any personal power. My attempt to anticipate his needs simply perpetuated his playing out that power relationship and controlled his possible anger that may form that communication.

This immobility became linked to anxiety problems. I witnessed the rigid posture and trembling on one occasion, when he was afraid of someone in the environment. He had been accosted previously by a large man, a client, psychotic at the time who seemed to be threatened by a reaction formation to other types of males. I could relate to Cheng as I had personally received the other client's aggression, and I knew what it was about me that provoked this kind of projection.

I realized that I was witnessing a catatonia by Cheng. It seemed to be his means to control the environment where he was threatened. It was both a contemporary concern and one linked to some prior threat. I felt that these behaviours happened at times when he was alone as well. He would not always sleep well. Instead he would arise in the middle of the night and watch TV. (Fig 4.5). At the time, we understood the behaviour as significant only as a symptom of a biological condition. Regrettably all of us lacked insight to attribute it to something other than fluctuations in the circadian rhythm, typical of bipolar disorder.

Each person's way of relating to this client's situation was personal. It may be that

whatever the diagnosis, there will be variation in the application of treatment because of the nature of individuals. The phenomenal experiences that we each deal with in some way defines how the relationship functions. These may be directly related to other underlying experiences of Cheng's case, as it may express something of the client's object relations.

I witnessed some overt behaviours between the client and other staff, as well as those of my own with the client. These, especially, are for me unshakably real. They may have much to do with me and my experience of this man, and so cannot be said to be objective or empirically 'about' him. They are valuable as material that we can scrutinize, these acts of sensation and perception. We can look at those experiences as important sense data, from a definable relationship of two people. From here I might have something closer to a real illumination of this individual.

I learned as an observer, of the way someone else experienced working with this client. Some responses were dismissive, and apathetic. I respected the client's right to more than that. From others, I witnessed the devotion that they attempted to direct towards the treatment and how difficult this would eventually become to sustain. For instance another therapist worked very hard to support the client to teach him English. I saw how this created an intensity and provoked a volatile dependence upon the care-giver and was, ultimately, problematic for both individuals. The client's relationship with this fellow therapist had become obsessive and destructive. For the team all these complexities led to other feelings of failure, powerlessness and confusion.

This range of reactions from caregivers, confused my own understanding of my experience and I equivocated in my interaction. I personally could sense frustration with the barriers that seemed to lie in the way of communication. For instance it was my distinct concern that within many conversations between the client and myself, what was said, and meant was not understood.

In itself, these cognitive and verbal interpretative problems could provoke

confusion. These and other instances, where misunderstandings occurred that stirred up frustration for the client as well. It may have occasionally precipitated the client's behaviour of rage and sense of alienation that I witnessed. The client felt misunderstood, and I was probably not the only one who didn't understand him. Our capacity to communicate limited the nature of the relationship and the success of the goals of this supplemental treatment.

As I was aware of the challenges in understanding, the client and I often returned to pictorial representation to find the most universal means of representation. These were occasions when the art modality was the most effective tool for representation of the client's communication. I needed to reconceptualize my involvement and the use of art therapy. It may have been to create a bridge over the client's experience of anxiety towards intrusive medical treatment. I observed negativism, and paranoia or resistance to treatment. I witnessed a loss of personal power and creative options for the client.

As a past case with limited success, such an overview may be unusable without the art images. It provides me with the most critical element to an occasion of reviewing and revise this case as an opportunity for training and growth. I can return to the images created over five years ago, recalling the feeling sense of the session.

As well, the review of over three hundred images, cataloguing, categorizing and selecting brought to light another important process in this attempt to responsibly synthesize a case study. I was looking at a mass of information and expression, not sure of what they meant to me or the client. There was a belief inside me that this man's work did represent something coherent, akin to a "text". I needed to learn how to "read" it.

Humanistic psychotherapy has emphasized the phenomenal self as an organizing principle of growth and change. (Reber, 1985) As such it informs the intention and forward thrust of the human being. As I focus on the phenomenal self, further clarity on the issues will limit the territory of my exploration. Yet I believe it will illuminate my goal

of a broad sense of the person.

When we make judgements of our environment or see this part of the self as intentions, it presupposes a judgment of the experience and focus of the phenomenal self, the process confines the potential readings to the limits of our cognitive understanding . I believe that it is through bringing back this "part of existence" that we attain a more complete image of the person.

The notion of empiricism seemed inapplicable within this case. Eugene Minkowski (1970) cites the philosopher Jasper's assertion that there are two kinds of psychopathology data. The exterior manifestation accessible to causality and thus scientific interpretation, as opposed to the subjective phenomena that cannot be thus ordered. Within this case, I sought a structure to allow for validating the occasions of the strong affects and feelings.(p. XXVI)

The natural act of judgment would have to utilize all our faculties before the intellectual process limits through judgment. Pierce is cited in the Journal of Philosophy (1967) and asserts that "one can't know the percept, which is non-linguistic, but only through the perceptual judgment".(p.75) Suspending our beliefs about what ought to appear, I can return again to the phenomena. My judgment is within the sensory experience, rather than grounded solely within a cognitive structure. It is a method that in itself could provide more rigour to the process of understanding the foreign experience that may lie beyond our conditioned judgments.

As a way of understanding, intellectualism and empiricism both create an unsatisfactory paradigm. Rather than attending to the experience of perception, we overlook it to see the object perceived. Merleau-Ponty (1962) suggests the determinant quality used to define sensation, removes it from the nature of an element for consciousness and displacing it to function as an object of that consciousness. This, he continues, "causes it to conceal the critical subjectivity " (p.5) It is my experience of the

world in which this "other," my client, was situated within. Without the subjective experience seen as the beginning of comprehending the other, I can speculate of failings in understanding and empathizing with this person's experience of the world. The subjectivity maintained within the phenomenological process becomes part of the elements that eventually form the whole.

Without the subjective experience, I was too often "looking for something" and predisposed to something other than what I might have been witnessing. For me to have been empty of this obstacle would have demanded my openness to the chaos. It is akin to psychosis, where one doesn't know. It is the obstacle to consciousness of that 'which we are' .(Merleau-Ponty, 1962. p.xv). He suggests that if consciousness does not begin to exist until it sets limits to an object then ultimately some boundary that objectifies will happen. (p.27). It is a question of when and how it happens that may have the most impact on the result of that objectifying. The light of attention shone upon an element does not change the element nor the surrounding space. (p.28). The limits that are imposed illuminate the boundedness of the perceiver rather than define the reality of the 'other'.

There were various ways I could relate with this client. To begin with we shared the obvious biographical data of same gender and similar age. This was first evident as a equation of sensing how we were similar and how we were different as human beings, with differing circumstances. I did not trust the basis of this identification because of the obvious distance in cultural understandings and conditioned attitudes that separated us. It seemed presumptuous and oblique to assume otherwise. But nothing can appear in an unfamiliar form of expression which was not also contained in the qualitative experience that comprehended it.

I strived to understand what Cheng's day to day experience was like. This meant attending to a broader picture that included a medical diagnosis. Accepting a personal view of the client and the therapeutic relationship at the same time meant that no elements of

the experience were beyond reflection. Art therapy as a modality helps to contain many traces of that phenomenal experience, facilitating a recapitulation, a vital part of the methodology.

The art process and symbolization were tools and experiences that the man used with skill. It provided some concrete means for me to maintain a grounding within the complexity of this man's experience as he articulated. His behaviour would become more grounded in his own cultural context, and implicit meanings.

Finding clarity within the mass of stimulus creates the sense of a realignment. It is an active dynamic experience. Through attention to the phenomena. Merleau-Ponty (1962) explains it as "re-establishing a connection with the object in a new dimension at the very moment that they (phenomena) destroy it." (p30). In this way of experiencing, Merleau-Ponty outlines a familiar paradigm that would arise for me. I recall the very sense of experience where there was an opening, a clarifying light that was illuminating self and other within the therapeutic space. It was these experiences that I return to repeatedly. It was these experiences that, I strived to re-encounter.

These experiences were the uncontroversial material through which I could relate and be aware of the other as a whole. I could witness the legitimacy of the 'other' through integrating that event within the space of the relationship between the client and myself, as the therapist. It was familiar to me as a process within the art making experience. It is consummately real and vital.

I recognize perception as a keystone in this process. Our senses provide us with signs of the event, which we interpret from their inherent sense, in accord with the bodily stimuli. The mind then explains the impressions to itself. In this way Merleau Ponty (1962) describes "the construction of perception, where the immanent sense of the sensible is apprehended before it is judged." (p.33). At its origin, he posits that the sign offered to the senses and the signification is not theoretically separate. "That is the organism of

colours, sounds, smells . . . etc. that symbolize, modify and accord with each other according to a real logic." (p.35)

Phenomenology was a basis for a useful methodology to explore and distinguish the complexities of cross-cultural work. I must struggled with reductive, seemingly arbitrary selection of symptomatic behaviour and theory of the client's primary treatment and grow in my psychodynamic understanding as a means to explain them. As an integrating inquiry, Merleau-Ponty used concepts of essences and of existence as foundational. He posits that it "is both a rigorous science, where the essence of the phenomena is observed and a description of the immediate structure of the life world." (MacCann, 1989. p. 161).

Merleau-Ponty's conceptualization of the methodology defines a fourfold process of attending to the phenomena as a means of maintaining the vigour of the experience. It provided an accepting structure within which I begin to scrutinize the perceptions of the client's lived experience. The themes of the phenomenological process involve a consideration of "description, reduction, essences, and Intentionality." (MacCann, 1989. p 161) He begins with the elements of description of the sensory phenomena from a position prior to knowledge as a 'reflection on the unreflected' according to Merleau Ponty. It is the opportunity to describe the elements of the experience as they occur within us as an organism. What occurs within us is the first experience before we can attempt to ascertain the reasons for that response (p. 162)

Secondly, a reduction back to the elements that connect one to the world and to the other things within that world. It is the place where the relationship between things may become more evident as there is a distillation that allows for the powerful phenomena to rise up. (MacCann, 1989. p.162). Husserl's assistant, Eugene Fink spoke of 'wonder in the face of the world'. (cited by Merleau Ponty, 1962. p.xiii) It is something that allowed the vitality of the experience to be illuminated. Among philosophers they concur that a

naïve consciousness, enables an 'original experience of our most original world' according to (Luijpen, 1969) and (Spurling, 1977. p.18)

As we express the experience within language we continue the process. This provides an opportunity to separate the essences from the experience. (MaCann, 1989 p.163). It is a distillation, where we can recognize our involvement in the world. While the process itself brings the phenomena an *otherness*, it is an object separate from ourselves, the perceiving being.

Intentionality, as the fourth theme provides the opportunity for us to return to the phenomena as it originates. Considered to be the "consciousness of something," Merleau-Ponty accepts Husserl's specific designations here, where act intentionality is the analysis of judgments of an already constructed world of objects, and operative intentionality where is the intentionality in and through which a world is brought into existence. It is understood that the operative intentionality is one in which there is the opportunity for the active constitution of the experience of the world. It is pre-thematic and builds up the object, and can be understood through the naïve experience of the body, of perception, space , time and movement. (Spurling, 1977. P.18)

Halling and Nill (1989) suggest attention to the following five principles. An awareness of context, as perceived by the person. The functional purpose for behaviours or experiences accepts a basic reason for the individual. Nothing is entirely irrational The interpersonal drama suggests that the object relations of the client will be evident within the behaviour. Critical incidents and phases will affect present goals and behaviour. Embodiment is the clues to the psychodynamic state through our consideration of the physical impact that is manifested in the client's physical demeanour. (p.181)

Phenomenal awareness

The overlap of roles that I had at this institution meant that there had already been experiences where the client related to me, and my apperceptions of him had some grounding in day to day life. These experiences did reveal some consistent behaviours in various situations.

For instance there was always an intensity that Cheng exhibited when he was working in our sessions. But he was strongly impelled to express himself, and was skilled in playing a guitar as well as working with images in painting and drawing or collage. He seemed compulsive in his reading, most often from the popular culture, either of North American and Chinese printed information of newspapers and magazines. It didn't matter if they were no longer contemporary. There was no linear connection to time.

He seemed to be a withdrawn from others and so seemed to be someone that I would have to reach out to if I was to get to know. Identification with the isolation was the beginning of my learning. There was a personal connection. My counter-transference was something that could not only refer to me, but as well, about the therapeutic relationship, and what Cheng was bringing into it. A period of reflection brings the complexities and the simplicities towards integration in the conscious 'knowing'.

Ultimately, I had to identify that the recognizable elements within the relationship. These were part of the existential experience as well as a distinguishing element within the phenomenal experience of my role as his therapist. It would be the place that I would accept my personal experience of the material that emanated from the therapeutic relationship. Through the validation experiences of the phenomenal methodology, I could relate to this material. I could begin to differentiate between the countertransference material that was uniquely mine and that which was provoked by and illuminating of the relationship.

I respected his expressive capacities and his need to communicate what life was like for him. Beyond the therapeutic work in individual and group sessions, I was involved in other more basic forms of care-giving, that were the reality of a small institution. It may have simplified this enterprise if there had been consistence in the roles that I had during years of contact. I had prior to and during the years of therapeutic involvement functioned in a number of roles that may have challenged the client's experience of me as a therapist. For example, I made decisions about his need for a PRN (Pro Re Nata -medication as needed) on some occasions, as other co-workers did as well, when a nurse was not present to do this. This could be seen to contaminate the therapeutic relation. However, the many subtle but relevant elements that qualified my understanding of this man in a holistic way, came about by the variety of contexts through which I knew the client.

Cheng played the guitar. More than anything he seemed to like that guitar. It seemed to create a space or ambient container for himself. The songs were curious hybrids of American songs with an Asian influence. Pop songs from the twenty years ago, like "House of the Rising Sun." His absorption was deep in the activity, with little concern for the deviations from form. I wondered when he first began playing these songs. My belief that had he been in Viet Nam during the nineteen-seventies, the song might function as a cultural icon of the American presence in South East Asia. The Rising Sun is, as well, the name of the flag representing Japan, another strong power in that geographical area. This song 's expresses the overall feeling of personal destitution and despair. Perhaps it's ironic reminder to Cheng that his role as the only son in a Chinese family has been enormously impacted by his illness and shame for this identity.

His intense behaviour seemed similar as he read news magazines, sometimes using the words or images as the beginning of a collage. He occasionally focused his creative energies to elaborate issues of power. His behaviour with individuals was generally, but not consistently quiet and gentle. His discussions of these themes with others were beyond

the capacity or patience of many to understand, and feel that they were active participants in a discussion. This was his issue, but we all felt inadequate to unknot the issue.

Is it significant to the meaning behind his behaviour that he had a bipolar disorder? Minkowski (1970) asserts that the person in a state of hypermania is characterized by contact with reality, but lack of penetration with the world. The contact is only instantaneous contact, with no lived duration. There is a lack of unfolding in time. (p.294)

Time is an important metaphor within the symbolic representations. Over the course of therapy I used the time with Cheng as an opportunity to learn about him and his cultural references that he used. He became comfortable with this pattern and divulged a range of information about himself and his experience at various times. Although I was curious about many particular themes, I followed Cheng's lead to talk of what he needed or felt comfortable. He allowed me into his world by teaching me things about his culture and experience. He told me about a game that he played as a child. It was represented in his drawings on occasion (Fig 4.13).

He told me that he had at one time repaired watches in South America. On some occasions this information seemed to function as some type of personal myth. He could refer to this symbol and its signification. It was linked to an important relationship and a significant change in his functioning. After he broke up with his girl-friend there he had attempted suicide. I believe these connections imbued the concept of watch repair with the elements of symbolic quality. I felt that if this was accurate, I could learn from this form of signification to generalize to other analogies.

How did this man feel connected with the past? There was more connection to time beyond the here and now. The historical or biographical things, and how he perceived them were relevant to his present adaptation and well-being. Yet they rarely became the material of the therapy. He did not talk about the things that I might have imagined he would have, and I perhaps missed the underlying themes. For me to know

more would have support or dispel questions about his experiences. Now within the therapeutic relationship, they were elements of our superficial contact. They did not reach beyond to create a story that he told. It was a story that I attempted to put together. These recalled events or things, I may suppose, were felt. They were like a souvenir that he shared with me. Minkowski (1970) suggests that the experience of lived time is always an affective experience. (p. XXVI.) The sharing of that information was a bridge for me to experience a moment of his world. Yet he may have had a different understanding of my role. As he taught me much about himself, on one or two occasions he called me Teacher. It was said in such a way that I felt perceived as in the master-disciple role that he had may have had in his classical education in calligraphy and the martial arts.

Cheng did use traditional techniques and formal structures in his work. Understanding the intention behind these representations will include this premise in conjunction with any other psychodynamic or theoretical interpretations. It informs us of how he perceived the opportunity and how he felt that he could make meaningful use of the opportunity to respond to his own needs.

Ricoeur (1991) believes that the mythic nucleus of society is evidenced both in what is said and in what is lived, and how one lives it. (p.484). Myths themselves are constituted of symbols on a cultural level, but could I expect it to function across cultures without a loss of the foundations to which it owed its form?

Images representing some aspects of the therapeutic issues have helped me to understand implications of adjustment and pathology from a variety of cultural positions. I took as my beginning that the client would elaborate on his world. He could teach me about the images and symbols. I could only accept them as expressions of his world until they would begin to have an equivalency in my own world.

It is important to begin with an acceptance that the symbolic expression is not a distortion of language but to believe that through acceptance I could learn of its cross-

cultural equivalence. I could not read the images on a literal level for the symbolic and metaphoric expression until I learned of the tradition of such representations. To subject them to the value judgments of my cultural conditioning would have rendered them cultural artifacts and evidence of social marginalizing such as depictions of pathology. The questions that arise from interpretation and its viability across cultural spheres need to be kept in mind within the work. There are self-reflective questions that Ricoeur would have us ask as we attend to the phenomena of the therapy.

"What new self understanding comes out of interpretation?" asks Ricoeur (1991, p.5). He wants us to question the purpose of the interpretation. Is it valuable as insight to the client, or does it change the way that we interact with the client and improve the client's self-experience through the improved therapeutic relation are some of the useful ends of such hermeneutic interpretation.

How we define the human being and see the organization of the personality is suggested in Ricoeur's second point "What self comes to self understanding?" Implicit in the question is the return to the client for verification of each point's relevance to the client, always. (1991 p.5)

"The ways that we see and qualify the material that arises in the phenomenological experience could by its nature maintain an internal isolation that has potentially excluded and alienated the client." With this point Ricoeur poses his last question "Does interpretation of culture exclude others.(1991, p.6)

While these questions may be presupposed for any interpretation of discourse, the context of Ricoeur's thinking, are fundamental to one that utilizes a phenomenological methodology within cross-cultural psychotherapy. When there are such disparate understandings that may arise across cultures, specific attention paid to the cognitive and linguistic aspects of mental illness need to be sought out. This could be done within framework of questions asked through comparing the interaction of sociocultural context

and individual behaviour. (Jessor et al, 1968;Waxler, 1974;Kleinman, 1975) It is this type of inquiry that may reveal more insights into the client and how they may relate to the therapy.

We may find further clarity in the understandings that we discern from the content expressed by our clients through the goal of a hermeneutic interpretation. The practice of hermeneutics is a theory of rules over the interpretation of texts. The search for meaning for Ricoeur comes less from the discrete communication as an entity, but from the reading of the whole communication.

Although his critical discussion centres on the discourse of the written word, I feel that one can apply it with integrity to the material of the therapeutic frame, such as a body of work that the client makes within the art therapy. The notion of what constitutes a "text" is expanded from Ricoeur's point of view. It is my intention to include many forms of expression, similar to Jung's concepts of dreams as 'texts'. (Jung,1971, p.328)

The 'text' implicates a context from which meaning is embedded. This will be useful in the consideration of double meanings and symbolism, and their interpretation. Ricoeur has contributed to my understanding of the "reading" of the body of work through his assertions of the hermeneutic. It will be my goal to maintain the validity of the original expression. He cautions any gesture to unmask it as one might for an illusion. Ricoeur (1991) maintains the requirement that the interpretation may restore the meaning to the text where the overall expression comes out of the 'semantic autonomy'. (p.9)

There is an interaction between the symbolism and its meaning that helps to preserve the cultural distance. This maintains a space for the 'otherness within the oneness' says Ricoeur (1991). The person's *being* (italic added) will then be better understood from within the intensity of the relationship and a self-reflective process maintains a stable point from which to experience it. I believe that implicated affective states that transcend the cultural signification to locate meaning. (P.8)

Expression and Meaning - The task of Therapy

In applying such principles of interpretation, where the material is viewed as being *integral to the lived experience and related to the cultural values of the person's origin*, I might be able to discern and open myself to the expression of the individual as a part of this therapeutic frame. Would we not find but universals within our understandings?

'The emergence of this double reference, a split reference of literary texts is not to be located at the semantic level of the sentence, but rather at the hermeneutic level of the work. The primacy of the poetic function does not eliminate reference. It only makes it ambiguous. Thus literature has a double sensed message that is in dynamic tension and is the basis of creativity.'

(Ricoeur, 1991. p.13)

The expression implies then a double meaning, both the sense of self and other, reflection back to the ontological genesis as well as forward into the world implicates the individual to distinguish the pathogenic and creative processes that are ongoing and in relationship.

A symbol representing a pineapple that occasionally was seen in the art work provides me with an example. Its significance as a metaphor was initially lost on me, such that I would have misunderstood the richness of the language of expression. With a supervisor, we return after to the sensory experience from the therapy, what I perceived and what was visually present to us through the concrete image. Such a return facilitates a hermeneutic circle, a place where the phenomenal reduction to find another possible and much more cogent meaning for the symbol.

The pineapple is a colloquial expression from Asia that represents a hand grenade. A dramatic distinction can be made with such an opening of interpretation, beyond the

concrete or literal. I can return to the context of the therapy with a richer and more valuable sense of possibility from which I can be present for the expressions of the client. Ideally this would happen within the therapeutic space.

The hermeneutic circle would not impose the meaning 'hand grenade' to the image or symbol of the pineapple. This would be a potential interpretation. Critical to the meaning would be the sense of the context. There are other ways of looking at the material that suggest possible behaviours that were consistent with the literature of refugees from Southeast Asia in the last twenty years. It was an important step to apply to the material some means of gaining greater experience with significant icons that arises within art therapy. This is critical when there is a barrier of cultures that can veil the meaning, and the emotive experience for the client.

As Ricoeur (1991) contends myths can be opaque and function to mediate our experience and understanding. Without translation a myth will obscure its meaning within the symbolic, at the loss of the literal meanings (p.489). The hermeneutic process requires some reduction to the elemental. 'Without the critical and selective reappropriation the purpose of myth would be lost for all parties.' (p 485)

From this perspective can distortions and opacities be discerned across cultural spheres? In the following chapter I explore some of the elements of the culture that Cheng comes from. There are behaviours that are culturally sanctioned that does not give me clear clues as to the implications of the expression I can return now and review those elements to see other potential, using this means of reflection.

The creative paradigm within therapy is the present moment in time. I want to witness the client's experience and be active in the situating of the client in the immediacy of the lived experience. When the experience was camouflaged, I can understand that the client needed to maintain a defensive protection from a painful experience. That is the material that the client needs to have respected.

Within a situation that I did not feel confident, I could not always discern between the client's defense system and the cultural limits that may have impeded my understanding and witnessing. I wonder about the limiting factor's on the hermeneutic process when my psychodynamic understanding was limited.

I recalled specific therapeutic sessions on other occasions, where coherent communication was acknowledged. On some level, though not always verbal, there had been some expression from the client that I had been able to sense the potent meaning and offer it back for the client to affirm. There were times that I felt confident within that therapeutic alliance of client and therapist. These were opportunities for me to ground other experiences in some way. I knew what we could at some occasions share in terms of understanding, and then to differentiate when there was more than just the culture between us.

Husserl posits that our creative capacity is indispensable to this process. The concept of the "intuition into essences as brought about by a free exercise of the imagination, in which the invariant eidos is discovered" as cited in (Minkowski, 1970. p. XXXIII.) The methodology brings the essence into our imagination where we can creatively explore the potential meanings of the essence until we find something that resonates.

This activity was expressed by Ehrenzweig (1967) and his discussion of the scanning that occurs below the surface of immediate perception but that serves to form and direct the perceptions acquired. It relies on attention to the details of the periphery to integrate the various elements of the scanning. Although similar to the concept of Gestalt, it attempts to not succumb to the Law of Closure whereby the mind provides the completion of entities with details that may not be present in themselves. (p.39)

It is not simply an acceptance of the information that the senses provide to us as the feedback. It cannot remain unprocessed, nor can it be isolated from active construction

of meaning. Ricoeur quotes Frege as saying that "We are not satisfied by sense alone, but we presuppose a reference." Frege says that "only the dialectic between sense and reference (event and meaning) says something about the relation of language and the ontological condition of being in the world." (Ricoeur, 1991, p.5) As the phenomenological realm becomes more vital, the therapists' inner response can be critical for the evaluation of where the content lies. These phenomenological experiences might illuminate the situation of the client.

Communication was the issue for this therapy on a very basic level where our understanding of the common spoken language differed. We used English but for this man it was not his mother-tongue. There was not always a logical understanding of the word's meaning. Wittgenstein described "pointing language", where the word has a meaning. The meaning is correlated to the word. It is the object for which the word stands. This is distinct from "evocative language". The client used some words in a context that confused the listener. It is not quite true that the word had a double meaning. What he said implied one thing while he was denoting something else. (cited by Sonesson, 1989, p.271)

It was difficult for me to adequately distinguish a meaning, as I listened to the verbal statements of the client. Was the word signifying the more abstract language of this western culture from which that word came from? Perhaps it was more a reference back to himself, to his experience of growing beyond his culture and learning the vocabulary of a foreign language. In some cases, did it symbolize the client's maladjustment within either culture?

Ricoeur (1991) speaks of the dialectic between symbols and their interpretation. As he explains it there is an implicit double reference. From the expression comes the felt sense and the reference, it is an expression of the event and the meaning giving a view of the ontological relation of the speaker, to "being in the world" (p.6) I find within this the opportunity to witness the object relationship, that is implicated within the expression

It is not to presuppose an interpretation that takes the away from the "sense" of the expression. While dichotomous in their orientation, they imply a complementary or integrating purpose. As expressed earlier he specifically opposed interpretation conceived as the unmasking or demystification, to the purpose of interpretation as the restoration or recognition of meaning.

Through synthesising this experience, I am attempting a reconciliation of the contradictory questions about the process and result of therapeutic interventions including the use of art therapy. Its use for the grounding and elaboration of identity issues for the client provides validation within a philosophic view of illness and well-being.

Theory in practice:

The Interpersonal Drama

Ultimately what arises from the exploration must maintain the vigour of the individual. Its purpose is to express comprehensively the elements of the human and their meaning. Minkowski translates some elemental precepts of Husserl that functions well in the broader view of human existence.

Psychic life is a conscious life.

Conscious life is conscious of something.

Consciousness is a general term and is
inseparable from the "I". (Minkowski, 1970)

My respect for this person, and appreciation for his adaptive qualities amongst his dramatic life could not dismiss something that seemed trapped within the distance of two people not quite understanding one another. I had on some levels understood Cheng and the emotional states that he experienced. I had witnessed and participated within a number of situations where I could surmise what was behind these behaviours. They were grounded in a culture but contained elements of a universal struggle.

My roles changed over time at this institution, but I maintained a therapeutic connection despite my evolution. As the therapy moved into other spheres, the work was built upon the early experiences. There were always structural concerns about our means of relating, but these became less problematic. We had established something. I continued to struggle with understanding the message of the moment. Yet there were occasions when I acknowledge gains in dispelling the disorder and finding the essential message of Cheng's expression.

