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**An Exploration of Repetition as a Factor in Healing
in Art Psychotherapy:
Is Hope a Feature of this Healing? Case Illustration:
A Man With Bipolar Affective Disorder.**

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**A Research Paper
in
The Department
of
Art Therapy**

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for the Degree of Master of Arts
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ABSTRACT

Part one of this paper is a literature review and analysis of the principle of repetition in healing. This includes an overview of archaic healing practices including the cosmogonic myth, healing practices in some indigenous cultures, as well as an analysis of some healing techniques used in psychology. The literature shows that there is a history of healing practices from archaic beginnings to present day psychology that is based on the principle of repetition. Various theoretical perspectives are part of the discussion.

Part one concludes that the process of art therapy as well as the structure of the art therapy session are based on the principle of repetition. The art therapy session is compared to the cosmogonic myth as a healing device. The three main components of the art therapy session were analyzed, the art, the narrative and the transference. It concludes that each of these components are based on the principle of repetition.

Part two of this research is an illustration of some of the concepts of Part One using a case study. It explores the art and narrative of the case as concrete examples of the principles developed. More specifically the principle of repetition, using the Navaho ceremony as a theoretical model, was concretized through discussion supported by examples of imagery and narrative.

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GENERAL INTRODUCTION

This paper is in two parts. Part one is a literature review exploring the concept of repetition as a basis of healing practices and techniques throughout anthropology, psychology, and different types of psychotherapy. Also, the art psychotherapy session is analyzed in a general way in relation to these concepts. Part one shows that there is a possible connection between repetition and healing. The different meanings of repetition and healing are defined for the purposes of this paper.

Part two is the exploration of one case study that was chosen for this work. It was chosen out of the few that were available to me as a student in an art therapy practicum. The case was chosen because it was of sufficient length to explore some deeper issues with the client. In this way it lent itself well to this study and was used as a source of concrete examples of some of the concepts explored in part one. Due to the limits of this paper I was not able to expound fully on all of the relationships and examples that came out of this case as they relate to part one.

I would like to point out that this format of combining theoretical hypotheses with case study allowed an interaction between the two parts that seems like a metaphor for the “going back” and “return” between conscious and unconscious. This kind of movement is one of the major focuses of my theoretical position in part one, the movement between opposites. Both the case study and the theory are composed of the unknown and the known. The foundation of the theory in psychology, anthropology and myth adds aspects that have been proven over time but not necessarily by science. In this respect the theory could represent the “going back” and the case could be representative of the concrete present, the “return”.

The case study is written in an open style, that is the data is presented so that the reader can make his/her own observations from the “raw” data. The connections

made by the reader may not be the same as mine. Also the reader can relate the two parts of the thesis paper, the data and the theoretical in his/her own way. In the discussion of the section, *Restoration of a Stable Universe* (p.119-124) I explore more connections between part one and part two of this paper and connect the imagery, the narrative and the transferences of the case to philosophical-existential as well as more traditional perspectives in psychotherapy.

Connecting healing in art psychotherapy* to patterns of symbolic healing throughout time and history gives a more profound basis to the personal story re-lived in the art therapy session. To connect our own story to the mythic realm gives us a model to go by which can help to add meaning to life, like the child's story that must be repeated. Here it is more than a plot it is a "cosmic scheme" (Erikson) that gives order and meaning to life. (in Knowles, 1986, p.27).

* The term art therapy in this paper refers to art psychotherapy.

PART ONE

PART ONE
CHAPTER ONE
Introduction

This paper will explore the principle of repetition as an element in the healing process of art therapy. A literature review, including an analysis of various other healing disciplines, will support the hypothesis that repetition is an important factor in healing. Psychotherapy, psychology, drama therapy, and anthropology will be cited. The techniques and methods used to promote healing in the above disciplines and the religious practices analyzed from anthropological field work show evidence of repetition as healing, not only in the process but in the language used. In their description of healing techniques and ceremonies there are many “re” prefix words; for example: re-live, re-image, re-enact, re-do, and re-tell just to name a few.

The exemplary healing ritual for archaic societies is the cosmogonic myth which has a metaphoric connection to the art therapeutic session. Many traditional cultures use this pattern for the healing of individuals as well as whole communities. The principle of repetition is an an important part of these rituals and myths, along with the symbols that are integral to them. To compare art therapy to myth and ritual can only enrich it and link it to its source in the symbolic and spiritual.

Part One of this paper is divided into seven chapters. Chapter two explores repetition and healing in a general way with an emphasis on the connection between the two. Chapter three is an analytical survey of the various disciplines, techniques and archaic religious practices that use repetition as healing. Chapter four compares the art therapy session and the cosmogonic myth. Both have structures that are founded on the repetition of a pattern of “going back” and “return” which are integral to the healing that takes place within them. Chapters five, six and seven analyze the three main components of the art therapy session: the narrative, the transference and

the art. It will be shown that they too are a form of repetition. The narrative is a re-telling, the transference and the art a re-enacting.

At the same time the spontaneous artwork and symbols in art therapy allows us to examine specific and concrete images from the unconscious. It is the repetition of patterns within these images over time that we are able to do studies, make comparisons and find links between the psyche and soma of man.

CHAPTER TWO

Repetition as Healing: An Overview

It is my hypothesis that healing in art therapy involves the principle of repetition. Repetition is an integral part of the structure and process of the art therapy session. As well it is a common factor within the three main components of the art therapy session, the art, the narrative and the transference. If it can be shown that repetition is integral to the art therapy session in the ways mentioned above, one can assume that repetition is part of the healing that takes place in the process of art therapy.

In art therapy healing is often based on hope. Healing in general can take many forms, it can be achieved in different ways and at different levels of intensity. The client, while exploring the present through the images from the past is given the opportunity to redefine the self, to make a new beginning and to feel hopeful. Healing can range from simple temporary relief of stress to the ability to cope with daily life to transformation of awareness for long term healing.

As an exemplary model for healing based on repetition the cosmogonic myth provides a framework to explore the art therapeutic session. Symbolically it recreates the world to begin anew. The cosmogonic myth, the myth of the birth of the World, is used as a healing device in archaic societies. It is repeated in times of crisis or change to restore hope to the individual or community. The three phases of this myth parallel the three levels of healing mentioned above, relief of stress, coping with life and transformation of awareness. The phases can be summarized as chaos, separation and unity.

The first phase of the cosmogonic myth is undifferentiation or chaos when everything is one, there is no consciousness of difference; an example is the Edenic

myth before the Fall. It is comparable to a baby's world where "everything is wondrous, nothing is meaningful" (Brenneman, 1978, p.108). It is sacred and pre-symbolic. It is an "unspeakable time" because it is "unaware of itself". It is the unconscious phase of the world when "things are whole, but unaware of their wholeness" (p.4). There is no consciousness of the unity that exists, opposites are united to such an extent that there is no awareness of oppositeness or separation. It is a time of chaos.

The repetition of movement in this first phase can be compared to simple repetitions of movements that are found in many meditative disciplines, the movements provide spiritual nurturance and relief of stress on different levels. One of the highest forms, itself a body chant, is the Hindu mudra, a series of holy movements that are sacred. There is no meaning beyond the movements, the power is in the repetition of the movements themselves. T'ai Chi is another discipline that "involves the correct articulation of a series of archetypal movements" (Brenneman, p.79). Brenneman says that the principles of Yin and Yang come from it and their union "brings about the process of creation in microcosm and thus follow the cosmogonic pattern" (Brenneman, p. 80). He continues, "T'ai Chi creates the cosmos within the self" (p.79). Brenneman says that "body chants" and "sound chants", phenomena of modern day rock concerts, are remnants of primitive rituals. They are mass activity, activity "for its own sake". They are part of the early differentiation stage of the cosmogonic pattern. Brenneman states, "Its power comes from the organic and intrinsic quality present in the feeling of each movement throughout the body and in the combined body-feeling of the totality of the movements, which, through repetition gains its potency" (Brenneman, p.79).

The second phase of the cosmogonic pattern is when the World emerges out of the chaos and begins to form. Microcosmically the individual becomes conscious of the division between self and others. Symbols emerge and differentiate into myth

(sound) and ritual (movement). This is the phase of the quest for self-identity, the hero's quest. He/she must leave home, become conscious of the difference between self and home and thus separate self from it. He/she realizes that here the journey has just begun (Brenneman, 1978, pp.107-113). The *hero-client* learns to cope with the journey of daily life, to be conscious of self and to have a separate identity.

The dynamic structure of art therapy fits into this second phase of the cosmogonic pattern, this phase is in between the two extremes of time, it is the phase of separation or world creation, after undifferentiation and before unity. Consciousness begins to form. The danger in this second phase is that there are so many forms that the important ones can be missed. After the initial splitting where everything is divided into two extreme modalities such as light and dark, sky and earth there are further divisions and oppositions based on the concept of the "fall". It is the time of creativity, plurality, multiplicity, antagonism, duality, and complementarity that makes the stuff of this world" (Brenneman, 1978, p.6).

The third or final phase of the cosmogonic pattern is the phase of unity and consciousness. It is here that myth and ritual come together to form a unit, to "constitute the wholeness of World and Self" (Brenneman, p.109). It is the coming together of body and mind, soma and psyche, movement and sound, and ultimately gesture and word imbued with time and meaning. Here we are near the source, the center, but never fully arrive for the *hero-client* has changed, he can never be the same, he is fully conscious of the difference and of the experience and can never fully *return*.

The hero, like the archaic community, must continuously repeat the pattern; the personal myth is continuously created and recreated (told and retold) in the striving toward healing and wholeness. Jung describes this sense of wholeness as the *coniunctio* or the alchemical marriage of opposites. According to Brenneman cosmogony has to do with transformation, and in this phase is the transformation of

“chaos to cosmos and of differentiation to unity... thus the cosmogonic transformations become archetypes for human transformations” (Brenneman, p. 9). To be involved in the art therapeutic process is to be involved in change, change that has meaning. This is a kind of healing, healing with meaning that is transformative and long-term.

Art therapy can be seen to emulate the cosmogonic pattern. Both art therapy and the cosmogonic myth have a bipolar structure of oppositional movement, a “going back” and a “return” as part of the healing process. In art therapy the “going back” is a “going back” to the unconscious, to the body, through the creation of the spontaneous art image. This image can be likened to an embodied fragment from the individual’s past, based on a ritual reenactment from the body. The unconscious is considered to be the “invisible”, the art image reveals and makes it visible through symbols. In this mysterious aspect the unconscious is similar to the “chaos”, in *illo tempore*, time before the beginning of the World.

The gesture by the client in art therapy that brings forth the image is symbolic of the ritual of the “going back” to the time of chaos. The “return” is symbolic of a return to the present, to the time of birth, the cosmos, the self and conscious awareness. This is accomplished in archaic society by the re-telling of the myth during the ritual ceremony. It is based on sound and word. It is analogous to the moment of dialogue in the art therapy session. The client speaks. The client speaks about the image. There is also an interactive back and forth between the client and the therapist which creates transferences and countertransferences. The art, the narrative and the transference are all examples of re-enactment and re-telling.

The movement between opposites is an essential aspect of the healing that takes place in the art therapeutic process. The creation of the spontaneous art image puts the client in contact with the unconscious, the subsequent recounting of his/her story based on the image puts the client into conscious awareness. This process

provides a constant renewal as new images are created and new information is added to the story. The story and the image are in continual interaction, each affecting and creating a renewal in the other. It can be likened to a spiral of growth.

Renewal is the basis of hope and healing in primitive society as well as art therapy. This renewal or recreation is based on the movement between opposites. One of the beliefs of primitive religion or psychology is that in order to heal the origin of the illness had to be, not only known, but “re-created”. This re-creation was accomplished by the repetition of the pattern of the myth in ritual and sound. It is a metaphor for the healing process in art therapy.

Research shows that hope is a common factor in the healing that takes place no matter what the brand of psychotherapy used. Lambert & Bergen (1994, in Sarason) conclude, “No one psychotherapy approach is clearly superior to any other, the common active ingredients...[emphasize] therapist variables and the therapist-patient match...[And] the therapist’s ability to instill hope in people who are upset may be especially important” (Sarason,1994, p. 509).

CHAPTER THREE

A Survey of the Principle of Repetition as an Element in Healing: Psychotherapy, Psychology, Drama, Myth and Anthropology

Psychotherapy

Repetition has a wide variety of meanings and connotations. In psychotherapy and psychoanalysis it has a dual connotation, on the one hand it is often considered ritualistic behaviour with no apparent meaning and a symptom of pathology. On the other hand it is often stated that repetitive behaviour relieves anxiety, this could be considered a temporary healing mechanism in the relief that occurs during the time of the activity.

In the *Dictionary of Psychology* (Reber, 1985), repetition is described as the practicing or repeating of some act. This definition can include anything from rehearsal or practice to improve performance as in drama, sports or education to a compulsion in which people feel a need to perform a particular act or series of acts over and over again (Reber, p.193).

“Compulsive rituals may become very elaborate and contain many activities,... this may include counting, ordering, checking, touching and washing” (Sarason & Sarason, 1996, p. 206). The compulsion is considered a disorder in that it interferes with the individual's daily life partly by taking up a lot of time for non-productive activity. The client is often conscious of what he/she is doing but is unable to end the behaviour. As mentioned above, this ritualistic activity can be seen as an attempt to heal or relieve stress, however unconsciously, by the very repetition that is considered to be a sign of disorder. Sarason (1996, p.193) says that some theory supports this idea that compulsive rituals protect the performer against anxiety, the practicing of the

ritual makes the person feel safe. "Many clinicians believe that fear of loss of control and the need for structure are at the core of the obsessions and compulsions" (Sarason, p. 95).

It is known that children are fascinated by repetition (Freud, 1955; Lacan, 1977). Freud says "if a child has been told a nice story, he will insist on hearing it over and over again rather than a new one; and he will remorselessly stipulate that the repetition shall be an identical one and will correct any alterations of which the narrator may be guilty" (Freud, p.35). He goes on to say that, "repetition, the re-experiencing of something identical, is clearly in itself a source of pleasure" (Freud, p.36).

But Freud noticed that in the transference with adult patients they relived traumatic experiences and children in play acted out negative or painful experiences; that is they repeated events that were not necessarily pleasurable. Freud then suggested that the 'compulsion to repeat' is an instinct based on a need for mastery. It occurs, whether the contents are positive or negative, until it is mastered. He described instinct as, "an urge inherent in organic life to restore an earlier state of things" (1955, p. 37). This seeming contradiction to the nature of organic matter which is impelled normally towards growth and change is explained by Freud. He asks the question if this is not simply a circuitous route towards death and if, 'the aim of all life is death' (Freud, p. 38). Hillman says that "The fundamental metaphor of art therapy is life and death" the quintessential movement between opposites.

Gay (1979), in discussing Freud's reality testing says that no mental structure is fixed, and... "that the ego itself is a product of ritualization and requires ritualized behaviours to maintain itself" (Gay, p.187) ... "rituals might, to the degree that they aid the ego's attempt to suppress disruptive or dangerous impulses, further the cause of adaptation" (Gay, p.185). The ego must continuously push and pull waves of input from the outer world of "objects" and the inner mysterious world in its attempt to

maintain a balance between the “id” and the “superego”. “Higher level ego functions depend on ritualized cathexis and decathexis of self and object representations”, and if any strong instinctual urges break through and upset this ritual there will be a, “primary defect in ego functioning” (Gay, p.188). Gay concludes that, “such defects could only be repaired by intensive ritualized actions which we can see in many forms of neurotic and psychotic restitutions and which certainly occur in ritualized treatments such as psychoanalysis” (p. 191).

Object relations theory views the self in analytic terms, it comprises two opposites such as we find in the Cosmogonic myth which is based on the repetition of patterns between opposites. In one the self is related to space and the other it is related to time. The first one implies that the self is a place and that the self is a structure in that space. The second refers to self as something that, “an individual does and experiences over time” (St.Clair, 1996, p.183). Space and time are metaphors for body and psyche or the unconscious and the conscious. In the cosmogonic myth these are integral parts of the second phase of the mythic pattern. In theory they form a relational pattern of movement between body and self, “thinking about self in temporal and spatial terms compels rethinking the relationship between body and self” (St. Clair, p.186). Winnicott says that, “health [is] a capacity for play, as the freedom to move back and forth between harsher objective reality and the soothing ambiguities of self-absorption and subjective omnipotence” (Winnicott in St. Clair, p.187).

Mahler (in St. Clair, 1996) is an object-relations theorist who describes the developmental stages as symbiosis, separation, individuation with many substages paralleling, in many ways, the phases of the cosmogonic pattern. She talks of structuralization as a means to promote development; this is a process involving movement between the oppositions of “gratification” and “frustration” in which the mother plays an important role in the beginning. These repeated patterns of

oppositional movement are prevalent throughout myth and healing.

The structure of the art therapy session is itself based on the principle of repetition and opposition. It is a pattern of movement between opposites that can be used as a hermeneutical tool to link art therapy to other disciplines, such as psychotherapy and its techniques, drama, myth, anthropology, religion and primitive psychology.

Techniques of psychotherapy

If we look at the behavioral and cognitive therapies and the main healing techniques such as desensitization, implosive therapy and *in vivo* exposure we see that they are all based in repetition as a “re-living” of experience. The “re” prefix words refer to something being done again or repeated.

The first, desensitization rests on re-exposure to the negative stimuli until the client becomes “used to them”, the second, implosive therapy is based on the belief that anxiety disorders stem from previous painful experiences and the client can unlearn them by re-creating the original experience so they can go through them again without pain. In the third technique, *in vivo* exposure, the client is asked to re-live the fearful experience with the therapist by his/her side. The client is helped to remain in the situation until the anxiety subsides. Cognitive rehearsal is often used in combination with *in vivo*. They all involve a “going back” to the self for healing.

The analogy can be made between these above-mentioned techniques and the psychotherapeutic techniques such as psychoanalysis, psychodynamics, cognitive psychotherapy, existential and humanistic as well as art therapy approaches to healing. All of them involve repetition either as a re-doing, re-living, re-interpreting or re-creating of something already experienced and thus a “going back” with the aim of re-creating or re-doing.

Psychology

Psychology provides some interesting theory that involves repetition as a pattern of movement between opposites, the ability to repeat the pattern or to move from one end to the other on the continuum between them is a sign of health. Perhaps compulsive and repetitive behaviour which is seen as pathological is lacking in this movement between opposites. The rituals of the neurotic do provide a very basic ingredient of the healing process, a sense of structure, of something known that can be repeated and a relief of stress. However, it "holds" the person in the same "known" place, there is no movement towards the "unknown", and thus no long term healing. There is only one side to the structure, the repetition is not a pattern that involves oppositional movement, there is only the repeating of the same thing over and over again. If there is no renewal that takes place within the structure, that is no movement between opposites, there is no hope and no ongoing healing.

Reversal theory in psychology is interesting in its use of the principle of opposition and the idea of the ambivalence and contradictory character of behaviour, based on a phenomenological approach to experience. Murgatoyd and Apter (1984), two pioneers of reversal theory, "define the psychologically healthy person as one who is...inherently inconsistent" (Apter, Kerr, 1988, p.349). This definition in the context of reversal theory says that a healthy person is capable of reversing from one "metamotivational state" or mode to another in a quick reverse necessitated by a situation. Concerned with behaviour it sees "health" as the ability to adapt to social situations involving interpersonal relationships.

Reversal theory supports the belief that, "growth and progress often depend on the experience of opposition and contradiction" (Apter, Kerr, Cowles, 1988, p. 5). The theory divides the phenomenal field into a figure and ground or focus and fringe. Apter

explains this by using the example of riding a bicycle to a picnic. If one is focused on the goal of getting there the behaviour is on the fringe. That is, one hardly notices what one is doing. If the behaviour is focal (bike-riding) the goal is likely in the background and one could enjoy the ride for the pleasant experience it may be. One can “reverse” from one of these metamotivational states to the other in the process of going to the picnic.

Experience then can be characterized by dichotomies (Apter, Kerr, 1988, p. 8) which provide a structural basis for reversal theory. It is a “structural phenomenological eclectic psychotherapy” (Apter, 1988) and has described several pairs of metamotivational states, such as telic-paratelic, mastery-sympathy, self-awareness and self-forgetfulness and negativistic-conformist. The states are opposite in nature and sit on a bipolar structure that is based on dynamical movement between the pairs.

“Reversals between contradictory psychological conditions are explained in reversal theory by...the mechanism of bistability, the conjunction of two self-correcting homeostatic mechanisms so as to form a single more complex system” (Apter, Kerr, 1988, p. 9). “The contradictory psychological states must be understood dynamically, as having a range of values but only one underlying stable tendency. This depends on one’s attitude at the moment one is involved in the activity. The therapist and client work together to discover the structure underlying the metamotivational states of the client. They try to identify the problems that the client has in “reversals”, such as inappropriate reversals or inhibition of reversals.

Fontana (1993) states that, “research shows a connection between obsessionality and inflexible telic dominance” (p. 135). The telic pole, “presumes an essential preoccupation with the self” (Apter, p. 350), it is a phenomenological self with a goal and a purpose. There is a “tendency towards a consciousness of self”... [The opposite state, the paratelic, shows a] “tendency towards the absense of self-

awareness" ... "goal-directed behaviour requires that self-awareness predominates; activity-directed behaviour requires that self-forgetting predominates.

Activity-directed behaviour can be compared to the gesture that creates the art work evoking form from the unconscious while the goal-directed behaviour is analogous to the dialogue in the art therapy session. To be unable to let go of conscious awareness of self would inhibit the ability to create the spontaneous image in art therapy and thus the client would be captured in the conscious side of the structure. There would be no "going back" and subsequent "return" (discussed in the section on the cosmogonic myth) and thus no healing or renewal.