As I said earlier, Cheng spoke often and indiscriminantly about political subjects. These became diatribes for some staff members, as they would hear some specific words used out of context, but used over and over. Once as I listened, I heard the name Chou En-lai. Numerous times before I had simply believed that it referred to a Chinese premier. On this occasion I needed to question the assumption. "What is Chou En-lai?" I ask. Cheng told me that it was the name of the school that he went to. Finding the equivalents to Cheng's expression was difficult, but when it happened there was a validation of something more elemental than a psychotic disorder. There was some order, that I was regrettably so in maximising.

Our struggles to understand each others expression, and for me to be able to understand the client's psychodynamic issues well enough to be able to follow continued through the many sessions. It was cyclic, this pattern of clarity and confusion. I had not enough objectivity to realize the precipitant of the cycle. It discouraged any acceptance of a growing, structured relationship that one would hope comes through an evolving therapeutic alliance. Towards the end, there happened to be a period of increased tension and evidence of delusions of power over others. In a late session, my inability to understand Cheng, seemed to provoke him. I must understand him because he was God. He was clearly angry with me. This undeniable truth connects the behaviour to a context of meaning. I surmise that my inability to understand him then must have touched a

psychotic fear of abandonment, that was covered over by the delusion.

Minkowski (1970) states that there is an irreducibility of the psychic factors within phenomenology as a contraction on the psychic qualities in their essential relation rather than genesis, it is the mental foundation from which isolated affective factors and judgment facts spring. (p XVIII) It was from here that I could see that the medical model from which I worked reduced the person to the illness and that there was more that I felt needed attending to before one could say that the person in their essence is understood.

I now see phenomenology as a philosophical basis that would be more inclusive for the perceiver, allowing me to hold onto disparate themes long enough until I would see them able to co-exist. Within the chaos of the disparities there might be some underlying form or essence to emerge and perhaps accentuate the complexity of this person. It would be a step in the methodology. Without this it felt in some way that there was an alienation from the symbolic communication of the art therapy frame.

Although challenged by the cultural distance, a means to understand this person's experience was facilitated by the art therapy, where communication was a nonverbal means of expression. The image acted as a container for holding the multiplicity of meanings. It gave me an opportunity for me to come back again and again, as I attempted some form of this processing. It was through symbolic expression that I could find a broader understanding, and for meaning to develop.

Visual representation gave us a common ground. When I could not understand what was spoken, there were the images that symbolically represented another dimension and the affective expression. The many representations became a language through which I began to perceive the symbolic expression. The subtle nuance of form and composition became more expressive as a vocabulary. This has permitted the development of a position where the individuals unique experience was encouraged and respected and where I, as a therapist have been called upon to extend the therapeutic frame to embrace the

images, languages and symbols that were alien to my own culture. It satisfied my goal to offer the opportunity for the expression of the affective experience of the client. Through the image making and transitional space of the image, it also aided the institutional goals of treatment management and containing the occasions of fragmentation.

Use of the modality of art therapy has permitted me an opportunity of returning to past visual and lexical expressions, to gain further insight into the general experience of this Asian man. The review has given me the opportunity to identify and draw into proximity the importance of the elemental symbols, as they may have functioned for the client. It is the means of more clarity in understanding the expression of this individual's experience. Some of those symbols may be highlighted in the following chapter through a focus on the theory and concepts of cross cultural therapy in general. This will continue delving towards some of the critical components of the Chinese conceptualizations of wellness and illness.

Chapter 2

Cross Cultural Psychotherapy Issues

The focus of this chapter begins with general issues of cross-cultural psychotherapy and continues with concerns specific to the culture of this client's work. I shall explore some related conceptualizations that form a Chinese paradigm, applicable to this case study. My discussion about how illness may be perceived from another's cultural position is made more complex with presenting problems of the refugee. Their specific, identifiable trauma and loss of stability would involve a discussion of treatment beyond the limits of this thesis. However, I shall identify in later chapters some elements of that Cheng's work and speculation around the specific nature of his presenting problem.

I was working within a strong entrenched western conceptualization of disease. It tended to define the human being as the disease or illness that they may suffer from. As it was insufficient to describe this man, I considered other potential forms of defining a human being especially those that would include the significant role of culture in this person's life. My limited speculation around the nature of cultural significance for the expressions in therapy of this man, may be an opportunity to expand my own conceptualizations about identity and illness. The possible distinctions that have to be made in providing relevant therapeutic interventions includes assessing the mental and affective functioning as well as the nature and purpose of the defensive strategies. That there may be distinct cultural variances for disease and its treatment needs to be assumed. A basic difference cultural sensitivities to pharmacological treatment. (Takahashi et al 1975 cited by (T.Y.Lin) In his clinical experience Lin found Chinese patients with a mania required smaller dosages of Lithium carbonate per body weight. In some drugs he found that the dosage required was half compared to a similar Western patient. (p. 379) Mollica (1988) sees two facts of using neuroleptics with Asians. There is an increased incidence

of extrapyramidal side effects, such as tardive dyskinesia and general stiffening of muscles. Secondly, lower doses of psychiatric medications are still therapeutic (p.304)

At the most attentive level, I would attempt the paradox of "knowing what one cannot know". I must let go for the moment, of the bounded ideas of what the specific behaviour is and represents. The catatonic behavior that was witnessed needed to be considered from many sides before effective treatment could take place. A phenomenological method applied to the phenomena will minimize it as an arbitrary activity in itself. It must be said that these attributions, I did not make from within a coherently perceived structure. It may non-the-less allow for various levels of adaptation and functioning to play into my understanding. As the therapist, my creative capacity used free-play of my imagination to perceive some larger integrating structure, that spanned from Western criteria and included Eastern attitudes.

I will bring these into a discussion of the specific elements of this case in later chapters, and apply it to the client and family perspectives. It will be seen that the basis for many of those behaviours and responses that affected the therapeutic alliance are embedded within the culture of origin. Yet there were methods where I could have a more essential understanding that still had a grounding within Western Psychiatric practice.

Despite the many difficulties generally inherent in a cross-cultural therapeutic relationship, it is possible to attempt an alliance under certain conditions. Therapeutic conceptualization and therapeutic values that contradict the beliefs and values of the client, places the relationship in impossible terms. Specifically, attention must be given to the attributions of the client from his or her culture, as to the nature of the illness.

The major psychotic illnesses are universally seen across cultures and they tend to be treated in similar fashion. (Singer, 1984; Tseng and Wu: 1985). However there is a low incidence of depression reported in mainland China as reported by T.Y. Lin (1985). It is thought that the Chinese have a reluctance to discuss personal feelings with anyone

outside of the family unit. The manifestation of the depressive symptomatology would be little reported. As well, its character will generally be somatized. This may in some ways illuminate a misleading concept that the Chinese as a group are not psychologically oriented. (Kleinman 1975) as their illness is manifested on the somatic level.

The variances in the cultural manifestation of symptomatology requires scrutiny to evaluate the diagnostic criteria of Western Psychiatry. The strategies and defensive mechanisms that the Chinese employ, have been identified as varying to some degree with that of the west. Beyond the somatization, when there are other symptoms of mal-adjustment, these tend to be projected out. Both somatization and paranoia are representations of turning away from the uncomfortable stimuli as a coping mechanism(T.Y.Lin, 1985)

If the symptomatology of illness and its treatment function as symbolic messages within the culture, manifestations of the illness will be confusing and contradictory to me, unfamiliar with the culture. I witnessed what may have been the symptoms expressed culturally, as there are elemental qualities that arise within the specific point-of-view of the culture. This challenges the western structures and attitudes that are grounded on these principles. I must find a place for these conceptualizations to co-exist within me, as I attempt to build a bridge back into another culture's constructions.

What comes into play, when there are unfamiliar conceptualizations, are the formulations that have evolved in another culture. Though these concepts may not have a basis in my personal experience, they maintain a place within the therapeutic frame as the values of the other. It is an on-going task within the alliance to understand the foundations of the client; to take into account the attributions, expressions and feeling states that are implicit within the client's life experience.

The cultural significance

Resettling in a foreign culture, for whatever the motivating factor, is rarely without problems to be coped with. Specific losses of family and friends is further intensified by the distance from a 'visible community' of one's origin. Other factors affecting adaptation are age, health and personality. Older generations tend to adapt less easily, which creates conflicts for younger people as they witness their own adaptation, as alienating from the past and the generation still based in that experience. Often a profound conflict arises between generations of immigrants. Issues around loss of those traditions and alienation, sometimes thwart the adjustment and adaptation to a new and very foreign milieu. Some form of continuity maintained within the family of shared origin enables immigrants to settle into and begin the reorganization of lives and identities within the new culture. There is minimized loss of identity grounded in the cultural traditions of the homeland.

There may be other treatment issues implicated, particularly when the emigration was provoked by threatening factors in their homeland. War or civil strife within the homeland have unsettled many, creating refugees. The intensity of loss for an individual is further exacerbated by family upheaval and trauma.

The safety of one's own culture and traditions is left behind with immigration. The struggle may focus on adaptation and loss of identity. It can be confusing when the new culture may hold improvement for them materially, yet confronts their cultural sensibilities. Although not everyone who lives through such experiences need to seek help to deal with the impact, some require assistance beyond the family network to learn new ways of coping. Certainly there is no conclusive link in migration to mental illness (Murphy, 1965; Fabrega 1969) cited by (Singer 1984)

Various aspects of this client's therapy and his treatment issues are mediated or informed by the cross cultural issues. These will be considered both from a theoretical view

and their manifestation within the therapy. It is from the premise that there can be a constructive and respectful point of departure for the cross cultural psychotherapy to take place.

The provision of health care, by way of therapy, embodies the basic elements and belief systems of the culture within which this adjunct is offered. It will in some ways contrast with the culture of origin of the client. Concepts of disclosure and dialogue with strangers may be conflicting with the values of the culture of origin. I have hoped to cultivate a culturally sensitive understanding of various aspects of this person's mental illness within the sociocultural context. It is not seen as efficacious to treatment when the client's basic issues of trust with someone outside of the culture impact on therapeutic intervention. Time and commitment is spent to find mutual understanding and dialogue.

However, there are various ways of considering his functioning and coherence, beyond the scope of the medical model, that may offer for us a broader understanding of functioning. Such an approach gives attention to the social reality. The symbolic, emotional, and cognitive levels are not viewed as being empirical and universal to the western psychiatric theory. Frank (1972) sees the application of western psychotherapy procedures to non-western societies increases the difficulties of cross-cultural psychotherapy. cited by (Wittkower and Warnes, 1984. p.462)

Efficacy in such treatment can only come about through consideration of the ideas of social and personal meaning of treatment as well as other nonspecific therapeutic factors such as empathy, personal warmth and support.(Kleinman, 1976. p.115)

"It is as wrong to separate psychological processes from their sociocultural determinants as from their biological substructure, yet most approaches have made little or no effort to work with the uniquely Chinese systems of symbolic meaning,

(T.Y Lin 1953; W.S.Tseng 1969)cited by (Kleinman, 1975 p.113)

A deeper consideration of the context of the two cultures can minimize misreading

and misdiagnosis of symptoms of cross-cultural therapeutic treatment. Somehow it would seem ineffective to construct meaning within a vacuum, for it was not the realm of only one member of the therapeutic alliance. The efficacy of symbolic healing, links the belief system to the cultural context functions and gives meaning, foundational for the integration of the individual.

This fits into a broader trans-cultural paradigm of psychotherapy, but it may not sustain the therapeutic frame or practice when there are wide ranging conceptualizations between the client and therapist. While not specifically applicable in this case that I know of, some Oriental belief systems (Hinduism, Buddhism and Sapphism) maintain that the phenomenal self, as only a part of our existence, must be transcended to connect with the real or cosmic self. Would such a belief system manifest itself within therapy, such that I could support and assist the individual, without pathologizing the behaviour as the psychological adaptive mechanisms of Western Culture?

It seems that the conceptualization must change from one focused on the structure of the manifesting illness, to one that focuses on the function of psychology and pathology, disease classification and therapy within the other culture. With the implication of phenomenology, I may find an epistemology that does not insist on absolutes.

Devos (1976) considers the "implicit ethnocentric value judgments in psychiatry, which look at the presenting symptoms of psychosis, from a radically different sense than those cultures that have a concept of a latent meaning." (p.218.) The attitude shifts from looking directly at the illness to seeing through to something that may have a larger and more holistic impact on the well-being of the client. He claims that without that "attention to and understanding of the indigenous perception and concept of mental health, there can be no therapeutic process"(p.283) We would miss not only the belief system but also the psychic structure that would read the experience in a different and contradictory way.

Parallel to this is the fact that how the society responds to and processes the sick

person once the symptoms have occurred , is a critical determinant of whether he or she will remain ill or if his condition will remediate. (Waxler 1984). The concept of normal and abnormal behaviour, at the basis for distinguishing and diagnosing pathological behaviour, is made through language. A lack of clarity in the meaning of the client, or when tangential or with surplus meanings exist in the clients verbal expression was found by Malgady et al. (1987) to be interpreted as more seriously disturbed. cited by (Sharma, 1989)

Singer (1984) sees the likelihood of increased linguistic problems resulting in investigator bias and unreliable interpretation of alien symbols of behaviour (p.380). It is the expression of the client that seems to hold the key, for when we learned the distinctions and equivalencies within the expression, we as therapist have found some means to understand the thoughts and beliefs of the client and his or her culture. (Brown 1956) cited by (Leff, 1984. p.291)

Elements of Cross-cultural Psychotherapy

The division between pathology and wellness is applied culturally over a continuum of human behaviour. Deviation and demarcations function along similar lines as in other cultures though with certain limit or variance. I suggest that the form of the illness is defined by the cultural designations and are symbolically manifested across cultures in different ways. It is beyond the scope to explore the specific illnesses, whether they be stress-related somatizations such as that found within Western cultures, or specular illness of an Oriental culture. It will need to be through the validation of the cultural foundation implicit within the symptomatology, as a means to approach therapeutic contact.

The phenomenological experience of the illness is fundamental to initiating treatment. The presenting symptoms loose something of their expression when transferred outside of the understanding of the culture. Symbolic therapies transferred to different

cultural settings removes them from the symbolic meanings upon which their value lie, and to place them in contexts in which they seem remote and unconnected. (Kleinman,1975. p120)

It is difficult to comprehend the suffering and the useful response that would have the most impact for the client when the illness is expressed in a language or symbols of expression that I am not sensitive to. How will I feel the impact of the client's suffering in some way when their sense of the illness is of a spectral form of malady. Can I provide something to the client that would be appropriate to their needs? Returning to the phenomenal experience brings the affective response back to reflection. The distinctions may open up more generalized experiences to what is equivalent in the client's speech.

Kleinman asks some questions with respect to the distinguishing of the client's cultural beliefs that are relevant to the presenting problem and treatment.

- 1) structural characteristics of the medical therapy
- 2) Systems of categorizing symptoms disease and remedies
- 3) symbolic meanings influencing disease related and health related behaviour
- 4) role of and effectiveness of symbols in healing

(Kleinman, 1975. p. 105)

Continuing, Sharma discusses many prerequisites in a transcultural therapeutic relation, that are consistent with other therapeutic relations. For example, earning trust and critical evaluation of the therapeutic model are stressed where there is differing values and ideologies.(p524 & p533) The key to successful treatment of ethnic minority clients are empathy and awareness of counter-transference.(Kleinman,1975;Jones,1985; Sharma,1989). Sharma (1989) sees other attributes to bring into such a relationship as

- 1) specific knowledge of the culture (Sue 81)
- 2) awareness and sensitivity of cultural baggage
- 3) awareness of values and biases and effect on client
- 4) comfort within differing beliefs and values (p.535)

The following points were attributed to Frank (1972) cited by (Wittkower and Warnes, 1984). He identified criteria that grounded good psychotherapeutic practice across cultures. Specific qualities of the psychotherapeutic focus again on the relationship with the therapist as fundamental. There should be an adequate respect for the client and the relevance of their suffering.

A second concern is a functional need for myth, to engage the client. This would make the process more concretely available to the client, as an accepted and respected means to achieve the purpose of therapy. Ultimately the therapy must have an implicit basis within hope, as humans universally withdrawal without that quality.

Object relations is defined as the aspect that grounds cross-cultural work in a trans-cultural therapeutic framework. It provides the theoretical means to make contact with the inner psychic sense of the client. (Robbins, 1987). Humans of all cultures can relate in some form to reaching out to contact the world despite cultural variations in the form of the object relations. The qualities of the typical object-relations from the culture of the client is a criteria for the therapist to be sensitive to.

Singer (1975) discusses the manner of mother-child relatedness and loss specific to the culture. (p.260). The cultural shaping of the maternal relationship with the child will define significantly the interpretation that we make of the client's capacity to relate to the other, form relationships and develop capacities that account for the individuality of the other. Whatever form that this object-relation manifests there must be some form of 'feeding', as a means to sustain the work of the therapy, as a means of working through as a process to relieve the anxiety and emotionally invested psychic material. (Frank, 1972) cited by (Wittkower and Warnes, 1984 p.462)

The goals of the therapy should be clearly defined to the extent that broader applications may be made with the development of treatment. In the initial stages particularly, parameters of psychotherapy would need to be modified with a theoretical

flexibility that transcends one's own culture. The limits of therapy must also be well perceived. (Sharma, 1989. p. 535) However this may be a challenge to gain a confident sign from the client when there is a variance in communicative capacities because of illness and culture. Perhaps it is the first question before anything begins.

Definitions of culture are rather consistent in pointing to a system of historically derived meanings and conventions of understanding embodied in symbols, meanings and understandings which derive from the social order (Cassirer, 1965) cited by (Kleinman, 1975. p104) A similar definition states that, "innate in the structure, is an ordered system of meanings and symbols... in terms which individually define their world, express their feelings and make their judgments." (Geertz, 1962) cited by (Kleinman. 1975, p.104)

Such definitions reiterate the construction of meaning that occurs within a society. The values, mores and even the conditions of wellness and illness are defined by and through the culture. How can we identify the terms of a cross-cultural exchange? At what point does such a cross-over strain the parameters of psychotherapy to the point of being ineffectual?

General Chinese Concepts

Societies maintain cohesion through pressure to conform, to fit within the norms. The Chinese culture maintain boundaries as others do, where definitions of the sick may be made within prevalent concepts of the disease. There is pressure on each member of that society to repress, deny or displace what may be inexpressible within the culture, or experience the self or culturally imposed censorship for deviation. (Singer 1984 p.372). It can be viewed within the prevalent defense mechanisms of the culture that there are particular ways that are related to the nature of the culture.

Culturally held beliefs and norms have the role of determining the forms in which the underlying psychiatric disorder manifests itself. They simply give form to something that is otherwise without form. They are not the pathogene, but allow us a chance to envision the problem. Yap (1974) asserts that "...the beliefs and norms have a pathoplastic rather than pathogenic role in the manifestation of the symptoms of the culture-bound syndromes" cited in (Eng Seong Tan 1976 p.383-4). There is no basis for the concept of the culture influencing the morbidity or incidence of the disease according to (Singer, 1984). It's influence is seen in the content of the symptoms such as guilt, delusions and somatization.

The classics of Chinese medicine include many culturally specific and somatic manifestations of illness. These are often treated within folk medicine paradigms and involve a specular basis for the illness. The literature points to the cultural definitions of well-being as connected to the specifically somatic illnesses. Eng Seong Tan (1976) suggests that 'without the acceptance of such culturally determined beliefs and behavioral norms the development of these culture bound syndromes would probably not eventuate.' The application to psychosomatic manifestations of other organic conditions is a point of distinction for our understanding of the illness. Its impact on the client helps to locate an attributable condition for the client within the phenomenology of illness for the culture, though there may not be a one to one correspondence in the cultural definition and in psychiatric conditions of either neurotic and psychotic disorders. (Eng Seong Tan, 1976 p. 383)

Across cultures there are varying attributions and treatment for some illness. 'Among the Chinese, if a patient's illness cannot be understood in terms of yin-yang polarity and especially if his symptoms are bizarre, the conclusion is often reached that he is possessed by a spirit.' (Eng Seong Tan p378-9)

China has since the 1960's made use of Western Psychiatric conceptualizations,

Keh Ming Lin (1981) clearly states, 'once the physiological functions are disturbed, the logical forms of treatment become physiological and pharmacological. Major illness such as psychosis on some level of Chinese culture is described as compatible with schizophrenia and bipolar depression.'(p103)

The phenomenal world embodies the sense on a general level that the individual ascribes to the environment as well as its meanings.(Sheikh and Sheikh 1989). This reciprocal relationship allows for traditional Chinese health beliefs to continue to exert important effects on symptom manifestation and health related behaviour of Chinese patients, particularly when the psychiatric or psychosocial aspects are involved (Kleinman et al, 1975; Kleinman 1979) cited by(Keh Ming Lin 1981 p.95)

The formative effect of the social environment is manifested within the nature of expression and the experience of emotion. Eng Seong Tan (1976) states a rule of communications theory that

'If psychiatric symptoms are viewed as communications of his emotional and psychologic "dis-ease", by the patient to the society around him, it is not difficult to understand that this communication has to be made in forms and behaviours recognizable to and understood by the social group.' (p.383)

The link between culture and emotional states define the ground of the normal and abnormal. The following basic precepts express the unique attitudes of Chinese intervention and their interest in the well-being of the individual.

The human is considered an integrated organism of body, energy and health within the context of his cosmological, natural and social environment. The terms *body* and *psyche* are avoided in a Chinese view because of the sense that human beings are part of natural world. The balance is not static, nor divided. 'Movement within the energy lines bring about a sense of the dynamic, within the body where cyclicity and circulation are prominent. ' (Keh Ming Lin, 1981 p.96)

Energy systems are pathways throughout the body, uniting major organs and their functions, to behaviour in such ways best envisioned by the nature of acupuncture. This is evident to anyone that accepts a needle applied in one part of the body will have a beneficial impact on a somatic complaint elsewhere that is linked through this energy pathway.

Medicine, philosophy and religion all regard nature along such concepts as with the paradigm of the unity of the body. The nature of health, sickness and healing are connected to the body. They bring an environment of heightened awareness and preoccupation with the functions of the body. Chinese tend to express psychological distress through somatized means. Chinese medicine is basically holistic and focused on function rather than structure.

This includes concepts in mental well-being. Affect and mental illness gain a broader perspective as ecological terms relating to important environmental influences. They become the symbolic equivalents of the relationship of the individual in a social context. (Kleinman, 1975; K.M.Lin, 1981)

An example may be used with the symptom of catatonia. There is a large proportion of catatonics among the psychotic in South East Asia, according to Neki (1973). As a way of interacting with the world *catatonia* may be the cultural means to express a measure of stability or control within such a culture that emphasises the interrelation.

Chinese concepts of health may be seen in the dialectic interaction between the idea of Tao and a strong pragmatic orientation. Fundamentally, Confucianism offers a philosophic way to live and make choices, while Taoism is a cosmologic way of being. Tao connotes a continual search for the proper way of conducting one's social and personal life. " ...searching for the optimal way for an individual to live a harmonious personal life in relation to cosmological and natural spheres" (Hsu 1934) cited by (K. M. Lin, 1981 p95)

As such the scholarly explanation for mental disease was the theory of the

dyscrasia of the dual power, Yin and Yang as polarities can be equivalents to (+ -) evil and good. Components that activate both the human body and world, the dyscrasia or imbalance was caused by infringement upon Tao, "The Way" or moral guide to right living. (Veith 1962, p. 139)

The client within this study is seen to use the concept of the microcosm and the macrocosm to be correspondences of the dynamic balancing of this central concept of Yin and Yang with "the Way". Further elements expressed graphically within the art images are discussed in chapter 4.

Such a pragmatic aspect leads Chinese to less concern about absolute, supposedly "objective " truth. As may be observed in the possible alternative forms of interventions in health, where acupuncture, and shiatsu address the concept of the body and being in a specifically oriental way," Chinese are willing to try contradictory approaches... if they work."(Keh Ming Lin, 1981 p.95)

Singer (1984) brings up the development of the personality within such a culture. In particular when social belonging reinforces and is reinforced through the beliefs around pathology, then the collective super-ego is powerful. As a defense mechanism, it has been observed within oriental cultures to project outwards, rather than to repress inwards (Caruthers 1953; Benedict and Jacks 1954; Wittkower and Hugel 1968), cited by (Kleinman, 1975) For instance when a Chinese patient's illness cannot be understood in terms of Yin-Yang polarity and symptoms are quite unusual, then it is believed that he is possessed by a spirit from outside of the body. Spirit possession attempts to formulate a culturally appropriate cause and behaviour category for a condition, beyond known parameters.

It locates the dynamics of the conflict outside of the individual, and allows for external means of intervening to be possible. (Eng Seong Tan. 1976.pp.378-9) In chinese classics ritual healing may be considered an external locus of control. Divination specialists (Buddhist monks) travels to hell for client to meet deceased relatives, then

return to give advice. It functions as a form of transference relation. At the extreme, ritualistic intervention as sorcery, involves the misuse of power outside of the person.

This suggests a potential attribution of the power of the transitional object as a symbolically relevant facet of the Chinese concepts of treatment intervention. It acts as the container for the symbolic symptomatology. Utilizing a space, not within the body may provide a basis to facilitate the expression and resolution of conflict, while respectfully accepting the cultural boundedness of the actual therapeutic perspectives.

The concepts of locus of control where power and control over the state of one's phenomenal experience is most evident when considering the Chinese attributions of illness and well-being. It is felt that the Chinese are conditioned to look for the cause of their stresses in their relationships with people and so externalize the adjustment difficulties. It is one of the reasons that some authors suggest that Western concepts of Psychotherapy are not useful for treatment within Chinese systems of treatment. (Brown, Stein, Huang, and Harris, 1973; Kleinman and Mechanic 1981; Tsai, Tseng and Sue 1981) as cited by(Tsung-Yi Lin 1985 p.379)

As well the Chinese are seen to be reluctant to discuss feelings outside of the family circle (Tsung-yi Lin, p. 373) However one other reason for the resistance to general psychotherapy as a predominately verbal practice has been that the Chinese through '... tradition or training, rely a great deal on nonverbal communication or symbolic figurative expression in conveying their emotions". (p.381)

Both in the nature of the therapeutic alliance, the client and therapist must understand the expectations that each has of the other's role in the therapeutic process. Tseng stresses the impact of patient attributions and explanatory models on course of illness and response to treatment . This language of therapy based in cultural idioms seemed to be therapeutic because they relieved anxiety and helped patients cope with stress.cited by (Kleinman 1975 p.119) The symbolic structure and functions of chinese

medicine and other traditional systems of medicine would help us understand the basics of symbolic healing and the role of modern psychotherapy.

Specific points of Chinese culture

A culture embodies within it the world of experience that it has endured, and become established. We see the meanings ascribed to the events and the structures that evolve to hold these meanings. Within the Chinese culture there are some culturally bound syndromes like "wind-illness," that are widely known and treated, but only infrequently written about. Perhaps their ubiquity and entrenchment within the culture maintain their ephemeral quality across cultures.

We may see some equivalence in our psychiatric categories if one disregards the manifestation of the cultural bound syndromes, as expressed in forms of behaviour and feelings specific to the culture and considers the underlying psychodynamics. The symbolic implication of the symptoms as well as the affective experience is usually clear to the observer, such that the basic emotional conflicts expressed are universal ones. (Eng Seong Tan. 1976. p.383)

Within Chinese conceptualizations of illness, there is the sense of an internal etiology, including seven kinds of excess emotions. This incongruence has an increased pathogenic value on control such as moderation and inhibition. As well there are to be found six categories of pathogenic force. Wind, as one amongst them is seen as external force. Others, such as coldness, hotness, dampness, dryness are somatic experiences of the pathogene, (Keh Ming Lin 1981 p97) For instance ice cold water is the treatment of choice for nightmares. It is considered to be the result of excess accumulation of "hot" energy. Discipline is used to channel hazardous stimuli, much like the development of martial arts rely on extreme discipline to deal with the 'external opponent' (p.101)

Food becomes another means of dealing with the pathogene. (Kleinman.1975;Koo 1984) Various foods were considered to support or deny the environment of the such illnesses to exist. This would be defined by the village practitioner or herbalist. Such interest and acceptance of this form of intervention with the pathogenic symptom is pervasive. It is also carried beyond the borders of the home country. In the Chinatowns of many urban centres there are herbalists and stores to obtain traditional components of treatment.

In China the psychologic precipitant of depression was recognized. However, it was not regarded as a psychological condition. The concept with depression was a somatic preoccupation with vital organs. Therefore, traditional concepts posited that too much deliberation was damaging the stomach. Perhaps this accounts for a loss of appetite of those who are depressed?

Chinese beliefs were intended and thought to get to the root of problem, according to Koo. (1984 p765). Noting K. M. Lin(1981) asserts that "the Chinese do not appear to lack psychological awareness, but that the "tendency towards extreme somatization suggests a qualitative difference from other cultures" ((Tseng 1975;Kleinman 1975) cited by (K.M.Lin, 1981). Lin feels that there is 'evidence of psychological factors in all aspects of healths and illness'(p.101)

For Cheng, this particular idea around control of food is relevant. He would consume various items in what I would witness as an obsessive fashion. He would drink large amounts of tap water. It was considered a sign of his thirst because of the Lithium medication that he was prescribed. It may have had another justification in his experience where drinking the water changed the interior reality, as various authors suggest. Selection of food was important as well. He would not eat shellfish, but he told me that his father could eat it. There was a concept of power or potency implied. Respecting that there was a traditional basis for some of his interventions certainly provided for a different

attitude from me when I saw this behaviour.

It may be considered that some of the behaviors that I judged to be obsessive where enactments of ritual. As Kleinman (1975) points out the patient from a different culture may not experience the modern form of intervention as successful until they experience the healing ritual that is symbolically linked to their internal well-being .

The attribution of the pathogene to an external force further challenges me to find the larger significance of the sense of symptom in order to usefully frame and intervene. Somehow there can be no work that does not see the reality of the illness from the position of the client. The attribution of the meaning and cultural basis for the concepts do not require their placement within any particular environment except for the acceptance of the reality for the client. This may be a similar attitude that can be applied to many of the precepts of the symbolic therapy at my disposal.

It brings me back to our perception of the behaviour, either from the client's point of view and from our own cultural position. It is noted that how the symptom manifests itself, implicates the conceived form of treatment. If the client's response to the symptom is psychologically satisfying to him, are we supporting the client's interest when we perceive the cultural system of treatment at odds, or perhaps ultimately delusional?

According to some writers, ultimately the chinese have a similar conceptualization based on Western concepts for the severe psychotic illness, in general. There may be regional variations that give colloquial meanings to such illnesses, but not pervasive impact on the treatment of such illnesses.

Major illness is treated separately according to one author. Psychosis (K"uang) is described compatibly with either schizophrenia or the manic phase of manic depression psychosis. (Keh Ming Lin. 1981 p103). Once physiological functions are disturbed, the logical methods of treatment become physiological or pharmacological, even if excess emotions held as initial reason for disturbance.

Neki (1973) asserts that there is an increase in suicide as well as frequent addictions to heroin, opium and alcohol seen within Chinese patterns of behaviour. At the time he stressed the critical issue of mental health for the young adults, when there were frequent student riots. Neki (1973) suggests that the expressed behaviours point to personal health problems on a larger cultural scale. (p.257)

The words depression, anxiety and tension were found to be particularly difficult to translate into Chinese according to Leighton et al (1963). They point out the strong link in the availability of appropriate words for the various emotions and the ease with which people distinguish between the expression. cited by (Singer, 1984.p .362)

The functional needs of the culture describe conditions relative to their pertinence or peripheral nature .

depression is rare in Non-Western societies, (but) when it occurs it is characterized by a rarity of guilt, increased frequency of somatization hypochondriasis, paranoid symptoms and confused, excited, manic and aggressive behaviour. (Burton- Bradley,1965; Collomb,1965; Wittkower and Hugel 1968) .cited by (Singer, 1984 p377)

These and other symptoms, such as " depressive mood, diurnal variation, fatigue, insomnia, loss of interest, weight loss, periodicity, and the biphasic nature of the illness would be typical of bipolar illness across cultures", according to K Singer (1984 p389)

The following questions apply to our interventions as a way of demystifying the cultural material from the pathology of illness that defines the normal from abnormal across many cultures.

' What are the structural characteristics of medical therapy within the culture?

How does the system of categorizing and classifying symptoms, diseases and remedies relate to this structure in some comparative way?

What are the implicit symbolic meanings influencing disease related and health related behaviours? This is most evident later in the relationship and expectations that the client has towards the therapist.

What is the role of symbols in healing as a beginning to establish if symbolic healing modalities can provide effective relief from suffering and illness?.'

(Kleinman , 1975. P105)

With the potentially confusing and contradictory material that arises within the therapeutic space, developing a methodology for the therapist as a means to integrate the variances is of the utmost imperative . This methodology acts as the bridge across the gaps in training and perspective that cross-cultural therapeutic work highlights. Sheikh et al (1989) suggest that the development of a methodology must include how we recognize change in a way that satisfies the tenants of science. It must include a recognition from the therapist, even after the fact that there was something happening and what could be provoking this even, as well as the next sequela might be. They feel that in noting change it may not be necessary to measure it, to support that impressionistic evidence of symbolic healing as effective.(p231)

A number of authors have pointed out the loss of effectiveness in cross-cultural treatment through the lack of respect and integration for Chinese systems of symbolic meanings (T.Y. Lin 1953; W.S. Tseng 1969) cited by(Kleinman 1975 p.113). Although we may become acquainted with some of the concepts and tie beliefs, it is difficult to work with the symbolizations in a meaningful way. As well it is hard to transcend our own valuations, to see the images and conceptualizations as pervasive, equivalent and valid. According to the literature about the Chinese culture and the nature of pathology, there are specific references that are not sensed, understood and perhaps not applicable in cross-cultural work because of the lack of shared belief systems that underpin those culture bound syndromes.

At this juncture the elaboration of the Chinese perspective in general gives an expanded view to the conceptualization of illness. Whether their application to the case may be remote, including them gives me an opportunity to discuss inherent, cultural

biases regarding symptom attribution and remediation. As well it is almost impossible to ascertain within the treatment situation, the range of implications that will arise from a therapeutic alliance .

Normal and abnormal behaviour is a designation of marginalization along the continuum of human behaviour. Guilt and shame are manifestations of one's response to the culturally imposed normative functioning. The prevalence of shame is more typical within a culture where the identification with the group is of great importance. As an emotion, it is most apt to appear within an inclusive society where identification is found within the bounds of the social milieu. There is a strong structure, that imposes powerful pressure to conform, and any members who deviate experience repressive condemnation from within. The loss of the group super-ego is a powerful inhibitor.

The projection outwards of the symbolic pathogen, does not diminish the personal tragedy and social impact. There is a stigma of mental illness. In the Chinese culture it tended to fall extremely hard on the family as well as on the individual.

In cultures where there is a strong presence of shame the personal feelings, failures and weakness are discussed within the family or not at all, presenting difficulty for effective therapeutic work, according to S. M. Yan et al. in their work on the prevalence and characteristics of mania in Chinese inpatient psychiatric care. (1982)

The traditional Chinese view the effect of illness causes a sense of guilt and shame for the family. This may be perceived as something akin to a curse placed upon the family, and that they as well as this individual may be stigmatized. The spectral component within the Oriental culture may be that some kind of evil demon that the individual is weak and has brought shame and disgrace on the family.

The impact of illness for much of what we discuss is centred on the client. Within the culture typically seen as patriarchal, a specific and manifest importance on the impact of illness on the family which in turn affects the person who is sick. The culture has

ultimately defined the individual and family as on the margin, excluded from the marital pool. This is seen in our western culture to some degree, perhaps less striated. The family is now, very important to the individual. They suffer as well, and struggle with the shame that the social milieu applies generally to all members of the family.

Identity Issues

For the individual of this study the expression of identity is the underlying core of much or all that was expressed. The case is hinged on the identification with the 'other' and the identification against the 'other' that was there. I see the theoretical paradigm of Malher(1971) suggest the process and passage of the being in a process of individuation. There is a sharing of qualities where projections and introjections define the parameters of the relationship and the limits of the two involved in that relationship.

There is tension within that relationship as the one senses that there are other elements that are distinct from the other and this cultivates an environment of expressing and defining those distinct qualities. This, as a process of individuation is a healthy step and provides a broader foundation for the individual to identify what they are, on their initiative and it is a decisive step in their creatively defining who they want to be. This may involve inner limits and a retreat from something that is new and different. It could take the form of a defensive position of remaining the 'I' that I knew before.

As a chinese man, his was a culture far from him in physical terms but all the more essential to his stability. There was a profound connection of the individual to his Chinese culture. Cheng used the art processes in a range of ways to represent his identity and need to be grounded in his roots to provide stability.

This exploration has a basis within the elements of language, and implicitly includes the two languages that we communicate in, that of spoken english and visual

stimulus and symbols, with a few acquired Chinese words and symbols. The intonation and peripheral clues around the expression had assisted, to some degree, in sensing the meaning. The work that we did within the therapeutic frame had very little to do with confidently knowing what was being expressed. To a great degree, it has to do with how each of us feels comfortable speaking in the language of the other.

It was evident that there was a cultural system that we were bounded by. This system defined the limits and parameters for us as human beings, functioning within it and from without. The system within which I have been conditioned, enable me to navigate more-or-less intact. Such imposed limits within the culture create the laws that maintain a recognition within the culture.

For me, I believed that I acted as the *other* entering into a therapeutic relation with someone from a culture unfamiliar to me. My goal was to learn of his culture. Without the prior conditioned experiences there are different ways of experiencing the boundary issues of the Chinese culture. Sometimes through ignorance of the significance of the cultural gesture, I am able to remain detached from the values or implications that make no sense without the societal threats of marginalization. There is for me as therapist, no implicit identification to that system from which to suffer the anxiety of threatened loss.

Conversely the immigrant has made a gesture towards a new culture. Some kind of expansion would likely happen with the introduction and familiarization to this new culture and values. For an outsider, a desire to fit in may bring the anxiety of potential rejection through the misuse of the cultural boundaries. This very process that I would have long ago experienced within my culture of origin would be dramatically intensified for the client encountering the social limits through illness.

The Therapeutic Space

In some small way I attempted to encounter the pathway that the client was on through my attempt to acquire a rudimentary understanding of Chinese values and culture through the associations that this client could teach me. I would better understand him by trying to reciprocally experience his culture. For me, these experiences supported the therapeutic values that I held. It would be within that experience that I could share the power of the therapeutic space. This would begin to emphasize the experience and the capacities of the client.

It was evident that this client was isolated and felt powerless. My first attempts were ventures to open doors that he may choose to come through. His isolation was for many reasons, some of which were obvious and reality based. His, was a physical isolation on a day to day basis from his culture of origin. It was these phenomenal realities that I endeavoured to address through the modality of image-making and the therapeutic space

Through clearly identifying my inadequate knowledge about his life and culture, I endeavoured to learn more. It offered the opportunity to validate something of his, that only he could uniquely share. It acknowledged the isolation and insecurity that the client felt, as similar to my own, if it was relevant to the dynamic of the case.

It was a way for him to perceive a shared space that we both occupied, where he could identify with me in some way, despite the cultural barriers. It brought to the budding alliance the empathic awareness of the subjective experience of the anxiety and threat. Both of us, as new immigrant and therapist in training could find this generalized to our identities, as we began doing something new with little previous experience or confidence.

This client shared cultural material that I valued. I felt that he was patient and generous to share those aspects of his identity with me. I recognized that this was an

opportunity for him to define his identity, to me, the *other*. It was an opportunity to create a rapport.

Our mutual familiarity of the visual representation was a common ground where we could find enough to discern elements of a dialogue. In this area he was confident of his capacity to represent through images. This enabled his psycho-dynamic structure to take form based in trust of his expressive capacities as part of the initial development of the therapeutic alliance. It was a place where I could offer my respect to his skill and capacity, and to support his ego development through the process implicit within art making. The nature of the creative process has been described by Winnicott (1971) as the problem of the relationship between what is "objectively perceived and what is subjectively conceived of." The healthy resolution of that problem lies in the capacity for a transitional object to embody both and for the person to experience both as an "area that is allowed between primary creativity and objective perception based on reality testing." (p.13)

The capacity to use the art to symbolically represent Cheng's concerns and expressions helped to establish a therapeutic relationship. It contained the internal object relations and associated defense and developmental difficulties such that there could be some nurturing and evolving of the ego development through the creative process. (Winnicott 1971;Robbins 1987).

The nature and psychodynamics of such a space may have set up a paradigm that we will discuss in more detail. It is theoretically a therapeutic space where there can be an opportunity for the client to find a mirror or empathic emotional responsiveness (Robbins. 1987). As well the therapist accepts the projective identifications and holds these until the client introject those qualities back into the ego, according to Melanie Klein (1959). It functions as the interaction between the inner and outer reality, and are the basis for the humans relationship to the world.

I will discuss some of the components of identity as they arise out of a developing ego amidst such a transitional space. It offers us an opportunity to discern the object-relatedness of the person, as it is analogous to the relation with the maternal care-giver. The therapeutic space is the stage for the object relations of both the client and the therapist as they function together. The qualities that each bring into such a relationship may be syntonetic with those that the other can respond to or may be threatening for the "other". In such a way the response of the other, brings an opportunity for interaction and potential growth by way of some merging of the ego state through projection and introjection. Ideally it would involve introjection of the good enough qualities in the other. It is to take what one can use and accept the elements that one cannot use. (Klein, 1959)

However this can provoke anxiety of merging and boundary loss. In an ill-defined therapeutic space where there is the fear of regression to fusion states, the dynamics are complicated, for therapist and client. The art-work, as a container to await re-integration and reality testing and would permit the stability of ego functions in that stressful time.

Identity Development

An acquaintance who is Korean recounted an experience of an intake that he did here in Canada, with a Korean client. He was aware that there was already some elements that they shared. There was an immediate alliance gained through the sensory perceptions where body posture, personal space and visual space, are called into play. It can be seen that these are all elements of our identity that are mediated by the culture of origin. Each identification that the therapist makes with someone is further increased by the connection of culture. In my friend's case, the client and the caregiver share an awareness based on this identification. I could not offer that kind of identification to Cheng.

Such identification brings a more stable foundation to the therapeutic alliance. With

an increase chance for other process to happen, it is an ideal to begin any work with that initial evident component. Good work would necessitate effective identification initially and subsequent process of separation and individuation can come to pass. (Mahler, 1972, p.119) A distinction in the development of identity after a connection with others is the personalization identity of each unique human being. Some cultures themselves that emphasis the value of the individual are seen to encourage the development of the person's sense of identity beyond that of being a part of the extended family, tribe or culture. Leff (1984) saw this to mean that there would be greater differentiation for those individuals, and that the behaviour within such a culture would be less prescribed, to satisfy the culture's imposed limitations. (p.298)

We return to a previous remark about the pressure that immigrants and refugees feel when the new culture provides opportunity, but at the cost of their prior identification within their original culture. As well, those that can adapt to the new culture may be torn by the reverse tendency from others, perhaps of another generation, that fear the loss of the cultural foundations. My attempt to understand the forms and processes of identity development was manifested through the art images. I see them represented in the dynamic of this client.

Using the art cannot be a substitute for an effective therapist. In some ways it assisted me where the subtlety of expression is apprehended, and became for me something that I could better comprehend and value. It could not act as a replacement for the therapeutic communication. I hoped for the dialogue through the art would become a means of effecting a relationship on an on-going basis. My sense of the limits of ours and relationships between Cheng and other caregivers, when there was too much of an intensity between the client and the *other* meant there needed to be a substitute. The place of the art work became a crucial and effective intermediary.

Much of what was evident to me was the affirmation that the art making could give

in terms of representations of his national identity. I think that, symbolically, such work revealed a political assertion of what he identified himself with. A great deal of that work would arise as an affirmation . *This is me . This is my background.* Never stated directly, it seemed to embody an intellectual and ideational reality that was thoroughly innate.

Body Image

Another aspect of the client's identity, the physical reality of what it meant to be Cheng on that particular day, was clearly expressed. We may see these expressions in the art as symbols of illness or wellness and as the metaphors that describe the feeling state of that moment. This was an affective realm, where more of the subjective expression implicated the client's physical connection to the world, whether through self-portrait or a sense of his perception. More of the insights into illness arise here for that involvement of his physical body. An example can be seen in the self-portraits where the client could use the paper as a mirror. His quick and passionate drawing brought strong feelings to be revealed graphically.

Phenomenological psychology, as we have discussed attends to a broad, inclusive view of the human being as a human being functioning within an equation of body, mind, behaviour and world experience. An integrated sense of the human would include their sense of their body and how that becomes symbolized through expression and through behaviour given the values of their world experience from the culture of origin. It is for my purposes the term body image that I believe is manifest through the symptomatology and images.

Typically the body image is made up of highly subjective and emotional information to create a configuration that represents the pre-reflective familiarity of the individual, according to Merleau-Ponty cited by (Moss,1989 p.67). Its purpose is to provide the

continuous orientation of the body to the environmental situation of the individual. according to Luria cited by (Moss,1989 p.71). Heinz Werner suggests that it is an interdependence of structure of the body and the structure of one's world. (Wapner and Werner.1965) cited by (Tiemersma, 1989 p47)(Moss, 1989).

The healthy body image concept includes the space of one's body and may include the other things that define the boundary of the body. Usually the skin, it could include the clothes, and accessories that one wears, if they are relevant to one's concept of self. Extensive exploration of the research into the field is beyond the scope of the thesis. One particular development is relevant, and may be applied to some images that we will see.

It is understood that the boundary is rarely characterized as something continuous or uniform, nor static. A person may have different sense of their boundary considering their perceived strengths or vulnerabilities at various points in Fisher's view, there are non-the-less some elements of cohesion in general terms.(Fisher, 1986. P524)

The significance of exterior and interior distinctions become important within psychotic pathology in order to gauge the intactness of boundary and form of identity, as well as to understand the client's response to stress and perceived threat from external sources. It may be seen to exist within the defensive concepts of "me - not me".

Barrier and Penetration tests have been formulated to measure the individual's perceived experience of the boundary between themselves and others. (Fisher, 1986) The concept is one that could be inferred after the fact to the images, but there are also several clinical findings that are illuminating to the present discussion of treatment in general for Cheng. One point is that persons with a low boundary score are found to be preoccupied by their intense awareness of internal organs, such as stomach and heart.

Also applicable, the oral ingestion of pharmacotherapy, is seen to increase barrier scores, while for men the injection of medication dramatically decreases boundary scores. It is seen as an intrusion. Fisher (1986) suggests that there is a momentary loss with oral

medication that rebounds when there is not any negative side-effects. He thinks, as well, that it reactivates reassuring nurturing, associations. (p.509) While his speculations perhaps can't be generalized to the lived experience of the client that has chronic side effects of discomfort, it is a relevant issue to consider impact of medication on perceived sense of self.

Another finding, more logical and specifically relevant was that there was found to be a decrease in the Barrier score when the person was brought into close interaction with cultural conditions differing from their own according to research done by Armstrong and Tan (1978) as cited by Fisher (1986) . It is felt that the other culture bombards them with alien standards that enforce the loss of worth and powerlessness. As any experience where people feel important or valuable brings an increase in boundary gain, this implication is relevant.(p.517)

Other points of view on identification, will need to focus on the development of identifications with the psychic processes of projection and introjection . Within this case there were some constructive therapeutic opportunities. Some issues around identification happened within the therapeutic space of what I considered an auxiliary ego state. It would be the space that I could support the client if there was a loss of connection from reality in a psychotic episode. We could move about that space through the use of the art therapy modality. For this client some integrating work happened in the trusted space of the art making.

There were other times when the therapeutic space was permeated by more aggressive tension and the client seemed to respond emphatically. From this point, I felt that I was witnessing the psychodynamic action of separation and individuation. I consider that these were, for the most part, healthy. As a coping mechanism they did not seem to implicate the coping mechanisms of rigid splitting. They occurred as the client's defensive response and where they arose may suggest the issue. If he sensed the potential for

emotional flooding his behaviour would serve to force a disentanglement between the client and from the therapist. It would have been a response against the fear of fusion.

Was this perhaps some of what had been witnessed amongst other caregivers, devoted, but needed to pull away from the obsessive demands of the client? Volkan (1976) describes the "transference psychosis that reflects a failure to differentiate between self and object representations." (p. XXIII) In a situation where the client could not tolerate the anxiety that I could not understand, there was more omnipotent illusions that were expressed.

Projective identification, in this situation may be seen on a multiplicity of levels. That question is dependant on the capacity to separate from the identity of that person or to understand what exactly is happening and so to be distanced. This is where the preponderance of identity issues, as witnessed by the clients relationships with others as well as from the frame of therapy begins to take some shape. I believe that there has been the assertive need to identify himself with his culture. He needed to ground himself within his cultural milieu and gain a sense of himself from that basis. These were the most successful and most healthy gestures, I think they represent his capacity to separate with the therapist and state the elements of his understanding of who he was at that moment.

The following chapter will take some of these theoretical concerns to the case material. Questions around his identifications that were treatment issues also arose within the therapeutic relationship. These will be explored both within the context of the provision of treatment and my experience as therapist.

Chapter 3

The Treatment History

My client had a compelling tale. I respected his endurance and some capacity to adapt to life in a foreign land. It is from this beginning that I, as a student art therapist began to learn about this man and what he has lived . His story as I tell it now, is a synthesis of many sources and much speculation. The awareness that I have gained, suggests a parallel evolution to what one might see within the case material. Through this work I have a richer understanding of another human, but it has also changed my understanding of me.

This active way of knowing is embodied in the participatory nature of relationships that strive for a sense of the phenomenal reality of another. A number of authors make strikingly similar comments to that effect. Halling and Nill (1989) summarize Max Sheler as follows. "Only as one participates in another's personal act, and only as this participation serves to replace our knowledge of his external characteristics may we have a direct knowing of another" (p. 181)

Oliver Sacks, (1990) in describing his phenomenological approach states "we must come down from our position as "objective observers", and meet our patients face- to- face; we must meet them in a sympathetic and imaginative encounter: for it is only in the context of such a collaboration, a participation, a relation, that we can hope to learn anything about 'how they are' " (p.226)

In a similar vein, Leff (1984) states that the experience of others is not directly available to an observer. We must 'use empathy to get closer to another person's experience; ... we imagine ourselves in the same situation as he is in and credit him with the feelings we would then experience.' Leff sums up that it is " our own experience that we use as the yardstick." (Leff, 1984. P.288)

Knowing the facts behind his experience has sometimes seemed critical to understanding more about the quality that he has brought into each experience that he so far has lived. Yet there has been more challenges to "knowing" than could ever be supplanted by the revealed facts. In its place has arisen my awareness of the reality that he has experienced, and my use of it permits some perception of coherence and meaning within all this disparate material.

I have looked at the theories of cross-cultural as well as Chinese perspectives and those from within the treatment system. There are some important clues to be discerned within the context where the client was being treated. It represents metaphorically how the client responded with levels of coping and adaptation that he had available.

The Clinical Setting

The clinical setting was a small treatment centre, for clients with chronic mental illness. Cheng had come to the centre after an acute crisis and subsequent hospitalization. There had reportedly been electro-shock therapy, to bring positive change within the symptoms of catatonia.

At the treatment centre our particular goals were to provide stability and containment of psychosis. We followed the medical model with the use of pharmacological treatment as was mandated by the psychiatrist and External Care Psychiatric Clinic of a large general care hospital. Treatment was to provide adequate mediation of the symptom management of the illness.

I worked along with another therapist and other specialists in expressive modalities. This client was one of several that members of the team identified as candidates to work with me individually during the Graduate Diploma practicum.

Specific issues that related to the client's day to day functioning and experience

of suffering, were issues to be worked through in an expressive component of the day treatment centre. The context of therapy focused on individual process to begin with. After the eight months of my practicum, I continued working at the centre in a full-time context. I continued to offer to the client, a similar treatment environment, but with a group structure.

Historical details were not precise. Adequate intake documents were unavailable and the information I collected over time was from other caregivers and unsubstantiated. It remains a major handicap to me with this case where speculation can undermine a rigorous structure within which to function

The mixed attitudes of devotion and apathy, frustration and withdrawal of various members of the treatment team, as well as, inadequate intake information left an awkward, speculative quality to the client's treatment. Robbins (1987) sees therapeutic technique and aspects of the therapeutic process can be influenced by the institutional atmosphere.

My interpretation of the manifestation of the symptomatology was not consistent. Was it generalized pathology or the affective nature of day to day functioning? It was not always apparent to me and is evidenced in my treatment response to this man and his illness. However, I began with a conviction and still maintain some hope of a basis in the phenomenal experience of his world.

Cheng's History

It was critical to understand that this man was not in his home country. In fact he may never have physically lived in his country of his family's origin, that of his mother tongue. His life has been marked by upheaval, in social, familial and personal events. There is a sketchy composite quality that I pieced together, from the telling of his story. He lived in Vietnam until the fall of the South in 1975, I believed, until about fifteen years

of age. There were indications that he had experienced first-hand some general social upheaval and violence in South-east Asia. The details of his prodromal functioning are unclear. There was the possibility that he had been unwittingly implicated in a student demonstration, in his adolescence and suffered physically for it. There were purportedly two situations where he panicked. My understanding of this unsubstantiated information was perhaps that there was some kind of problem in his logic or reasoning then, for him to have participated. It is possible that he was traumatized by some witnessing or experience of physical aggression.

Mollica (1988) describes the trauma story as the component of the client's story, that is return to again and again. The dynamic that brings them back to this may be varied, ranging from shock to a schizoid attempt to remain isolated from humanity through grief, guilt or shame. The trauma story is sometimes explicitly stated but may be held and protected by the victim.

Throughout the treatment there were clues that suggest an underlying story, perhaps there had been some traumatic experiences that precipitated the breakdown. There were no details that really were shared, except for the references that previously discussed, and others alluded to through the story. In the early stages of the art therapy sessions, there were images of exotic fruit resembling "pineapples". The name *Pineapple*, I learned are a colloquial term for hand grenades, having a resemblance. It was not seen in therapy, that we ever reached a point where the client felt emotionally ready to discuss his past in more detail than he did.

Regardless of the aetiology provoked by traumatic events, or unresolved psychic conflicts that overwhelmed a biological vulnerability to chronic psychotic illness, the treatment of the illness would maintain a similar course, stabilizing mood and minimizing fragmentation. Predominantly this would be through addressing the kinds of trauma-related symptoms such as nightmares. (Morgan and Johnson, 1995. p.244)

Yet if the 'trauma story' was not taken into account, Treatment might be avoiding the very experience that remains disconnected for the victim of trauma. I never asked the client about his experiences, trusting instead that I was respecting his defensive needs. I pondered his efforts to express himself, defining his reality and identity.

He was in his adolescence, when he went to Taiwan, to continue his education. Somewhere, it included a strong emphasis of tradition, or classical Chinese culture including martial arts, calligraphy, and philosophy.

He immigrated to South America around the age of twenty. It was there that he learned how to repair watches. He seemed to exist as a street person while there, which perhaps gives us the first clear evidence of loss of prodromal functioning. He was involved in a significant relationship that had somehow ended. The client told me that at that time in his life, he had attempted suicide.

A few years later, he came to join other family members in a large urban centre in North America. English is a recently acquired third language after Chinese and Spanish. His father did not speak English but spoke French. His family seemed to have a similar dispersal to other countries around the globe. However this also lacks substantiation.