Healing, as we see from this discussion, has different meanings and different levels of intensity. It has been described as a pleasure-seeking activity, as the desire for mastery, as the relief of stress and anxiety, the gain of control through provision of a structure and a feeling of hope through renewal by way of repetition between opposites. Healing is a broad term in psychotherapy and depends on the theoretical or philosophical bend of the analyst. Fontana (1993) says there is no agreed upon definition of psychological health among psychotherapists (p. 133). He quotes Freud and Allport's (1961) definition, that "the psychologically healthy person is one who can successfully work, love and play". He adds Jung's criterion for mental health which is, "the ability to pray" (Fontana, p. 134). Jung was referring to the "numinous", the "awe-inspiring awareness of a spiritual dimension capable of providing life with meaning and purpose" (Fontana, p. 134). Apter and Murgatoyd (1988) say that psychological health features the ability to reverse or move between one end of a pair of modes to its opposite, between opposite states when appropriate and if appropriate, to achieve balance which is a continuous on-going process throughout life.

It will be shown in the chapter on the art therapy session that healing in art therapy can also be based on the repetition of movement between opposites, such as the

art and the narrative. The oppositional modes of mastery and sympathy in reversal theory relate to the art therapy session in the movement between client and therapist as well. The client is attempting to go towards self-mastery, using the therapist for projection and identification in the process (transference), while the therapist moves towards empathy for the client (countertransference). This involves projection and identification with the "other" in an attempt to achieve self-awareness or mastery. Self-awareness and mastery are on the same end of the bipolar structure in reversal theory (Apter, 1988, p.353). Mastery is a metamotivational state and in that state "the individual must have something to master or be mastered by, even if that something is an aspect of his own personality" (Apter, 1989, p. 352).

The need for mastery can be likened to the mythic need for mastery as exemplified in the pattern of the origin myths. It is believed that to cure an illness or to make a remedy act its origin must be not only known but re-enacted in order to gain mastery over it. "Knowing the origins of things gives one a, "magical power over them by which they can be controlled, multiplied, or reproduced at will" (Eliade, 1967, p.15). He goes on to say that, "Myth...at the level of individual experience has never completely disappeared: it makes itself felt in the dreams, the fantasies and the longings of the modern man" (Eliade, p. 27).

Reversal theory explores opposition in everyday human behaviour and has another interesting connection to myth. Foster (in Apter, 1988, p.64) speaks of "sacred reversal" which is the alternation between profane time and sacred time in cultural rituals and suggests that there is, "an innate cultural rather than individual programming for reversal" (Apter, 1988, p.66). Leach (in Apter, 1988) says that behaviour in profane and sacred time are the opposite of each other. Profane time is that of everyday life while sacred time occurs when there is a transition to go through at some significant point in the life cycle of the individual or society. Cultural reversals

are meant to bring emotions to a paratelic state from a telic and of course, vice versa. The telic being considered the "cultural norm" or profane time according to Leach and the paratelic is the "sacred" time or "cultural exception" (Apter, 1988, p.69).

Freud's description of the young boy playing the game of *fort* is interesting in that the repetition is a structure of movement that can be compared to the Origin myths in that the "doing" is based on an opposition between two extremes. The child throws a toy or other object away so that it goes under a bed or out of sight. Then he becomes involved in hunting for the toy and seems to enjoy and prolong this while saying in a long drawn-out manner, "gone". When he makes the toy return he says "da" (there). Freud believed the child was re-creating the going away of his mother and her return or reappearance. He said, "this then was the complete game - disappearance and return... the departure of the mother had to be re-enacted in order to experience the joy of the return." (Freud, 1955, p.15). The young boy of whom Freud spoke was perhaps re-enacting the *myth of the origin* of his anxiety, the disappearance of his mother. The object thrown away was symbolic of her, and his recovery of it the need for mastery played out, the re-creation of his mother.

Reversal theory and drama therapy

Many of the techniques of drama therapy also exemplify the need to be aware of a pattern of opposites in order to heal. Fontana (1993) connects drama therapy and psychological reversals. He says that drama therapy is in search of theories in psychology upon which to model drama as therapy.

One of the biggest problems is that there are few models in the psychotherapies that include behaviour or observations of what the clients *do* in therapy. Art therapy provides an image of the somatic gesture through the art work, in drama therapy the gesture must be observed in its movement, and the concept of psychological reversals

gives a tool by which to observe this behaviour. For instance, during drama activity the client can be observed for evidence of inhibited reversals, and by the use of role reversal techniques the client can be asked to play opposite roles. Fontana(1993) states this has a twofold benefit in that the client gets to act out behaviours that he/she would not normally do and he/she gets to recognize his/her own inflexibility (p.137). Along with these results the drama therapist adds the reconstructing and exploring of new roles and the defenses that underlie some of the inhibitions identified.

Inappropriate reversals can also be observed, ie. laughing when one would be expected to be serious or when others are serious. The therapist can help clients to observe their own behaviour and use different techniques of drama to help them to be more in control. Drama therapists use storytelling, role playing, myths and legends, symbols, imagery and masks, "all replete with psychological reversals, to support their therapeutic intervention". Fontana (1993) states, "...reversal theory, rather than (or in addition to) the psychodynamic theories upon which drama therapy currently leans, gives a psychological explanation for much of the healing that takes place during drama therapy sessions"(p.138). This pattern of opposites and the repetition of movement between is analogous to the structure of the cosmogonic myth and the art therapy session. "Reversal theory thus provides a rationale that helps to authenticate drama therapy as a psychotherapeutic practice of particular power" (Fontana, 1993, p.141).

The Cosmogonic Myth: a Healing Ceremony Based on Repetition

The cosmogonic myth is the myth of the creation of the cosmos. It is an exemplary healing ceremony that requires a "going back" to the origin of the cosmos or World in order for a healing or cure to take place. The basis of the healing is in the ability of the shaman or "therapist" to repeat the myth of the origin or beginning of the

world and thus symbolically “re-create” it. This *renovatio* provides hope in the new beginning that is experienced by the society or individual concerned.

In primitive society whenever there was a problem, crisis or important event the cosmogonic myth would be reiterated through gesture and sound and witnessed by the people. By this re-enactment the cosmos was re-created. Whatever happened the World could be restored, it could begin anew.

This myth is considered the exemplary healing ceremony for primitive society in that it serves as a model for all other healing ceremonies, either for individuals or the group. Eliade (1963) states that for archaic society “it [myth] is a model for human behaviour and by that very fact, gives meaning and value to life” (p.2). All the origin myths are modelled after the cosmogonic myth and follow its pattern. The origin myths reiterate the origin of things that came after the birth of the World, everything in the cosmos. “Origin myths continue and complete the cosmogonic myth; they tell how the world was changed, made richer or poorer” (Eliade, 1963, p. 21), by the addition of all the things that were created after the beginning of the world.

The origin myths are considered homologous to the cosmogonic myth in that they follow its pattern for re-creating whether it be the re-creation of a plant, the birth of a tribal chief or a cure for some sickness. The origin myths do not copy the cosmogonic myth because the creation of anything can only happen in assuming that the world already exists. “Every origin myth narrates and justifies a “new situation”- new in the sense that it did not exist *from the beginning of the World* (Eliade, 1963, p. 21).

Healing ceremonies of primitive societies involve both an origin myth, the origin of the illness or the remedy, and the cosmogonic myth. Here the cosmogonic myth is outlined or repeated in some way before the origin rites. Eliade believes this has a therapeutic value in that “the patient is immersed in the primordial fullness of life; he is penetrated by the gigantic forces that, *in illo tempore*, made the creation possible ...

[He is], "made symbolically contemporary with the Creation of the World" (Eliade, p. 25).

Healing thus depends on the reiteration of the cosmogony along with the reiteration of the origin myth because primitive man believed that a cure was not useful unless its origin was known and "ritually recalled in the patient's presence" ... The therapeutic efficacy...lies in the fact that, recited ritually, it re-enacts the mythical time of "origins," not only the origin of the world but also that of the toothache and its treatment" (Eliade, 1963, p.30).

Anthropology

There are numerous examples throughout anthropology of the healer-therapist re-enacting the Cosmogony for the client through the creation of art work that is symbolic of the Cosmos. It is a pervasive idea throughout archaic cultures and Eliade (1963) describes a healing session by the Bhils of India where a mandala is drawn out of corn flour beside the sick person's bed. "The drawing is equivalent to the re-creation of the World...it represents the cosmos...He is repeating the Cosmos" (p. 25). The analogy made here is that the healer (therapist) draws the image for the "client" and the "client" is the witness, the reverse of the typical modern art therapy session where the client does the drawing in the presence of the therapist.

Eliade(1963) cites an even more interesting example in the Sumba Island festivals where the origin myth is recited when the community needs to be renewed. A ceremonial hut is built and the narration takes place between two individuals inside the hut. These two peoples are considered "each other's counterpart since they are singled out from two groups with a mutual exogamous connubial relationship" (Eliade, 1963, p.35). It is interesting to note here how this structure parallels the art therapy session in the idea of a need for renewal, the special space, special time and the fact

that the “healing” is partly based on the dialogue between two people. The fact that these two people are “counterparts”(analyst and analysand) reflects the pattern of opposites and its repetitive function which is prevalent throughout psychotherapy.

The Navahos of North America use art in the form of sandpaintings to perform a cure, “the drawings re-enact [repeat] the events which took place in mythical times. The patient is carried back, ‘to the origin of the World’ and is thus present at the Cosmogony” Eliade, 1963, p.266). Art therapy is unique in that an image created by the client is used in the process of the treatment. This image-creating process echoes the healing rituals of archaic societies; here the shaman or healer makes a painting or design using sand or seeds to take the patient “back” to the time before the beginning so that a regeneration can be made.

To archaic man, the Cosmogonic myth is exemplary in that it “repeats” the creation of the World. In this process where time and events are able to be reversed, the initiates who are told the story are able to repeat and thus have control over things such as plants, illnesses, remedies, etc. Eliade (1967) says that, “it is used as a model in healing the sick” (p. 25). “It is not enough to know the ‘origin’, it is necessary to re-establish the moment...This finds expression in ‘going back’ until the original, strong, Sacred Time is recovered” (Eliade, 1967, p. 37). Thus in order for change or healing to take place there has to be a “mystical rebirth, spiritual in nature” (Eliade), an “Openness to Spirit”; ...”to attain a higher mode of existence, gestation and birth must be repeated; but they are repeated ritually and symbolically” (Eliade, p.81).

CHAPTER FOUR

Healing Structures Based on Repetition: The Cosmogonic Pattern and the Art Therapy

Session

“It seems unlikely that any society could completely dispense with myths for, of what is essential in mythical behaviour - the exemplary pattern, the repetition, the break with profane duration and integration into primordial time- the first two at least are-consubstantial with every human condition” (Eliade,1957, p. 32).

It is my premise that the first two are consubstantial with the art psychotherapy session. Repetition, either as repeated pattern or ritual, is an important factor in the healing process of art therapy. Repetition as repeated pattern is the basis of the structure of the art therapeutic session. Inherent within this structure is a process that offers hope, an important factor in healing.

The structure of the art therapy session is based on the exemplary pattern of the Cosmogonic myth. It is based on a pattern of “going back” and subsequent “return”. Through symbolic movement (ritual) and sound (the re-telling of the myth) the community is carried “back” to the time before the origin of things, before the origin of the World, to sacred Time and by way of a symbolic re-birth there is a “return” to the present or profane Time. It is a healing ritual for archaic societies and when re-enacted and re-told the World is renewed, and through this hope is restored to the community.

Both the art therapeutic session and the cosmogonic myth have a bipolar structure of oppositional movement, a “going back” and a “return” as part of the healing process. In art therapy the “going back” is a going back to the unconscious, to the body, through the creation of the spontaneous art image (analytically-oriented art

therapy). This image can be likened to an embodied fragment from the individual's past, a ritual re-enactment from the body. It is one extreme of the bipolar structure.

The unconscious is considered to be the "invisible"; the art image reveals and makes it visible through symbols. In this mysterious aspect the unconscious is similar to the "chaos", *in illo tempore*, before the beginning of the World. The bodily gesture of the client that brings forth the image is symbolic of the ritual of the "going back" to the time of chaos.

The "return" is symbolic of the return to the present, to the time of the Cosmos, birth, the self and conscious awareness. This is accomplished in archaic society by the re-telling of the myth during the ceremony. It is based on sound and word. In the art therapy session it is the moment of dialogue. The client speaks about the image or to the image. The therapist is the witness to the story being told. The therapist could be likened to the "initiate" in archaic society who hears the story, "holds" it and is able to repeat it for the healing ceremony, like the therapist "mirroring" the story back to the client as part of the process of healing, another way of repeating it. The "mirroring" by the therapist is a supportive gesture toward the client and helps to instill hope in the process and in life.

The art therapy session as a myth of origin, the Second Phase of the Cosmogonic Pattern

The cosmogonic pattern has three phases according to Brenneman, (1978) undifferentiation, separation and unity. All three phases are necessary to complete the myth of the re-creation of the World. For an individual illness, once the cosmogony is repeated or outlined the myth of the origin of the illness is then performed; this myth of origin is modelled on phase two of the cosmogonic pattern which is analogous to the pattern of the art therapy session.

In Brenneman's (1978) description the first phase is "characterized by chaos or an unformed world" (p. 4), It is the phase of undifferentiation and chaos. (Brenneman, p. 4). It is the unconscious phase of the "World" when "things are whole, but unaware of their wholeness" (p.4). There is no consciousness of the unity that exists, "opposites are united to such an extent that there is no awareness of oppositeness" (Brenneman, p. 5). It can be compared to the stage in infancy when the child is unconscious of self, unaware that its movements belong to it as a separate entity from its surroundings, it is "possessed by the unconscious". "It is an 'unspeakable' time, there is no consciousness that can stand apart and speak,...it can only be 'remembered'... and pointed at with symbols of nature" (Brenneman, 1978, p. 5).

This first phase of undifferentiation is connected to healing as a temporary relief of tension or stress. There is evidence that simple repetition such as this is the basis of many meditative disciplines that provide spiritual nurturance during the time of the activity. Brenneman compares this stage to what he calls "sound chant" or "body chant", both phenomena occurring in modern day rock concerts and other similar mass activities. He sees it as activity "for its own sake" and says that it is part of the early differentiation stage of the cosmogonic pattern. "Its power comes from the organic and intrinsic quality present in the feeling of each movement throughout the body and in the combined body feeling of the totality of the movements which, through repetition, gains its potency" (Brenneman,1978, p.79). Many of the "innocent" activities, games and stories of children are based on simple repetition seemingly for the the pleasure in the repeating.

The second phase of the cosmogonic pattern is divided into two stages. Stage one is differentiation, that is when the Cosmic mountain emerges out of the sea of chaos, or out of the undifferentiation of phase one. This mountain is the link between the first two phases of the cosmogony; it is still connected to the "cosmic sea" but is

arising out of it. In this way it “points beyond itself” at the same time as it “manifests itself”. This is the symbolic aspect and the mountain is a symbol for the dwelling place of the “Gods”. “The mountain is a link between the world of undifferentiation and the world of ten thousand things into which the mountain is subsequently transformed” (Brenneman, 1978, p. 32). It is analogous to Winnicott’s “potential space”, the space between the known and the unknown.

In this phase we have the birth of symbol. The origin myths and art therapy are both dependent on the symbolic. In the myth, the human symbolically re-creates “the world of ten thousand things” by copying the gods in their creation of the Cosmos. In art therapy the client symbolically re-creates the self and the art image is a symbol of the unconscious of the client.

Brenneman (1978) says, “It [symbol] is capable of unifying levels of reality that are normally incompatible...it functions both as a vehicle of world-transcendence and as an agency of world-affirmation. The paradoxes of the symbol become meaningful, because they are reflected in the existential situation of man; that is, only because the macrocosm is reflected in the microcosm” (p.35-36).

Symbol then “carries within it the opposites of ‘pointing beyond’ and ‘participating in’” and Brenneman states, “myth and ritual are seen as the twin children of symbol... myth and ritual are complementary opposites in the same sense that heaven and earth form complementary opposites within the cosmos” (Brenneman, p.42). He goes on to say that myth and ritual are synonymous with the birth of consciousness in man and his ability to add meaning to his world. This is homologous to the separation of the cosmic mountain into heaven and earth to create a world, a world built of opposites. Myth is symbolic of consciousness and ritual is symbolic of unconsciousness, each depends on the other for its existence and together they are made possible by the symbolic (Brenneman).

Ritual and myth are an important aspects of art therapy in that they are synonymous with the art and the narrative and are the opposites that provide the possibility of movement within the art therapy structure. The repetitive nature of the structure is based on the art and the narrative, a "going back" to the unconscious through the art, a concrete image or symbol evoked out of "time" and a "return" to consciousness through the narrative. The two poles of oppositional movement, the art and the narrative are analogous to the unconscious and the conscious or the "sacred" and "profane" of cosmogonic time. Each pole is influenced by the other as the healing proceeds, a spiral of progress, repetition with "revision" (Freud), each new work of art, each new dialogue, "circumambulating the centre" (Jung in Brenneman, 1978).

Within the microcosm of the art therapy session we have the client creating his/her personal myth; its counterpart is the macrocosm creating the cosmogonic mountain out of the chaos and all the "ten thousand things that follow". The narrative recounted by the client is a re-creation, symbolically like a re-creation of the world in the macrocosmic ceremony. Microcosmically it is the re-creation of the self. It is the personal myth of the client being re-told in the presence of the therapist. It is a re-telling in that the story has already been enacted or lived and is being *re-created* in the present, it represents a new beginning. Thus symbolically we have, in the art therapy session as in the Cosmogonic pattern, a repetition in the form of a re-enactment and a re-telling in order to re-create and heal. It is interesting to note here Von Franz's discussion of the alchemical opus which is an analogy paralleling the creation of the Self with the creation of the World, the alchemical opus [is]

"a kind of inner psychic repetition of the cosmogony outside. What in all earlier civilizations was a teaching concerning the outer creation of the cosmos has with the help of alchemical philosophy now slowly come back and re-entered the individual, whence it unconsciously originated. It has finally been understood as a

process of growth of consciousness within the individual human being, after the event, we can call all those creation myths projections onto the outer world of this originally inner psychic process" (Von Franz, 1972, p. 238).

The "re-creation" of the self in this manner follows object-relations theory and self-psychology. This theory is based on the Freudian model of developmental stages and the "going back" to the past. However it is more concerned with the relational base of a person's evolution rather than intrapsychic problems as such. The healing in object-relations therapy involves an interactional process between the therapist and client whereby the client can work through the experience of the self. What the patient needs is, "a facilitating human environment where they can generate experience that is felt as real and meaningful... the goal of not merely making the unconscious conscious but making personal experiences real and deeply meaningful..with a shift from therapeutic insight as curative to an emphasis on the relationship as curative...[thus] healing involves working through the therapeutic relationship (St.Clair,1996, p.192-193).

S. A. Mitchell says "The self is defined and experienced largely through contrasts and in relations to others...In contemporary analysis, the key question seems to be about how meaningful and authentic is the individual's experience and expression of self" (Mitchell, in St. Clair, 1996, p.184). Authentic experience is grounded in "spontaneous and vital self-expression" (St. Clair, p.184). He explains the popularity of theories of object-relations and self-psychology in relation to the types of clinical problems facing therapists today, "feelings of emptiness and inauthenticity, meaninglessness and difficulties in maintaining intimate relationships, the false self and the depleted self (St.Clair, p.191).

This contemporary problem of interpersonal relationships and the search for the

self takes us into the third phase of the cosmogonic pattern. This phase is symbolically the relationship to "other", this "other" is the cosmos or man's relationship to the world and the "objects" and "oppositions" that fill it. At the micro level it is man's relationship to man. In this phase Brenneman explains that we are talking of Jung's archetypal man and compares the structure of this man to the cosmos and shows that they reflect one another. He speaks of sky and earth, mind and body, male and female, psychic and somatic and conscious and unconscious. It is the free flow between these last two that allows us to be open to symbols and their meanings (Brenneman).

Brennenman speaks of the shaman as an example of a healer who attempts to bring a culture back into balance in a time of crisis. The shaman is able to send his soul to the realm of the unconscious where the gods dwell and to bring back the treasures from the gods. This is symbolic of bringing the treasures back to consciousness thus restoring balance between the two realms. "The shaman...through his special "attitude of consciousness", his ecstatic abilities...the World can be made whole (Brenneman, 1978, p.76)

This third phase is that of unity, "conscious unity", it is "consciousness of separation overcome" it is unity of man and cosmos in which each reflects the other. Chaos is transformed to cosmos as differentiation is to unity. Brenneman talks of this phase in terms of "transformation" and "meaning". This phase can be compared to the wholeness achieved by the uniting of the unconscious and conscious, the art and the narrative in the art therapy session. The human must know himself as the separate individual that he is (as in phase two) and must also know himself in relation to others. Mahler, another object-relations theorist, states that the separate self, "involves a clear psychic representation of the self as distinguished from representations of the object world and objects" (in St. Clair, 1996, p.111). Individuation is not like the full sense of identity that comes later, individuation (in contrast to Jung's use of the term) "is the

feeling that *I am* ...while identity is the later awareness of *who I am* (St. Clair, p. 111).

This last phase is also related to Jung's concept of healing as "the ability to pray" (Fontana, 1933, p. 134). The unity achieved is not like the unity in the first phase of undifferentiation for here there is a consciousness of unity, one is aware of the numinous and the spiritual dimension of life. One has been able to, symbolically, leave "home" and return renewed and re-created. It is what I call a spiritual consciousness. The client's story has been revealed as a re-creation of the self, but the self can never be the same. At this level it involves constant renewal and change, "going back" to the self through the art process is never to the same self, and the "return" to consciousness by way of the narrative is never the same narrative. It creates a spiral of progress, of growth and change.

CHAPTER FIVE

The Narrative in Art Therapy as Repetition and a Source of Healing

Narrative in the art therapy session represents one end of the bipolar structure discussed earlier. Narrative is the client in conscious “profane time”, self-aware, and in dialogue. It too is based on repetition, repetition as a reconstructing of the past through sound and word. It is synonymous with Freud’s “repeating and remembering” in that the art work in art therapy could be considered the “repeating” (body, action) and the narrative the “remembering” (word). They work hand in hand in art therapy and one is not seen to take the place of the other as in Freud’s original idea before he understood the importance of the transference.