This man may have experienced a world of which I had no insight. His case involved displacement from family and country of origin, possible trauma during his formative years, and a cultural isolation now in Canada. His identity and life was in flux, made dramatic and challenging with his migrations and illness.

The Family

The client's Chinese heritage was based in strong familial traditions. Cheng's family was grounded in their commitment to him. Yet, it was true that his family has also struggled to maintain support for the client. The implications for them has caused much pain and anguish. Not only because of the cultural attitude of mental illness, but the father had first-hand experience in the threatening behaviour of the client. The Chinese would censure such aggression against the father and might have strong influence on the family relation to Cheng after that.

The family history of illness was expressed once in a session where the client made a representation that he first identified as his grandfather. The sense of shame was evident when Cheng made a representation of an old man. This was his grandfather, Cheng said. "He was crazy just like me !(Cheng)". This caused difficulties for (Cheng's) father, problems with (Cheng)."

In such a case where Cheng's father had a personally challenging and socially problematic relation with both his own father and his own son. Trapped amidst the intensity of the cultural values may have brought up much difficult and irresolvable feelings for Cheng's father and the entire family. Significant interaction that I witnessed between Cheng and his family members seemed charged with tension. It might be surmised that there was substantial difficulties in inter-personal and family functioning.

There had been two occasions where Cheng had been aggressive with the father. One situation, was tense interaction between the client and his father, witnessed when I worked as group home staff where Cheng lived. Voices escalated and the father departed. I physically intervened as an attempt to stop the client from following. I believed that he was psychotic and in danger of hurting himself on the street. Cheng did hurt himself on this occasion, but it was not on the street. I blocked the door that he

wanted to go through and he put his hand through the window glass. The physicality of his cut hand and my support to take care of the injury seemed to bring down the escalated behaviour.

The Chinese culture is seen as patriarchal. it may have been an additional irony that the client was the last-born and only male of his generation. Particular bonds within the family tend to express the loyalty and affection of not only of the family members, but of the larger cultural dyad, according to F.L.K. Hsu (1972) The intensity of the father-son dyad across two generations becomes a relevant place to discern any embodiment of a cultural attitude in microcosm.(p.17) Did the father ascribe to or embody the cultural values and imposed shame? The problematic relationship which these two people had may partly stem from this. Lack of acceptance seemed one of the things that causes a great deal of sorrow for Cheng. He was not accepted on some level by his culture, despite his intelligence and sensitivity and felt shame. His awareness of the family's genetic history may have made him further alienated as the member who manifests the pathology.

The Client's Issues

The personal identity that is firmly entrenched in the illness, creates more challenges to mediation and treatment. Other identity issues were expressed by the client quite early in therapy, when he brought up that his name referred to something that might be paradoxically misunderstood within his culture. According to him that his name represents an ambiguity of gender. I was unsure whether he spoke Mandarin or Cantonese but I unsuccessfully sought clarification with sources in the community.

These implications underlines the central challenge for my understanding of his identity issues. I felt called upon to isolate and to differentiate whether there was mal-adaptation in his relation within the culture, or the culture's and the family's imposed

conflicts projected onto him, at the point of naming him. Cheng may have understood his culture to consider him to be something other than what he should be. I interpret this to be his projection and subsequent re-introjection that the culture sees him as weak and not able to withstand the rigours of discipline.

Integration of this duality of client's perceptions or the cultural conception would have brought psychodynamic consolidation. From a cultural view it would have been movement towards harmony. Treatment did not progress in this way, regrettably. I discerned within the expressed material of therapy, that he has both been sensitive to and experienced this marginalization within his own culture. This has an impact in his experience of illness. The images may provide a view of the impact that has been exerted within his life experiences.

Regardless of basis, the behaviours were components of the client's symptomatology and were issues for the treatment management. It occasionally became an issue for containment, beyond the normal attempts to identify and defuse the issues. Although he received Lithium treatment with both oral and injection for his bipolar mood disorder, his behaviour was characterized by expressions of grief and of euphoria. He could be tenacious and obsessive. This often brought the expression of frustration, and subsequent difficulties expressing aggression. This move into anger when his desires were frustrated, was hinged in obsessive ruminations about justice.

Working through the grief was a private affair for Cheng. From my position, I was aware of the enmeshed shame and cultural distance. I sense the client's need for privacy, because he seemed closed to and rebuffed intervention. The feeling state when expressed in a symbolic form through the art expression, may have moved the process through to an awareness of the client's experience for himself.

Within the Chinese culture the expression of affect takes forms that may not be so concretely identified with the individual. Other ways of dealing with emotions are

culturally specific. The tendency to use force of will and discipline to put the toxic emotion "outside" might be some way of purifying the inner space. There is a general notion that Chinese in general utilize a projection outwards, diminishing the potential for integration. There was an initial, maladroit conflict in my approach, that challenged the Chinese reserve of expressing feelings outside of the family. It may be an inherent usefulness that the art served a purpose of externalizing these elements of negative material.

When Cheng experienced the period of grief and time alone, he might be willing to make an image that would be characteristic but it rarely was specific or incident bound. In such cases, I hypothesize that I was seeing the deep grief of his perceived loss and isolation. As well it may have been shame that seemed related to illness and his possible belief in his personal failure to his family and within his culture. Mollica (1988) talks of the survivors' shame of powerless and humiliation in trauma cases that may be relevant.

The depressive periods often were times of withdrawal in some form. The depression, as a symbol of something lost, brings many issues to the fore. In the images there are conceptualizations of specific loss and unresolved grief. As well he had little cultural security and acceptance. He had lost cultural proximity. I sensed this in the metaphor of the oft-depicted home. There was a deterioration of functioning from when he could repair watches and earn a living, and lost ideation of his potential. There were the real losses of relationships within his family. The loss of his girlfriend in South America seems to have provoked a breakdown where he attempted suicide.

The client held issues around trust that are attributed to challenges of the cross-cultural paradigm. This lack of trust interfered with effective treatment. In particular, some images will deal with the client's conceptualization of body invasion and somatization, based on the use of the pharmacological treatment. While there was a basis that permitted or created the space for an alliance, there were ongoing issues of comprehension, translation and appropriate clinical response.

Clinical Responses and Illness

Primarily the chemical imbalance of the bipolar disorder would be treated in the same way with pharmacology. At the time of treatment he was diagnosed as having manic-depressive psychosis. When he entered his treatment centre after hospitalization, there were episodic behaviour of catatonia. This was particularly evident when he felt threatened by someone. His adjustment had generally improved, but there are periodic setbacks. This was one of the strong concerns of mine that there was a condition of Post-traumatic stress.

The treatment goals of the institution were focused on containment. I believed that a forum to facilitate expression would enlighten the nature of treatment, while in some way ground the client in the present. My uncertainty with the case and its objective reality meant that there were limitations to containment. Within the therapeutic alliance, I strived to find a respectful balance.

There were a number of issues about the client's illness that informed his sense of himself. These are manifested succinctly in some images and are for me the area that I feel that I best understand. Within the context of his cultural background, their references may be foundational for interpreting the other issues. This sensibility had informed how I establish our therapy work. He can represent what is significant, using whatever of his languages to convey meaning to me. I attempt to listen, and clarify that I have understood, through the many levels of translation that are happening between us. He can convey enough of the essence to give me material to interpret on some level, to find meaning, based on phenomenological sense of the person.

The metaphors that he uses to represent himself and his connection to the world, seem somehow removed from the Western view of Psychopathology. There is much that can be reinterpreted using an alternative yard stick of culture, when we evaluate the possible pathological basis of his thinking. The graphic images represent him, and his

illness. They are a specific orientation, his relation to the world. Undeniably, there have been images that embody a clear description of the disturbances that he is dealing with.

Through his behaviour there have been enough material to see consistent responses from paternal figures and maternal figures. These illuminate the intensity of his object relations, there was occasional regressive movement towards a symbiotic relationship where he showed dependency and omnipotent tendencies. It seemed to be part of the obsessive quality that he displayed with the other therapist who taught him English. It was never enough nurturance for the client to satisfy his deep need. It was an example where the strong transference of a maternal figure with another therapist. My own role seemed to similarly stimulate a transference of a maternal figure. Much later I played a role in a delusional system of his believed omnipotence. He believed that I should understand him and was defended against the reality that I sometimes needed to ask questions. It provoked anxiety and ambivalence when he felt that I might not understand him.

Art therapy

Art therapy has been a useful therapeutic modality to offer to Cheng. His comfort in using art materials has been high and a sophisticated sensitivity to visual perception will be witnessed in his art work. In fact it was innately suited to this cross-cultural therapy, because of the client's freedom to express the subtleties and complexities of this individual's unique experiences. Particularly when the verbal language that we would use for our interaction would be ill-fitting and fraught with misunderstandings, visual representation would provide an intermediary space for our initiatives to meet and grow. He could utilize his own skills in Chinese calligraphy in relating to traditions that informed his life at that time.

Conversely, I think that his images of oriental culture help to restore the sense of

boundary and the sense of self for the client in an intuitive way. It seems to function as a place for him to reaffirm some of the things that he has recognized as his roots. The many images of a traditional landscape may have the role of establishing his own boundary within a culture, different from that which he is presently in the midst of.

This has been difficult to concurrently deal with my personal limitations in a situation where I felt that I was missing the nuance and occasionally the overall meaning. There was a way of working that was at my disposal. The gaps in understanding or sharing a mutual language, intensified the normal variances in social experiences and understanding about the world between client and therapist. It began to illuminate the impact for Cheng, of living at a particular time or place. Although it seemed to be an enduring gap, despite being facilitated by the processes that I made use of in order for Cheng to represent his position, as he sees it.

He had been able to represent through the art image, how he saw his own position vis-a vis the illness and its implications for someone of a traditional background. Through the process, he has expressed the confrontation of values that this means for him and his family. There are so many elements that have compounded his tumultuous life, that he has been greatly assisted by a treatment modality oriented around representing visually his particular preoccupations. While I have found that when there are confusions within the therapy, in verbal, pictorial and representational expression, it is more accessible to me to find lucid evidence of well-being and pathology within the visual symbolization. In a verbal modality this was obscured by the limitations of an oral, translated expression.

My predominant tendency had been to utilize a syncretistic perceptual field. (Ehrenzweig, 1967) where I was expended less energy on cognitive separating of the elements of the moment. This gave me some latitude to the phenomena that affected my sensory field. The definition of the term and its link to perception brings some possibility of giving form to what might be otherwise conceived as a formless chaos.(p.35)

When this worked for me it meant that the subtle elements have an impact. No phenomena is judged too quickly. A broader, accepting of the peripheral phenomena as they came into my conscious awareness lets alternative views to arise without judging or identifying too quickly. These qualities provide me with the information that is less mediated by the intellect or a priori judgements that were culture bound (Ehrenzweig, 1967). It has helped me to perceive in some instances the underlying structure of what the client is expressing especially when the discontinuity between the symbols and the understanding may veil the coherence of the work's phenomenology.

The process of exploring the manifest content of some of the images within the cultural background that they arise from, provides more integrated cross-cultural interventions. It is part of the phenomenological methodology of Merleau-Ponty where the stimulus is perceived and allowed to exist within our sense of the physical reality until there can be some returning to the phenomena with an apperception that resonates with integrity.

It will be seen that, with the help of some Chinese people translating the traditional calligraphy it provides an opportunity to discuss the entrenched traditional grounding of some of the client's thinking, and a coherency within the cultural foundations for his symbolic representations. This revealed congruence, for the most part has not radically changed how I perceived the client, but it has given greater assurance to the underlying structures that are unique to his heritage. These I can only intuitively perceive, with a limited understanding. Hence the applicability of a process where I remain open to the larger sense of meaning through syncretistic perception.

My translators did concur that there are elements of the work that confused them. Their reading of the issues acknowledge the exploration of a philosophical dilemma at a profound level. Within some images there is an underlying unity and integrity that embodies the communication. This was felt at some level in my work with the client, while

at other times there was a general sense that I was witness to the confusion and pathology of the illness. As has become evident to me, from how others translate his work, some of the ideas are not at all easy to convey, given their philosophical focus and the use of traditional metaphor. So what he may eventually depict through Chinese characters is something that he may be unable to adequately express in his own language as well as in mine.

Many of the images come from group therapy sessions for all clients in this chronic care facility, held weekly. The individuals come into the session and choose material to work with. My structure of the art therapy at this institution was along the lines of an open studio where I would encourage participation. There was only the minimal structure provided by the space and functioning of the client. The process of the sessions followed the premise that there was initially a constructive, productive element to art making and that I would instill support for this. I also encouraged any verbalization about what the participant had created. This may have been a visual description of what the person had made, or their feelings during and after they made it. If there were other associations this was encouraged as a therapeutic element of applying insight into their own situation as a means of autonomous growth. The dynamic did bring the support and sense of community that a group session generally could develop, within the limits and realities of a residential programme.

Cheng had been for the most part consistently involved within the art therapy. His portfolio is one of the largest there. He used the art with assurance, trained as he was in classical Chinese calligraphy and was adept at handling the tools of the studio, as well as perceiving and rendering. Over the years of treatment he has used the art process in a variety of ways. There were clear signs of identity issues preoccupying him. His culture and the need to explore the significance of his immigration is frequently present within the images. On the one hand some of the images have a strong connection to his defense of

intellectualization. He frequently chose photographs from magazines to collage or begin his image making.

He often utilized Chinese characters and symbols from his Oriental culture. These seemed to ground him in his heritage, while he is struggling to interpret the western culture that he found very confusing and by times threatening. It has assisted in his maintaining a connection to the roots of his existence. Kleinman (1975) cited Nakamura (1960) and Huard (1968) as alluding to Chinese characters that function as ideographs, charged with symbolic and ritual meaning. (p.108)

While the client and I have worked in a range of contexts he was usually had a flexible and creative approach to image making and did not rely on any structures or guidelines that I might use in certain situations. These were generally contingency plans if the client did not have some place to begin his or her exploration. This client was often motivated to work, and did not need external stimulation. This in itself was different from the motivation level that I witnessed with his peers often dealing with schizophrenic illness

Cheng often made monochrome images using charcoal or pastel. Some work is polychrome, again most often in pastel, though he might feel comfortable representing in paint. I witnessed his particular well-being through his selection of the material. He avoided paint and affirmed that it was not something that he did because his "sister did that" It turned out that he had been taught by his sister and therefore felt an inability or an aversion to the process. The fact that a family member was a teacher to him may have created a situation where he feared boundary distinction. At other times this was not an issue and he used tempera paint with equal facility.

Whatever material that he used, and despite his adeptness, often he would be using a brush with too much or not enough paint. He might move, rapidly from one colour to another and not clean his brush. These variables create ambiguous and arbitrary elements to pictures. One is not sure if the trace of a certain colour is there by accident, apathy or

intent. He could show similar peculiarity in his selection of clay. He had on occasion no desire to dirty his hands. Other times he was adept, expressive and eloquent with the material.

There were perhaps over three hundred images and three dimensional representations made within our work. He could make numerous images in one session. It was obvious that some of these were elaborations on number of themes and repetition, and the relation of symbols might be the place to see the particular subtleties of day to day functioning.

There were periods when the client was not interested in coming into the art therapy space. We attempted to engage him, but his own sensitivity and periodicity made it ultimately his personal choice. The opportunity for art making sometimes was avoided by the client. If it was threatening at the time when I offered, quite often when the client was given the space to decide to enter he would approach and participate. I would take a passive approach where as much control as possible was available to the client.

Countertransference

At this point I will begin to explore some of the underlying, therapist's issues. These are the concerns that would arise within the context of the therapy that are representative of the dynamic between client and therapist. It is an expression of the process of projection that happens within the therapeutic relation. It will be recalled that this was cited widely as an integral component of the potential success or failure of cross-cultural psychotherapy.(Kleinman,1975; Jones,1985;Sharma,1989) It is debatable how much we can generalize empathy as projecting how we would experience, or discern for our client because of the cultural distance (Leff, 1984) None the less, this has been the meeting ground where I could grapple with the things that constitute this man's

experience. How I perceived my own experience could illuminate what it meant to him to have lived his life.

I wished to empathize with the difficulty and challenges that he faced. My goal may have been ineffectual and missed the mark for a number of reasons. My expression may not have been clearly expressed or understood by the client. Alternatively, he could have resisted my recognition because of his cultural experience of shame around the issue of illness. Lastly, resistance in accepting my recognition of his emotional space might have caused a perceived boundary issues for the client, if such an identification would have created a state of fusion.

Our verbal communication was based in my english language, an alien, oral vocabulary where he had little experience. This handicap was a basis for our therapeutic relationship. Art therapy gave a little more space and power to the client. It has provided an important tool. The images contained his anxiety around the chaos of his emotional world. What he represented, could be put away inside a folder and it would be done with. Additionally his need for containment, highlights a concern over boundary limits and potential fragmentation and engulfment.

Issues around understanding, and being frustrated were evident even in better times of therapy. At other times, it seemed like the therapeutic space was overwhelmed with the chaos. According to Sharma "The therapist may feel baffled or diffident as he or she may not fully comprehend the psychological context or the depth of the ethnic client's conflicts. (Sharma; 1989 P.324)

In establishing that relationship, there has had to be the basic acceptance of the cultural metaphors that Cheng brings into the therapy. I accepted his use of these cultural symbols while not understanding their reference. I believed that they would ultimately inform my understanding and functioning as his therapist.

The five years of work with Cheng revealed an evolution in the understanding and

interventions that I was able to make. I was better equipped to contain the material of the therapy, whether it be the lability of sadness, overflowing enthusiasm or intense burning anger. I had a better sense of his potential and of my limits, though I maintained a personal doubt of the understanding that I had of him. In the last few months of that work, I felt more grounded in my own practice and better able to see the thread of the case.

At that juncture, I was beginning to see with a renewed vision. This awareness may be integral to the act of leaving the institution and the client. It represents the process of learning about the qualities and limits of therapeutic dialogue within that particular therapeutic paradigm.

Our interaction had occasions where the therapy was somehow paralysed and where I had felt alone and completely disconnected from the other person. As this is how it felt to me, I think that I may be able to understand, through those feelings perhaps how this other person may have been feeling.

My own counter-transference relation has hovered between thinking that there is a problem in my culturally distanced position and accepting that what I am perceiving is this man's psychopathology. It is a dilemma of subjectivity and objectivity that is complicated by the process of relating beyond a shared basis of experience.

Throughout any of the processes where there was understanding of Cheng's expression, I felt the need to be attentive to the issues of possible delusional systems. I had to discern where I identified something based culturally as opposed to a delusional system expressed using his cultural symbolism. I struggled perhaps to avoid any dislodging of reality through my acceptance of what he expressed at various points, when he expressed his world conceptualizations. It may have been an unstable basis from which the therapy was based.

I became aware of my ethnocentric bias with foreign health conceptualizations, as I considered concepts of illness and health where attributions are made to some

externalized quality or force, I personally resisted and diminished its potential role in this case. I minimized its impact by remaining doubtful. His family was too urbane or educated to have ascribed to those value systems. For me within my culture, it was old-fashioned or parochial to embrace this way of conceiving of health. My acceptance was tentative and hinged on sorting out the inconclusive from the verifiable.

In the attitudes of the therapist, levels of doubt arises when the comparison of cultural approaches is placed within a value structure. I attempted to provide the broad and inclusive range of approaches, such as that which has arose from the research. None-the-less I doubted my willingness to cite entrenched views of chinese culture without specific confirmation as to their applicability to the client or family, which was not available.

Further, my subjective valuation may have dismissed these concerns as localized. A fear of implying that a family utilizes beliefs that are somehow provincial, implicitly dismisses the culture as being limited and primitive. These values stem from a Western bias, represented by the medical model, on the nature of illness and the empirical basis of treatment.

It has always challenged the western sensibility that the provable is the only valid matter. All else is subjective and I lack trust in my sensitivity to these aspects of the therapeutic relationship. So it is predicated upon or replaced by the judgments formed on what I know and what western science claims is provably true.

One Chinese nurse, functioning very much within the medical modal and has worked periodically with Cheng to give him his injection, said that his behaviour exhibits confusion within his own cultural milieu. Other Chinese people that I have sought out to consult on the content of his images that included Chinese calligraphy, they expressed respect for the profound content embodied within, though there was parts of the content that confused them. Whether there were dialectic variations or content problems, I cannot

be sure. I wanted to give every opportunity for his expression to have consistency or an existential reality within the community that he has come from.

Neither points of view are consistent or factual if it would have discounted what I perceived as Cheng's capacity. It has helped me when I could discern at various times the underlying structure, or coherence of the work's phenomenology of what the client is expressing, despite discontinuity. The veiling between the symbols and the understanding was the challenge for me. Indeed, as some of the lexical material is translated, by others, I grow in appreciation of the an underlying integrity and the conviction of the phenomenal basis of his exploration. He attempted to relate himself to the world and believed that he saw the world within the paradigm of wholeness and unity.

The following example illustrates a sense of issues that preoccupied Cheng. I felt that when he made the image of the elephant that there was a symbolization that was expressed which I felt resonated with creative acuity and his personal acceptance. This understanding was based on one particular sculpture that the client made, that worked very well as a coherent and creative symbol (Fig 4.19). The elephant referred to how he saw himself as a physical being, which he knew was a representation and reality based. I witnessed an expression of a complex symbol, but one that included his pre-occupation with his physical appearance. He used this symbol on other occasions, and the implications were less evidently based on a self representation.

His expression at some level gave insight to my understanding. They illuminated the needs of the client. For Cheng the process of understanding and expression as well as culturally specific aspects of working through may need to be further identified and explored. Though the symbolic nature of Chinese treatment of illness does not seem to enlist insight as an element of treatment effectiveness, I felt that I was rarely successful in bringing my understanding of his symbolization to the therapeutic space.

Therapeutic Limitations

Difficulties arise in the designation of material amidst a therapeutic space that is dynamic and by times unclear. Vigilant effort was needed to sort through, when my personal responses have affected my counter-transference. Identification or de-identification such that it impacted my capacity to empathize with the client, is a critical area of concern. It is within the discernment of the feelings arising routinely in the countertransference when they can be seen as defences protecting ourselves or projections that we may use to better understand the dynamic and therapist-client limits.

I understand that the case presented some profound limitations. So early in my training, the lack of confidence and timing may be comprehensible, but those limits were mixed in with a lack of confidence and a personal difficulty in defining my limits with the material, hence there was often a personal sense of being overwhelmed by the material. My own evolving identity as a therapist struggled with intense frustration of needing to know and not understanding.

My unrealistic expectation of myself may have set up the client as well as myself. What did I offer to the client, while I thought that somehow I was failing him? I can think of occasions when I thought that the goals of therapy were being met. I believed that some of his therapeutic issues were being expressed and that I was gaining an understanding of what lay below the surface for the client. In other situations, there was a sense of the abyss that separated me and my understanding of the man from the man and what he was attempting to communicate.

That lack of clarity in my concepts and processes of working fogged my attempts to make distinctions. In those situations where I felt like holding onto the tangents was beyond the place that it could be useful. I began to focus on what I could really understand. An example can be seen in one session where an communication abyss

happened. I had failed in my attempt of a limited understanding, and communicating this to the client when I could not understand. Drawing attention to it brought out the feeling of abandonment for the client. In this situation I saw the symptoms of a florid psychosis when he expressed his sense that he was God and that I should be able to understand him.

This seemed like a reaction formation, ultimately to stabilize where his power needed to be. For the client this meant that there was a sense that his narcissistic needs were not being met. I conceptualize that he felt that his transference relationship to me compelled the maternal character to accept and know him. That I failed to respond within that role, and brought him to awareness of his vulnerable state created much pain. To avoid this, I believe that he reacted with a delusional system of his power. This again was a symptom not unlike behaviour of projection and withdrawal that I had seen in other times. He would somehow be externalizing his delusion and then he would withdraw in fear of the power or psychotic phenomena that was implicit. At this point he had gone further in psychotic phenomena than I had previously witnessed to reach out with an expectation of his control beyond himself. He expected me to be able to understand him.

I felt as though I should be able to understand him, inadequate and guilty that I could not always do so. Did this in some way affect the therapeutic space and confer values and expectations to the client? I am uncertain that there was a counter-therapeutic situation that happened. Awkward as the situation was it brought to light some of the psychodynamics that may be hypothesised in less dramatic situations throughout the relation.

It also brought the overt changes in the client functioning to a most critical opportunity to reassess the client in terms of the primary pharmacotherapy. There are definitely points where I was concerned about how and where communication could go awry. This awareness has been useful to bring back into considerations around appropriate diagnosis and treatment. It helped the treatment team make a differential

diagnosis and change medications.

The scenario finds some basis in Volkan's discussion (1976) of the transitional psychosis. This arises after the basic defense of splitting separates the transference projection into a good/bad paradigm.(p.XXIII) From case notes, I can recount the therapeutic issues that would arise from within me, when I feared that I somehow supported his view when distortions were indeed discernable. My experience of concern around being clear, asking questions to clarify and reiterating my sense of boundary comfort may have been more therapeutically useful with a confident sense of my experience, but they were responses that I needed to define.

As well, this delusion, when you look at it in terms of the cultural concept, gives one the sense of internalization of introject that had gone awry. With any imposed therapy, pharmacological in this case, there is an imposition that may devalue the symbolic implications of the illness, and does not easily attend to the client's phenomenal experience in a meaningful way. Certain therapist responses may be seen to undermine the sharing of power within the therapeutic alliance, as I clearly experienced and may have witnessed with others.

I find confirmed within the literature that the "psychotherapist may justifiably feel guilty for applying or advising a treatment method which clashes with the prevalent cultural values, for instance if the modality is insight therapy a profound knowledge of the history, religion, literature, customs and modes of thinking of the cultural groups are required." (Wittkower and Warnes, 1984 p.467)

My Korean acquaintance told me that in the Orient the doctor, if they wear a white coat is treated like God. Frequently seen in older generations everywhere, but it underlines another critical element of the counter-transference, regarding the issues of power, perceived and real within the therapy. Within this situation, there was a perceptible sense of projected power he conceived of my position with a designation of 'Teacher'.

I perceived similarities in relation to the client on some level, but a wide gap underlined how far apart that we were in other ways. I was not immediately sensitive that I held a position of power for him. Over time, when he called me 'Teacher', I understood this as an ambivalent view that might represent a loss of power for the client. When that became clear to me, I addressed it through increasing the focus on the process and nature of the art. As the space for reflection and subsequent re-introjection, it offered the place to minimize the anxiety of client-therapist identification or de-identification.

Although I attempted to downplay it, it was never let go of from his point. It could be seen as culturally consistent with deleterious potentials for misreading and ineffectual treatment by ignoring or misapprehending the nature of attribution of power within the relationship.

I would try here to get to know what this person was like by attempting to understand what it was that I was experiencing, and then trying to understand if this was my issue or if it truly did have something to say about the other person. I was integrating the phenomenal experience with the insight of others. As I was actively constructing, sometimes the balance between the logic of the experience and the pronouncements from others brought a struggle. This personal experience as an art therapy intern became illuminating. At the time though, I could not believe that the processes, the experiences within the relation and the coping mechanisms were generalized to my client.

If it was something that I could have trusted more consistently, I may have made progress in my attempts to relate to what the client was expressing and been more expedient in actually communicating. Yet on the other hand there were supervisors that said that he would be isolated wherever he was. I believe that the practicum supervisor was saying that it was an existential decision that this person was making. If this understanding had made the structure of the case more clear I would have changed how I related to the person more quickly. I would have related more directly to the quality of

the communication as the only thing that I can really be sure of at that moment. Diagnosis change over time, not always progressing towards health. For the moment the expression may contain the elements of personal experience with the world.

There is a greater vantage point from which one could look and feel the quality of the interaction. Within that understanding of the isolation that the other feels, there can paradoxically be the one opportunity for a sense of acceptance and a sense of accord with someone. This is perhaps where sensitivity could allow for the feeling and the further development of the relationship.