The narrative is the re-telling of the personal story, the myth of the self recounted by the client. Myth here can be described as a “narrative which provides a verbal account of what is known of sacred origins” (Dundes, 1984, p. 49), “sacred origins” being the unconscious source of the information through the spontaneous art work. It is “myth as a form of symbolic expression” where “myth is placed on a par with other creative activities, such as poetry or music. Myth has its own laws, its own reality, its own forms of expression: it may be looked upon as a projection of the human mind, as a symbolic structuring of the world” (Dundes, p.47).

The “structuring of the world” can be likened to the client’s need to reconstruct his/her past, in order to understand it, through dialogue and narrative. There are some questions and disagreements concerning the narrative and how it helps to heal in psychotherapy. The “story” of the client may be what Freud, in *Beyond the Pleasure Principle*, called “necessary fictions”; Freud realized that clients do not remember the past, they re-live it in the present based on embodied emotions and desires. Brooks (1994) when discussing Freud’s favourite analogy says the reconstruction of the

narrative of psychoanalysis is not like the archaeological reconstruction, "the psychoanalyst is dealing with... 'something... that is still alive'... since... his materials consists in large part in, 'the repetitions of reactions dating from infancy and all that is indicated by the transference in connection with these repetitions'" (Freud in Brooks, p. 55).

Brooks states that "repetition is both an obstacle to analysis... and the principle dynamic of the cure" (1994, p. 53). It is an obstacle in that the analysand must be "led to a renunciation of the attempt to reproduce the past" and it is a cure "since only by way of its symbolic enactment in the present can the history of past desire, its objects and scenarios of fulfillment, be made known, become manifest in the present discourse" (p. 53).

In art therapy the art works created are symbolic fragments or "symbolic enactments" from the client's past, "pieces" created spontaneously in the session. The story "begins" with these images and the images are influenced by the words spoken. The therapist participates in the narrating by his/ her response to each piece of the client's story. The therapist supports the reconstructed story.

Brooks (1994) in his comparison of psychoanalysis and literature agrees with Freud that the narrative in psychoanalysis is also "fiction" and that the "reconstruction" of the past is really a "construction". We no longer want to "recapture" the past because the healing takes place in the present, so we construct a "new" story. This suggests that the narrative is not a repetition but something new. However if we believe that the art image comes from the unconscious as in art psychotherapy, and that the narrative is influenced by the art work, then we can say that the narrative is at least connected with the past. The question is, does this connection with the past mean that it is in some way a repetition.

"Within this model of narrative, memory and desire... analyst and analysand

work together dialogically in an effort to create, in an age of suspicion, narratives that may achieve a provisional but crucial truth, allowing us for a while longer to make meaning in the world" (Brooks, p.9). Brooks says that the "cure" cannot come from the ending, as in the literary fairytale narrative, because there is no ending to the therapeutic narrative. Neither can it come from the narrative itself for the narrative is, "riddled with gaps, with memory lapses, with inexplicable contradictions in chronology, with screen memories concealing repressed material" (Brooks, 1994, p.47). Schweizer (in Brooks,1994) states that Freud made "interminable revisions of his past constructions" as, for example his case of the Wolf Man and that this may be the "precursors of such a concept of narrative truth" (Ibid, p.15). Brooks concludes that the cure is not in "the coherent, ordered chronological story" but in the '*movement*' (my italics) between analyst and analysand, in the "process" of the transference (Brooks, p.15). This is another form of oppositional movement creating a pattern between opposites. Object-relations theory would support this idea with its emphasis on interactional relationships and the belief that "healing involves working through the therapeutic relationship" (St. Clair, 1996, p.193).

Pennebaker and Mishara believe that narrative itself is healing. In Pennebaker's (1995) research on Holocaust victims he discovered that narrative itself was a healing factor. When subjects either wrote down or spoke their stories, even if nobody was to read it or hear it, healing took place. Mishara (1995), discusses the phenomenological view in relation to the healing power of narrative in psychotherapy.

He states that the act of narrating an event is healing, not because it translates it from an emotional to a cognitive experience as Pennebaker (in Mashara,1995) believes but that it changes the relationship of the subject to the past traumatic event or painful experience by, "virtue of a narrative act" (p.186), the self that went through the trauma in the past is, "now experienced as 'other'" (p.186). This narrative act

creates “reflective distance” and “insight” by means of a “reversal” brought about by a change in total body attitude” (p.186). Mishara (1995) concludes that, “Healing through narration and “opening up,” involves an existential act of self-transcendence of an embodied person who organizes his/her experience in time” (p.192). The theory is that the narrating of an event, even if one is alone and unheard by anyone else, “makes possible the actively taking up of a new perspective in which the formerly envisioned self, the self that passively suffered the event, is now experienced as “other” to the present self” (Mishara, p.186). Mishara is interested in how narration works to allow the self to become other and how this serves to heal by recovering the “effectiveness of the passage of time in healing from traumatic experiences that had in some way been brought to a stand-still” (p. 186).

The passage of time is important in the Cosmogonic myth which is based on the opposites of sacred and profane time. It is this movement between the two that is the basis of healing for the community or individual. Reversal theory in psychology is a phenomenological approach which explains that some people are “reversal inhibited”, that is they cannot move out of the motivational state that they are in, they cannot proceed to move in the opposite direction emotionally and are stuck in behaviours that are incongruent with the situation they find themselves in. Time, in the Cosmogonic myth and the art therapy session is symbolic of the movement between opposites, this repeated pattern that is the basis of healing, the “going back” and “return”. Brook’s conclusions that it is not the re-telling of the story that is healing is interesting. He goes even further and links the healing to the pattern of movement between opposites, between the analysand and analyst.

Mishara (1995) is saying that when time “stands still” or seems to be standing still healing cannot take place, in other words, time heals. Mishara describes cases of people with trauma-related disorders or major depressive disorder who do not

become healed over time. In fact, these disorders involve a disturbance of the person's organization of time (Mishara, 1995, p.181). "Phenomenologically-oriented psychiatrists have pointed to the fact that in major depressive disorder, the patient does not experience a passage of time, but rather a "standing still" (Mishara, p.181).

The concept of the "bipersonal self" that came out of the phenomenological-anthropological tradition is used to support Mishara's idea. This "bipersonal self" is a fundamental organizational principle of the 'human subject's field of experience'. (Mishara, 1995, p.187). In this the person applies the same structure used in his/her perception of others in reverse order to his/her experience of himself/herself (reflective distance). It is considered an act of "self-transcendence" in that "I" becomes "other". "The relationship to oneself is 'bipersonally' structured in that one 'transcends' one's past self through envisioning new possibilities" (Mishara, p. 187). This concept of being self and other resonates with the second phase of the cosmogonic myth, the symbolic "mountain" emerging out of chaos, looking back and looking forward at the same time, manifesting and transcending. The art work in art therapy allows this to happen, looking back to the image and "being" in the present dialogue.

Kohut's bipolar self carries the idea of the self experienced as 'other', as opposed to Mishara, it uses the expression "selfobject". The "selfobject" is a phenomenological concept and "only has meaning with regard to the experiencing person" (St. Clair, p.155). It is defined as, "those persons or objects that are experienced as part of the self or that are used in the service of the self to provide a function for the self" (p. 155). Kohut describes the self "as the center of the individual's psychological universe" (Kohut in St. Clair, 1996). St. Clair says, "This self cannot be known in its essence, only by means of introspection and by empathic observation of psychological manifestations in other persons" (p.155). This refers to Kohut's idealized self and grandiose self, the former is the self's *object*, the "idealized parent image" and

the latter the self's *subject*, the "grandiose self". The idealized *object* gradually becomes separate from the self and the *subject* becomes the "cohesive self". The process of "cure" for Kohut is based on a "self-selfobject transference" that takes place between the analyst (selfobject) and analysand (self). It is described by Kohut as "opening up a path of empathy... thus establishing and widening a state of empathic resonance" (Lichtenberg/Kaplan,1983, p. 209).

In contrast to Kramer who believes that the art can heal through sublimation, Pennebaker and Mishara believe that the narrative alone can heal. Schaverien sees the image as an object of both transference and countertransference while object-relations theory sees the interactional relationship in therapy as of utmost importance. The common factor in all of these consecutively is the principle of repetition as re-doing, re-living and re-enacting.

To say that the narrative in and of itself can heal is to say that a transference is not necessary and Kohut seems to support this with his concept of the "narcissistic or selfobject transferences" as opposed to the "structural transference" or transference proper which "involves three characteristics: a repressed infantile drive, repetition, and confusion of the old and new object". Narcissistic personality disorders involve only the last two (Freud in Moberly, 1985, p. 29). Kohut (in Moberly) says that the "transference in the narrower sense...is not an interpersonal phenomenon but is basically the expression of an intrapsychic conflict..a conflict between the ego and the id" (p. 26). Moberly disagrees and states that diagnosing or interpreting or making the patient aware of an "unfulfilled developmental need" does not cure; "only a restored attachment can meet an attachment need" (p. 28).

Whatever the controversy over Kohut's work, Basch (in Lichtenberg/Kaplan,1983) states that "Kohut's work... makes the method of psychoanalysis applicable to the various psychotherapies. By expanding and

explaining the concept of the transference Kohut has laid the basis of a comprehensive theory of psychotherapy..." (p.238). It is clear that the transference does exist and that the art, the narrative and the transference work together and in many psychotherapeutic situations it is what helps healing to occur.

CHAPTER SIX

The Transference in Art Therapy as Repetition and a Basis for Cure

The concept of the transference was Freud's discovery after his failed analysis in the famous case of Dora, one of his patients. For a long time it was believed that only psychoanalysis could deal with transferences since it required a depth analysis of the patient and a delving into the infantile roots of the neurosis. With the evolution of psychotherapy and art therapy and the many theories that expounded upon Freud, the belief that psychological illness had its source in infantile psychosexual roots changed. Therapists began to realize that many of today's problems stem from interpersonal sources and personal identity issues related to the fragmentation of modern life.

Jung, the neofreudians and self psychology all evolved and expanded on Freud's theories thus making a place for the psychotherapies and art therapy. Art therapy, art psychotherapy and other creative art therapies have been able to enrich the meaning of the transference. (see Kohut, Schaverien) The concept of "counterpart" in the Sumba Island festivals mentioned in chapter two is analogous to the concept of the transference which itself is considered to be a repetition as re-living (Freud, 1914) and re-enacting a pattern of opposites (Greenson, 1985, Jung, 1954). Freud, (1958) in his essay, *Remembering, Repeating and Working Through* saw the compulsion to repeat as a way of remembering and the transference was the unconscious "acting out" of these memories (p.149-150)... "We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past" (Freud, p.151). Greenson says that the transference is characterized by "repetition" and "ambivalence" (in Schaverien, 1985). Schaverien explains, "This means that whatever the current manifestation of the transference its counterpart will also be

present, although not necessarily overtly present" (p.48). The therapist should be ready to observe positive unconscious responses (in the art work, for example) when the client is showing the "counterpart" negative transference.

Jung described the transference as the desire to unite opposites (*coniunctio*), and it was based on his analysis of the alchemical process. It was an unconscious mystic marriage between the patient and the analyst, linking eros and psyche. Jung (1959) stated that the instincts (ie. compulsion to repeat) and the archetypes, "are the most polar opposites imaginable" (p.77) and his expression, "les extrêmes se touchent" summarizes his idea that opposites have a tendency to unite, that no position does not have its corresponding opposite. Jung's "alchemical metaphor" (Schaverien, 1990), the *coniunctio oppositorum*, saw the transference as the union of opposites within the psyche and is, "a manifestation of eros" (p. 58) which relates to Freud's idea of the sexual nature of the transference. Object-relations theory says the transference is based on early relationships with others and can take many forms; it is not strictly "id" related. Jung makes an analogy to a chemical bond, when combined both chemical substances are altered (Jung, 1959, p. 401). He says Freud, "recognized that this bond is of the greatest therapeutic importance in that it gives rise to a *mixum compositum* of the doctor's own mental health and the patient's maladjustment" (p. 401).

Jung did not believe that healing depended on the transference; at times there was only a mild transference which makes one rely on other therapeutic factors such as, "...the patient's own insight...his good will, the doctor's authority, suggestion, good advice, understanding, sympathy, encouragement, etc." (Jung, 1959, p. 402).

In art therapy there is a third party to the *coniunctio* of the "couple". This third party or object is the art work of the patient. The art work can become involved in a transference, a transference based on the religious ritual of the scapegoat as seen in

the Old testament and many archaic cultures that sacrificed animals and people to appease the gods for their sins. Ritual is repetition that depends on body, it is movement and gesture and when repeated transformation and healing can take place. Joy Schaverien (1990) states, "A pattern, similar to that of the scapegoat ritual, may be observed in the patient's relationship to the picture." (p.76). The "scapegoat picture", "like the goat in the ritual" becomes part of process whereby the "sins are transferred to the goat, (or the picture), the picture is considered an "empowered object" and is then "disposed of in a manner compatible with the affect it embodies" (Schaverien, p.77). The art work allows for this opportunity to enact this type of ritual. The scapegoat is not the same as the sacrifice in ancient religions, the scapegoat is embodied with the iniquities of the person or community and is banished into the wilds while the sacrifice is more an offering to the gods or God to atone for sins.

Thus we can see that within the repeated pattern of "going back" to the past (self) and "returning" to the present in re-living, re-seeing and re-creating in the "here-and-now" what was experienced, there is the parallel process of the transference; itself a re-enacting of what took place with a significant other in the patient's past. Thus the transferences that take place within art therapy, for instance, between analyst and analysand are healing processes. According to Freud these are based on "the compulsion to repeat", an instinct described in "Beyond the Pleasure Principle". Freud says that it is natural to want to repeat something from the past in the present in order to re-live it, even though it was an unpleasant experience. He believed the re-living was based on a need to master it. At first he labelled it "acting out" and believed it prevented the client from "remembering" which he considered to be the basis of healing. He revised this idea later when he began to understand the healing power of the transference and that the analyst was an integral part of the process.

These ideas of Freud, Jung and Schaverien are based in repetition, repetition

as “re-doing” or “re-living” and repetition as a repeated pattern, a movement between two poles, or a desire to achieve “wholeness”(healing) through the union of opposites, and repetition as ritual (Schaverien). Transference healing also takes place between the analysand and the art work created in the art therapy session. Joy Schaverien (1990), in her work “The Transference and the Countertransference” describes the connection between ritual and transference.

CHAPTER SEVEN

The Art in Art Therapy as Repetition and as a Source of Healing

The art of art psychotherapy is repetition in that it represents parts of something that already exists, something already experienced, the “embodied” body. S. A. Mitchell (1996) believes that the metaphors within the art expressed by the client are “versions of the self” (in St. Clair, 1996). In this sense we can say that the art is based on repetition as re-enactment. However it does seem contradictory to see art as repetition; it is usually seen as creative process at work, where something new is created. Thinking of Freud’s “repetition with revision”, perhaps the art in art therapy could be seen as a creative repetition and/or repetition of a symbolic nature, the symbolic aspect creating movement between the known and unknown.

My interest in this question is related to my hypothesis stated in the introduction to this paper that repetition is a factor in the healing that takes place in art therapy. Art is one major component of the art psychotherapy session and represents the polar opposite of the narrative. Earlier, in chapter three, I discussed how the art can be seen as synonymous with the ritual aspect of the cosmogonic pattern. It was described as body, movement, gesture and re-enactment (image) as opposed to psyche, sound, word and narrative. In this way the art became an integral component of the bipolar pattern of movement in the art therapy session. In addition this movement between the art and the narrative is analogous to the movement between the opposites of the unconscious and conscious.

Cane (1951) saw the creative process as a manifestation of the simplest form of rhythm that is present in every living being. This rhythm translates into a “rhythmic impulse” which is based on a union between opposites. Cane said that there are two states of being needed to create form, “the active and receptive states must alternate to

produce and complete a work" (p. 21). She linked "Nature" and art in this way saying that what they have in common is that "form comes into existence by the union of two opposites" (Cane, 1951, p. 21).

Naumberg and Kramer, both analytically-oriented art therapists, say that the spontaneous art image is "a direct communication from the unconscious" (Ulman, 1975, p. 222). Naumberg (in Ulman) says that all "creative expression" has its source in the unconscious, "whether the product becomes great or insignificant art" (p.221). E. H. Hammer (1978) states, "From the cave man on through the ages, man-both primitive and cultured-has expressed his emotions, feelings, religious ideas, and needs by art work" (p.7).

If the art work of art psychotherapy is "embodied", and does come directly from the body, we can connect it to ritual (see paragraph 2). It is then a re-enactment or ritual experience connecting the unknown with the known. It is interesting to look at anthropological research here that shows a link between ritual and the need for something to go by. Turner (1977) explains that the Ndembu word for "ritual element" means "landmark" or "blaze". "As a hunter's blaze [the ritual element] is a connection between known and unknown territory, for it by a chain of such elements that a hunter finds his way back from the unfamiliar bush to the familiar territory" (p. 15). In art therapy the visual image is the "ritual element" or guide back to the narrative, it assists in the return to the conscious from the unconscious source of the image in the body. Metaphorically it aids in the search for the way back home, home as a metaphor for the "self".

Kramer (in Ulman, 1975) believes that healing is inherent in the creative process itself. She believes that art, as a product of the creative process, is a repetition of some inner conflict for the patient in art therapy. She sees this repetition as sublimation. Through this "instinctual behaviour is replaced by a social act in such a

manner that this change is experienced as a victory of the ego" (p.8) Kramer sees art as a means of widening the range of human experiences by providing creative equivalents for instinctual energy. In the creative act, conflict is re-experienced, resolved and integrated" (in Ulman, 1975, p. 8).

Sublimation as an unconscious re-enactment is a source of healing according to Kramer. She sees it as a fusion between the unconscious and conscious and between reality and fantasy. For her, sublimation is "an act of integration and synthesis which is performed by the ego" (in Ulman, 1975, p. 6) Thus it could be seen as a re-enacting of something in a different form similar to the concept of the transference. Schaverien (1988) states that the work of art can be the object of a transference (p. 47) and that transference is characterized by ambivalence. She explains, "whatever the current manifestation of the transference its counterpart will also be present, although not necessarily evident...if there is an obvious negative transference it is important for the therapist to be vigilant in order to pick up its counterpart, the positive response which is likely to be unconscious" (p.48). This supports Jung's idea of the compensatory role of the symbol in the striving for balance of the psyche.

Furth (1988) explains that Jung's "theory of compensation" stems from his "theory of opposite"s... This theory suggests that the unconscious and conscious search for a balance either by complementing or compensating each other. When the unconscious "coincides" with the conscious world we say that they complement each other or "reflect each other", "they harmonize" (Furth, p. 8). When there is opposition between the unconscious and conscious worlds we say that they compensate each other. "This brings about a balancing effect in the psyche" (Furth, p. 8). The therapist must know the conscious attitude of the client so that she see any compensatory or complementary manifestation in the art or narrative.

The symbol is a source of healing, according to Jung, because it plays a

compensatory or complementary role in the psyche. The symbol will often represent a compensation for something that is neglected in consciousness. The neglected area will often be brought to the attention of consciousness through the symbolic in the work of art. Schilder, (in Hammer, 1967) when discussing the art work of two asocial adolescent boys says, "We can see indications of desires for more fully experienced reality, or for an escape from the reality which they had known, or for an overcompensatory, magical gesture" (p.595). Furth, in agreement with Jung, says that it is in drawings of this kind that symbol becomes a healing agent. "This agent is both psychologically and somatically involved in the development of what Jung calls the 'individuation process'" (Furth, 1988, p.1).

The symbolic aspect of these manifestations is what gives them their energy-producing quality. The art in art therapy "is a source of psychic energy" in that it is symbolic. The unknown quality of the symbol creates tension, this tension is the source of energy (Jung, 1971). It is based on the striving for balance between the two opposites. "there is no balance, or system of self-regulation, without opposition" (Jacoby, 1980, pg. 53-54). Opposition allows for balance; it creates tension and from tension emerges energy (Furth, 1988, p.8). Jung says that "everything that exists turns into its opposite" (Jung, 1971, p. 426 in Furth, p.8) It is analogous to the differentiation phase of the cosmogonic pattern when the mountain is still attached to the chaos from which it is born and is also beginning to take form. It represents the birth of time and the opposites (sky-earth, male-female etc.) which make up the world. The "mountain" is the beginning of symbol, it "points beyond" towards form and "refers back" to its mysterious source. It can never be fully understood as there are many layers of meaning and there is always the mysterious, unknown part to it.

Jung's idea of the collective unconscious is important for understanding the archetypal aspect of the art in art therapy. Hillman and others from this school of

thought believe, "that the psych will find the images it requires at the time when they are needed" (Schaverien, p. 63). Schaverien states that "as an art therapist this has proved to be observable in the pictures that have emerged unbidden, in the works of different patients over the years" (p. 63). In the complete creative process, inner and outer realities are fused into a new entity" (Ulman. 1975, p.13.) Thus the art will contain the healing. As the client creates and narrates over time there will be a fusion of the "world" and the "self" as in Jung's "alchemical metaphor", the microcosm and the macrocosm, the self and other.

"The archetype is a psychosomatic concept linking body and psyche, instinct and image" (in Schaverien,1988, p.56). In this way it is like Jung's idea of the marriage of opposites, the *coniunctio*. This is the result of a striving for wholeness which Jung considers to be the ultimate healing that can take place, or as Jung says "the ability to pray". This is linked to the "openness to Spirit" and to the numinous. For the archetype, "does not actually take on form, rather they are the underlying element which influences the choice of a certain image at a particular time.(Schaverien. p. 56). "It is noticeable that certain people, whose psychic state is comparable, may produce very similar archetypal reactions or images...it is not the content of an image which is the archetype but rather the "unconscious and irrepresentable outline or pattern that is fundamental" (Schaverien, 1988, p.56).