I evolved in my psychodynamic understanding concerning strong identification when there is such isolation that is felt. At times it may ground the other person and at other times the existential need may necessitate separation and individuation that would encourage autonomy and differentiation from the other to respond to a fear of fusion within.

The visual expression of some of this material of the therapy is the focus of the following chapter. I selected images that represent my personal sense of the case. As such they are not chronological, nor sequential. They represent to me my phenomenological experience of the work with this man.

Chapter 4

Images from Art therapy

The language of the therapy must have some capacity to bridge the distance between the two cultures. Considering the purposes of psychotherapy, this must include a place to understand and empathize with the affective state of the client. Concepts of cross-cultural therapy fail at the intersection of incompatible communication. Finding meaning through some shared elements may not illuminate the context. The complexity of the idea is not comprehended.

While I was struggling on some accounts to clearly understand, there were elements of the experience of this client that were universal and understandable to me. These most often were within the representation through images. It was the place where I could experience something more tangible of the client's world. Some of the powerful insights that helped to form my therapeutic interventions arise lucidly from such experiences. Other insights came to me later through reflection and even now within the process of constructing this thesis.

I will elaborate on the issues and how they manifest themselves in the art work, describing the theory implicated and the case progress as it is applicable to the image. To return to the images begins for me at the place where I actually experienced the work with the client. This is the place for the reflection, where I can return to the sessions and recall the experience of accompanying this individual through his therapy.

There were many images, often sharing themes, but with unique, specific qualities. I have selected images that were particularly powerful for my recall and to cover the major themes in his work. The presented images are a fraction of over three hundred images in the original portfolio.

In all my initial sessions at that time, I began with a structured activity to ascertain functioning and standardize my process in some way. I used the Ullman Diagnostic Exercise, where four drawings are requested. The series uses some projective techniques. Ullman's structure is as follows: Drawings one and four of the series are free drawings while two is a scribble drawing and number three stimulated by associations to number two.

Initial drawings of a therapy are useful to view issues of particular concern for the client. Regrettably those images of Cheng's are not available and so are not represented here, though some of the themes are evident in other images. His process is of interest to consider for similar significant clues. After an initial hesitation, he began. His first image is similar to Figure 4.9. It was a landscape. In the distance are two mountains cradling a sun. In the foreground was a house of oriental style in the midground separated by a body of water of the foreground.

The second drawing began very spontaneously but it revealed Cheng's very good eye-hand co-ordination. He had a very good sense of the boundaries of the paper as he despite very free gestures.

The third drawing was a representation of a face. The eyes were straight lines, the nose perpendicular to these and an upturned curve for the mouth. Over this Cheng transcribed an inverse curve. This seemed to him to be a mistake and he scribbled over the mouth area.

The fourth image began with a teacup with shadowing high up on the page. Cheng continued to draw a landscape similar to Figure 4.9. A tree was only partly represented. Many other marks close together, that looked like stumps. My sense was that they looked like freshly planted rice sheaves. After he said that he was singing a song about crows.

Cheng required no encouragement and went on to make a fifth image. It was a stylized version of the landscapes, already described. Variations of this image include a

sailboat, fish and a wharf. There is a sense of velocity in the image.

In recounting that first session, it reads to me like a story. There are five pages to this story and they each say something elemental for this client. They touch upon the relation to traditions of his culture and life, in a land far away, separated by water. They are dynamic and dramatic, with feelings represented by symbols of birds, and his song for these black birds. The image sparks a number of potentialities. The feeling, is of consider power imbued in the symbolizations, and a poetic function that creates an interrelation, It stems from the client with the image, which permits me, as a viewer to enter into that space. In some way it is a relation to nature that is transformative. There are references to traditional Chinese painting that are recurrent. *Mountains* and *water* as words have come to mean *landscape* in Chinese. (White. 1975 p.88)

The images are classified here according to significant themes discussed in the thesis. The work is arranged thematically, rather than chronologically, to give an overview of the content. It has not been a clear path either of improvement or deterioration that this clients treatment has followed, but the milestones of the treatment are represented in the images and discussed as part of the text.. These elements that have been illuminating function as landmarks to locate my apperceptions of the relationship and its significance to better understanding the client. These have most notably been seen in the object relationships of the client and his own perceptions of his identity.

Image 4.1 - 4.7 are seen to express the client's connection to the world.

Image 4.8- 4.17 are a range of parochial scenes, but include symbols that illuminate aspects of specific therapeutic issues

Image 4.18 - 4.22 are depictions of traditional symbolic themes relevant to his personal and cultural vocabulary of meaning.

Image 4.23 - 4.26 represents the client's sense of self and structure of pathology.

Image 4.27 -4.29 symbols related to the hypothesis of Post Traumatic stress.

Self in the World

In the following series, expressions of the client's sense of self can be seen to have a range of points of view. They are his relations is a reaching out, sometimes to others, sometimes back to other generations, but I see them as links that more evidently illuminate the Cheng as a result.



Fig.4.1

Fig 4.1. was made in a session that Cheng spoke about his grandfather and the family challenges of dealing with mental illness. The lighter yellow brown that was used in a representation fill out a representation of face and torso. It suggests an identification with the grandfather, a graphic expression of his connection to the grandfather, now deceased. Stylistically it is similar to representations depicting Cheng's former girlfriend. As such it makes references to significant

person's now lost to the client. Cheng may have strongly identified with the grandfather as having a parallel relation with Cheng's father. The type of relationship that his father had with the grandfather may have been quite evident to Cheng. It may have ultimately created the structure within which this type of identification through illness across generations came into being.

Pervasive lost vitality, on the face and the skeletal torso akin to something dead arises from the graphic overlay of colour and line. My focus is drawn to the face, only to sink into the deep wells of the eyes.

Fig 4.2 brings the relationship that we shared into the picture. In this particular session, Cheng expresses what he feels of the therapeutic alliance at that moment. He had just prior expressed his sense that I cannot relate. This image began with him wanting me to show him, he guided me in beginning the drawing. It may suggest that he expected me to *teach* him., I followed his finger in representing the shape at the top left. It is



Fig.4.2

incidental to the cycles of therapy that this was the way that the drawing would begin despite our prior work. It may also to be viewed at as a psychodynamic manipulation, where he guides me in the representation. He continued on. It was an image that depicts himself, he is seen with the intense expression of grief. The chinese characters represent big on the left and small on the right. As I had been implicated in making marks on the left side, he might have been telling me about his perception of the power relationship that he felt or expected. Though he went on to say that he was powerful. Perhaps with the die and numbers he is speaking of chance and potential misfortune. At the conclusion of the session he put his hand to his head to express his experience of pain. I consider that it may be an inner sense of shame because of his expressed emotion.

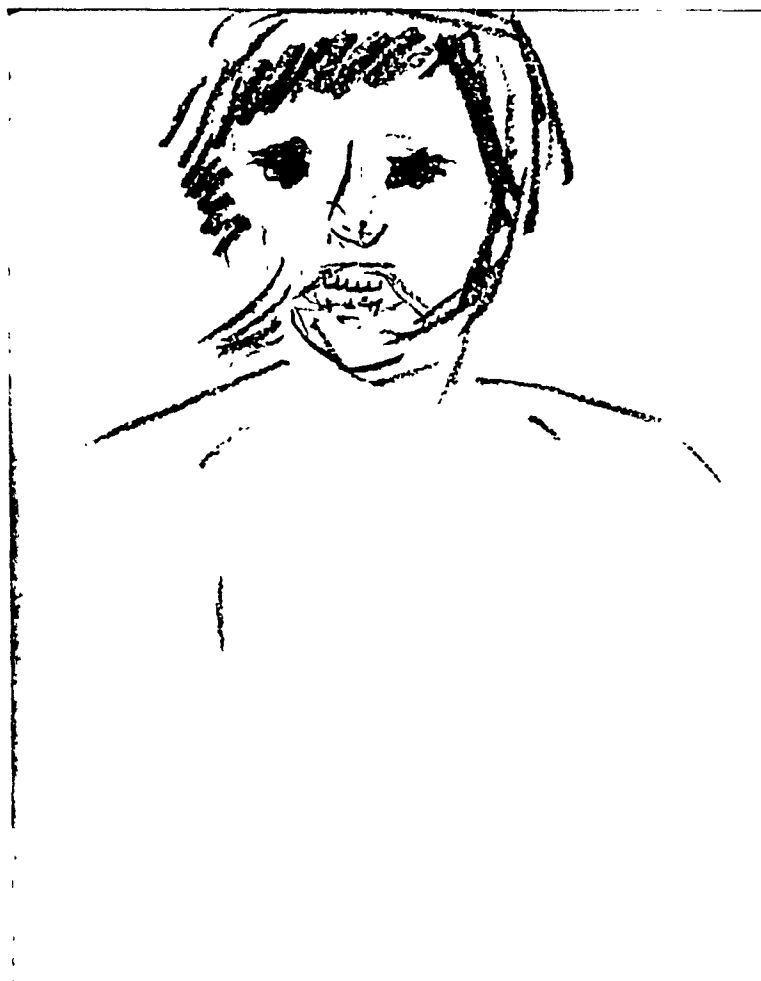


Fig 4.3 is Cheng's self-portrait. His fear of aggressive feelings is seen as he originally desired to, then expressed fear in representing himself. At the conclusion of the image, he said that he looked ugly and so returned and drew in teeth.

He may have been attempting to protect me from a self that he loathes. Perhaps a fear of his own power arises. It was seen as

well in the challenge that the client felt when he acquired dentures during the time of our therapy. These he felt made him look like a "playboy". It was untenable and therefore he would not feel comfortable wearing them. Possibly changing his sense of self was impossible if he carried shame that he should look the way he did because of his "badness", that arises in other images. It may be through fear of aggressive, oral impulses as well that the client prefers to not wear the dentures. Consideration here of Klein's (1959) concept of the primitive splitting of good and bad, due to the aggressive phantasy that the infant in the first three months of life may harbour for the undifferentiated breast of the mother (p.296)

There may have been some opportunity for the client to reflect on his inner world and gain something through his options of returning and evolving the expression to represent what he wished.

"It is from our awareness of the way that the skin and muscles of the face have been rearranged and distorted that we figure out what we are feeling," to work well from a cognitive, experiential position. Tomkins cited by (D. Nathanson, 1992 p108). For us to understand others is difficult and inconsistent. The movements used to express emotion of the face, are so complex that very few attempts have been made to describe and categorize them (Leff, 1984. p.288)

This image though it tells me something of the client may reflect to him more of his underlying feelings. Elaborating on this dynamic through treatment may have changed the relationship to a constant fluctuation of the body image. It became obvious to me that his sense of self had great impact on the treatment issues. Perhaps effective interventions would have made it an amenable treatment issue.

Fig 4.4 The following is a picture representing the therapist within the therapy. It is an early image and gives me a reflection of what Cheng's transference relationship might be. It contained elements of Self and Other. A father figure perhaps, who is emotionally



Fig 4.4

isolated from his son.

There is a linear stratification of space. I am depicted on an island with a tree. The sense of isolation for the therapist, as a projection from the client arises from the constructed space. The figure's gesture alluded to an incomplete object. Cheng enters into the therapeutic space indirectly. He tells me within the therapy that there is an idea that he wants to say but that he forgets the word. He thinks that I know the word. Sense of projection might be

evident in the shape that reminds me of a lightbulb." I have an idea. Indirectly, Cheng tells me about avoiding eye contact with others. It may be Cheng's way to say that my cultural ignorance and obtuseness makes him uncomfortable.

I was aware of my contradictory values that I bring into the session. My attempt to maintain a relatedness to the client previously included direct eye contact. I realized that this often is not what others experience. Sometimes invasive, often felt to be aggressive,

the contact through eyes may also challenge the boundary issues of some clients and indirect gaze permits the maintaining of separateness.

Whatever my intent it was a suggestion to consider the impact for the client. As the neophyte therapist in a cross-cultural space, the psychodynamic experience as evidenced by the client's reactions, was where his cultural values can be discerned, and I could improve my technique.

Fig 4.5 is a representation of Cheng, as he sees himself. It is at once a descriptive image of a compulsive activity that he does late at night within the group home where he lives. After everyone is asleep then Cheng would turn on the TV and watch until staff intervene.

Watching television, seems to be his preoccupation with the outer world, the other that he wishes to have involvement with. He doesn't look happy. His

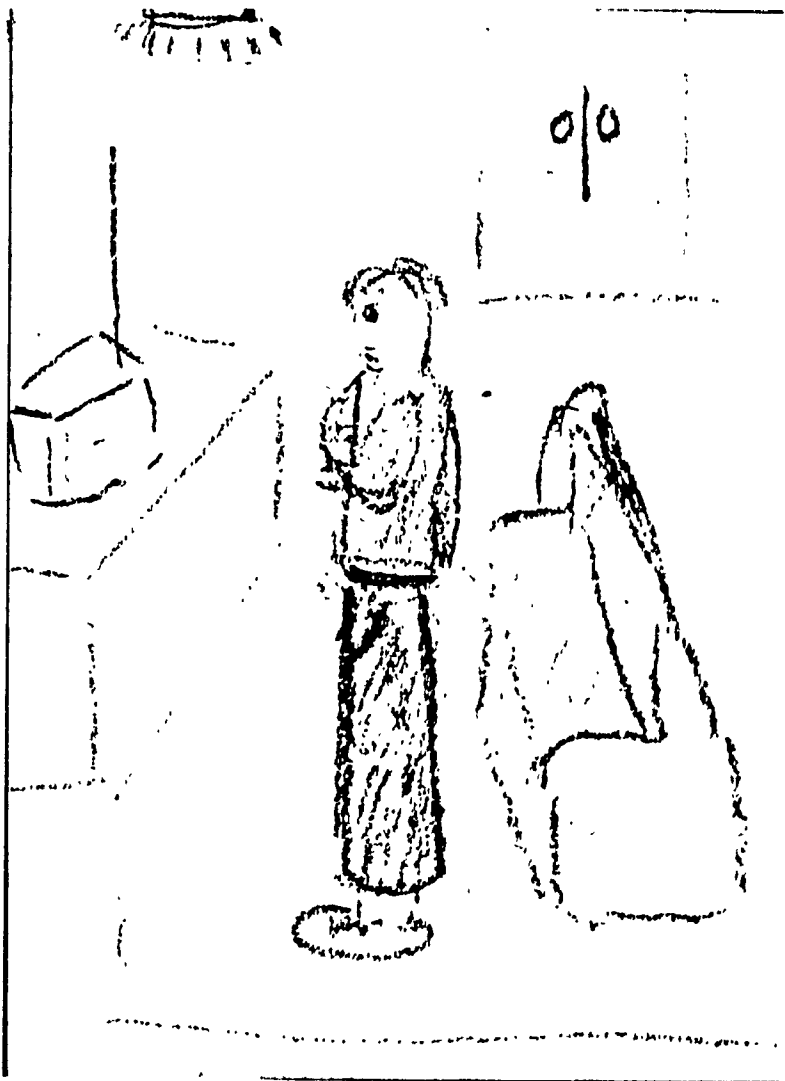


Fig 4.5

stance suggests occasions where Cheng exhibited a catatonic quality, rigid eyes transfixed. There is a sense of alienation, all alone in the room.

As this also functions as a description of the experience for him. His need to connect to something, beyond the isolation of his thoughts. Although the tv preoccupies him and contains him, it is a stimulus beyond his bodily self. The definition of personal boundary, is also stated in the through this point of view, and his capacity to objectify the experience in this descriptive image of his experience late at night.

This behaviour getting up in the middle of the night was never explored to understand what it might represent. The point of view of the treatment team and presumably his psychiatrist was that it was a disrupted circadian rhythm representing a symptom of his bipolar disorder. It did not occur to me at the time, but I now understand a possible implication that Cheng was wakened from sleep may have suggested possible nightmares. This disruption of sleep in this way often is a major symptom of Post Traumatic Stress Disorder. It was never addressed directly from client or caregivers and was assumed to be a diurnal fluctuation based in the depressive illness.

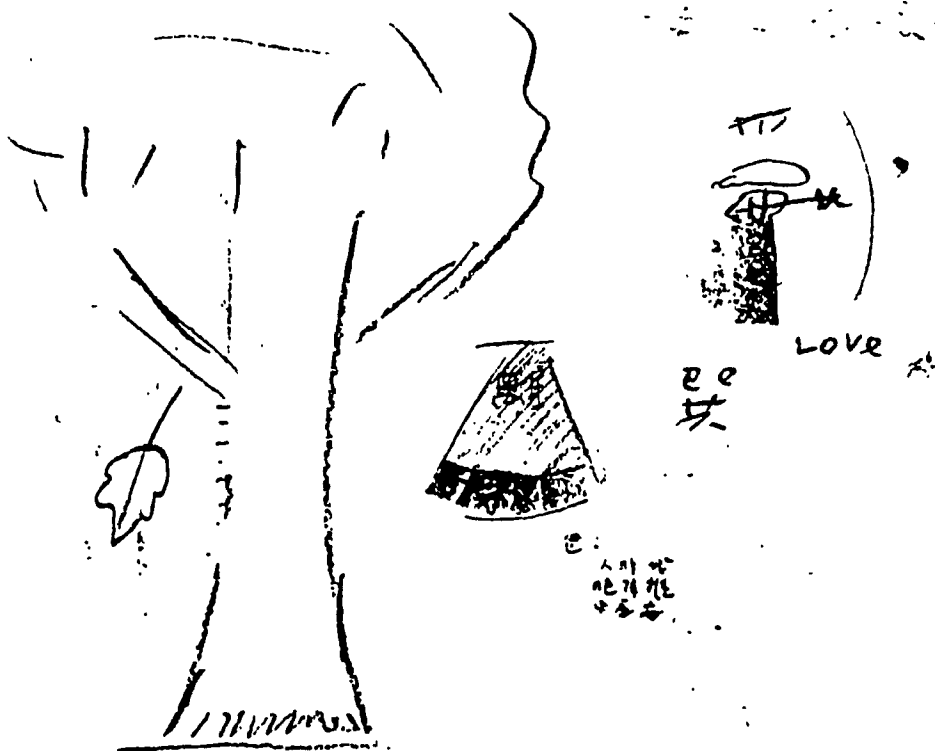


Fig 4.6

Fig 4.6 A tree with fruit such as coconut or cherry, or possibly a leaf, recurs in other images. In this image it seems to depict a leaf separated from the branch of the tree. However in the session Cheng tells me that there is a mirror hanging from the tree. As such it is the creator who has a chance to encounter the object. It may be that he sees himself represented in that symbol. It is him, in his mind.

It may function as well as an important symbol of our attempts to signal each other, to let the other know that we are there. From this image of a tree with a leaf detached, we find the issues of wholeness and separation embodied in the distinction of tree and the fruit or growth.

The Chinese written characters were made as a kind of letter for his father, Cheng said. The traditional symbols and ideographs are "excellent transmitters of a symbolic or ritually charged meaning" (Kleinman 1975, p108). Metaphorically it may speak of a relation to father and family or more broadly to culture. Such readings call attention to the impact of such loss in the case of separation from the "body of the organism"

Like most of the client's images, the quick gestural representation fits the composition, but in closer detail there are unusual depictions of space. **Fig 4.7** for example, the sink seen from above as well as from the side. The physical gesture does seem very important and expressive. It is the *throwing out* of water. Yet from this there is only a fragment of face and arm that we see of the subject. This representation underlines a question of how the client perceived himself. The seeming transparency of sleeve, as well as the ambivalent mouth: both smile and frown of the face and angry eyes bring up suggestions of a disturbed self-perception. Though the sense of self in space is fundamental, there is another symbolic aspect of the image that bears underlining. The gestures of throwing out the water, is represented by a vessel being intentionally

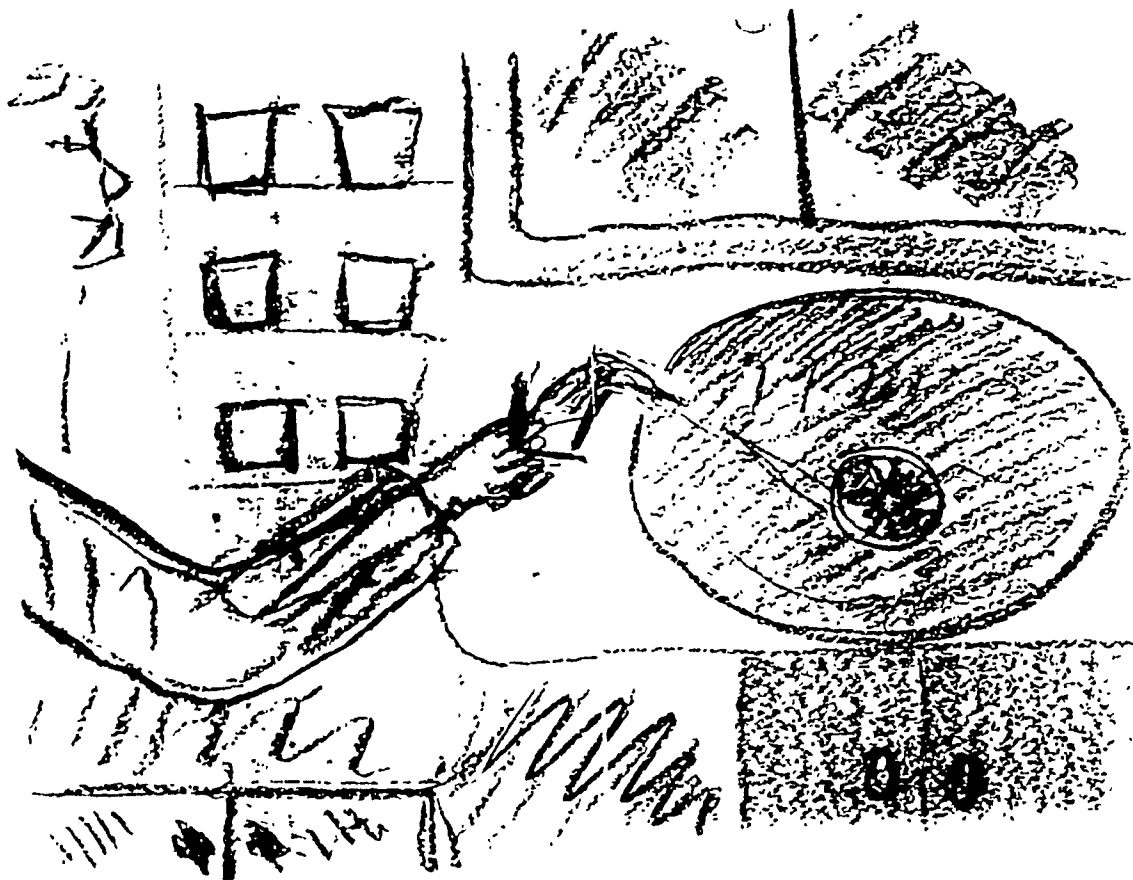


Fig. 4.7

manipulated to void the contents. It will be seen to depict a similar action where there is a symptomatological meaning. The body and the liquid and the sink are connected by the gesture. There is a transferral of liquids, an incorporation and a voiding, that might represent biological and psychological processes of the infant.

Relevant as well, I keep the important consideration of the cultural use of water as a form of changing the interior world, of releasing the heat of the pathogene as culturally based means of alleviating symptomatic discomfort. (Koo, 1984) This was another behaviour that may have had wider significance than a symptom of pathology

The water is also seen to be a very important substance for Cheng, as he drank it in great quantities. His medication of Lithium frequently promoted thirst and dry mouth, and this was the assumed, limited role of his utilization.

Chinese Landscapes

Images 4.8 - 4.17 .Cheng often made images of the parochial scenes. The symbol of the house was almost always done in two point perspective with a nearby tree or trees, pathway, curving towards the viewer. There generally was a window and door. The house was on occasion more elaborate and had a particular Chinese character. It invariably had an upturned, peaked roof culminating in the sharp curves at the corners. Traditional Chinese architecture use these architectural details to ward off evil spirits, that are believed to enter only at the corners of the building.

The sun and the moon were often represented together in the same image. He has on occasion identified the sun as his eye. The moon characteristically is represented with a cloud cutting it in half. In some instances it reads almost birdlike. Occasionally birds were intentionally depicted and discernable. They provide a more naturalized rendition of nature. Often these landscapes would depict two mountains in the distance cradling the sun rising or setting on fields of freshly planted rice.

Trees are often represented in a variety of forms, Stylized, naturalistic, and sometimes graphically reminiscent of razor wire, with sharp jagged barbs. Fig 4.8 - 4.12

The image often became schematic and functioned like a thumbnail sketch of his psychic landscape. It occasionally was polychrome but most often monochrome. There were important consistent elements that provided clues to the purpose or intent of the schema. The house, as the location of the family, suggested the dwelling place of identity. The images as assertions of his cultural dwelling place seemed to say 'this is who I am. '

Their frequent depictions help to illuminate the intent behind the choice of this image as the subject. The consistency makes me consider that this is a real place in the experience that Cheng has lived. It is a place that is imbued with power. It seems to have strong affinities to traditional Chinese ways of representation, most notable in. **Image 4.8**

Though the perspective of the house is conventional with other images, this is one of the more traditional and culturally based representations. The pastel colours used in the drawing, depict the tiled roof and plastered walls of the traditional Chinese landscape with

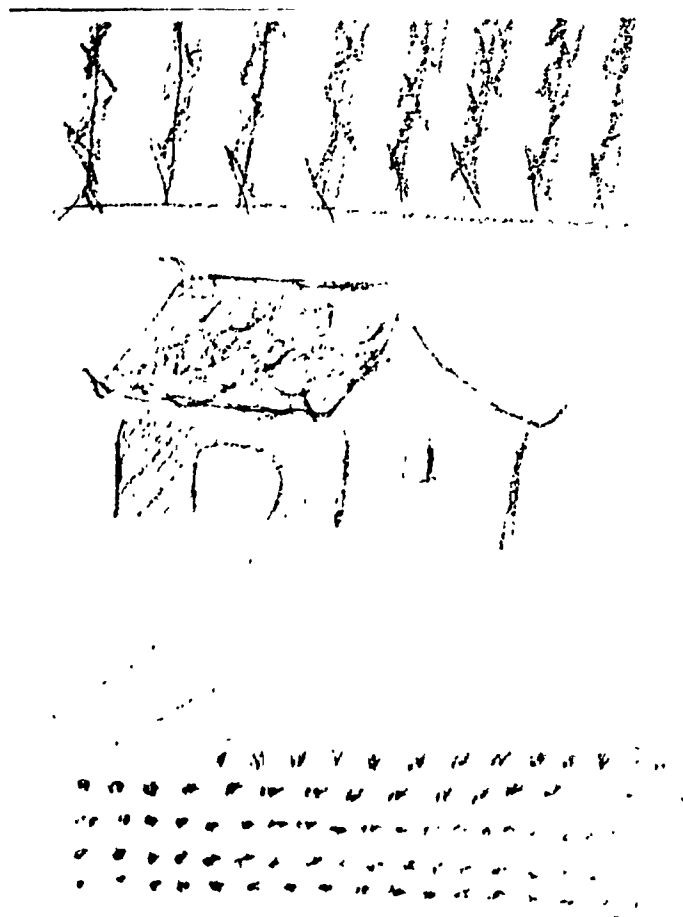


Fig 4.8

viewing this landscape from across the water, Suggesting that a physical barrier to access the house reminds us that perhaps the expressed distance is from across an ocean.

It may be a mythic allusion. The Yellow River as a potent cultural symbol revered by the Chinese came up within the therapy. Early Chinese history consists of legends and

architectural details suggesting a pagoda.

The composition has a naturalistic depiction of space, though compressed. The elements depicted a striated picture plane with a foreground, often linear in nature, such as a rice paddy, road or river most often seen. The consistent schema suggests that these were more than a parochial rendering of a Chinese landscape. In the images where there clearly is a river, it may metaphorically represent a space, where we are

myths of the emperor, Son of Heaven, and the origin and development of Chinese Society along the Yellow River.