It has been observed in art therapy research that there are certain patterns or styles within the artwork of people with the same pathology. In the art work of people with schizophrenia there is a prevalence of images that represent fragments of the body. This concept of *pars pro toto* is related to ancient religious practice and rituals where a part of the body was used in a sacrifice to represent the whole body. There are many other patterns that can be found in the art of persons with the same pathology where specific contents or styles are seen to be repeated. Often, within the

artwork of the same person there are repeated objects or patterns within a series over time. While photographing the artwork of a large group of mentally-handicapped clients the author noticed that each had her/his own style and the art of each could easily be identified at a glance.

Chapter Summary:

The art work in art psychotherapy can have many meanings. It is not to be read in and of itself without consideration of the narrative and of the human relationship. All three work together and each becomes part of the other in the interaction that takes place in the therapy session.

However there are certain recognizable styles, archetypes and patterns that recur in the art work of people with the same pathology. In a sense, signs of the pathology can sometimes be seen through these indicators. Art therapists always proceed with caution in this endeavour in order to protect the client from any overzealous need by healers to categorize. The purpose of art therapy is to help a patient heal not to classify him/her unnecessarily.

My purpose in this study is to locate the archetypes, patterns and symbols in the art work, narrative and transference of one client interacting with one therapist in art therapy. This project is an attempt to find "landmarks" or "blazes" for the therapist to guide her/his way through the art therapy process. These "guides" are symbolic and open, open to the idiosyncrasies of each case. They provide that "known" quantity, a place to start. They are not the complete answer to any case material but a paradigm within which to situate some of the healing process.

In the case of Mr. L explored in part two of this paper we can see that, given a place to begin, how he was feeling at that moment, he was always able to find the opposite feeling. This was sometimes found through the word (verbally describing the opposite feeling) and sometimes it was found by drawing the opposite image of the

first one. Sometimes Mr. L was able to verbally or visually describe the in-between form between the two extremes. The art here serves as a support for the verbal and becomes part of the movement in the session. Sometimes the art itself is the instigator of the interaction by revealing unbidden aspects of the unconscious that provoke comment.

PART TWO

PART TWO
CHAPTER EIGHT
Introduction

Much of the research in part one of this paper has shown that opposites are an important aspect of the patterns that emerge from the psyche, from nature, life, myth, ritual and within healing practices throughout time. This concept of opposites shows up in art psychotherapy; we will see this in the case study that follows in chapter nine. The case of Mr. L demonstrates how the pattern of opposites can help to initiate change. The change can be simple like in the beginning sessions of Mr. L where it caused movement and interaction with the therapist. Or it can be change that relates to Jung's idea of "complementary" or "compensatory" movement. Mr. L often demonstrated this kind of change between sessions, for example anger in one session followed by regression in the next.

The purpose of part two of this research paper is to document and illustrate, through analysis of this case study, that the healing process in art therapy can have a ritual component. The art, the narrative and the transference of the case will be explored in reference to the client's personal conflicts and in an attempt to discover the core conflict. In addition the three major components of the art psychotherapy session will be analyzed based on the four archetypal forms of the Navaho healing ceremony which will be used as a theoretical model. Using the archetypes of this archaic healing ritual will help to situate art therapy in primitive healing practices. Also the data will be reviewed using the phases of the cosmogonic myth. This comparison will also help to bridge part one and part two of this paper.

The Navaho's symbolic healing ceremony, like the healing in modern psychotherapy, is based on four main "archetypal forms". The first form is *the return to*

the origin. Eliade has written much on this topic, he describes the myth of the creation of the world and the origin myths as a source of healing. "The *return to origins* gives the hope of rebirth" (Eliade in Sandner, 1979, p.266). This "going back" can stir up "important psychic images" (p. 266) of the past related to distorted relationships or sources of pain and hurt.

"The second archetypal principle is the *management of evil*" (Sandner, 1979, p. 266). In the Navaho ceremony the evil is envisioned as some small object etc, that is then intruded into the body of the patient and subsequently removed or it is chased away by various methods. In art therapy the "evil" can be expressed in the art image and like Schaverien described the art does sometimes serve as a "scapegoat transference". Sometimes the medicine man will identify with the "evil" and exorcise it for the patient. This is analogous to the "evil" being transferred to the therapist in the art therapy session. "In modern psychotherapy the therapist and the patient must ...confront whatever is "evil" for that particular patient" (Sandner, p. 266).

"The third basic form of symbolic healing is the theme of *death and rebirth*" (Sandner, p.268). This arrives whenever there is an initiation or threshold experience. "This is often shown in patients' dreams in which the symbolic mood of death is experienced, leading to a resurgence of life in a new form" (p.268). In it there is hope for a *total renovatio*, a new beginning, a transformation.

The final principle is *the restoration of a stable universe*"(Sandner, p.271). "The regression must be reversed; the transference must be resolved" (Sandner, p.271). At this time the patient may begin to have mandalic forms in his dreams or images. Sandner believes that the Navaho healing goes beyond psychotherapy in the special relationship they have to nature. They believe nature is alive and has "inexhaustible power to resolve individual conflicts" (p. 271).

CHAPTER NINE

Art Therapy in the Case of a Man With Bipolar Disorder

Introduction:

The case study that follows will illustrate some of the concepts explored in Part One of this thesis. The archetypes of the Navaho healing ritual will be described and the art and narrative of the sessions will be explored with these archetypes in mind. It will be seen that the back and forth between the art and the narrative demonstrates the dynamic structure of the art psychotherapy process. This movement between opposites can be seen also in the techniques used by the therapist to create both physical and psychological movement in the client. The client was asked to begin where he was at that moment in time, by identifying the feeling or concern of that instant and drawing it. Once that happened he was asked to move outward toward the opposite feeling and draw it. Beginning where one is is a step toward the development of self-awareness. The self becomes the referent, a place to go back to in the process of repeating the different manifestations of the self.

In the sessions the repetition of the pattern between opposites sometimes led to the ability to see the in-between, the balanced position between the two extremes. The client was able to visually represent this position in drawings. One of these images became a guide, seemingly unconscious, towards the drawing of more whole and complete human figures (See figure 3).

The client used the circular closed form as the foundation for all of his human figures, for the head and the body. The limbs were single or double lines. This repetition of form was a source of confidence building for the client. This became, as mentioned above, a known quantity by which to begin, from which to extend and take risks however small.

The case is divided into eleven clusters of sessions which go together in theme. The first four sessions are described verbatim due to their importance to the progress of the client. At the end of each cluster is a brief summary that explores the symbolic meaning of the work done.

The Case of Mr. L

Presentation of the Case:

1. Referral Source:

Mr. L. was referred to the intern art therapist by one of the psychiatrists of the hospital. After the discussion of the progress of Mr. L's case in rounds the doctor said, "We've tried everything and nothing seems to work, why don't you see what you can do in art therapy".

2. Personal and Demographic Description:

Mr. L. is a 52 year old white male of Jewish origin who is recently divorced. He and his wife have not been together since his first admission to the hospital several years ago. They have three children who are now young adults. He has had no contact with his children for a long period. Mr. L is a psychiatrist. He had been working in a large hospital before his illness became severe enough to cause him to be suspended from his position. He was subsequently admitted to a psychiatric hospital as a patient.

Mr. L. is a man of small physical stature, with rounded shoulders, and a slow rhythmic gait when he walks. He wears very large glasses and keeps his head slightly lowered so that he does not always look at others who talk to him or pass him by in the hallway of the hospital. He seems to be shy and withdrawn and speaks in a very low monotone voice as if he does not want to or care to be heard. The colour and style of his clothes supports the image of a quiet, reserved person who does not care to be

seen.

When he does speak directly to someone, who is usually a hospital caregiver, the tone of his voice can be arrogant or impatient which creates a contrast to what one might expect from one who seems so reserved in appearance. He discusses his medication and what changes he needs in them with the professionals at the hospital as if he were his own doctor.

3. Prior Therapy:

There is no record of prior psychotherapy. Mr. L told me that they tried to get him to go to therapy before but he never went.

4. Clinical Diagnosis:

-Bipolar disorder

Mr. L. has been diagnosed with bipolar disorder. In the past he has been treated for depression three times, for a hypomanic episode once and for manic episodes on three occasions. He has had two suicide attempts.

The last time that Mr. L was hospitalized was in late 1997 for a manic episode. He was brought to the hospital by the police for disruptive behaviour. He stayed for a brief period and was discharged and told to attend a transition program but he never showed up. He was readmitted voluntarily a short time later for major depression with suicidal ideation. He has been in the hospital for approximately eight months, a few months in the brief therapy unit followed by four months in the present hospital. He has been diagnosed with Bipolar Disorder.

5. Summary from the Progress Charts:

When he was admitted to the hospital eight months ago Mr. L was highly suicidal, consequently the nursing staff observed him every fifteen minutes as a preventive measure. He had very low energy, would not get out of bed, and would eat only when the food was placed in front of him.

Mr. L. was not interested in caring for or cleaning himself. He was quite thin, laid in bed all day and did not speak but replied to queries in a low monotonous voice that was difficult to hear. His affect was sad and he was unable to smile.

In this depressed mood Mr. L's thought processes were normal, but the content was filled with paranoid and grandiose delusions. It was noted in the charts that he seemed oriented to time and place and his judgement was fairly good.

In the month before art therapy started Mr. L spoke to the nurse of his worries over not being able to work. He was still considered to be highly suicidal. He told the nurse that he had no energy or interest in conversation. The doctor had written in the charts that the patient had shown little improvement with medication treatment over six months. The nurse reported him to be non-communicative, with flat affect , lying in bed all day facing the wall, eating little. She advised frequent monitoring for short interactions as he is unable to sustain long interactions. She stated that he hoped the new medications would work.

Two weeks before art therapy sessions began Mr. L was showing some slight improvements in affect. Two entries said that he seemed to have more energy and that he seemed more positive. There was a family meeting in the second week where the the "father and brother criticized" Mr. L's behaviour but "seemed caring"; the mother was described as supportive of the patient. However both parents expressed shame over him being in the hospital.

6. Symptoms:

Mr. L displays many symptoms of a person with bipolar disorder in a major depressive episode. These include: dysphoric mood, sadness, self-deprecation, loss of appetite, lack of energy, and a general lack on interest in his surroundings. (DSM - IV, 1994, p. 320-322) Mr. L also had paranoid and grandiose delusions at the beginning of this hospital stay.

7. Core Conflict: Separation anxiety and fear of individuation along with existential shame and death anxiety.

8. Defenses:

Here I will list the defenses initially observed and explain how two existential defenses were added to the list as a result of a more profound scrutiny of the case. The defenses listed below are examples of the different ways that Mr. L has learned to cope with his illness. They are not to be seen as defects within the context of art psychotherapy. I must add that the defenses, at first glance, seem very psychoanalytically based and in slight opposition to the philosophical approach of part one of this paper. However, the power of the imagery and narrative of the case drew me away from an existential analysis into one based on the developmental stages and the instincts and bodily-based interpretations.

The defenses are:

- Denial, displacement: Father became a bear and Julius caesar.
- Reversal: Fear of killing his father was changed into fear of his father.
- Introjection: Parts of the mother were introjected into him for protection and the therapist played the role of his mother in the transference.
- Projection: Authority figures in his profession are perceived as his enemies that he must protect himself from.
- Regression: Imagery showed a desire to regress to protect him from the anxiety based on his instinctual wishes toward his mother.

Envy and jealousy: Towards his brothers who he considers are successful in the eyes of his parents .

On further scrutiny of the case there is another layer of defenses that can be seen as more existentially based. For instance there is mention of shame in how Mr.

L's family feels about him being sick and he is also now in the role reversal of being the patient instead of the doctor. The defense shows up in the concern that Mr. L had for the different positions of the faces in the art work; a preoccupation with how he is being seen and how others see him. As well, the lack of features on the faces, especially in the beginning sessions, are literally a "lack of face". Erikson speaks about shame as when, "one is visible and not ready to be visible" (1950, p.223-224). He goes on to say that some primitive cultures that use "shaming" as an educational method balance its destructiveness by "devices for saving face" (Erikson, p. 223). Erikson also explains the concern with being exposed, of being conscious of "having a front and a back-and especially a behind" (1950, p.223). He explains how this leads to "compulsive doubting... and paranoiac fears concerning hidden persecutors" in the adult (Erikson, p.224). In the drawing *Private Kiddush* Mr. L spends much time on the angle and perspective and achieves what he wants by putting half of the heads in backview.

A second existential concern, death anxiety, seems related to Mr. L's fear of abandonment and fear of castration which were seen as the core conflict in this case (see above). Yalom states there is an "ontological bedrock" (1980, p. 64) for abandonment and castration and that is death and annihilation respectively. Mr. L's imagery and narrative presents us with his attempts at merging or fusion with the mother and/or therapist. This is shown in one case by the transparent figure of the baby with the mother's arms showing through the body. The case study will present other instances of both these fears.

There are two defenses related to this existential fear of death; one is "the belief in one's inviolability" and the other is the belief in the "ultimate rescuer". (Yalom, 1980, p.95-96). Mr. L related to the latter, perhaps the "inviolability" appears in the manic phase of Mr. L's illness. He mentioned several times and showed in his imagery how

his mother would “rescue” him, feed him and know how to take care of him when he was helpless (figures 9,10, 11, 15, 16). He said, “she knows what I like to eat” and he stated that she would also wash his underwear. In figure 11 there is a large female figure who is “watching over him” and his brother. Kierkegaard (in Yalom,1980) states that, “not venturing, (belief in the ultimate rescuer) ...subjects one to the greatest peril of all-the loss of oneself (p.130). “A highly restricted life mode results...[he describes] ... in the case of Lena..[she] was deeply depressed, flooded with suicidal ideation...depressive stupors...stayed in bed for days on end...lived an isolated existence” (Yalom, 1980, p.4). This seems like a description of Mr. L.

9. Defensive Symptoms:

Resentment, dependency, manipulation and stereotyping of others, lack of communication skills and lack of desire to communicate, low monotonous voice, lack of friends, lack of sense of humour, lack of emotions, low self-esteem, isolative with suicidal thoughts.

10. Family and Personal History:

Mr. L seems to lack all contact with his former wife and his children. He never speaks about them and even goes to a different synagogue now that he is divorced. when asked about his family he speaks about his family of origin. He never wants to talk about his former wife and children, except once when he mentioned that his son called him.

Mr. L is the youngest child of four and has two brothers and one sister. He comes from a wealthy family where financial success is highly regarded. The image of the family in their ethnic community is very important, especially to the parents. There are many social obligations and the family is highly visible.

Mr. L sees his father as a very dominating and powerful man and he is afraid of him. His mother is mild and lets her husband make the important decisions. Mr. L's

father was disappointed with the birth of a son when L was born. The father had wanted another girl. Mr. L was named after his maternal grandmother who died one week before he was born.

His brothers are highly successful and he describes one as “inflated” and the other one as distant from the rest of the family; he states that this brother, “can do what he wants because he is apart from the family”. He seemed to suggest that that is why the brother is successful because he has separated himself, in some way, from the family. The other brother visits Mr. L at the hospital every day. He told me once that he didn’t necessarily like his brother to visit so often. He said, “he doesn’t have to come every day and when he’s with me he does all the talking”.

One session in therapy we discussed dependency and how he depends on different people in the family. This led to a realization that perhaps the family needed him to be dependent. He stated, “dependency is really interdependence” and said that his brother who visits needed someone to depend on him and that this brother has no family of his own.

There is one case of bipolar affective disorder in the family, a cousin of Mr. L. It is possible that Mr. L’s mother was depressed at the time of his birth due to the death of her mother. Alcohol has been a factor in Mr. L’s history; he temporarily lost his driving license due to drunk driving.

11. Goals and Initial treatment Plan in Art therapy:

Initially, the long term goals were secondary to short term objectives. These objectives were based on physical and cognitive priorities such as getting the patient to respond to the art therapist verbally while she sat by his hospital bed for the first sessions. The second priority was to have the patient turn over in his bed and open his eyes and look at the therapist and her colored markers.

This goal accomplished, the therapist set a goal of getting the patient to sit up in his bed during the session and eventually to walk down to the art therapy room. These objectives, of course, were paralleling the goal of having the patient accept to participate in art therapy, which was manifested by his behaviour rather than his words. These acts meant that Mr. L was committing himself to be involved in a process that might lead to healing.

Once the patient accepted to come to the art therapy room for the sessions, the long term goal of discovering the core conflict was begun. This required that the patient begin to create his own graphic expressions and to dialogue with the therapist about the meaning of his art work.

It was only after a number of sessions had been completed that the goals became clearer and were thought of as possible.

These goals are listed as follows:

Long term:

- to establish a therapeutic relationship with Mr. L
- to discover the core conflict
- to motivate a desire to heal

Short term:

- to improve Mr. L's communication skills
- to increase Mr. L's independence by having him choose the themes, and art materials for each session. Also the increasing confidence in the use of the materials would hopefully assist in the development of his feelings of independence.
- to help Mr. L be aware of limits and boundaries through the timing and scheduling of the sessions, through the creation of the art work and through the discussion of the contents of the art work.

12. Length and Frequency of Therapy Sessions:

Mr. L has attended thirty-five art therapy sessions at the writing of this paper. Mr. L was told the date of termination in session number thirty. He attended art therapy four times a week and each session lasted forty-five minutes, except for the first few which ranged from fifteen minutes to thirty minutes.

Once the sessions reached forty-five minutes Mr. L did not want to increase the length of sessions any further. He was told that they could last up to sixty minutes.

13. Methods and materials:

Art materials were selected to a certain extent by the therapist but the client was always allowed to choose from a variety presented. Material was geared for experiences of control and success and ego-syntonic feelings. These included markers, pastel crayons as well as watercolour in combination with these.

At certain points materials that were new to the client were suggested when it was felt that he was ready to take this risk. Also art material that stimulated freer expression was used when the client was ready.

14. Bipolar Disorder:

I think it appropriate here to describe bipolar affective disorder or manic-depressive illness which it is often called. Abraham (1924, in Wolpert, 1977) compared and contrasted BAD to obsessional and depressive neuroses. He explored the psychogenesis of the disorder of melancholia or manic-depressive disorder. Abraham stated that the "melancholiac" has serious conflicts around his love-objects. This is based on the "ambivalent attitude of his libido towards his ego" (p.158). On the one hand he/she feels self-reproach and on the other he/she feels superior which shows up in his/her behaviour towards others, a mixture of criticism, contempt and sometimes humility towards the same person at different times. Abraham showed that even when the person was in a normal phase, that is when he was at work and functioning on a

daily basis, he was “predisposed...to, suddenly give them up” due to the “ambivalence of his emotional life”.

The giving up of the original love-object extended to everyone around him as well as to his activities, his profession and other involvements in his life. Abraham stated that the “melancholiac” did this differently than in other mental illnesses in that he did it with “indifference”, “everything has lost its attraction for him”. (p.157). He went on to say that the attack of depression was brought on by a “disappointment in love” but this was not easily observed and this was not in the ordinary sense of love. “Only a thorough analysis can discover the causal connections between the event and the illness. Such an analysis invariably shows that the event had a pathogenic effect because the patient was able to regard it in his unconscious as a repetition of an original infantile traumatic experience and to treat it as such. In no other form of neurosis, it seems to me, does the compulsive tendency to repeat an experience operate so strongly as in the manic-depressive illness” (p. 159).

Abraham pointed out five etiological factors in manic-depressive illness and stated that all these factors must be present for the specific symptoms of melancholic depression to result, otherwise the factor could be part of another kind of neurosis. These five factors were: 1. “a constitutional factor” which he saw as “an overaccentuation of oral eroticism”; 2. “a special fixation of the libido at the oral level”, that is they have insatiable demands of an oral nature or they get enormous pleasure from “sucking”, “eating” and the “use of the jaws, ie. opening the mouth wide”; 3. “a severe injury to infantile narcissism brought about by successive disappointments in love”, the patient feels disappointed and “completely deserted” and subsequently searches for love from a person of the opposite sex; 4. “the occurrence of the first important disappointment in love before the Oedipal wishes have been overcome”: here the child was faced with a serious disappointment in love before he had

overcome the Oedipal desires for his mother and before his revolt against his father has been dealt with. Because his oral-sadistic instincts were still in force when this took place, an association is established between his oedipal complex and his cannibalistic wishes, then both love-objects, mother and father, become introjected. The last factor is “the repetition of the primary disappointment in later life” which I discussed earlier. Here the patient sees all subsequent disappointments in love as a repetition of the original one (Abraham, p.157-162).

It must also be mentioned here that some research shows there is tendency for bipolar disorder to show up in families where there have been other mood disorders. Some of these that have been studied are “bipolar disorder, unipolar depression, schizoaffective disorder and possibly cyclothymia”. So there is the possibility of a genetic factor in bipolar disorder. There is also evidence from studies of twins that even though someone has the genetic makeup for the disorder they may not show signs of it but pass it on to offspring (Sarason, 1996, p.300). This suggests a genetic pre-disposition to manic-depressive illness which may remain latent due to the quality of the nurturing environment.

CHAPTER TEN

Session by Session Synopsis

Introduction:

The sessions are described by summarizing the setting and some of the conversations. However most of the verbal interactions are described using direct quotations. The sections that are recorded verbatim are underlined and called conversation. The capital C stands for client and the capital T stands for therapist.

The sessions were recorded in this way in order to allow the reader to interpret or find connections that the therapist may have left out. This was due partly to the limitations of this paper that did not allow a fuller and perhaps more profound analysis. Because of the richness of the material in this case I would like it to remain open and give the reader the opportunity to make of his/her own links. This style also contributes to a more interesting reading at the same time that it presents the data, as raw as possible in art therapy, directly to the researcher.

1. Sessions One to Four

Session One: *Empty-Full*

Mr. L was lying in his bed with his knees bent in a foetal-like position and his hands under his head. There was a sense of inertia about the scene. His eyes were shut, his hair disheveled and unclear, his skin looked pale and his face lacked expression. Here before me was a man of about fifty years old who had shut down. There were no movements and no sounds coming from him.

I introduced myself as the art therapy intern and explained to him what art therapy was. I told him that I believed that art could help him. There was no response so I asked him if he liked art. he responded with, "no, not interested" and mumbled something about just having finished lunch and being tired. Then I asked, "Do you like

colour?" He replied, "some". I held up four colour markers and asked him if there were any that he liked. He opened his eyes briefly and after a long pause said that he liked blue and green. I offered them to him but he would not take them. I wrote my name for him on the sketch pad and held it up so that he could see. He told me that he couldn't see it without his glasses. I handed them to him from the bedside table. He put them on and read my name.

In order to sustain his interest I told him that I would draw something for him. I drew a circle with the blue marker. Then I asked, "What could I draw in there that will show how you feel?" He replied, "empty". This silenced me for a while as I felt our interaction had been blocked by his answer. Then I asked, "What's the opposite of that?" He immediately answered in a low barely audible voice, "Excited, full". I drew a few excited lines inside the big circle, holding the pad up so that he could see me drawing. I stopped short so as not to fill the circle. While he was watching I continued to draw a smaller green circle and filled it with the blue marker.

I asked, "have you ever felt full" pointing to the filled circle. His response was, "Yes, after a good meal". I asked him if he felt full after the lunch that he had just eaten. He said, "no, just a quarter full". I drew another circle and filled it one-quarter full and asked, "Like that?" He replied, "Yah". I asked him what he liked to eat but there was no reply. I handed him the marker and asked if he would like to try. He said, "no, another time".

I decided to use a leading question to help our conversation continue. I asked if he liked lobster. He said yes so I wrote it on the paper. He continued to tell me what he liked in response to my questions: steak, liver, fried and broiled and BBQ chicken, and I wrote it on the paper for him to see. It was time for me to leave so I said that I would be back to see him tomorrow. In parting I said, "Let me know if you're going to get yourself one of your favourite meals". He replied, "Only when I get out of here". I asked

him, "What does that depend on?" He answered, "Me".

Session 2: *Tired of Everything*

When I arrived Mr. L was sleeping. I introduced myself again and he talked to me with his eyes closed. I sat and talked about depression and denial and defences as he lay there. At one point he opened his eyes and asked me to repeat something that I had said about denial and depression as a defense. I did. Since his eyes were now open I asked him to choose his favourite colour. He said he had none. So I asked him to choose the colour that he thought was the ugliest. He wanted yellow but since I had none he chose pale orange. I drew a circle on the pad so that he could see and told him that I would put all the things that he didn't like inside it. The first thing he said was art therapists. I told him jokingly that I would have to draw a self-portrait. He didn't respond to my humour. When I asked what else he put inside the circle he said opera and generally hospital food. I wrote all three inside the circle.

Then I asked him how he felt and wrote his words on the paper, "tired of everything". When questioned further he said that he used to go on holidays before he got tired. He used to go with his wife but they've been separated for a few years. He said that it was she who admitted him to the hospital because she thought he was having a panic attack. He has been in and out several times since then. There has been no contact with his children for a while although one of them phoned him recently. The call was not returned by Mr. L. I suggested that maybe he should call, maybe his son doesn't think he's interested in talking to him since he didn't return his call. No response was heard.

I asked him if it was difficult to move or initiate things. He didn't reply. I asked him why he didn't want to move his body but he didn't reply. I offered him markers

again to make something he liked on the paper but he said he didn't like anything. I suggested that he pick the ugliest colour and make something that he found easy to draw. He slowly reached for the box and struggled to get the purple marker out. He had difficulty getting the top off so I helped him. He propped himself up on one elbow and drew a circle on the paper. He let himself back down on the bed.

Session 3: *Red: Stop, Sex, Blood*

Mr. L was in his bed in the same position as last time. I told him that I had twenty minutes to spend with him. I asked if he was sleeping. The reply was, "just resting". I inquired into what he did when he was not resting. He said, "nothing". I asked: "Who dressed you today?" to which he replied, "I dressed myself"; "Did you go to the bathroom today?" He said, "Yes"; "Did you eat?" He answered "yes"; and "What did you eat?" He replied roast turkey.

Then I told Mr. L that I brought something different today, oil pastels. I asked him if he had ever used them, he said no. When I asked what colour he would like to use today he said, "you choose". He watched as I took the red and made a circle. I began to fill it with the same colour when I remembered that a filled red circle is used to signify high suicidality in a patient. This symbol was beside his name in the nursing station. I then transformed the shape to make a squarish form of it. I asked what it reminded him of. He said, "stop". When asked what else, he said, "sex" and "blood". I wrote all three on the paper in red. I asked which of the three he related to today. He indicated "stop". I underlined the word stop and asked him what that meant. He said, resting.

There was a long pause and I started up the conversation again by asking about his son. There was no news to tell me. He added that he was ashamed that's why he doesn't contact his son. I picked out a green pastel and started drawing on the

right hand side of the paper, making a solid shape with a space in the center. While he watched he asked who sent me. I asked, "Does it matter?" He replied that he was just curious. I told him his doctor sent me. I asked him what the opposite of stop was. He said, "go". I wrote go in the green shape and underlined the word. I spoke a bit about the meaning of complementary colours and how they can make each other jump. Also I rambled on about the scientific and emotional qualities of colour. He seemed interested and listened with his eyes open.

I suggested that we do a drawing together and asked him to pick a colour first and draw and then I would. He chose the blue oil pastel. I held the pad for him, handed him the crayon and he drew wavy lines. I encouraged him to continue by just scribbling all over the paper. He responded well. I asked him if it reminded him of anything. He said no. I told him it reminded me of mountains and the ocean and swimming. I asked, "Do you like to swim?" He replied that he didn't know how to swim. I asked if he had any good experiences at the ocean. His response was, "yes, lying in the waves and letting them take me".

I took another piece of paper and was about to begin my drawing when he reminded me that we were to do the drawing together. He said, "You're supposed to draw on the same drawing". I agreed and filled in some spaces in dark blue at the bottom. He could not perceive any changes when I held it up to him. I pointed out what I had done.

At the end of the session I asked him to choose two colours that he liked and I would leave them with him. He commented in a slightly sarcastic tone, "Oh you're going to give me homework". I asked if that embarrassed him. He did not reply. After he put the title *Scribbles* on the drawing I put our initials on the side. I got up to leave and said I would see him tomorrow. He said "pink and orange". I left him the pad and the two pastels he chose.

Session 4: *Blah, Non-Blah, You and Me*

Mr. L was lying on his side in his usual position. I said my name and introduced myself again. He replied, "I'm not in the mood today". I sat down anyway and started to review what we had done last day. I held up the two crayons that I had left and asked him why he chose orange and pink. He told me orange was for the sun and pink was sensual. He laid in silence. After a long pause I began to draw with the two colours. I drew an orange sun with a pink border around it with pink rays going outward. He watched from his position on the bed, and I held the paper at an angle so that he could see.

Knowing that he had been out on a pass for the weekend I asked if he had a good meal. He had a steak, he said. When I asked how he was feeling now he replied, blah, empty. When I inquired if he could draw what blah would look like he said no he couldn't and asked me to do it. I responded that I would try but it would be difficult since I wasn't feeling blah. He said that he would look at it after and tell me if it was blah enough. When I finished he said it needed a bit more blah. He said that it needed black. With the black pastel he drew a wobbly line around my orange scribbles. When asked for a title he wrote *Blah* on the bottom.

Then I asked for the opposite of blah. He replied non-blah. When asked if he could draw this he half-sat up on the bed, leaned on one elbow and I placed the paper and pastels in front of him. He started with a pink circular shape and put orange mountainous shapes inside like the last session. He added red and yellow zigzags and some blue.

In the dialogue he pointed to one of the red mountainous shapes and said that it looked like a penis. He immediately got up to go to the bathroom. After a few minutes he returned and I asked him if he had any non-blah experiences lately or in his memory.

He said no and pointed to the penis shape again. I questioned whether he had a memory to do with this shape. He said, "vaguely".

At the end of the session we did a drawing together taking turns selecting colours and drawing. He titled it, *You and Me*.

Summary:

The goals of the first four sessions were to create response and movement and eventually interaction between the therapist and client. The movement was stimulated by the therapist asking for opposites of what the client said or drew. His extreme feelings seemed to create blocks to the dialogue and the images. By asking for the opposite I was asking him to start where he was (the known) and go in the opposite direction from there. This gave him something to go by; the reference being the point where he was at that moment. This movement between opposites is a simple pattern that everyone experiences in many ways throughout life.

The last drawing in this session showed that some trust has been established between the therapist and the client. His choice of title, *You and Me* showed that there was a sense of togetherness forming. The image itself displayed a joining of two circular face like shapes by a small window that the client added at the end. The trust could be as a result of the consistency of the therapist, her bringing him the nourishing art materials, her interest in him and her surviving his rejections.

The opposites that were expressed in these sessions showed an emphasis on several things including food and its effects, such as: empty- full , good meal-wrong meal. He saw a good meal as synonymous with getting out of the hospital. Other opposites he used were: blah-non-blah, ugly colours-colours he likes, resting and stop as the opposite of go, red-green, you and me. Mr. L's use of colour in these first sessions were very significant for the other thirty sessions. Red which meant stop, sex and blood was used symbolically throughout, meaning each of these at different times.

Pink which is a mixture of red and white was also important.

2. Sessions Five to Nine

Session 5: Deflated

In this session Mr. L continued to describe his feelings which were the symptoms of his illness. The first image was about his feelings of being “deflated like a tire”. In trying to show the opposites of deflation-inflation together he created a large ear. He didn’t notice this resemblance to the ear until the last art therapy session when we went over all his work together. In the drawing *Deflated*, he said to go backwards along this line is to feel energetic.

Session 6: Imprisoned

Mr. L began this session by drawing three circles that intertwine. When discussing it he said it describes a feeling of being “imprisoned by his own mind”. When asked to draw freely what it would be like to not be imprisoned he drew an orange loop-filled shape with “V”s pointing outward around the edge. He described these as bigger insects that he would find if he were free. He added a “U” between two of these “V”s and said it spelled “Luv”. Asked what Luv would look like he drew two tiny figures in pink and orange holding hands. He described Luv as “warm and soft”. The drawing suggests that Luv is isolative and protective and seems to exclude the two figures from its womb.

Session 7: Man With Crutches (my title)

In this session Mr. L drew how he felt about his pending court case around a serious driving infraction. He said, “I feel like my legs have been cut off”. He drew a precarious looking man with his legs cut off at the knees (figure 2). When asked if he could transform the drawing into a more positive image he extended the legs and said, “They’ll just be cut off at the ankles”. He then decided to add a crutch and added two.

In this drawing we see the dilemma around the inability to stand without

Figure 1

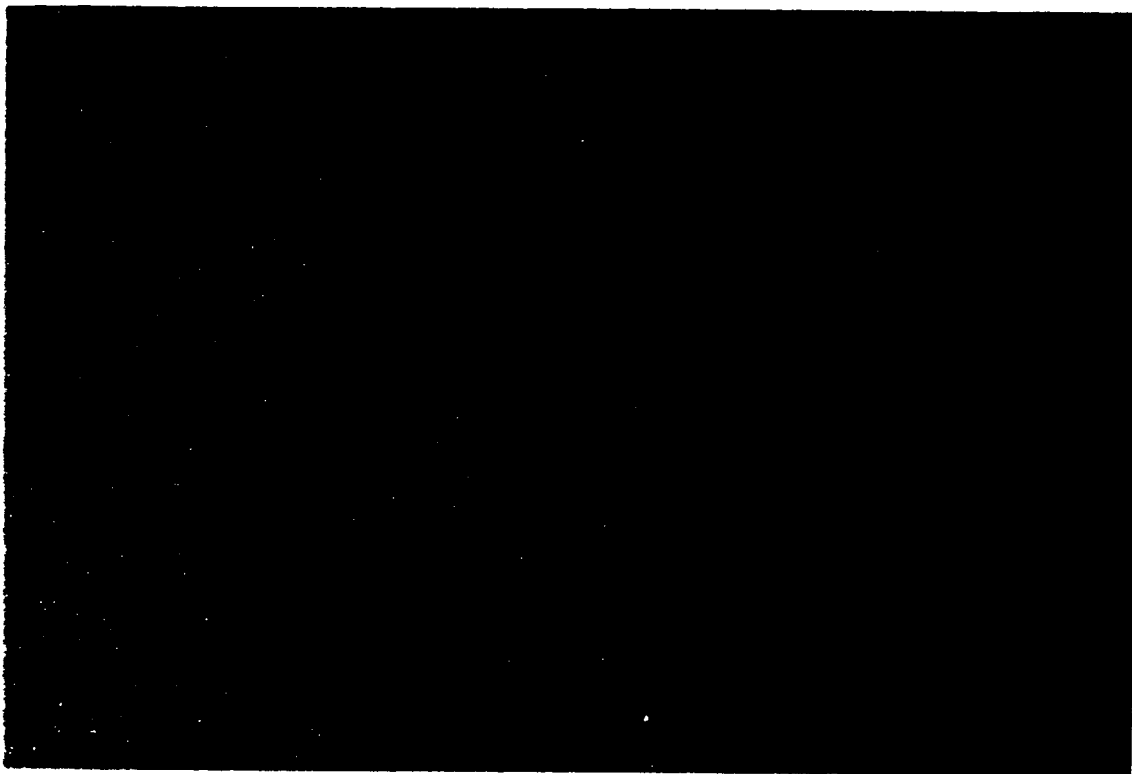
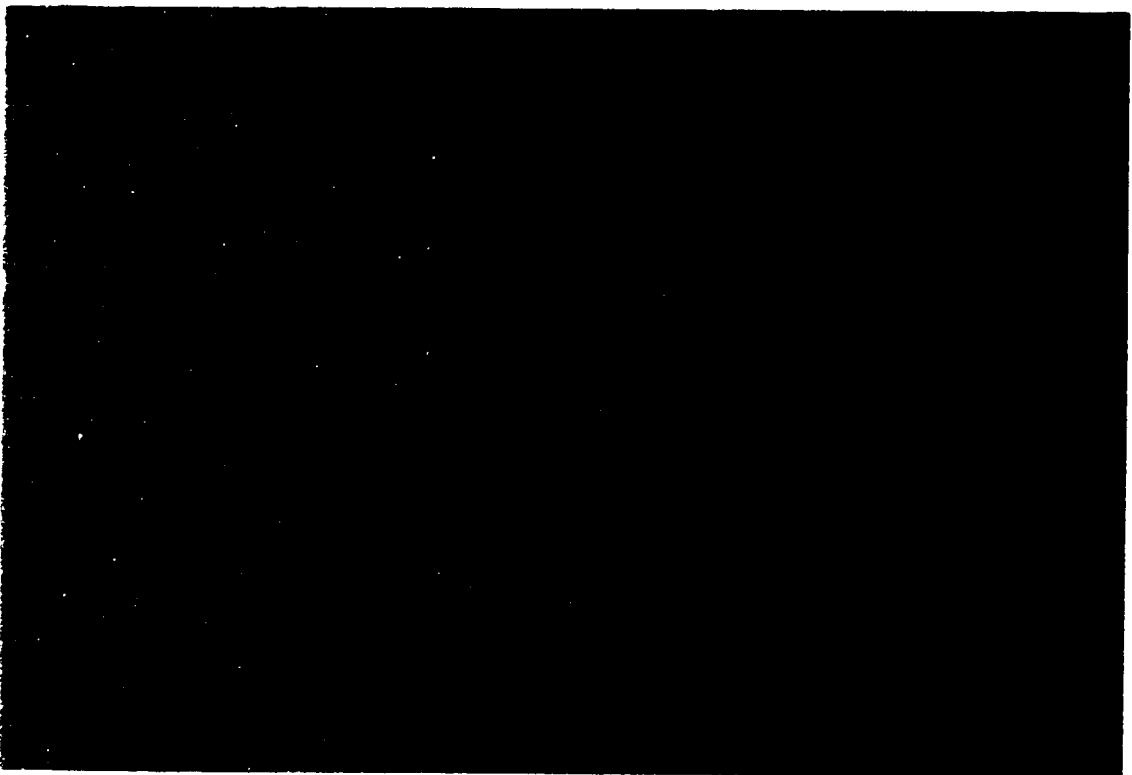


Figure 2



support. The support he needed came from outside himself. Erikson (1976) stated that this conflict is a “basic developmental fact of childhood, namely, that the human being growing up must learn to master to the point of free and unrestrained motion the evolutionary gift of an erect bipedal posture” (p.43). Erikson explained that with this there was also the evolution of the child's ability to orient himself in space and time, “looking forward”,... “looking backward”,... “looking up and looking down”... as well as “to the left and right” and “eventually strong connotations of social and sexual differentiation” (p. 35). Erikson said that these themes were connected with the *locomotor* and *genital* stages of psychosexual development. Along with these came the “instinctual dangers and fantasies of the phallic stage” (p. 35).

The fact that Mr. L did not add feet for support suggested that this drawing had something to do with the *genital* stage. In the original Oedipal story the baby was abandoned with his feet injured so that he would not be able to walk as an adult. The crutch itself has symbolic connotations. According to Cirlot (1987), the crutch is a symbol of shame or something immoral or hidden. Cirlot refers to the “mutilated foot” as symbolic of “an incurable defect of spirit” (p. 73).

The second drawing of session seven is *Bubbles in Playland*. It seemed to be a resort to fantasy in reaction to the feelings expressed in the last image. His last comments were, “the bubbles are imprisoned” and “I can’t play”. We see here the feeling of being restricted in movement, his driving license and insurance have been taken away, he has no feet, his crutches look quite precarious and even his fantasy reaction of being in playland is thwarted by his belief in his inability to play and have fun.

Session 8: *Red Man-Double Limbs/ Two-Faced*

The theme of play continued into this session and some that followed. The play was related to role-playing and a striving for balance. Perhaps these images came out

Figure 3

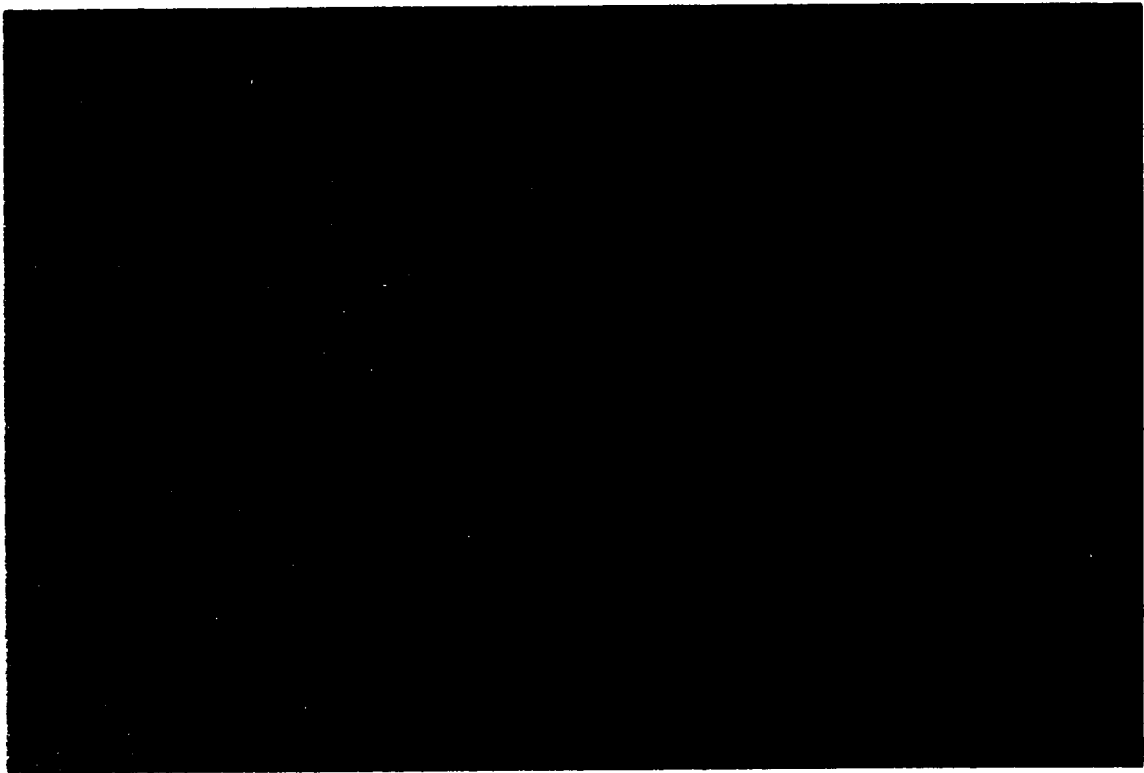
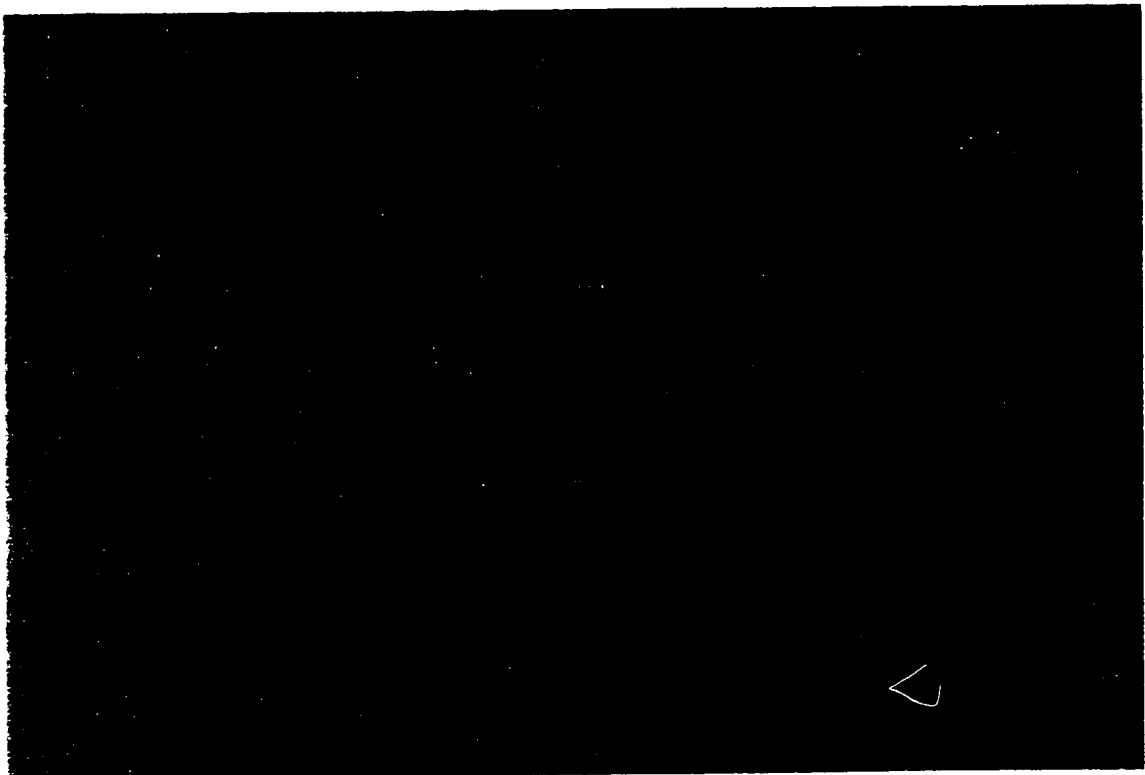


Figure 4



of a reaction to *Man With Crutches*. The first drawing is untitled and shows him at a dinner party with his brother. His brother was “inflated” and talking a lot. Mr. L said that this made him feel like “going into the background” in response to it. He created a balance by going to the other extreme. He didn’t talk at the party.