As a symbol of the origin of culture, this possible meaning is relevant to understanding its role for the client. It would firmly base this motif as an expression of identity. As well, it may also give us further clues to the client's connection to the world and his particular ideation.

In retrospect this image became a place to express and assert his identity. It was a way of affirming something that was paramount to the man. Everything was in some way linked to the issue of identification.

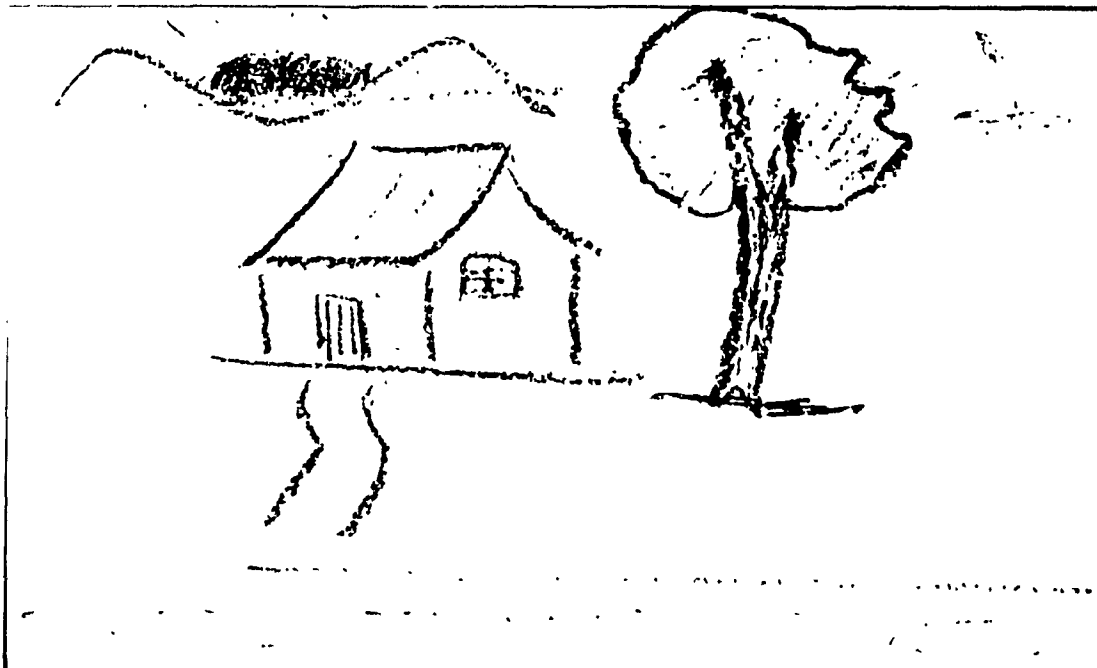


Fig 4.9

On the surface Fig 4.9 is a simple and spontaneous prosaic scene. The picture contains a representation of the sun and the moon. These dichotomies of day and night seem to represent a totality expressive of a Yin-Yang relationship. The representation of the sun, either rising or setting between two mountains is a frequently seen. It had on one

occasion been identified as the client's eye. The sun was usually coloured brightly, but not necessarily naturalistically. The gestural curves of the mountain peaks and valleys provoke speculation of the cyclic nature of a bipolar disorder.

While I know the significance of the eye, and an awareness of its emblematic relationship to paranoid states, I strive to keep in mind the cultural basis for the symbolization. It is a symbol that is painted on the sides of all boats in VietNam so "spirits and other dangers can be seen in the dark" (Schultz 1995 pp.1-7)

The ambiguity of the morning or evening setting for the image brings back the my question about time and the concept evident through the representation. We see time as either/both perhaps embracing a non-linear configuration with time, not based in reality.

This particular image was lightly scribbled over to give an overall "atmosphere" It suggests the concept of *spirit wind* the name of a Chinese, somatic ailment. Though not life threatening it is particularly persistent, and symbolically profound within Chinese classical medicine. It is treated only by symbolic means. Often the malady was linked to some forbidden sexual proclivity and the illness embodied a social shame for the ill person. (Kleinman 1975, p.115)

Perhaps the picture holds a meaning for the client as a representations of the self. As it is similar to others, figures 4.23 and 4.24. Particularly, those images seemed to represent a microcosm of the world. The veil as an integrating phenomena becomes less speculative when this effect is viewed and compared in the context of these other images.

Within Fig 4.10 a range of symbols fill the page. A distinct quality of semantic disparity arises from the contrast of elements. Animate and inanimate symbols co-exist . The image is rendered in browns and greens. The moon, in brown contrasts the green sun. The animals and ground are also depicted in brown. While the mountain and the bicycle are coloured in green. This colour scheme creates associations between symbols.

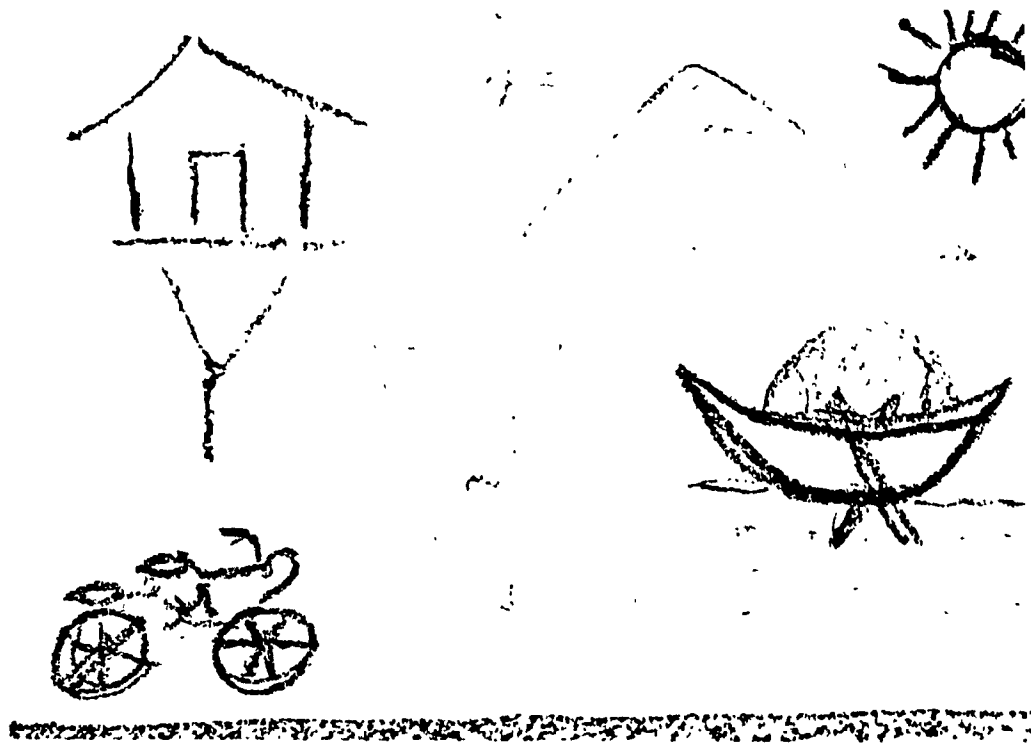


Fig 4.10

The lack of visible humans leave the symbols with a vague context. The symbols have no obvious regards to each other but the image is like words expressed. The meaning is not evident and I grasp at the context and expressed feeling that I sense. Are there people on the boat, or does it rest as a segmented metaphor within a picture format. A feeling of terror arises in me when the barge and bike, and house are the only representations of humanity and these seem abandoned. That the people are represented suggests a need for protection. A Viet Nam vet described arriving in a town and knowing that something was wrong because there were no children around. It was just before a sniper ambush. (Morgan and Johnson. 1995.)

It was quite unusual for only one mountain to be depicted. The representation of the house, may act out another reference. Further away, in one point perspective, it becomes very flat and acts as the second hill of the mountain.



Fig 4.11

Fig 4.11 This delicate and expressive drawing of people and creatures who fill a composite landscape. It has some of the symbolic elements of the country scenes but includes other elements of urban, school or other types of institutional elements. The representation of people, become like sculptures, out of context, rigid in their presence. One figure under a tree appears to watch the other alone, vulnerable in an open area. akin to the chair sitting in front of the lifeless buildings at the right of the image. Most intriguing is the flat house with exaggerated roof line. On top of this structure sits a creature wailing skywards. The playing field is empty and three stick figures seem transfixed by a bus. A complementary pairing of the sun and moon, are again depicted. The two toned colour scheme, appears to have been a hasty concluding gesture.

The image offers phenomenal data of the client's experience of body and change in functioning may be documented in the images formal qualities.

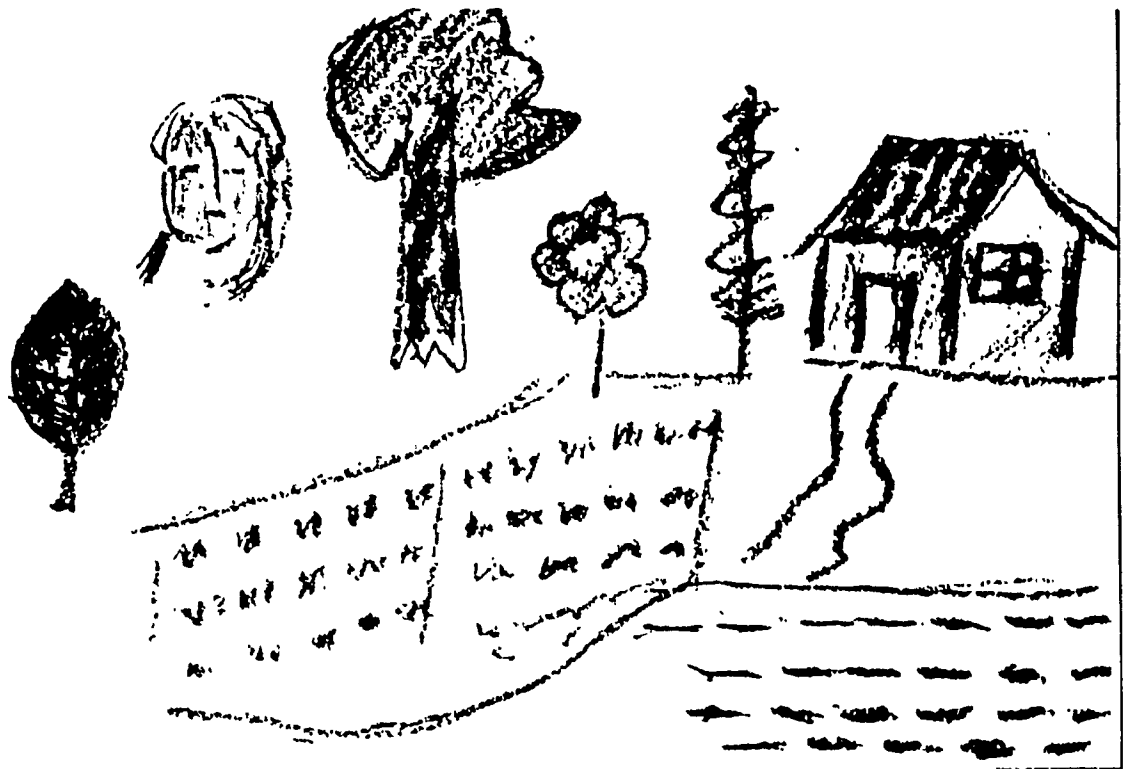


Fig. 4.12

Fig 4.12 returns to the more simple landscape but with a blend of elements that encourage its reading like a statement. As I put the elements together I may be able to construct a phrase that makes sense of the expression. Its function as such seems to be withdrawn from the realm of affect and function rationally.

The house and landscape, do not leave much space for the viewer to stand. We seem to be off the edge of a body of water beside a rice paddy. A tree beside the house has jagged edges like razor wire. Red marks represent the coursing liquid of the river, but it may represent the flowing of blood. The leaf on the left hand side is red. It represents something separated, mortally perhaps from the tree of its origin. The leaf may be associated with his issues of significant loss.

The face that we see above it is believed to be an image of the client's former girlfriend from South America. He said to me that at that time he attempted suicide, following their breakup.

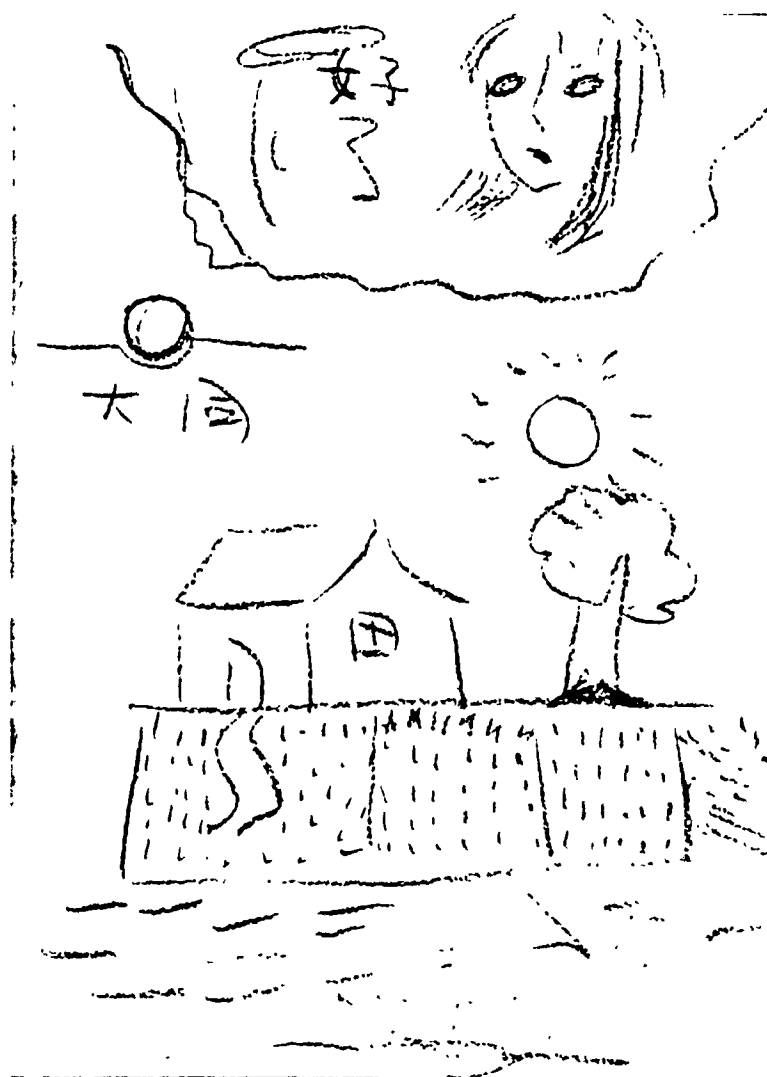


Fig. 4.13

Fig 4.13 presents many symbols. The landscape schema of a country house and boat is rapidly drawn. Various elements acquire an ephemeral quality through this handling.

Out of the context of the other images because of the lack of paradigmatic contrasts, I must look beyond the conventions of classical representation. The landscape despite its sketchy quality is naturalistic. There is a sun in the sky with no moon. Elements that perplex are the fragments at the top .

The two faces, and the game of balgee give the sense of inner fragmentation because of the of the irrational, jumbled reference. The manic behaviour that he entered the session with seemed to dissipate through the support of our therapeutic session. Within that he talked of the loneliness that he felt when his girlfriend left him. He 'was crazy', he said .

His representation of himself does characterize eyes unable to focus on the present. It is from a rational space though looking back at himself at a time past. Perhaps it had been sealed over, only to return within this environment. The image may say something insightful about the relationship as well. The game of balgee was a childhood game that he planned when he was ten years old. It embodies some elements of the microcosmic world in its design and structure. In sharing that, I learned something about his world. It was a game that he played alone. It is speculating to choose its reference to be either anecdotal or symbolic of a transitional, or object relationship, based on vulnerability and fear of rejection.



Fig.4.14

The arbitrary quality of symbols and unidentified references in Fig 4.14 and perseverance in the outlining of the house and the person's eyes suggest the intense

struggle to contain material that could overwhelm. A rubik's cube, fish and candle that are seen elsewhere. The hastily drawn mountains and sun share the upper portion of the image with something that seems like a leaf. The figure attributed to the likeness of his former girlfriend takes on the unstable qualities by perseverative drawing of the eyes. Rigid outlining on the structure of the house and tree further reinforce the need for containment after representing the symbols of his loss.

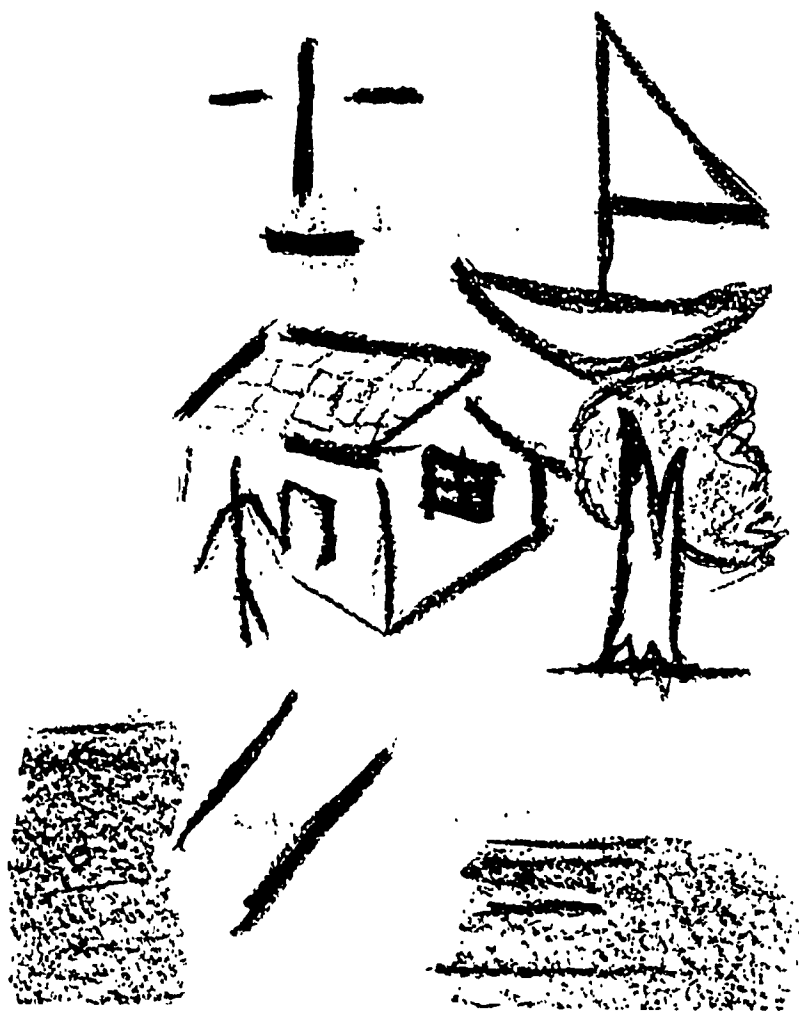


Fig. 4.15

The image at left is the last image that includes the landscape as basic elements in its structure. We have seen the range from traditional to phenomenal documents of Cheng's psychological state and coping strategies that he was needing to use. Fig 4.15. has a context that also explains the control Cheng exerted through perseveration within the image. It is

only from the interrelation that we find Cheng's felt sense. While the colours selected relate to other landscapes, the green and brown were used over each other, like camouflage.. Qualities of the green are still evident but the reinforced brown lines overpower and dominate. There was at that time a particularly stressful environmental issue at the client's group home. The anxiety caused the fragmentation to be evidenced in his symbolic representations.

The control and repression of fear, if it could be seen within the countenance of the face at the top left part of the image. Its rigid, expression may suppress such psychodynamic realities within the environment of the client. The unyielding face may be keeping back the internal struggle.

If we say that the house symbol may represent the identity of the client, the seat of the self, Unfortunately, there is a breaking down of the house and the figure. Below on ground and pathway is disjointed lines and shading. there is a deterioration beyond recognizable symbols in this lower, more elemental level. It may be the place where those feelings that are suppressed arise from. It is unlikely though that his hypothesized structure exists for the client. He initially drew the face and then the boat. After a long period of reflection he then decided to draw the rest.

In such a context, the meaning might more likely be that the client made a self as he felt, closed, perhaps anguished. He might have wanted to be far away and this was the representation of where he would want to be at that time. He may have been deeply wishing to withdraw.

The following image again shows the deterioration of the pictographic qualities that seemed more evident in previous images, in only by matters of degree.

Fig 4.16 Within this image there are deteriorations in the structure of the image. It is a mixture of symbols only some of which are identifiable. The style of representation was seen to some degree in the rendering of one face in Fig 4.13 (made at least 8 months

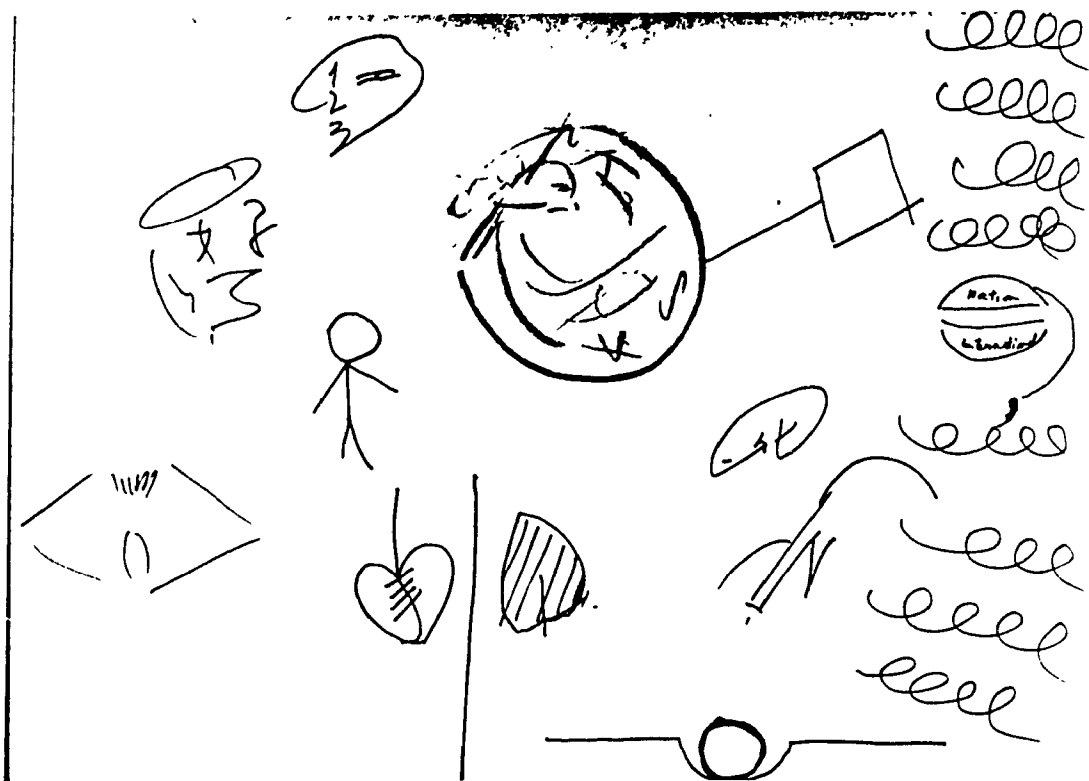


Fig. 4.16

prior) but it is somehow more transparent. The two faces gyrate between representation and a collection of graphic symbols, or linear motifs that seem to be appropriated to represent another symbol, far from my comprehension. The two faces at the left hand side have enough structure captured in the gestural strokes to place these figures as the client and his former girl friend. The figure that I speculate represents the client seems to express the broadest experience of being human as the psyche breaks down, represent the "being crazy" part of the client. The "other" pictured here has the series of numbers (1, 2, 3) used to represent the face of the girlfriend use a system based in logic and linear structure as its foundation. As the antithesis of the self, it exists as an embodied polarity.

A representation of two leaf like objects on either side of a vertical line restate the dualism. A representation that I understand to be of coitus is to the left. The Balgee game described in fig 4.13 is represented in cutaway, We see the profile of space and object within that space.

A diagram notated *Nation* and *International* is on the right hand side. This representation is one of the few based within words and is one of the more problematic for the sake of communication. It was a conceptualization that the client brought into many conversations, where the sense of it did not seem to lie within the conventional meanings. It was thought to mean the being and the society, although there some caregivers who felt that it had some kind of connection to communism, this seemed distant. Perhaps the Chinese concepts of Microcosm and Macrocosm describe the embodiment of the one within the other. It could represent the quality of a relationship on many levels. The critical task is to remain open to elemental clues and as a perceiver, attempt to see how I would be implicated within the relationship on a phenomenal level.

The meaning that we attribute to the representations was important. There were many opportunities for confusion to arise, when dismissed as not having a direct relevance to expression. Rejecting what the client was saying as political dogma arose frequently at the treatment centre, but it was critical act as the misunderstanding about referents, earlier gave evidence of. Focussing on one kind of symbolic representation may have precluded any other peripheral meanings that could have better informed me of the content. This lack of phenomenological attention on my part would minimize the potential life of a symbol and my goal of understanding and empathizing with the experience of the client.

Responding too quickly with my mind may have blocked the sensory levels of knowing. It may depict my anxious attempts to grasp meaning and understood that I grasped at fragments of what I believed that the client was talking about. It was the challenge of holding something that I did not recognize. Of the few things that we could share, feelings may be most obvious, yet that implies some shared context of understanding to grasp the clients feeling on an empathic level.

Perhaps it was the sensed interior structure of images and symbols within that caused me to continue struggling with meaning. There was a feeling, intuitively that there

was a system embodied within the representation. The pictures were about the whole constituted of two parts. What was the therapeutic relation as a microcosm of this concept?

The most emphatic and least identifiable aspect of the image is the powerful enclosing circle in the middle. It suggests a fetal image with a voluminous quality veiled in very loose mark-making. Is this the space that is being sought, the sense of totality that the vacant stick figure beside it is seeking?



Fig 4.17

Fig 4.17 was made on the same day as Fig 4.13. The client said that there was the sun, moon and star, It is now not apparent that the sun is there. (The star, is a symbol of the present Vietnamese flag.) A linear image made with a dry brush technique, it is fragmented and groundless. The Oriental character seems isolated under his rain cloud and there is little but his hat to deflect the downpour. The glass contains pineapple juice that costs five cents.

In the context of the session he talked of someone wanting to kill him. He felt threatened in his sharing and the awareness of lost power for him, and vulnerable inner coherence.

Traditional Symbolic Themes

The following images seem to convey prominent themes of traditional identity and illustrate the client's strong interest and background.

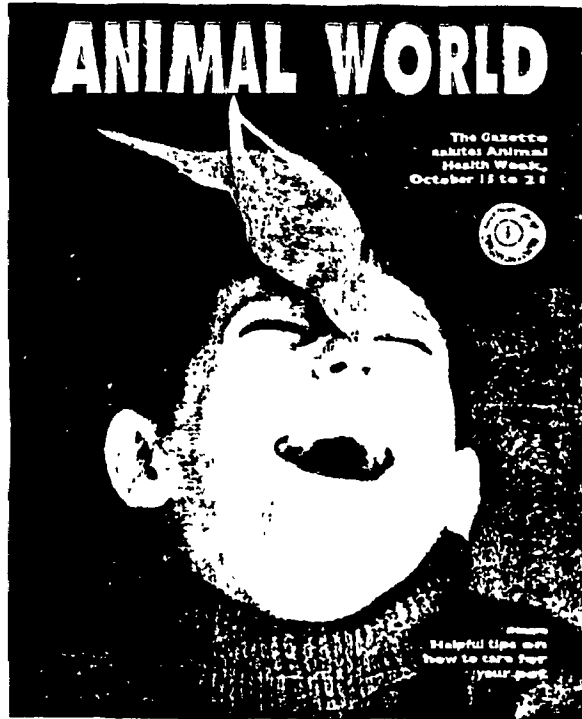


Fig. 4.18

Fig 4.18 is a collage is taken directly from a newspaper. A striking image, it was a way that Cheng would make art images. Often in his reading popular journals or papers, he would select provocative images. This one was accompanied by a long discourse, written in Chinese characters. It was written horizontally which was a format less frequently used by the client. The meaning within the text was deciphered by some Chinese students. They admired the client's philosophic thinking.