The drawing of the big inflated figure that followed was his brother with a plug in his belly to “let the hot air out”. The figure next to this is a “deflated figure” with a plug but the plug has a hole in it. This was likely himself. The image, *Red Man-Double Limbs* followed. It represented the “in-between” of the previous two. The limbs have all been doubled and feet have been added. *Two-Faced* is a shared drawing that we did at the end of the session. I asked him the meaning of the title and he said, “looking one way and feeling another”.

Session 9: *Teeter-Totter* (my title)

This drawing showed Mr. L on the teeter-totter with his brother. He explained, “but the loser’s on top”. I asked who the loser was and he said himself. When discussing this as a metaphor for life Mr. L replied, “When you’re closer to the center, you’re up...you’re the center of attention...he has a lot of friends” (his brother). When questioned further he said he doesn’t have a lot of friends like his brother because he doesn’t talk enough. This led to discussions about what he would talk about and we conversed about two recent experiences he had, one at the museum and one at the pool. I pointed out that he seemed to be a good listener the way he described the interactions between some of the swimmers, that he picked up the innuendoes in their speech. He agreed that he was a good listener. His relationship to his brother he summed up by saying, “he talks and I listen”.

3. Sessions Ten and Eleven

Session 10: *Movement inThe Pool* (my title) / (figure 4)

This session showed Mr. L’s concern around the issue of movement and the

possibility of abandonment that may result. If he tried to swim he might be in a situation of danger. He and his brother were in the pool but they had no arms. He said it was unlikely that it was his mother watching over them because of her fear of water. He did not seem to be able to identify the woman at the edge of the pool, who's "holding a reflector to get the sun in the right place".

This is the first time that Mr. L used watercolors, which I told him might help him to express himself more freely. He began by painting a yellow sun in the upper right. The big red figure is a woman and she is holding a reflector. When asked he said she would be in a park and then he added the pool and swimmers. The two little brown figures are he and his brother. He said that the big red figure in the pool could be his older brother. This figure is exactly like the drawing of his older brother in drawing sixteen where he was playing dangerously with him and was about to fall out the window.

In his struggle to show the figures moving Mr. L decided to show the water moving. He did not think of adding arms to the swimmers. He painted waves and said that "there would be crosscurrents" due to the different directions of the figures. When asked if he thought that his older brother blocked the movement of he and his brother he said, "Not really, he does his own thing though". When asked again who the big figure watching might be he said, "I suppose it could be my older brother's wife, but that's unlikely...and it's unlikely my mother, she doesn't know how to swim and would be afraid to watch us...and it's unlikely my father because he would not have a reflector". I wonder if the father did not have a reflector because he did not reflect (identify with) the son nor did the son reflect (identify with) the father.

The watercolour here served perhaps as a carrier towards the unconscious with its wetness and fugitive qualities. There is an interplay between the unknown and the intellect. The "unknown woman" according to Jung (1953) represents the

“undifferentiated function” (p. 115) and the “mirror, as an indispensable instrument of navigation doubtless refers to the intellect” (p. 114). The incomplete rectangle (pool) could be the “temenos” or the original chaos, mother’s womb. The female figure is trying to use the mirror to guide but obviously “got too much sun”. As Mr. L said, she is unable to control it to her advantage. If the sun and the female figure represented the parents they seemed to be unable to coordinate their parenting in the eyes of Mr. L. Or is this female figure the art therapist trying to get the right angle of reflection by Mr. L’s bed/pool. I wonder if this drawing represented a desire for wholeness with the four struggling figures. (Jung’s quaternity). If so, in his desire for wholeness Mr. L has regressed to the “innocence of the womb” (Jung).

Session 11:*Blue-Blah* (figure 5)

This session showed jealousy as well as dissatisfaction with food and family. He complained about the hospital food saying it made him “full but not satisfied”. When asked about his weekend at home he said the food “was not excellent...it was prepared, bought, not hand made”. He drew a figure with no limbs that he filled with watercolour to show “fullness with the wrong food”. He titled it *Blue-Blah* and then noted how it was the same colour as the therapist’s clothes. I asked him if he could draw what it would look like to be full of the right food. He drew another figure with no limbs and filled partially full with red watercolour. He said there would be room for more here. I noted that it seemed positive. He called it *Waiting for a Different Dessert* (figure 5).

He told me a friend had come from a long way to see him and brought flowers for his mother. Then he said, “he knows how to please my parents”. There was a jealous tone to his voice. We discussed what it was like to go home for weekends and return to the hospital for the week. He said, “it’s a relief, I don’t have to perform socially here...but in a way the formal is better at home-I don’t have to be spontaneous”. This

Figure 5

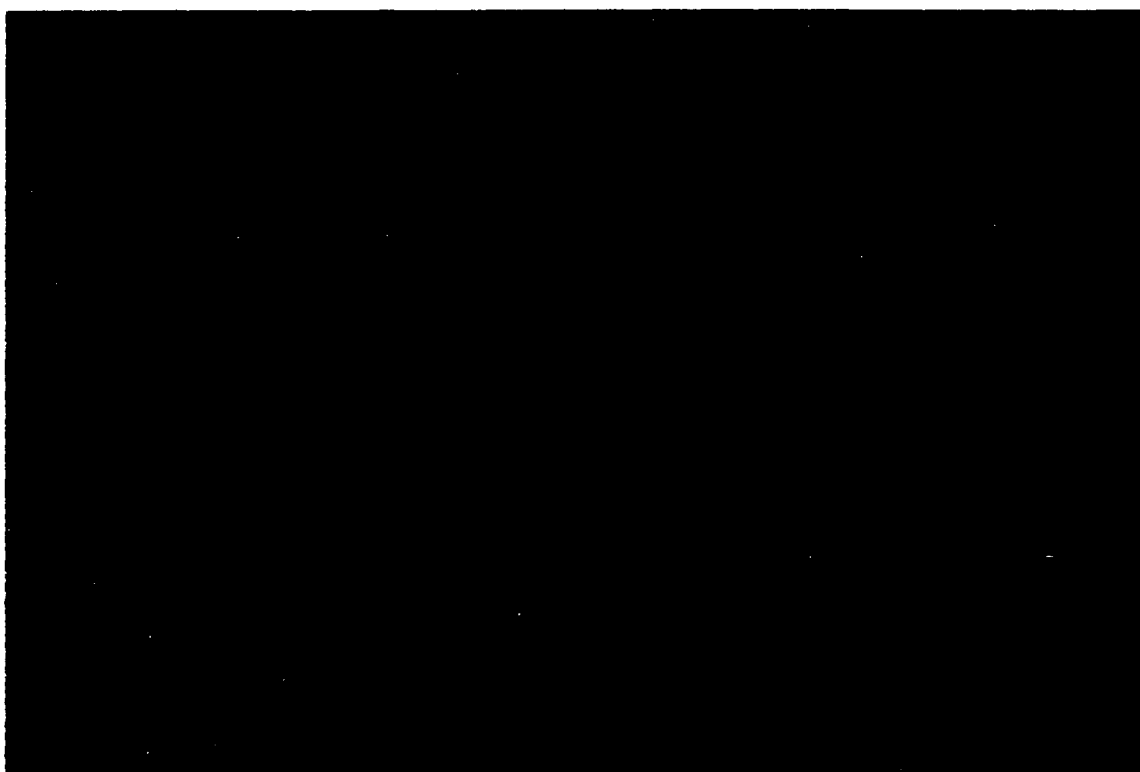
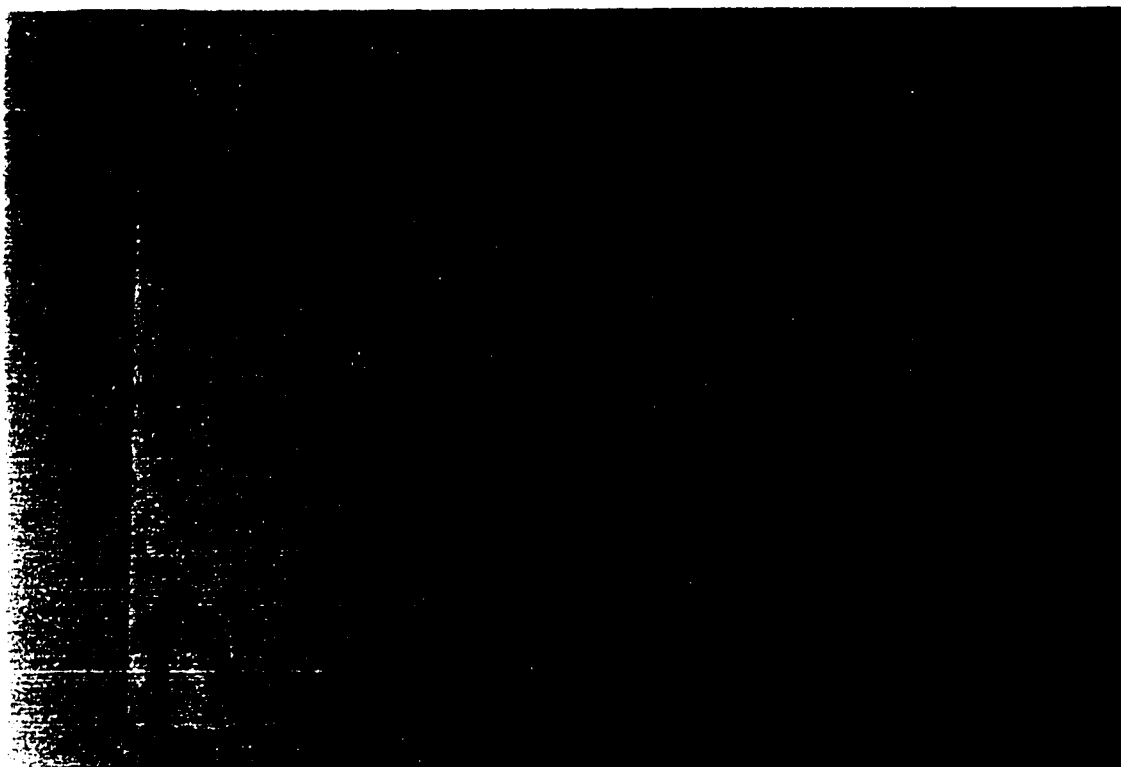


Figure 6



seemed to be what Mr. L often felt. He didn't have to perform here and he didn't have to be spontaneous there. Once again he saw only opposites as alternatives and he complained about both places. I had two questions in mind that I did not ask: Does asking for a different dessert mean that he wants a different ending? Does he want to change the pattern?

Last week I had asked him about the "crosscurrents" in his family and if it had anything to do with him not participating in the family business. He said he was a bit taken aback by the question because of its timing. I told him I felt a bit of anger in him towards me. He passed it off by saying, "Maybe I'm upset because you have your watch at the wrong angle and I can't see it". We both laughed. It was both a subtle hint that my timing was off and a reference to me telling him that he didn't have to look at his watch so often in the sessions because I was looking at it. I had said that I could see his better than mine.

4. Sessions Twelve to Fourteen

Session 12: *Confined Animal* (my title)

Perhaps these three sessions illustrated the "different dessert" that Mr. L wanted. He arrived ten minutes late and immediately commented with a little smile, "You're wearing pink, not blue today". I answered that he must have influenced me last day with his comment on my blue clothes. He seemed sleepy, his movements as well as his thinking were noticeably slow. When I asked if there was anything he wanted to explore today he yawned a big yawn and sat quietly.

I asked him to just draw freely with his eyes closed to get started and encouraged him to continue each time he stopped until he began to see something in the image. I turned it around for him to see different angles. He saw "Italy" and then said it could be an Arctic landscape. Then he saw an animal on the right; he said it could be a wolf or a bear. When I asked which one he said a wolf. I questioned if he

knew anything about the wolf. He replied that "It's angry and vicious". When I inquired about the bear he said, "It's powerful". I asked if it might have some relation to him. He said it looked confined and that he felt "confined like an animal...I keep my emotions inside".

When I asked him to tell me which emotions he kept inside there was no response. I reminded him of what he said earlier that he was more like a wolf and wondered if he had some of the same feelings as a wolf. He replied that he guessed he had anger like a hungry wolf. He added that wolves attack people when they're angry and then asked if they were carnivorous. I said yes. He smiled and said this sounded like *Little Red Riding Hood*. I asked him what happened in that story. He replied, "She was afraid of the wolf". I agreed and said that she was afraid of being devoured by it like the grandmother. We noted that they were both saved by the woodsman.

"So the wolf attacks when it's angry", I said, "and you keep anger inside". Then when I asked, "What do you think will happen if you express your anger?" he responded with, "It will be a galloping hungry wolf" (referring to himself). He drew the wolf without hesitation and titled it *Galloping Hungry Wolf*. It had no eyes, no mouth, no ears, no feet and stiff legs without movement. I asked how he could tell this wolf was angry and he replied, "Because it's empty, see" and pointed to the big empty shape that was the body, "it's hungry", he said.

Session 13: *Anger & Wolf, Anger & Bear* (figure 7)

Mr. L looked brighter today but it took a while to get started due to his need to yawn, long face-stretching yawns that interrupted our conversation. He reminded me that we were going to talk about anger again today and told me that he does not express his anger because he's small and does not want to get into a physical fight.

Figure 7

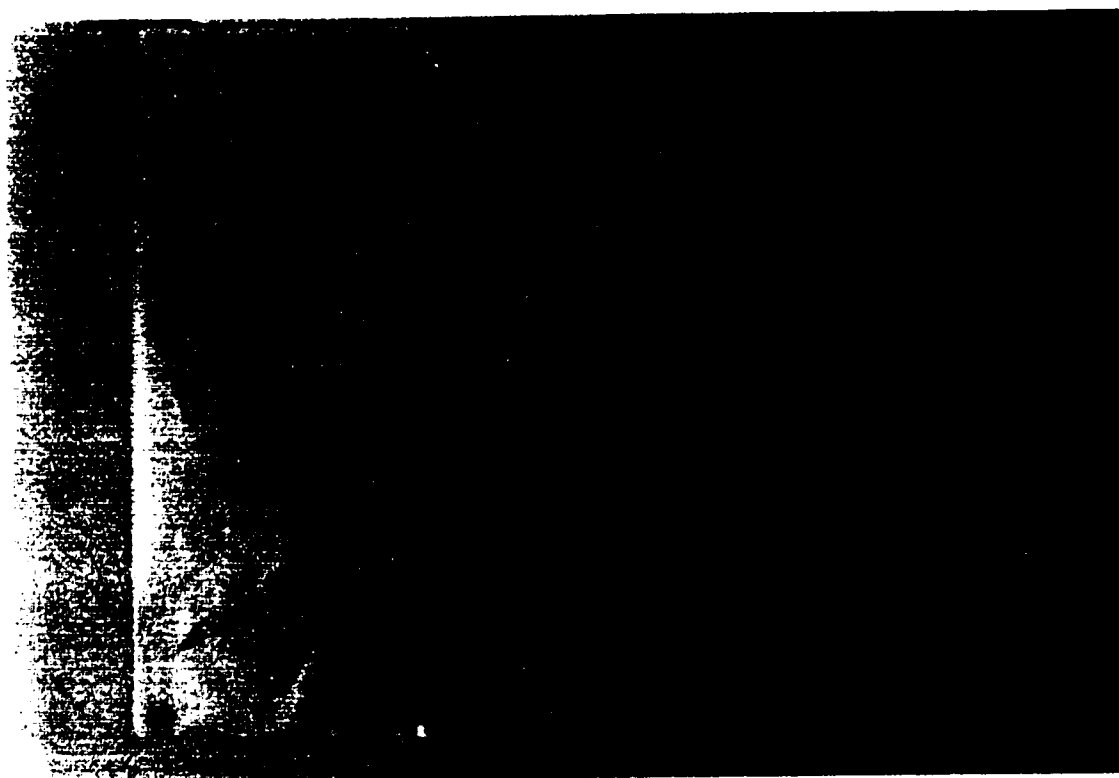


Figure 8



He was afraid of getting hurt. I asked if he ever felt anger where it would not cause a physical confrontation. He said yes but that he didn't know where it was. There was a long silence following this.

I asked if he could draw this anger. He decided to use the water soluble crayons and asked me to reiterate to him their qualities. He took the white crayon and drew a tall shape which he said afterwards was the wolf. He seemed surprised that he could not see his white outline on the white paper. Having been told that the crayons would dissolve in water he asked what would happen if he put watercolour over the white. I said he would dissolve some of the white crayon but some might remain if he didn't rub too hard.

He started with a watery red-orange over the white lines but he rubbed it over and over the same spot as if he hoped to uncover the white, instead the water was dissolving it. Perhaps his unwillingness to take my advice showed some anger towards the therapist. Her art materials were not nourishing enough. He claimed, "it wasn't working", he could not see the white line underneath. I encouraged him to continue but to go more lightly with the brush in the remaining part if he wished to retain the white lines. He noted that the lines did stay in some places now.

Finally there was little of the white lines remaining. The red-orange paint had gone over the boundaries of the lines underneath. He explained it by saying that the white was the wolf which was him and the red paint was the anger, "the anger went over the boundaries of the wolf, it dissolved the boundaries of the wolf". I pointed out that the boundaries of the wolf were difficult to see even before the paint, they were invisible. Then he asked what would happen if he used the oil pastels for an outline. I told him it would resist the watercolour. He took the blue pastel and drew the outline of an animal that looked like the confined animal in the last session. It stood to the right of the wolf. He filled it with the red-orange paint. He painted very carefully seeming to not

want to go over the lines even though I told him they would not dissolve they would repel.

This anger was well-contained. He said this animal was the bear. We spoke of the symbolic significance of the bear, its dangerousness. We compared it to wolf mythology. I asked him if he knew the story of Rome. He said that he knew about the wolf who cared for two abandoned brothers, she suckled them. In comparison the bear seemed powerful. He said it had two legs and looked like a standing person. I then asked if he knew anyone who contained their anger. He replied, "it could be my father". I questioned, and he said that his father expressed his anger verbally. I asked how and he added that his father yelled loudly and said angry words. I asked how he felt when his father did this and he replied that he didn't know.

Next he smiled and said the image of the bear reminded him of Julius Caesar. He continued, "In grade six we put on the play Caesar, they made me Cassius. They said that Cassius had a lean and hungry look, I was lean then." I asked if he was also hungry, there was no reply. He smiled again as he recounted how all the kids got together at the end of the play and killed Caesar. I asked if it was fun killing Caesar. He replied, "It was fun in the play". When asked to title the drawings he wrote, *Anger & Wolf* and *Anger & Bear*.

Session 14: *Meat Hanging* (figure 8)

Mr. L was looking good, his walk was faster than usual and it was difficult not to notice his solid bright red shirt. He did not want to "make any further comments on last week's session". I asked him if he felt any anger on his weekend at home. He said, "No, but if I contained it like the bear maybe I didn't know I had it". I pushed further to see if he could think of anything that might have angered him. There was a short pause and he said, "There's one thing, I went with my brother who took some kids out

for treats. We went to a store filled with bears; one of the boys wanted a certain bear but it was gone." I asked if this made him think of anger or made him think of the last session in any way. He replied, "It vaguely crossed my mind".

I asked if he could draw one of the bears but he said it was like a forest of bears, "I couldn't see the bears for the trees, it seemed like a mass or wall of bears". When I suggested that he draw the wall of bears he responded that it was more like a counter of bears. I encouraged him to draw them as a bunch by closing his eyes and imagining their shapes as he drew. He chose a dark green pastel and began. He concentrated with a strained look on his face and only opened his eyes a couple of times. When finished he said that it didn't really look like bears. I told him the legs look like the bear he drew last day. He responded that these were a different kind of bear, these were teddy bears. I asked how they were different and he responded, "soft and cuddly".

Conversation: T: Did you have a bear like that as a child? C: No. T: Would you like to have had one to cuddle? C: I don't know. *Then the conversation seemed to take a turn.* C: I feel the need to totally regress, I don't why. T: Is that what brought you to the hospital? C: No, I was manic. I came to the hospital and then I felt better. After the discharge I felt depressed. T: What made you feel depressed after the discharge? C: I realized that I couldn't take care of myself. T: In what way? C: Cooking and other things. T: So you feel the need to totally regress, is there something that you want to block out? C: No. T: Is there something that you want to go back to? *He looked at the drawing again. I commented that the legs of the bears look like the bears legs from last week.* C: But it was a different kind of bear last week. It was more like my father, I'm afraid of him. [but not of these bears]. C: The bears look like slabs of meat hanging. That reminds me of an old acquaintance who was a butcher. I heard recently that he died. T: Did you buy your meat there? C: No, he wasn't kosher. I met him at the race track.

At this point the Mr. L said that he had to leave five minutes early because he had an important phone call to make. He titled the drawing, *Meat Hanging*. In the final session of art therapy when looking over the drawings, Mr. L said, "See I've taken something dangerous and made it into something dead".

These three sessions explore symbolically Mr. L's anger towards his father, his mother and his grandmother. In the drawing *Anger-Wolf, Anger-Bear* the wolf-self is standing up and attacking the bear-father. This is analogous to the conflict of the genital stage of development when erect posture and locomotion coincide with the Oedipal drama. Mr. L symbolically killed his father in the drawing *Hanging Meat* and in the play *Caesar* where Mr. L was Cassius. The reference to *Little Red Riding Hood* fit into the same theme. Mr. L said that he was the wolf. In the fairytale the grandmother is devoured by the wolf and her daughter is threatened by the wolf. They are both rescued by the woodsman. Often Mr. L drew his mother in red; the grandmother was in red in session 33. I wonder if Mr. L was also the woodsman. In manic-depressive illness the patient loses the love-object only to incorporate or introject it after in order to save it. The meat hanging also looks like heart shapes. This ambivalence between the love and hate for the same object causes much anxiety.

Mr. L did express in a symbolic way this ambivalence for the "love-object". His complaints about his mother were always disguised (her food, her role as the rescuer rather than the caregiver, her depression) and when the therapist asked for clarification he became irritated and defensive to protect his mother. The fact that he was given the dead grandmother's name and that his father was "annoyed" that Mr. L wasn't a girl could have added to Mr. L's ambivalence; especially the uncertainty about how he is seen in the eyes of his parents. Later he drew himself as a *Disproportionate Fetus* (figure 15) and as a fetus expelled before full-term, *7 Month Fetus* (figure 14).

In the myth of the hero that Jung (1953) expounds upon the hero must descend into the unconscious in order to eventually be reborn and become whole. "The purpose of the descent...is to show that only in the region of danger (forest, etc.) can one find the treasure hard to attain" (Jung, p.335). The treasure, of course, is the Self. The unconscious where the hero must go is seen as the monsters, whales, dragons and sometimes the wolf. "The wolf who symbolizes the prima materia's appetite for the King devours the King (p. 338). It is only by making this journey and being "devoured" by the unconscious, to this place of "self-incubation" (Jung, p.339), that the hero can be transformed and resurrected.

The red shirt that Mr. L wore could be seen as protection for himself during this journey through the unconscious. He mentioned in session 25 that red clothes are put on babies "to protect them from the evil eye". He said it's a Jewish tradition. In his descent into the unconscious and the "killing" of his father of session 13 Mr. L might have felt the need for the red shirt. Here the red is connected with sex, blood and destruction. In the mythic story of Crossing into Egypt, ie. crossing the red sea, the hero is torn and bloody after his battle with the unconscious forces. He is about to embark on the journey towards the conscious with the red as his protective shield for this journey of rebirth. (Jung, 1953, p. 389-392).

5. Sessions Fifteen to Seventeen

Session 15: *Man With Cover and Pillows/ Mother and Me* (figures 9 and 10)

The first drawing came out of a discussion of last day's theme of Mr. L's desire for "total regression" and his fear of his father. He drew most of it with his eyes closed because of the difficulty getting started. I remarked that the head wasn't on the pillow.

Conversation:

T: Are you warm here at the hospital? C: Yes. T: Is your pillow comfortable? C: No. I

Figure 9

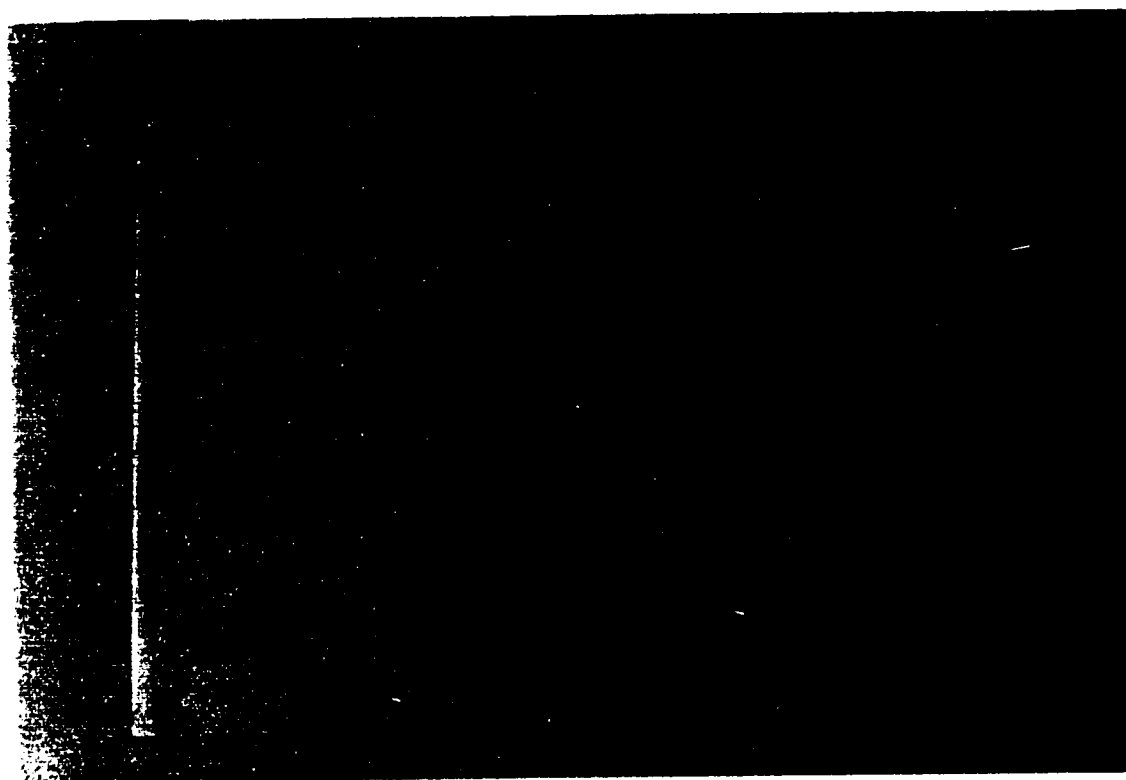
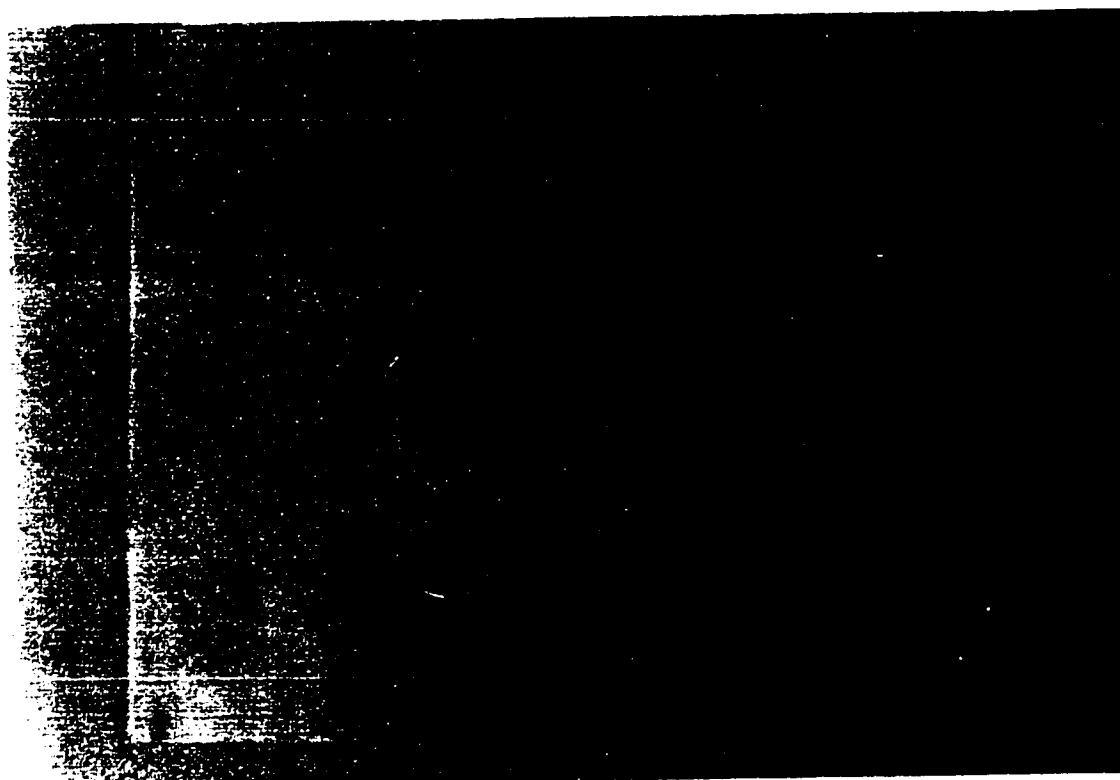


Figure 10



didn't want to cover the head that's why I drew the pillow like that. T: How does your head feel when your totally regressed? C: Light, weightless with no thoughts. T: What are some other times when you've been horizontal? C: When I was a baby. T: Then you were totally dependent? C: Yes. T: Who would take care of you? C: God or my mother I guess. T: Why your mother? C: She knows the kind of food I like. T: What else would she do? C: She would wash my sheets and my underwear. T: When you were an infant who took care of you? C: The maids, I guess. T: What was your mother doing? She had two other kids to take care of. (in a slightly defensive tone). T: What did the maid do to take care of you? C: She rocked me I guess. But I don't remember her though.

When I asked him to draw a picture of himself as a baby he drew a little short body but it was standing up. When I mentioned that the baby was standing he said that it was in a high chair. He then proceeded to draw the high chair around him. He said he didn't know who would be feeding him, the maid or his mother. I asked him to draw the person anyway. In summary, I repeated matter-of-factly some of the things he said. He laughed when I repeated what he had said about his mother washing his underwear. I said next session I would like to explore babyhood some more. He replied, "I'll leave it to the expert". Perhaps this was a show of confidence in the therapist.

Both of these pictures show a dependence on the mother. As a man he is horizontal and regressed and he would want his mother to take care of him. She would know (see above) the kind of food (oral concern) and how to keep him clean (anal concern). In the second picture, drawn in response to the request to draw himself as a baby, he drew himself standing up. The high chair was only added after the therapist questioned the baby standing up. So as a man he saw himself as horizontal and as a baby he saw himself as vertical. Later this drawing became proof that his

mother did feed him. When I asked why he never showed himself being fed in the baby scenes he went back to this picture.

In the scene with the maid and the food, the maid is in between he and his mother. Mr. L is lying down like the *Man With Covers*. Being in this position of helplessness seemed to get attention from his mother.

Session 16: *Rescue from Food Prison* (figure 11)

Mr. L was here on time. He told me that he went out to eat yesterday and that he had BBQ chicken. He was more energetic, no trembling hand today; in fact he was very steady and more talkative than ever. His voice was still low and slow but there was a slight improvement. He said that there were two scenes that he wanted to do today. In one he said, "the maid forced me to stay in my room without supper because I was eating too slowly. I waited until my mother came home, I knew she would rescue me. When she came home she did rescue me, she said, "Well we'd better let him out". In the other my mother took me to the doctor because I was imitating her voice."

He began to draw and used orange oil pastel. He told me he didn't like the watercolour crayons, they required too many decisions (see *Anger & Wolf*). He started to draw the orange horizontal figure and said, "Another bed scene". The drawing started on the left side of the paper; he continued to add objects and figures as he moved to the right. I did not have to prompt him or ask questions to get him to add to the drawing. He said I'll add another room, Then he drew the maid, the table, with the "food lined up" on the table top, then the pink mother arriving home. When discussing the drawing he said that he was just a slow eater, it had nothing to do with the food. His father's attitude towards his habits was unknown, "he was not on the scene". He called it *Rescue From Food Prison*.

Figure 11

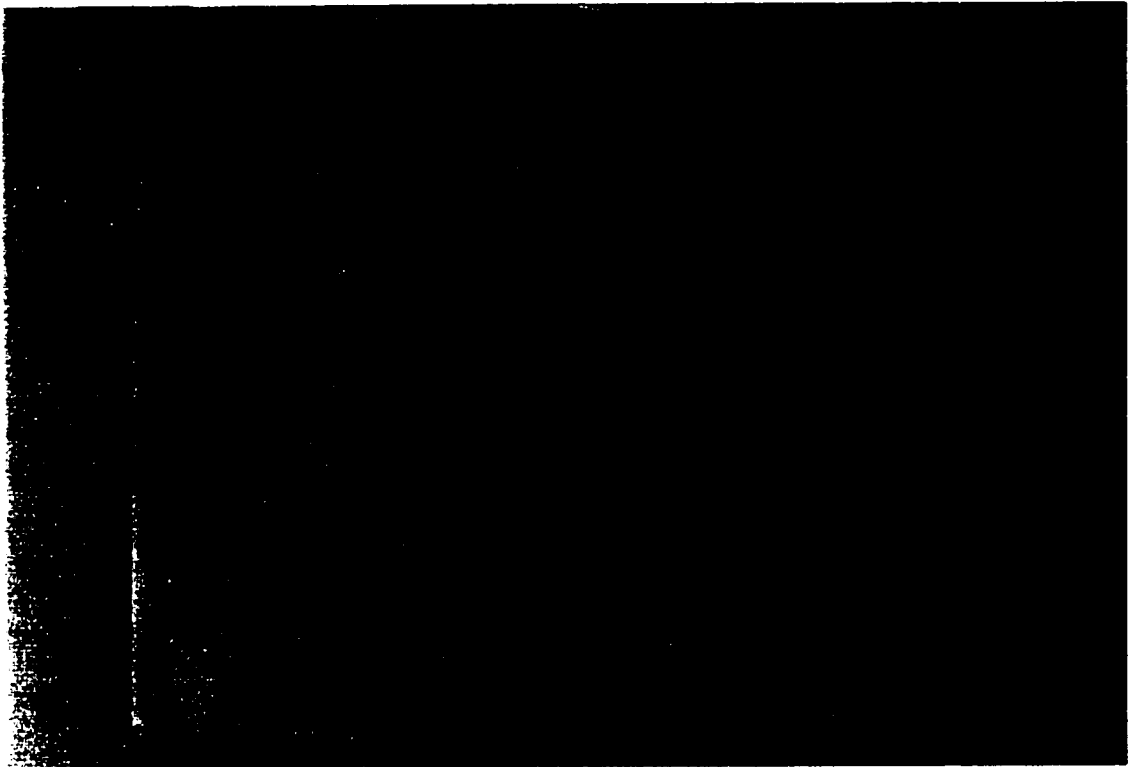
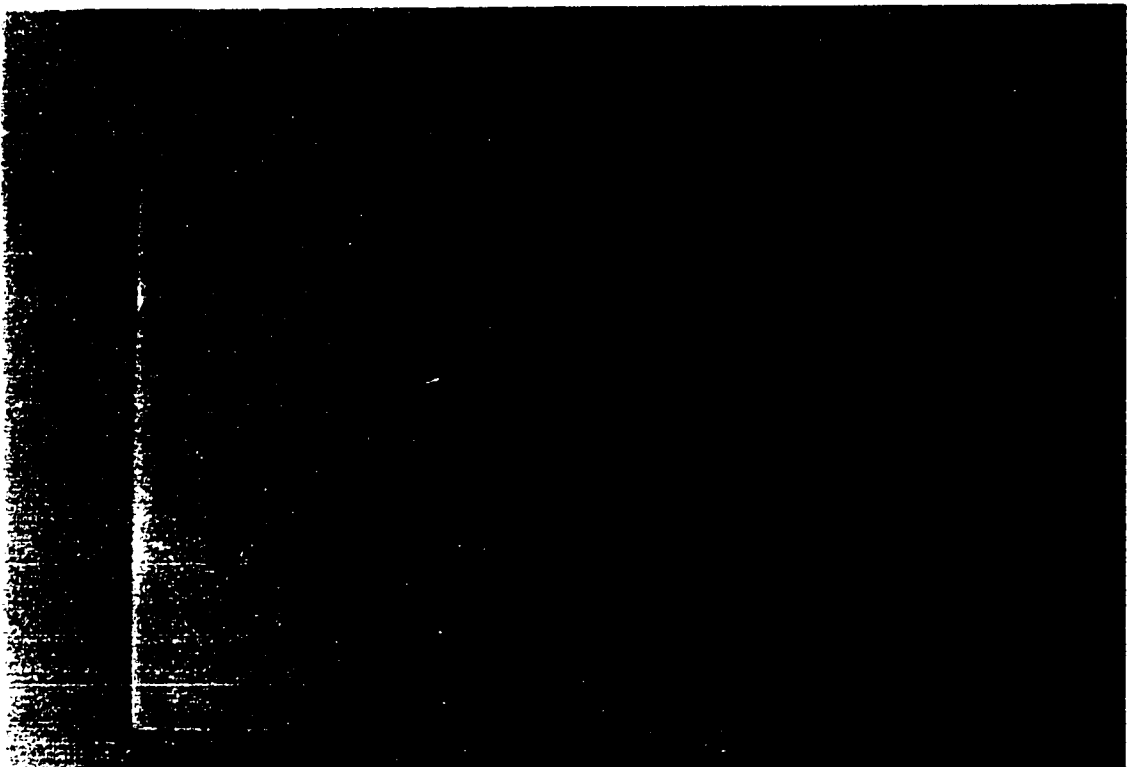


Figure 12



Conversation:

T: Do you have any memories of your father, events that included you and your father?
Long pause... C: Yes, I have one, my brother and I were playing catch, I was hanging out the second story window and my brother was on the ground. He threw the ball and I almost fell out the window trying to catch it. The maid saved me. T: Where was your father? C: He was around. T: What was his reaction? C: He got angry and yelled at both of us. T: What do you think of that response? C: I guess it was reasonable.. T: You told me that your mother was kind and soft and usually said "wait til your father gets home" when you asked her if you could do something. T: Your mother didn't like to make decisions? C: That was a decision! (defensive) T: So her decision was to not decide. C: No, she knew our father would say no. T: Were your mother's responses predictable? C: Yes, she was always kind and soft, she was not a disciplinarian. T: And your father? C: He was loud and angry and a disciplinarian. T: So the maid seems somewhere between the two extremes. She punished you and saved you. T: How do you feel about your mother always being soft? C: I guess I wish she would have disciplined sometimes. *There was no title for this image.*

Session 17: Just Imitating Your Voice/ Tanning Black Man

Mr. L was enthusiastic to draw as if he had been waiting to do this picture. He remarked, "There's just one more drawing to do-at the doctor's!" His mother had taken him to the doctor because he was talking in a high voice like her. She had had an operation before he was born that resulted in her voice becoming high. He said that he must have been four or five years old when this event happened. He said that he didn't know why his mother was worried about it and that his father was not around.

As he started to draw he remarked that the doctor was an ENP, "that's an eye, ear, and nose specialist," he explained. He then drew a mirror attached to a band

around the head of the doctor. He was very uncertain when he came to the legs and concerned about getting the right position. After drawing the head and round body he stopped and said the doctor was sitting on a chair and that it was hard to do his legs. I said they must have been bent at the knees and then gone down to the floor. He said, "Yah". He looked down at his legs to see the position in the chair. He noted to me that that was why he was looking down at himself. He drew the chair first and told me that this was behind the doctor. I said yes. Then he carefully and slowly proceeded to draw the legs and doubled the lines. He added the arms as double lines, then the eyes, nose and mouth.

I commented that his drawings had changed. He said, "Yes, I added eyes, nose and mouth". After a pause he said "no ears" but did not add them even though he noted this. Then he drew himself as a small orange figure to the right of the doctor. He gave himself features and double limbs. When he started to draw the mother he drew her beside him and started with her head high above himself. He stated that she was "kinda big" compared to him (doctor). I replied that she was perhaps standing up and he was sitting down. He continued to draw and made her and his mother holding hands, but without hands, just a thin line attaching them together. He struggled with the crayon to get the two lines attached.

Then he began to describe what was happening, he said, "my mother came in for the verdict". I asked, "what was that?". He replied, "He's just imitating your voice the doctor said". On the way home from the doctor his mother told him, "you don't have to imitate my voice". He said, "She meant that in a nice way, I didn't have to do that to get her attention". I asked if the imitating went on for a long time. He replied that it must have since it takes so long to get a doctor's appointment. He didn't have any memory if it continued after the doctor's appointment.

I believe that Mr. L identified with the doctor in this picture. He was confident in

drawing him and added his instrument in the left hand and the mirror on his head. He looked at himself as a model for the image. I wondered if his statement that the mother was too big for the doctor meant that she was too big for him. This is a feeling that might come during the genital stage of development when the little boy feels inadequate for the mother he desires. The figure of himself in the middle is very much like *Red Man-Double Limbs* (figure 3) which is an image of the man "in-between" inflated and deflated, a balance between the two. Does this scene symbolize Mr. L's realisation that he cannot fulfill his Oedipal wish for his mother?

This also reminds me of session 10 where the woman has the reflector and is trying to get the right angle of reflection. Here the doctor Mr. L has the reflector. Is he trying to get the right angle on the therapist or to get the right angle of reflection to his mother. He does seem to feel good about the doctor's verdict .