Although they found it difficult work, there seemed to not be any doubt about an internal coherence to the thinking. Within the translation for me there are some valuable insights.

A reference to Taoism creates the link to the relation to animals, and the origin of life. It is the point of departure from which Cheng explores the relation of good and bad to suffering and guilt as well as to the possible life after death.. He identified that either polarity of good or bad was not OK, but that tolerance was a key. From this the client felt an affirmation of some of his personal conflicts, yet he recognized that he " can't completely let go of tradition to embrace existential dilemma of good and bad.", according to my translators. This seemed to be a time of high functioning, despite some broad and sweeping statements there was clear links that had inspired the client's musing.

Fig 4. 19 is the author's drawing. It represents a three dimensional piece created by Cheng. Spontaneously he pressed a slap of clay into the cardboard shape of a found object and modeled some curves of tusks to represent an elephant and painted with

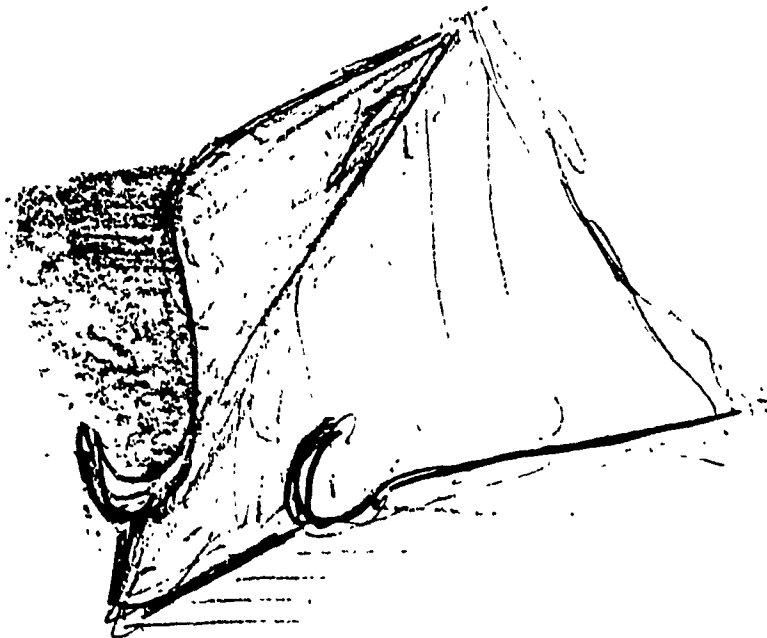


Fig. 4.19

tempera to finish it after bisque firing.

His creative vision was evident and expressive.

I believe that he identified with the symbol of the elephant because of his dental problems

It's pointed teeth again serves to protect and ward off menace as oral weapons.



Fig.4.20

Cheng used brush and ink for this image. It was not a frequent choice for him in the sessions, but it may have been a material he previously used a great deal. A translators analysis of Fig 4.20 informed me that the elephant represents a symbol of strength and power. An aspect that he could incorporate or introject through identification is culturally supported through the symbolic potency of ideographs.

The calligraphy in this image is of the more traditional vertical style. The translators felt that this image was very well done. This insight startled me and caused me to reflect on the client's intention in a different way. I had felt that the intensified line quality and diminished detailing, done with a large dry-brush suggested that Cheng had not been intended for this but that he had been too absorbed to be concerned.

It is from the point of view of tradition that I look at the following. Fig 4.21. It represents what Cheng called 'the Winged Fowl'. Within this image, the client has made

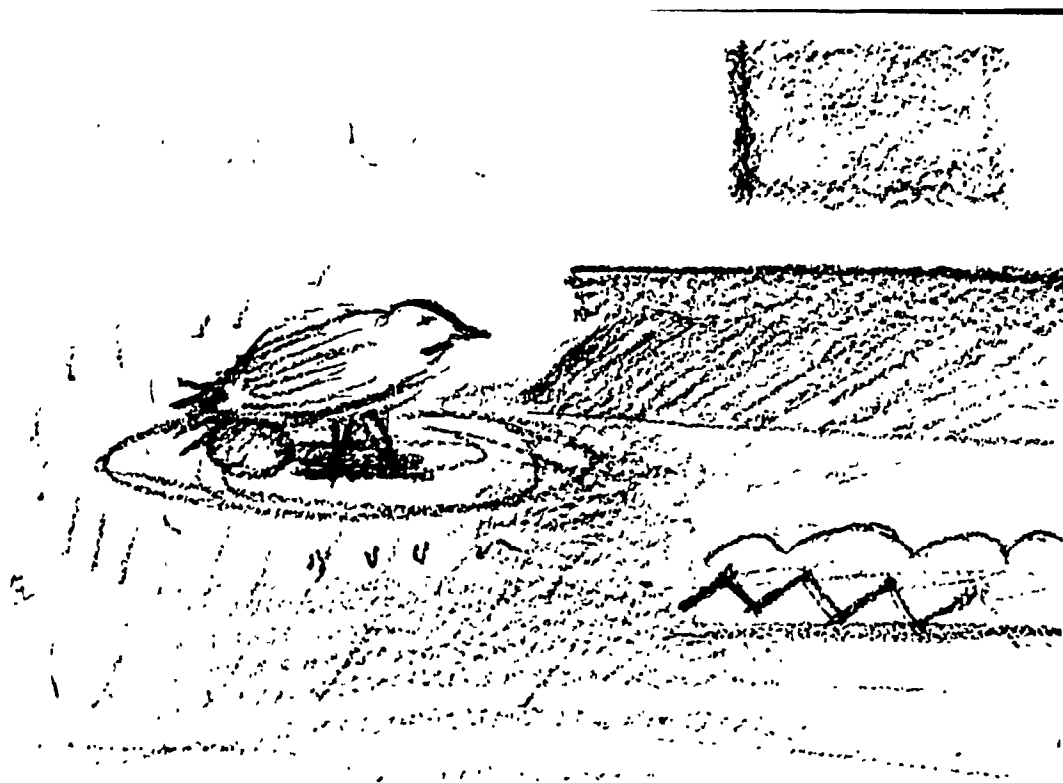


Fig. 4.21

the identified the biological process of a bird with an egg. To the degree that he represents this image nurturance and succour, I suggest that there is an internal identification with respect for this part of his identity. Another image was not included in this study, as it was made with another therapist. He represented the bird in a cage with a very intense and intimidating uniformed person behind the cage. It may be considered to represent the suppressive structure and the suppressed. It is a metaphor for the psyche. The outside world is mirrored with parts of the character that are seen to be socially unacceptable.

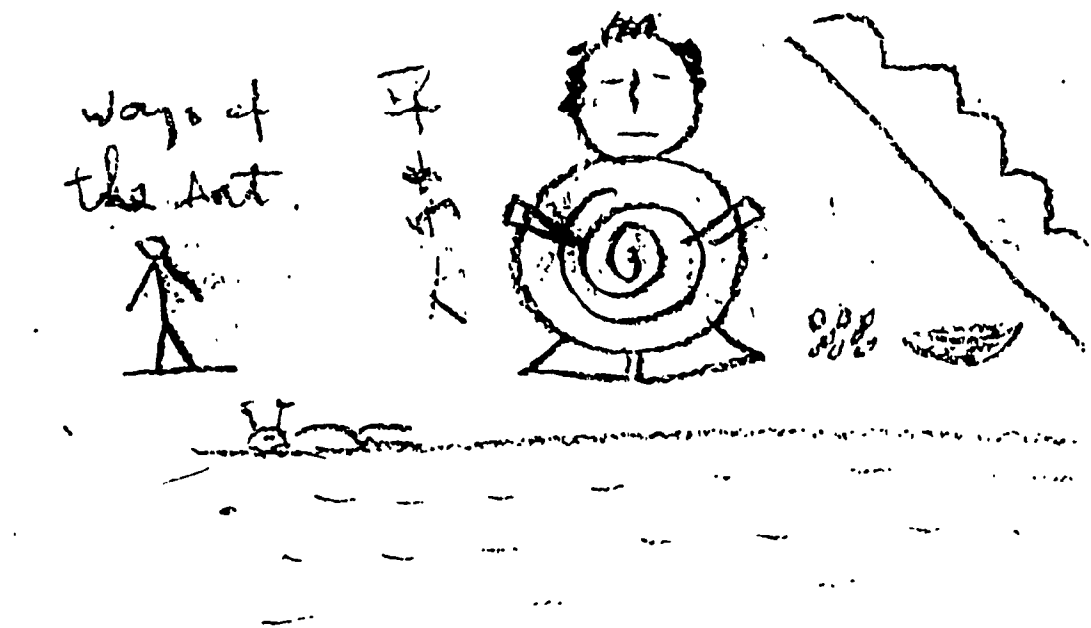


Fig. 4.22

Fig. 4.22 has a symbolism on a cultural level, metaphoric level and within a framework of psychological representation. The integration of these enmesh to form a creative interplay of which I struggle with a deeper meaning, embedded within culture.

Although I know little about the rat as a symbol within the Chinese calendar, there are other social and spiritual levels to the creature. Taoism seeks a unity with all creatures, some Hindu and Buddhist followers do not oppose the rat as a vermin. In the west it is acknowledged and feared as a carrier of disease and a vicious opponent if it is cornered.

In this image the rat is dead, and the stick figure beside it seems to be downcast. A larger figure is created with a spiral contained within a larger circle. As the arms originate within this figure, are we witnessing the definition of boundaries, as well as a representation of energy? The centrifugal force seems to be pulling the face further inwards. I am left with the strong expressed loss of the figure. A traditional understanding of the symbol of the rat may hold the meaning for this expression of loss, but we may

surmise that there is some part of the client's world that has expired in death. It is separated from the viewer by what seems to be a representation of water. Is this once again a statement of loss of the homeland and safety of that culture.

To the right of the spiral figure are other representations that may represent a bowl of food and a configuration of pebble forms similar to the balgee game. A tiered form like a stairs leads to nowhere suggesting a depressive phase. Some Chinese calligraphy add further enigmas.

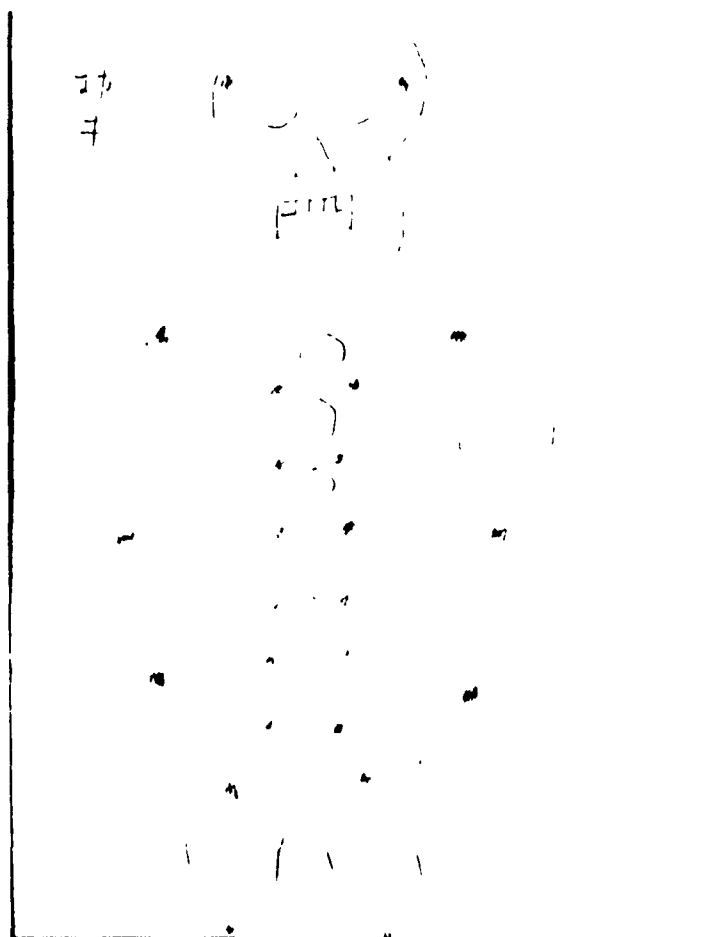


Fig. 4.23

More graphic is Fig 4.23. The client was 'teaching' me, illustrating our conversation about acupuncture.

As a representation of energy points on the body, it illustrates some of the basic meridians and acupuncture points for the human. The representation creates an unsettled view of both a static human body mass and skeleton. The representation of the rigid mandible and vacant eye sockets affirm the effect of a death mask. It seems quite relevant to healthy flow of

energy that the acupuncture points in the feet are beyond the paper edge. Cheng has expressed symbolically his own relationship to this realm in the amputated, representation.

Symbolization of Illness

This image crystallized my understanding of the client Image 4.24 This one provided me with the conceptual structure and of a sense of this person's world.

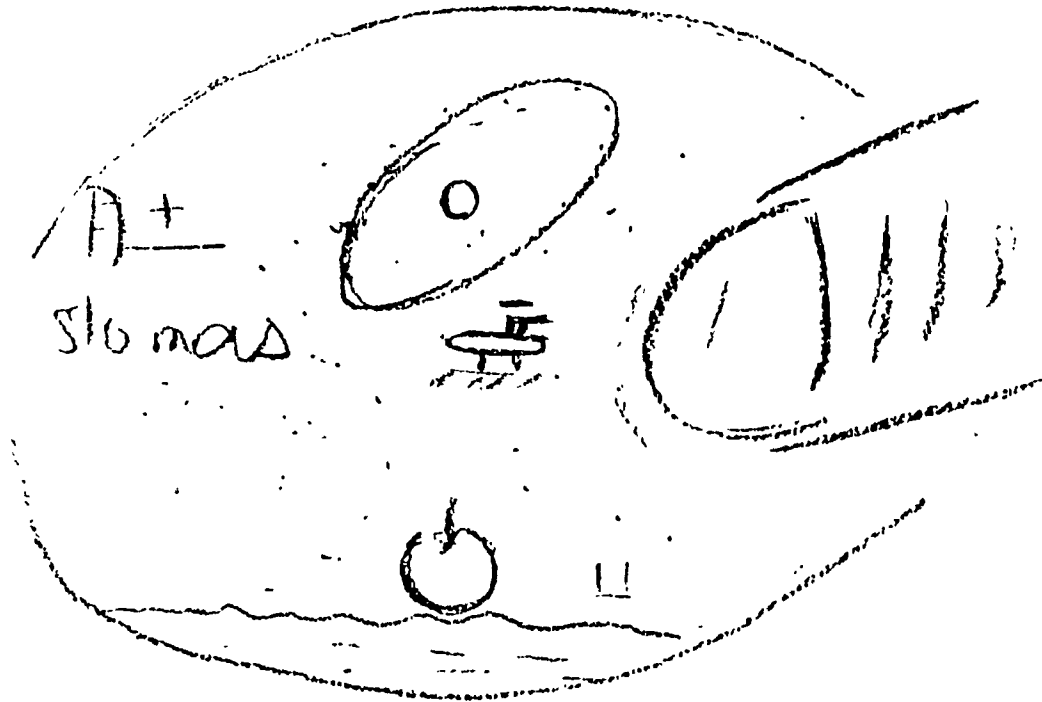


Fig 4.24

It was a phenomenological statement for the client's condition and a pictorial representation of the person's pathology through the symbolization of complexes or issues. As a statement it is founded on the principle of microcosm, macrocosm. How the world is perceived is expressed within the smallest element of that world. Here within this person was a representation of that world. This sense embodies the phenomenological experience of being-in-the world.

Cheng explained to me that within the stomach there is water. Vomit and feces are represented by the dots in the picture. The apple, I had learned elsewhere was a food that held a quality of power. His way to get rid of the badness was with his finger. There was a representation of energy and the earth. These he said "stand still".

My acquisition of its meaning came within the relationship of the therapy rather than afterwards in reflection. It was a felt sense. One, where there was a strong bodily reaction provoked by a physiological shudder in my own body. I could attribute this reaction to a powerful assertion of my own being. It was a clear point where there was a sense of self and other. There are perceptual elements that would bring this kind of inference into the phenomenological experience that I had of my body, self and mental space. The representation embodies the quality of finger and is at once eloquent and decisive. My perception experiences the cropped focus and detail of the finger as naturalistic. Its scale within the picture frame suggests my entire visual field is implicated. Its position and role in gagging the being represented in the space identified as a stomach is graphic. It provokes an emotional experience, hence the very physical response that I had to it.

I have discussed elsewhere the level of somatization within the Chinese culture. Various parts of the body perform different roles for the experience of being. The emotions as felt in the stomach. It may be that the use of food and water as ingested in this organ begins to effect change in the organism here first. The stomach, within our culture is the place of ulcers. Fear, somatically experienced is noticed in the pit of the stomach.

As well, there are issues of body image arising through the intentionality of the finger that there can be some measure of control. The representation suggests that the boundary of the organism is seemingly the stomach, while the finger is coming from outside the stomach, and therefore outside the organism. The stomach can be destabilized to eliminate the bile. This image is about the balance and stability that are reciprocal, between the organism that is based in the stomach and a higher power that controls the finger and can have control of the organism and its well-being.

As such, I consider that there is a polymorphous sense of boundary for this client. As documented by the image the boundary was the stomach, it embodies the concept of

'Barrier' as a type of sheath (Van de Mark and Neuringer 1969) as cited by Fisher (1985). This barrier concept may allow for more movement accommodating the self-sense of the individual. This self can be perceived such that sensations to the physical body may be experienced as exterior or interior. (P.509)

Prominent with this session was the client's need for me to accept what he said about his representation as a way to contain the client's fear. The paranoid belief that he would be killed seemed to lie in the rejection of the images validity for him as a representation of what he experienced.

I was accepting something that was expressing the level of the disturbance within my standards. It was functioning as a pathoplastic symbol of his self-experience. In this I could accept this as real for him, and hold onto the expression within clearly defined boundaries of self and other.(Yap 1974 cited by Eng Seong Tan 1976)

On other occasions the individual felt that this centre of power (the part that controls the finger and decides to effect change within the stomach) also can expect dominate control of organisms that are beyond the physical. The distinction for therapy would have been well positioned to attempt a focus on the body sheath, to encourage a sense of more physical and visceral integrity.

Image 4.25 was done significantly later. It conjured up a similar sensorial awareness and relation to this speculated way of representing the self.

The image included recurring themes of the house, candle, food and a rigidly represented figure. These symbols in themselves have expressive, idiosyncratic qualities, as a dark figure, whether soldier, or angry and repressed person. They function in relation to each other and their representation on the page. There is a very direct depiction in the fore-ground of the picture. A portion of the person's head is cut off as well as the tree top. There is a sense of us sharing the artist's view point, seeing the world he sees. This inferred space was bounded by a circular line extending beyond the picture space. The

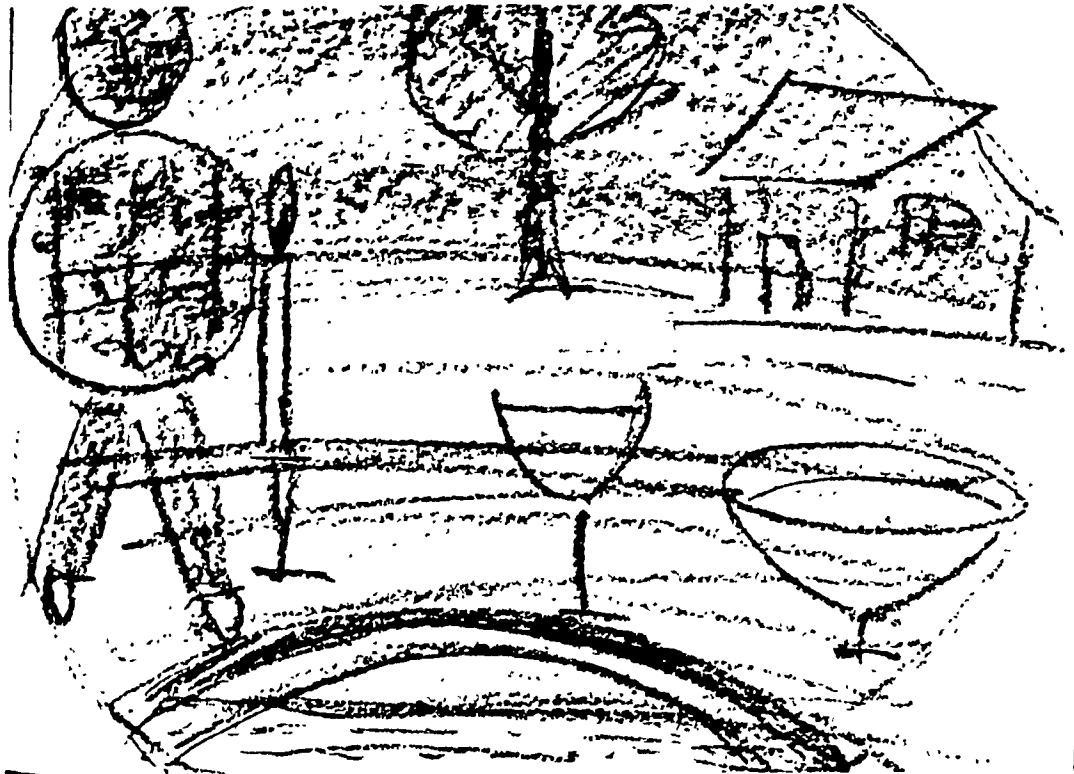


Fig 4.25

space within it was fogged by the overall atmosphere created through shading. Its purpose, I believe was to define something that was very personal, very physically felt as a containing space for the individual. The dark figure is armless, and seems powerless and withdrawn with a bloated abdomen. Beside the person is a long form suggesting a candle, but may represent a knife. The food vessels that we see, are transparent. Is the figure able to incorporate these elements of food or have they as 'bad' food contributed created this discomfort portrayed by the figure?

More insight would be available with the relation of these elements and that of the house and tree. As I witnessed the artist's process, I could see that there was an intentionality served through the means of representing. The encircling, shading and cropping were a means to engage the viewer to sense a physical relation to the image. The shading perhaps served to camouflaged, or protect.

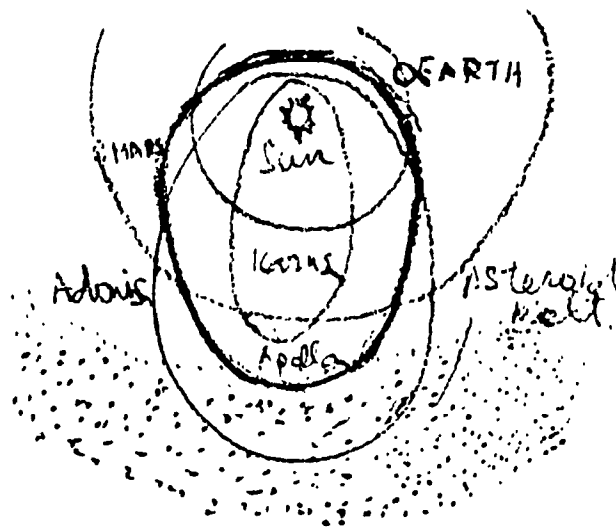


Fig. 4.26

Fig 4.26 is a representation of the cosmos, the world in its entirety. As such it may be the sense of self that sometimes arose in the manic phase of this man's illness. He used mythical symbols of struggle and power and danger . Adonis , Icarus, Apollo. Each carries a connotation. Apollo stands for culture characterized by reason and balance, harmony and justice. Apollo, the sun god is complemented by the closely-related, moon-goddess Artemis. (Morford and Lenardon, 1971) The balance of opposites that reflects Taoist dualism for Cheng.

There is the asteroid belt on the other side of the apollonian circle. It is highlighted in red as though it is the boundary beyond which the organism is at risk of fragmentation from the impact of the asteroids. As dangerous entities they are again depicted represented by numerous little dots. The orbit of Adonis intersects this. I surmise that he might identify with this representation of the mythic god-image, both with the narcissistic concern of the part of him that may have wished to look like a "playboy". As

well the ephemeral quality of the character of Adonis through the demise of Adonis' being and that of Icarus is a shared reference. The character's both failed to heed the counsel of a lover and father respectively.

The image depicts classical mythology using symbols that represent various historical and metaphorical themes. I would surmise that these chosen elements expresses a paradigm for Cheng with which he identifies. Though strictly symbolic, that is they stand are metaphors for something else, I wonder if this and later images of the cosmos represent the development of and nature of omniscient, delusional thinking or just his willingness to share these with me.. This distinction is the challenge of evaluating different behaviours between cultures. Cheng seemed to show more evidence of the irrational attribution of power of reference over others in his behaviours. These Illusions or delusions of internal power are easily pathologized from a Western point of view but his cultural context allows more of a continuum accepting the metaphor as a means of expressing a relationship.

Images with Military Symbolism

The following representations include military symbolism. Each time that they arose within therapy they renewed my speculation about their significance. Though by no means conclusive they might have indicated a specific incident for the client. In the way they have manifested themselves, we might at least ascertain the form of psychic value that they hold. They are clues that there was a story or trauma narrative that could only be expressed visually at that time.

Fig 4.27 is an image from the early part of the therapeutic relationship. Monochromatic in red, Cheng talked while drawing. The connection of the themes at the moment was not accessible to me, nor were the motifs self evident. As well, he spoke of

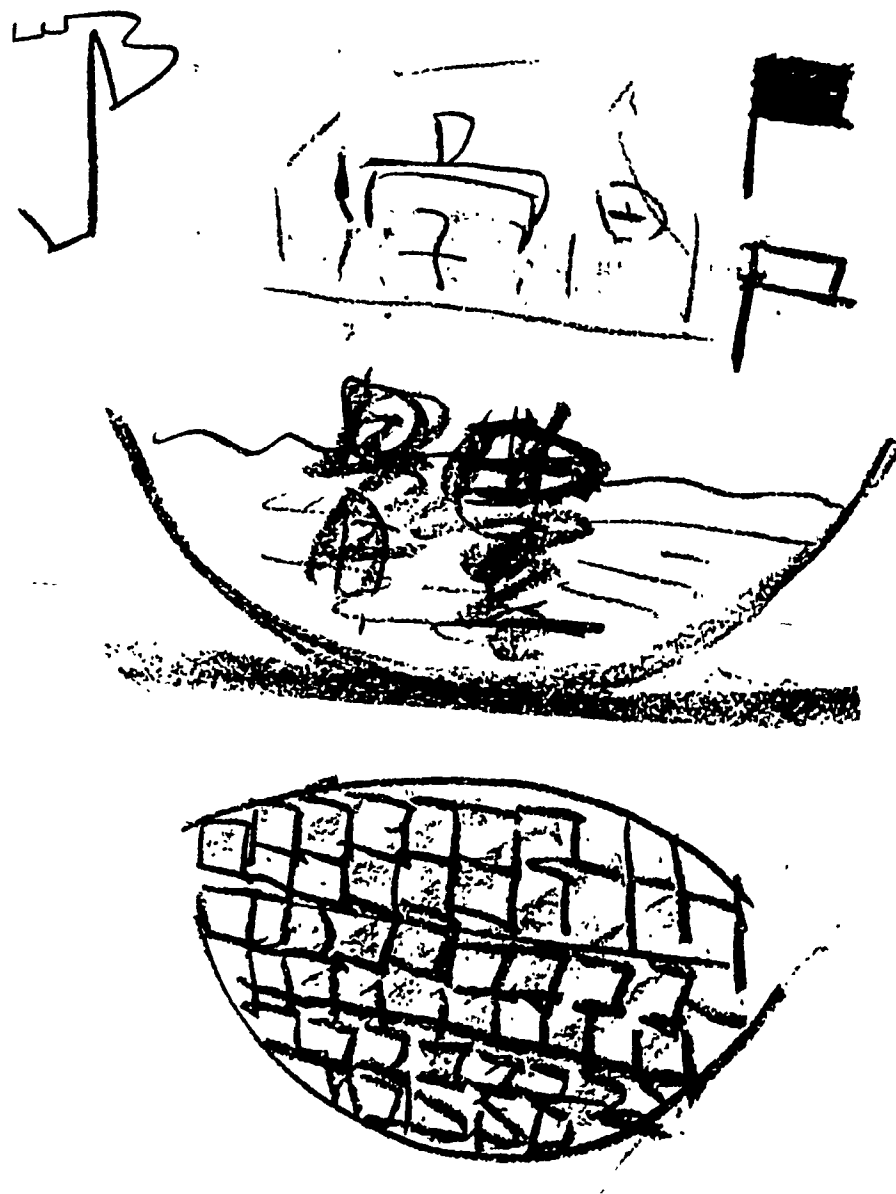


Fig 4.27

government and specifically that the flag forms were German and Japanese.

It was in this session that he spoke of the meaning of his name meaning woman or girl. Perhaps he is suggesting that at some time in his life he was treated like a woman, in a traumatic way that makes him feel ashamed. There was a lightly drawn motif

reminiscent of the house symbol but dissociated from any context in the environment. There were other loosely drawn elements that suggest Chinese calligraphy both inside this house like form and outside.

Below the house was a form of a container such as a bowl holding a liquid. It also is reminiscent of a boat and is similar in appearance to Fig 4.10. There are more calligraphic characters inside. The client went back over some of the image making their outlines less distinct. Psychically he may again be finding protection for himself from an experience of personal shame.

Cheng was silent when he drew the bottom form. I was aware of my reading a potential symbolization of a hand grenade, but there seemed little space to bring our focus to this element. I construed the silence to be a reticence. Other drawings throughout the first and second year of his therapy included forms that suggest either pineapple or hand-grenade were made. This image may be one of the more explicit, and more identifiable as either/ or. The fragmented motifs of the house and the boat form suggest the separation from something, that one holds important. The overall impression from an attempt to find unity in the opposites.

Fig 4.28 used a variety of icons that don't initially have cohesion of reference or of meaning ultimately. A monochrome image drawn in black this time. It included an easily identified pistol. The container form might depict a hand grenade. There is a serpentine form, of a worm or dragon.

The watch is an object that Cheng referred to occasionally. He had lost a watch in South America. Perhaps it was a connection to the client's previous, now lost, functioning as a watch repairman.

The spindle form at the top is not a form that I ever saw again in treatment. It remains enigmatic though its gesture suggests a helicopter motion. The integration of



Fig 4.28

these symbols seems to lack a defining *raison d'être*. They were disparate elements that held some inner meaning that I was insensitive to. An assumed relation, for an intentionality that I maintained was present for the client. An image like this did not hold enough for me to make credible sense. It seemed too focused on only part of the expression without the emotive investment to make comprehensible his statement.

Fig 4.29 is a small image done on coloured paper. The sun is black. The tank conversely is coloured in polychrome, with geometric design. It seems to embody the force of a stellar explosion in the oranges, reds, pinks and browns.

The man is coloured in greens and blues in contrast to the tank. The only warm colours are in the naturalistic colours in the arms and face of the character. Cheng's

representation using contrasting colour schemes may be an embodiment of Yin-Yang principles of human qualities, Good and evil, suppression and resistance. Is the figure threatened by or threatening the tank?

An immediate, Kleinian concept suggests that they are introjects of a strong unweilding superego figure. The rigidness of the figure may in some way seem mechanical, yet it expresses more graphically resistance with regards to the tank. As I give more space to the image, there arises in me the remembrance of the media coverage of the student uprising in China several years ago. I can recall the potency and courage of the one man in Tiemannen Square who faced down the tank.

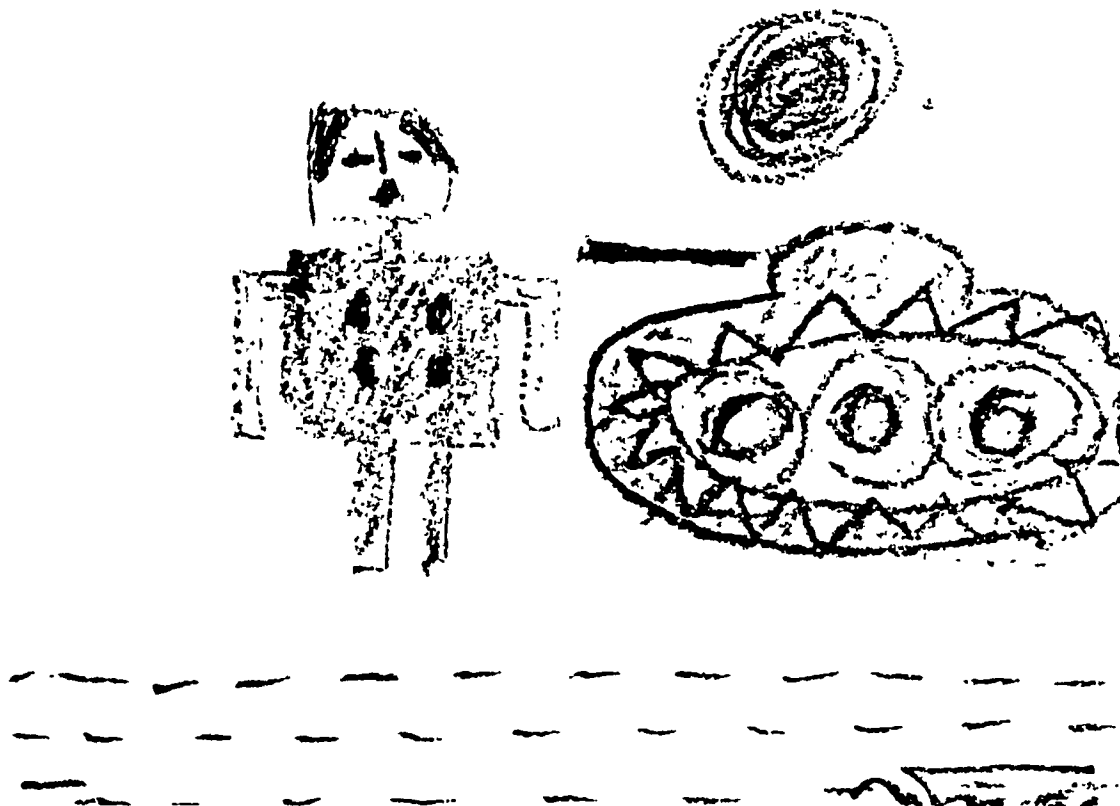


Fig. 4.29

If such a reading is more relevant to Cheng's intended expression, then it becomes critical to give that level of space to the work, to allow it to enter phenomenologically and offer more sensitive interpretations, as a means of respecting the client's expression

Such an expansion of meaning may represent a more relevant movement towards the hermeneutic circle of interpretation. A series of possible meanings comes through looking at the image without making assumptions, allowing something of the subjective experience that is based in the emotive capacity of the image to come forth.

It is for me an intermediary space where this kind of reflection takes place. That space may be filled up with my hypothesis. If I am particularly anxious about finding a meaning, I may begin to select from my own limited repertory that is not in-common to the client of another cultural background. When I can open myself to the space, there may be other more rich meanings that arise and come to me. This space then becomes more of the milieu for gaining insight into the appropriate meanings to the expression.

Chapter 5:

Clinical Impressions

I have continued to maintain a belief the art therapy process, as a useful means to elaborate on the representation of the client's identity as illustrated by elements of this man's concept of identity, discernable in the images. His concept of himself is based in his own culture of origin. Cheng has used the art therapy as an opportunity to elaborate his existential position as an immigrant to this country. The images hold clues for me to the client's experience with respect to the symptoms that he was dealing with, and receiving treatment for. I selected of these images, various themes relevant to this rationale, as a focus on the client's sense of himself and representations of relations to others. From this I could begin to distinguish his needs and what I could offer.

The art provided some holding space for me where I might gain extra time or more clues to the implicit meaning. The images were indispensable to contain many elements of the therapeutic experience. They were emotive and faithful to the complexities of the cultural experience. A new and deeper understanding of the client's experience came through my processing. In some cases these may have entered into the therapy and directly informed my sensitivity to nuance.

A foundation of the images selected articulate the clients relation to a culturally based locale. Its consistent representation and form suggest a potent souvenir of some place previously experienced. Further, they as a group suggest the motif's function as an icon, a statement of identity. It's phenomenal characteristics suggest client's relative proximity to and orientation with this identity. Variations in line quality, colour and composition, are expressive gestures through which the client was articulating his day to day experience.

I ponder how the person's definition of identity accounts for a major illness. This issue is particularly relevant for a person who has psychotic structures. The fragments look to be bound with contradicting threads. That is how it looks from outside. He, through self-portraits reflected on himself, the self image continues to reveal the phenomenological identity.

There were a few milestone images that touched me by their graphic depiction of the client's psychotic structure. These images gave me a sense of the involvement that the client had in the representations that I was witnessing. They were vivid, candid representations of the client's sense of that moment and how he perceived himself. This was evident within the therapeutic moment and I found it to be the most unequivocal material to distinguish the behaviour and the underlying psychotic structure informed by his culture. These themes illuminate other aspects of the material of the therapeutic space, such as the client's relation to his body, his interaction with the world and his interaction with it.

From the art work the client has used the opportunity to express these relationships and to define them as elements of his identity. This expression was accepted by me as relevant and illuminating to my intent to support 'who he was'. It was an opportunity for an interpersonal relationship where he could express who he was and advance his identity development.

The issues were complicated for me. I was able to utilize the transitional aspects of the creative process including the image to support my therapeutic goals. I brought my experience of this kind of creative space to equip me to read the elements of the therapeutic moment. The material needed holding, and the art images were containers of meaning. I could begin to *read* the material and utilizing syncretistic, perceptual scanning to illuminate the form and connections of his narrative elements. This was a process of seeing the elements that brought

the material into a more coherent structure, a reduction to the universal structure of another human's experience of the world which both he and I shared.

As I understood why he had to be understood, he was needing some sense that he was accepted, that he was heard and that there was some inner coherence to his experience. I struggled hard to find these. In some ways that there may have been psychodynamic needs below the surface that suggest a Borderline personality preoccupation around a split sense of self; good and bad. I, as the therapist, was offered the power by the client of integrating these dichotomies, and a therapeutic goal would allow the client an opportunity to retrieve these and integrate them through identification by his own power.

Prominent with some of the representations was the client's need for me to accept as a way to minimize the client's fear. The paranoid belief that he would be killed seemed to lie in the rejection of the images validity for him as a representation of what he experienced. It may have been accepted something that was expressing the level of the disturbance within my standards, but that it was functioning as a pathoplastic means of within his self-expressions. In this I could accept this as real for him, and hold onto the expression within clearly defined boundaries of self and other.(Yap 1974 cited by Eng Seong Tan, 1976)

I acquired an understanding of a personal system of meaning for the client. I could discern some parts of it having a similarity to literature on Chinese culture. Though it had an origin there, none of the literature suggested the specific manifestation that the expression depicted. I refer directly to Fig 4.24. The finger of the client is upsetting the balance of the stomach vessel.

These images describe a preoccupation with the body that would be characterological rather than organic. The borderline phenomena of boundary issues and obsessive, if not, fusional behaviour with some care-givers is consistent

with some of the behaviours witnessed in Cheng's treatment. With the issues of control of food perhaps paralleled to the cultural preoccupation with body processes, as cited in the literature, distinctions for the purpose of treatment are a challenge to make. How those issues of such personality structure would affect the treatment goals and process needed to be further researched.

The last group of images that I include were based in motifs related to aggression or military strife. These were representative of a group of images that explicitly made references to such symbols. It may be argued that these along with other graphic elements in many of Cheng's images create a very strong indication that he had maintained inside him, a story of his personal pain and vulnerability by the acts of someone else. This aspect of the case was by far the most speculative, and yet it held many clues bound up within its uncertainty.

I have questions about the signification of the images and what difference that it might have made for his treatment of identified issues. It would change the form of treatment this client received, with the focus shifting away from reality testing. I believe that the capacity of his caregivers to understand more of his past situation would have aided in a strong empathic support for this client's suffering. Compassion for the client should not be changed by my belief in its validity in a real experience. It's been a question through his treatment and remains a question here. My desire to understand has meant trusting the ephemeral of the camouflaged material in the symbolizations.

The struggles of the treatment team might have been different as well, with a consistent, unwavering support for someone, that demanded and challenged many aspects of our capacities to care. Clarifying those concerns would have compelled me to change my limited and uncertain method of the encountered psychotic phenomena. Its basis within his cultural experience of himself as he

dealt with serious symptoms, suggests a very comprehensible means of coping with reality rather than a defensive coping mechanism that hides the reality, such as what I recognized as a Western psychiatric attitude. In particular, I consider the paranoia as a statement of needing validation for what he says, and his strong idealism, both components of his existence.

Through the images there are a few specific elements that reinforce some of my speculations. Through a hermeneutic reflection on the meanings that were captured within that momentary experience, and a reflection on my own personal involvement on a direct sensory level, the experience of intensity suggests that there must have been some essential element within that experience.

Implications

Through this case study I have had a better sense about what has worked and my limitations that are implicit with the territory. These issues have some basis for generalizing to other therapeutic situations where there is different cultural values.

I want to underline the critical role of establishing a useful methodology to support my work in the future. Other therapists initiating work of a similar nature, may find themselves better equipped to meet the challenges of cross-cultural work in psychotherapy. This is a situation that may arise more and more frequently with the range of pressures on urban, cosmopolitan populations in order to provide suitable health care.

Other elements of this case are more idiosyncratic to the life experience of Cheng, though the concerns around these issues may arise in any cross-cultural

situation. These are typically complex relations that have a potential for confusion and mis-communication.

As I grew in experience as a therapist, with a broader understanding of psychodynamics, many of the elements of the case material have been more easily integrated and worked with. It is not a complete understanding, though this is unlikely to happen completely within a situation of diverse backgrounds. The fact that others around me with more experience seemed to struggle with this case also suggests that there are universal challenges blocking an ideal of appropriate care.

No clear answers are available. My goal, and a more realistic function here has been to sort and clarify for a structure that is inclusive for this kind of work. More than anything, for me there has to be a desire to listen to the potentials of the 'other'. This naivety has meant keeping an ear to the ground for the reality checks through counter-transference material. This openness is the starting point to understand the language of someone else, who's expressions are imbued with the power of their uniqueness. I identify that experience as the starting place to know their specific needs, and how I might facilitate movement towards well-being.

I have found a large number of theoretical and functional challenges to that kind of work, though it is a possible goal. Many of the hunches of the beginning have not been disproved. This has supported my practice and given me more courage to believe in my sense of the experience. By the time I concluded work with this man, there had been some meaningful experiences where each of us acknowledged a deepened relationship. There were therapeutic experiences that were quietly helpful for that particular day. If there was enduring impact, it was from healing that comes through acceptance by another within a relationship with learning, and sharing. This nurturing quality helped to maintain a relationship over time and through difficult times of anxiety for the client.

I proposed with this thesis, that the perceptual phenomena was a critical place to experience the therapeutic space thoroughly and professionally. The importance of the subjective experience aids therapist discernment of the unfamiliar context. The therapeutic space becomes an illuminated opportunity to observe the object relations and participate in a therapeutic interaction with that transference relationship.

Particularly when I return to intense interactions with the client, I am returning to the sensory phenomena that I experienced, and responded to in some way. While not "knowing" what was happening, yet in some way I had understood enough to respond in a constructive way. In other situations, I acquired a much richer understanding of the dynamic that I was both witness to and participant in.

Merleau-Ponty outlined a process of attending to the phenomena and working through the processing as a means of maintaining the vigour of the experience. This provided me with an accepting structure within which to scrutinize the perceptions of the client's lived experience. The fourfold themes: Description, Reduction, Essences, and Intentionality, of the phenomenological process are described in Chapter One. My experience with this process was sporadic and inconsistent throughout therapy. A cognitive understanding of the precise methodology was researched after the termination of the therapy.

The limitations that I experienced have been discussed at various points through the thesis but would serve to identify a means to improve the application of the methodology in the future.

A description of the experience is the beginning to distinguish boundary, It will be accurate if the description includes the experience from the point of view of the therapist. This must include the counter-transference and the experience of the identification with the client. With time I grew more comfortable knowing that

I was aware of the identifications within and that I could discern the parallels as well as the distinctions.

My affective states, as the therapist, arising within the experience are acknowledged in the description. It becomes the material of my empathic experience. That I have access to it, I can give back to the client when the time is appropriate. It is freed to describe the nature of the experience, with the express goal of supporting the client. It can only be done when the client can move ahead and begin to integrate it.

The experience of reduction or distillation can only happen after this distance. It is the place where the elements of the experience may permeate through the psychic basis that we use to discern. From this, I expect that I am still in some way using the cultural standards that I have been conditioned with. It is to find enough distance implied so that I can see beyond the limits of that structure to see a more universal means that shares similar elemental points.

It may help to return to a description by McCann (1989), where he suggests that placing the experience within language provides the opportunity to separate the essences from the experience. (p.163). As such it is a distillation, where we can recognize our involvement in the world. While the process itself brings the phenomena an otherness, it is an object separate from ourselves, the perceiving being. This is an opportunity to see the object relatedness of the client and from here we begin to have a stronger position to return back to the very experience and make more informed choices about our experience of the reality for the client.

The meaning behind the client's behaviour or the intentionality, as the fourth theme provides the opportunity for us to return to the phenomena as it originates. The "consciousness of something," as Merleau-Ponty has pointedly made, use specific designations in an active constitution of the experience of the

world. The naive or subjective experience of the body, of perception, space, time and movement make it more essentially based.

My insights into this man's lived experience happened when there was my personal, subjective response. At that point I could see what was happening to me in this context. This is where the work could begin to understand how it was applicable in that moment. It was using my subjectivity rather than obscuring it by the intellectualizing. This happened when I tried too hard to find something identifiable, or the knowing a priori what I thought that I was looking at.

I came to recognize a basic methodology where I used my perceptual abilities to understand was operant at various times. I reconnect its importance to the process with the theoretical clarifications that are more available to me in this stage of the research, as they offer important clarifications. I recognize the limits to understanding someone from outside the culture of the treatment environment, as problematic. Are we able to realize the phenomenal reality for this person as he or she sees it and experiences it when we do not share the same basic understanding of behaviours and beliefs?

The issues implicit in immediately defining another as the "other" remain problematic within a context of therapy. It is evident once again in the act of writing a case study, where I try to understand the expression of the client's "voice" from my position outside of his culture. Perhaps this is a potential element of any clinical relation where the expressive acts of the client are taken out of a cultural context. As a form of behaviour they should not be conceived by the therapist as somehow describing the being of the client. When identity becomes informed by the illness, there begins an entwined relationship that is more firmly established, and less amenable to forward integrative growth. It is particularly uncertain when it arises in a therapeutic relation based from outside of a shared cultural system.

The distinctions that we make of I-thou seem to include a dis-identification a 'not-me' which precludes an ability to empathically identify with what the client may be experiencing. There may be defensive responses that serve as a barrier to conceiving of the identifications as a potential and possible reality. For the therapist to not define the expression requires a holding onto the potentials of wellness beyond my cultural understanding of identity. It is for me to frame my experience of the chaos of the unknown and being formed by the process and material. It may be then that I can read the situation so that illness is not the being of the other but a possible state for another being. In that way it transcends the cultural limitations of understanding to something universal of all cultures. It requires that I not define wellness as a component of identity.

Without clearly understanding, I took a great deal of time to find more appropriate responses to the adaptation and mechanisms that the client seemed to use. The act of externalizing and projecting material may have complicated and compounded my therapeutic understanding of where this client was and how to best support healthy development. It may have been most visible in the counter-transference material where being 'good enough' was often a personal concern and this may have been the experience of other care-givers, that struggled to give, but felt, inadequately. I was pulled into the projection of that need to understand and that he wished to be accepted by the 'other'. I felt that I not able to give him what he needed, but that I could offer something worthwhile. I believe that it was valuable to him for me to respect his creative potential.

Doubt as to my effectiveness arose to impede my capacity to hold onto the chaotic material that seemed so foreign to me. I needed to reconceptualize my involvement and how I used art therapy. It may have been to create a bridge over the client's anxiety. It also was my way of offering something to the client. The

creative component is a direction forward. It is the part of an evolving being. I felt my respect for this aspect of the process was still valuable to the client when I failed to empathically relate or understand Cheng. There was some value to his working through via the modality. This was never an attitude with which I began any session, but at the conclusion of the session. It indicates for me the degree of frustration and inadequacy that I occasionally felt. That I felt more dispensable may point to a counter-transference that may say something both about the client and about me. The distinctions arise simultaneously with the identifications. They are not separate but integrated elements that is somehow Janus face, difficult to behold at the same time.

The level of extendedness on my part would interfere with my holding capacity. In identifying my limitations of understanding occasionally challenged the client and our therapeutic relationship. It would provoke a response from the client where he would externalize the sense of responsibility for clarifying the communication. I assumed that the responsibility to understand rested solely on me. In effect, I was failing to understand him. Identification with the isolation was the beginning of my learning. Important to see but this would require more reflection and processing within a coherent methodology to know what it was that I saw, and its relevance to the client.

The personal connection, through my counter-transference was something that speaks on three levels; of me, the relationship and what Cheng was bringing into it. The methodology that is now more distinctly considered. It would permit a reflection aimed at disentangling the complexities and bringing the elements back into the relationship as a step towards the integration in the conscious 'knowing' of the therapist and through intervention to the client.

Conclusions

I began this research to try to illuminate the situation of the client as something that I could not at the time completely discern but that held for me some underlying structure. As I look at some of my experiences, I can see there various psychodynamic elements that might be evidence of other defensive postures. These are now more coherent explanations for the therapeutic situation. I can disentangle my phenomenological experience, know where it comes from and discern more realistically the situation as the client is experiencing it.

There was a belief inside me that this man's work did represent something coherent. There were occasions when the metaphor of a text would force me acknowledge that the client at that moment was not understandable. I would realize that too much emphasis on the mystery of the communication would be a disservice to the ultimate treatment .

Ricoeur posed a series of questions around the nature of understanding in a discourse to seek meaning using the hermeneutic circle. The questions can apply for a number of purposes. I hesitated to trust interpretations based on my perceived inadequate understanding. On the occasions when I trusted and accepted the reality of my experience, I could implicate this sensory experience into a form of phenomenological reduction. I would discern, as more evident a two-fold change in my experience, like a change of focus. It is somewhat startling to shake myself loose from an absorbed and concentrated position to move spontaneously to a new position or point of view. At the most dramatic I perceived the client within a more encompassing vision. It is best described as a type of Gestalt that integrated various disparate facets of the client. It provided me with a sense of a more complete discernment of Cheng than before that awareness.

It also brought a more integrating experience of myself. I believe that this is for a number of reasons. Fundamentally to reach into the therapeutic space required me to extend myself into the unknown. It was a space where I could not be certain of my position and equivocated between the hope for some kind of coherence and reason and the restricting concepts within the treatment environment around pathology and treatment. Within the process of experience and attribution of meaning, I found that I was defining my limits to hold dichotomous material. I was defining that which was inside and outside. Ultimately I was defining myself as well as the 'other'.

I return to questions that Ricoeur (1991) asks, 'What self comes to self understanding?' (pp.4.6)

(My) self has now been defined by me. I have taken a movement outward into a space that holds the therapeutic relationship between two individuals. That movement allows me to physically encounter the phenomena of that space. In returning I begin to process the phenomena using the various levels of experience as outlined by Merleau-Ponty. I describe the experience. I reduce it down to base points and then look for the elements that remain. From there I look to see the intent that manifests itself with the essential material.

The self that is returned to, is a self that has been expanded slightly to find some connection outside, through the retrieval of the elements of another's experience. It is the link to humanity that comes through that reduction. The experience that was foreign to me has been grounded into some kind of foundation within which I can relate.

It may be a threatening process for the therapist's sense of self to see the shared elements. In an experience where there has been violence, it is not an easy material to experience, nor relate to in some form. It is the only way to experience

the basis of the client's behaviour and the reality that has informed his actions, that I witness.

As a therapist, I am understanding that I project out the identifications, that are grounded in a shared construction for myself obviously as well as for the client. The return to the self through the phenomenological experience accounts for my experience of it. As well I own the material, but acknowledge that it also illuminates the other in some form. The self is perhaps an integrated self that has projected and re-introjected back into the conceptualizations that had defined my experience of self.

Ricoeur's (1991) last cited question is perhaps the most difficult for me to answer. 'Does interpretation of culture exclude others?' (pp.4-6) . I believe that the interpretations may function in a similar way to the idealized process that I used as the therapist, observing and identifying within the therapeutic space. The sociological concepts of culture, by their very function the demarcation between one entity and another. The culture of the Chinese is a different one to my own. The phenomenological experience will not be consistent either between what we imagine as a heterogenous culture. There are no clear generalizations that can be made between a Chinese person from the People's republic of China or Taiwan or Hong Kong.

Never-the-less, I may hope that I can understand that culture for the other, even while I do not experience it in quite the same way. I expect that the understanding comes through a process and is not readily available to me if I did not process it. This may diminish a principle of elemental identification, but that one can enter into the culture as a witness, seeing structures as someone innately grounded within that experience.

An experience for me helps to express this dilemma. I am sensitive to inner

feelings when I hear the national anthems of other countries. These feelings are qualitatively similar to the feelings that I experience when I hear the anthem of my own country. Beyond the beauty of these anthems, it is their significance for someone else as a profound element of their self-definition that elicits my respect and ability to identify, on an emotional level.

Though to return to interpretation and its possibility to exclude others, there seems to be an implicit aspect of culture that states, *This is me, This is not me*, on some larger interpersonal level. It is the process of identification for a community. I recognize that for me to identify shared elements may create simplistic bridges that remain insensitive to the accumulated acquired quality of culture, that can not be perceived, except from within. Through this paradigm, I can surmise elements of the other through what is not shared. This may be the place that I return to a classification that dissects and may distinguish who that other is, whether it be from a cultural ground or that of health and pathology.

The goals of the therapy should be clearly defined to the extent that broader applications may be made with the development of treatment. In the initial stages particularly, parameters of psychotherapy would need to be modified with a theoretical flexibility that transcends one's own culture. The limits of therapy must also be well perceived. However this may be a challenge to gain a confident sign from the client when there is a variance in communicative capacities because of illness and culture.

Such definitions reiterate the construction of meaning that occurs within a society. The values, mores and even the conditions of wellness and illness are defined by and through the culture. How can we identify the terms of a cross-cultural exchange? At what point does such a cross-over strain the parameters of psychotherapy, where ineffectual work is done? My endeavour to have the client

teach me about himself and his culture may have been interesting as an activity, but can it be seen as being potentially therapeutic, regardless of outcome?

Such an expansion of meaning may represent a more relevant movement towards the hermeneutic circle of interpretation. A series of possible meanings comes through looking at the image without making assumptions, allowing something of the subjective experience that is based in the emotive capacity of the image to come forth.

It is for me an intermediary space where this kind of reflection takes place. That space may be filled up with my hypothesis. If I am particularly anxious about finding a meaning, I may begin to select from my own limited repertory that is not in-common to the client of another cultural background. When I can open myself to the space, there may be other more rich meanings that arise and come to me. This therapeutic space becomes the milieu for gaining insight into the appropriate meanings to the expression.

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