Tanning Black Man :

To continue the theme I asked him if there were any memories of things he did with other members of the family. There was a long pause. I asked, "What about your older brother, you, never talked about him". "He was different, he tanned brown-black, when we used to go to the south he was always black. I asked, "Do you want to draw him?" He drew a big standing figure. He said, "He's kinda fat and too big in the drawing." He added the brown-black oil pastel to just his chin and lower cheeks, it looked like a big oversize mouth. This huge figure reminded me of Bluebeard in the myth of the same name. Bluebeard's key was seen by his wife as holding some important secret because it was forbidden. Psychologically it relates to venturing out beyond what is natural or accepted.

6. Sessions Eighteen to Twenty

Session 18: *Eating Seul*

We looked at the picture of his brother that he did in the last session. He asked immediately about the paper he signed for the hospital to be able to use his artwork for research. he had signed this paper a few sessions back. I assured him that the art and conversation would be confidential and anonymous. When looking at the drawing I asked him why he noted the brownness of his brother's skin, did it bother him. He answered no but he always wondered why he was so brown when he tanned. I asked if he saw his brother as different. He said yes and that his brother keeps himself apart from the family. When asked how he felt about that he mentioned how his father was impressed with his brother's success. When questioned about what he meant he said, " I guess when you keep yourself apart from the family you can do what you want; when you're not dependent on the parents you can do what you want".

Conversation:

T: Do you feel that you are dependent on your parents for anything. C: For some meals. T: "You said you had a meal there Sunday and watched the game. C: Yes. T: So you depend on them for one meal but you could get your own meals if you wanted to? C: Yes, well, it's not just one meal a week, It's friday night, Saturday morning, lunch and dinner and the same Sunday. *We both laughed.* C: It's because it's so hard for me to make my own meals. T: Do you have a place to stay when you go home on weekends, besides your parents place? C: I have my own place; I sleep there on weekends at night. T: Oh, so you could have a meal there if you wanted to. *Long pause.* C: But cooking is a lot for me. T: If you wanted to have a meal at your place how could you do it? C: I could buy prepared foods and heat it up. T: Do you like being dependent on your parents for the meals? C: Not so much. T: Did you ever think that your parents might depend on you to go and eat with them? C: Yes, I guess

dependency means interdependency. C: My mother is old and tired, I guess I shouldn't be so dependent on them at this age. T: Can you think of how your mother might be dependent on you? C: She loves to cook. T: So maybe her self-esteem depends on being able to cook for you? C: Yes T: What about your brother who comes to see you all the time? *Long pause...*C: I guess he needs someone to depend on him. T: What do you thing is the reason for that?. C: Don't know. T: And your father, how does your dependency help him? C: He remains in power. T: What about your sister? C: No. T: Your brother who tans dark, how does your dependency on the parents help him? C: Don't know. T: What could you do to have a meal away from your parents on weekends? How would they respond? C: Probably positively now. T: Could you do that? C: I can't cook. C: At some point I could try it, I don't know when.

Eating Seul:

Conversation:

T: Could you draw a picture of you having a meal by yourself? C: I don't know how to draw this. T: Just start with you. C: But I should have a sideview. *He took the orange oil pastel and started to draw himself. He drew his head with eyes, nose, mouth in a smile and his two hands (just small dots or circles) coming together towards the front of him.* C: I shouldn't have put the hands together like that. T: Parhaps you are holding a fork and knife to cut up the meat. C: But I already put the fork and knife on the table. C: Well, maybe I'm just going to pick them up. *He gave himself one leg, no chair, and no feet. He named all the food that he would have on the table. He asked how to draw the legs of the table and where the top of the table should be. He looked down at his own legs and said, "I'm looking at my legs". I verbally guided him in drawing the legs, telling him they bend at an angle to the body, then go down at the knees to the floor. He said the food on the table reminded him of the prison picture that he did a while back.* T: Oh

yes, it was lined up on the table like that. When asked for a title, he put "*Eating Seul*" I said, Oh it's a mixture of two languages, why? C: That makes it more dramatic.

Session 19: *Bridge*:

The next drawing is a scene of Mr. L playing bridge with a partner. The table is in sideview as well as the two figures but this time they have no facial features. There are slight suggestions of feet and hands. Mr. L said that he doesn't play bridge anymore because everyone was talking. He meant that everyone was talking about him being ill. He found it too embarrassing to continue to go. He told me that they didn't have much time to talk on a social level at bridge because there was only a few minutes between hands and they were not allowed to discuss strategy.

Session 20: *Private Kiddush*

In this drawing he had wanted to do a scene of himself standing up and socializing. The standing up seemed very important to him. Here the table is a bird's eye view and filled with food and drink. The people on the side closest to the bottom of the paper are seen in backview. He carefully planned the drawing of the edge of the table so that he could fit their heads along this edge without having the line of the table show through them. For those people on the other side of the table he inquired how much of them would be showing and how much blocked by the table. He added facial feature to those people facing out to the viewer.

This scene took place at a synagogue where he used to go with his former wife. He now goes to his parents' synagogue but the people are much older. The drawing is based on his desire to socialize with people his own age and perhaps the desire to break away from his father who is a prominent figure in these circles. He said that the kiddush is a celebration because they are allowed to eat for the first time after a period

of ceremony.

Summary:

All of these three drawings are based on socializing and breaking away from his dependency on his family. He was very concerned with the angle of view, getting caught up in sideviews and backviews of people. He seemed to want new perspectives. These also represent his first real attempts at perspective drawing having only used overlapping up to this point. Here he uses a primitive vanishing point for the table legs and overlapping for the people in front of the table.

The concern with the angle of view of the faces could symbolize paranoid and passive aggressive feelings by Mr. L. The backview of the head representing the former and the sideview representing the latter. There is an animosity between his wife and his family. To return to his wife's synagogue meant that he would see all his former friends that were part of his social life with his wife. His concern with people "talking" showed his suspicious feelings. The struggle to get things right was sometimes frustrating for him. Forgetting to put hands or mouths on people who are supposed to be eating seems significant. It could suggest that Mr. L is not really ready to socialize or that he feels very awkward in those situations.

This whole session seemed to suggest that Mr. L was again facing the possibility of feeling shame for his illness which has caused him to lose his job, his wife and his primary family. All the difficulties in drawing this image show his uncertainty in wanting to face the situation.

7. Sessions Twenty-One and Twenty-Two

Session 21: *Man & Woman Meeting* (my title) (figure 12)

Following the theme of socializing as in the previous session, the subject of spontaneous conversations came up. Mr. L wanted to show himself meeting someone

and standing face to face with that person. He was disappointed that they ended up being side by side but facing front, not each other. He said they could not talk because they were not facing each other. This idea of not being able to draw the sideview so that they would be facing each other was a source of frustration for the client in a number of drawings. So faces were usually front view, sometimes with facial features but never with ears. This frustration was eventually directed at the therapist.

We discussed where this scene might happen and he suggested on the street in the old part of the city where there are a lot of tourists. He said the other figure is a woman and she is lost. He explained that she asked him directions to a well-known street but he said that scenario would never happen. We thought of another one where she would ask about something more obscure. Then he said that he himself would not know where that was, that he would then be lost, so he would tell her to just browse.

The therapist questioned this response to the woman. She asked how it would make the woman feel to be told just to browse instead of giving her directions. It must have seemed like a reprimand by the therapist. He replied that this would not be very helpful to the woman and that she would probably feel bad.

Near the end of the session he asked how he could distinguish the two figures by sex. They were both the same. He had just drawn the head, body and limbs with no features. I suggested he could make them nude or could show the sex differences by adding clothes and in how they would wear their hair. He then asked how he could show that she had breasts if she were wearing clothes. I told him the breasts would make a bulge in the shape of the blouse or they might show through certain types of material. He immediately drew the breasts on the woman then added lines for sleeves and a waistline for her skirt and a hemline across the calves with constant questions to the therapist about how to show various things in the drawing. He added a shirt with buttons for the man and a pair of pants. He drew hair on the heads, giving a bit more to

the woman.

Session 22: *Art Therapist and Me-Talking* (figure 13)

This session began with some frustration on the part of the client. He came five minutes late and inquired about the time of the appointment which he said was supposed to be at 10 o' clock. He had come back to check. It was then 12:30 which was our usual meeting time on this day of the week. We discussed the mix-up.

We decided to look at last day's drawing of the two people meeting by chance. One of his first comments was the fact that they were not facing each other. He remembered that he had done a drawing of people facing each other in the *Private Kiddush*, some with their backs to the viewer, others looking out. He reiterated that these two standing figures should be facing each other and seemed to imply that the therapist had not helped him enough or in the right way. I diverted the question by asking him if there could be a reason why these two were not facing each other. This was a bit of a counterattack by the therapist which I didn't realize until later. He replied, "One is shy". In response to my query, he didn't know which one.

I pointed out another drawing where he was concerned with this problem of people not facing each other. He repeated that he did not know how to do it and that was the reason. He looked at me and I sensed a bit of anger. I decided that there should be some attempt to resolve this or give him another chance to draw the kind of picture he wanted. I asked him for an example of a situation where two people might face each other and talk. There was a long pause and he said, "You and I in art therapy". I agreed but added that we don't always look at each other, although we face each other. He said it was like this because one of us is shy. He said, "I guess I'm shy". I asked him if it was like the drawing of the two people on the street in some way (session 21). I asked who was shy in that drawing. He replied that he didn't know but, he said, "one of them is lost".

Figure 13

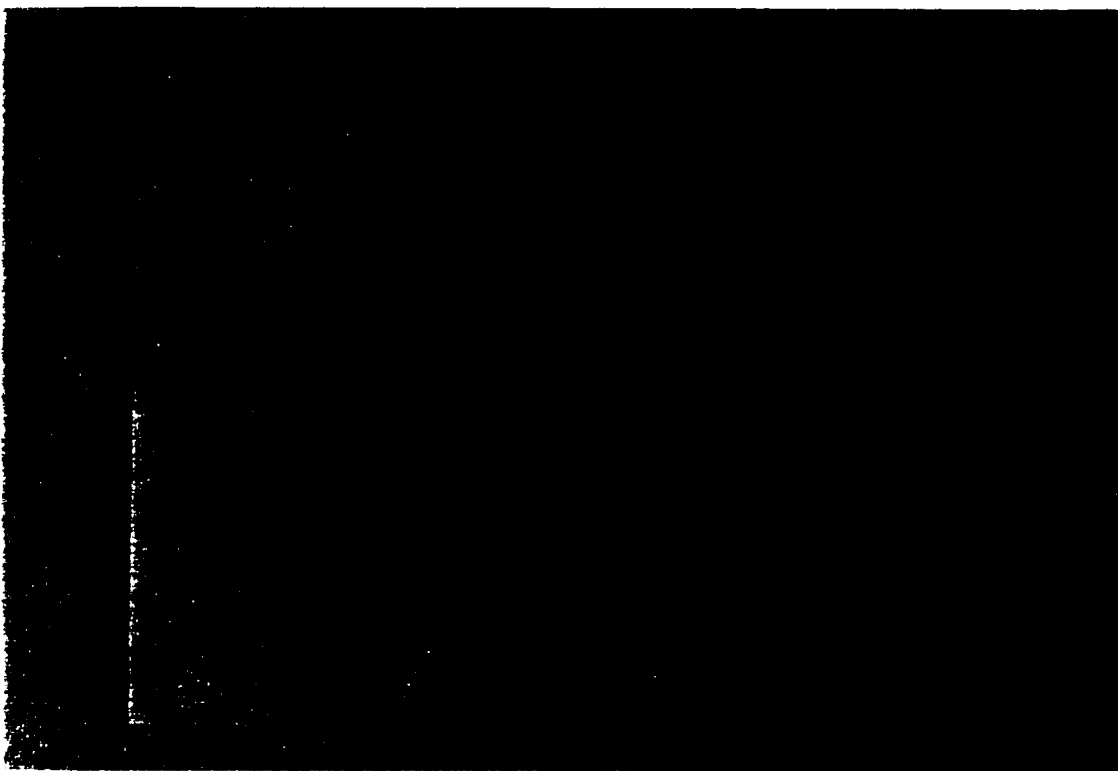
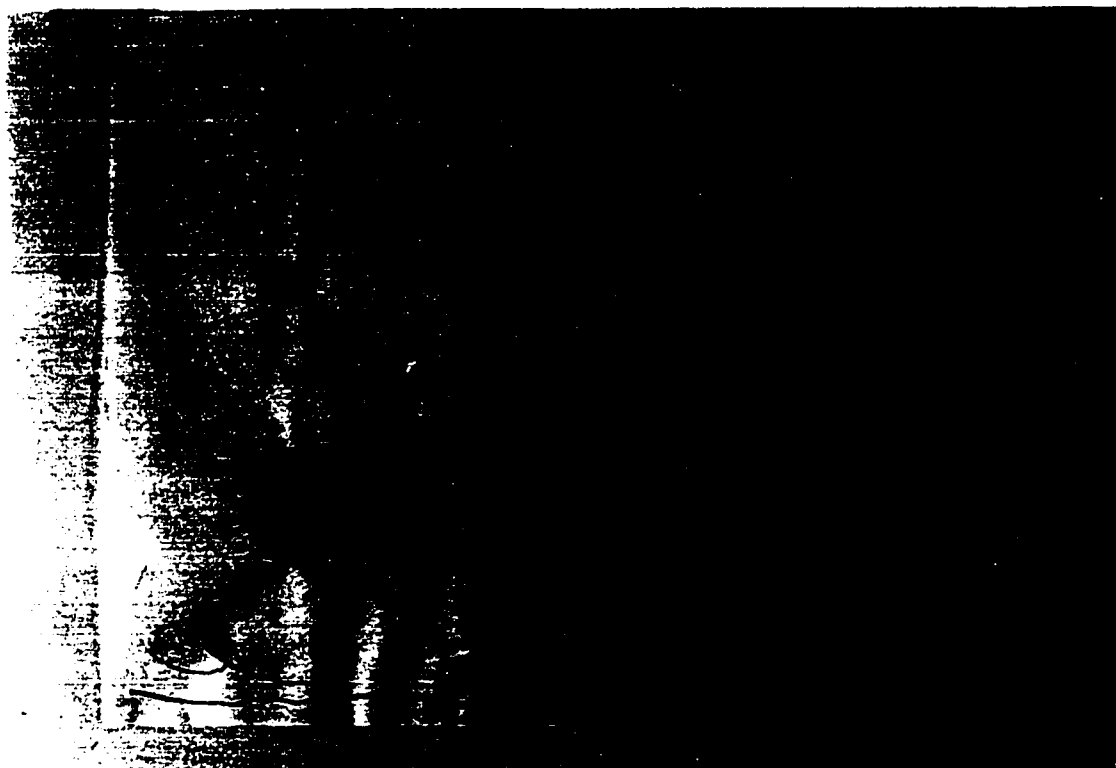


Figure 14



Conversation:

C: I hope you're not lost! T: You hope I'm not lost? C: Yes, because one of us has to be not lost. T: You're saying you're lost? C: Lost in art therapy. T: Art therapy makes you feel lost? C: Well, the technique of drawing does, not the art therapy.

Here was the clue that he was frustrated by the technique of drawing; he was not satisfied with the results he obtained. He wanted more from the therapist. He reached a point where his drawings were never right, in his eyes. He then proceeded to discuss how he would do the drawing of two people facing each other. He said by making one in back view like in the kiddush drawing and the other facing outward, towards him. I agreed and suggested another way would be to show both in sideview as if he were viewing them from their sides. I was immediately sorry for this interference with his plan but in the end it gave him a new approach that was satisfying. I was being too directive as a result of feeling frustrated by his lack of spontaneity and his seeming desire to turn the therapy into a drawing lesson.

As a result of putting him in this position I spontaneously decided to try to repair the damage by being his model. So I sat sideways in my chair so he had a sideview of my face. I told him to just draw what he saw in front of him and he began to draw. At one point I glanced over and he assured me by saying, "I'm on your ear". He thanked me when he was finished by saying, "It helped to have something to go by". I agreed and repeated his words, "yes it does help to have something to go by". Then he changed colours to draw a picture of his own head by copying the first one done with the model. He seemed pleased with the results.

We looked at the drawing together and he became concerned about his protruding mouth and the fact that mine went in. I told him that it looked like he was talking. He inquired again why it was sticking out. I replied that maybe it's because the mouth can be a projecting mechanism and this symbolizes him talking and my mouth

is symbolic of me listening. I pointed out that he had put ears on the head for the first time. He seemed pleased and said yes. I noted to myself that the receiving line on his ear is facing backward as if it could not pick up the sounds coming from the other person facing him. Or is he hearing the sounds from a past relationship?

The artwork showed his mouth with a line coming out of it and falling down over the chin like a stream of spit that might be ejected from the mouth. It was possible that this image was a symbol of a momentary change from symptoms of depression into symptoms of mania. We could say that the artwork here became “embodied” with the symptoms deposited into the visual image. Here the “word” can be seen as an object (breast), a concrete thing such as a “stream” (Wolpert, 1977), which “corresponds with a regression to an earlier phase in which, for the child, the word still has a concrete meaning” (p. 211).

There is evidence from research (M. Katan, in Wolpert, 1977) that the word in mania becomes an object and that object is the mother's breast. Freud (in Wolpert, 1977) states that, “the infant lets go of the breast only after he is satisfied; his smile signified his well-being” (Wolpert, 1977, p. 219). Wolpert speaks of a patient who “had an inhibition about speaking, who held back his words” because of his aggression towards the mother who “had not given him the breast sufficiently” (Wolpert, p. 219). This same patient was able, under the influence of alcohol, to get rid of his inhibition, in fact, “it turned into its opposite...as soon as the alcohol satisfied him”. The patient compared his speech to a stream, like “a stream of urine”. Wolpert notes that the change from depression into mania can have different origins, “but the result is the same, through the development of pleasure... ie., the expression of saturation, the inhibition is removed” (Wolpert, 1977, p.220).

In the case of Mr. L he was able to find satisfaction in using the therapist/ mother as a source of satisfaction and well-being by drawing the profile of her face. He

“had something to go by”, he was able to control her “giving”, which could symbolize her giving of the breast, by being able to tell her when he was finished. Here we could make the analogy between “being finished” to “being saturated”. At the same time he was “seeing” and “imitating” her by drawing the lines of her profile as he looked at her. This could also be seen as identification with the mother/therapist in an attempt to be like her. Erikson (1959) describes how in psychoanalytic terms a “friendly otherness” develops between mother and child by the child being able to *get what is given* and learns *to get somebody to do* for him what he wishes to have done, the baby also develops the necessary groundwork *to get to be* the giver, to “identify” with her” (p.58). Being “on her ear” perhaps meant that he was being heard as well. There is one other thing to note here and that is that the aggression may be neutralized by the mania but it might not have disappeared totally. (Wolpert, p. 220).

For Mr. L this drawing became a “landmark” or “blaze”. In Ndembu society, this “blaze” can become a connection between the known and unknown, a ritual element or reference used to guide one into new territory (Turner,1977). Mr. L referred back to this drawing for one of his last sessions in art therapy. He asked to see it when he decided to do a “farewell drawing” for the both of us. The drawing was him, in sideview, looking at the therapist who was looking out, front view.

This last drawing, like the drawing *Me and the Art Therapist: Talking* was totally his decision, it was drawn in confidence, without consulting the therapist, and in short time. Here, once again, he had something to go by, his own earlier art work. The drawing seemed like a gift to the art therapist and in his dialogue he insinuated that art therapy was good for him. This exemplified a change in attitude on the part of Mr. L and a more mature attitude about the relationship.

8. Sessions Twenty-Three and twenty-Four

Session 23: 7-Month Fetus (figure 14)

The mood at the beginning of this session was very much connected with the last one. Mr. L seemed slower, less groomed. I felt empty and tired after the last session and I was feeling that I didn't know where to go with Mr. L. The fact that I posed for him last session disturbed me, made me feel vulnerable. It seemed that the boundary between the therapist and client had been blurred; the therapist had taken on the role of model for the client/artist. When I asked him how he was, he said O. K. I asked him if he had some theme that he wanted to explore today. He said no. There was a long silence. I suggested that he do a free drawing.

Conversation:

C: With my eyes closed? T: Yes, if you would like to do that like before.

He drew the orange horizontal coil with green triangles on top, then the blue loopy line all around, then the dark green line all around. All these circular forms were left open at the left. T: What does this drawing mean to you? C: The loopy line is a circusy kind of tumbling. T: What do the other parts mean, can you see anything in them? C: No, nothing.

I asked him if he would like to try another medium and work on the drawing some more. I reminded him of how he used the pastels and watercolour together before. He began to fill a brush with watercolour and filled in the spaces in the coil. He worked very slowly and painstakingly being careful not to go over the edges. He seemed to forget from his other experience that the oil pastel lines will reject the watercolour and thus he wouldn't have to be so careful near the edges. His hand was a bit shaky. He filled in the red loops with a fairly big brush ever so carefully. One leaked outside the boundary of the loop because his brush was so laden with water. He was slightly disturbed and wanted to clean it up. I gave him some paper and

assured him that it would soak up the excess. He tried and was able to clean it a bit. He said that the green line was a boundary for the other parts. I mentioned that the coil was horizontal like some of his lying down figures. When asked what the title would be he said, *Untitled*. I asked him to look again at the drawing and we compared it to his drawings of the wolf and the bear in that they were filled in with watercolour and with similar colours. He looked at the drawing for a long while and then he spoke.

Conversation:

C: This loop looks like a foetus. T: This loop looks like a foetus? C: Yes, it has dark spots in the watercolour that look like eyes. T: Do you have memories of being a foetus? C: No. T: Did your mother ever tell you anything about yourself as a foetus or as an infant? C: No, nothing that I can remember. T: Could you draw yourself as a foetus? C: I don't know. T: What would it look like?

He took the pastel crayon and started to draw a small blue circle which became the head; the neck became an extension of this circle rather than a separate tube like he usually drew the neck on his figures. He drew the larger circle underneath which was the body; then he added the arms and legs with feet.

Conversation:

T: How old is it? C: Seven months. *I looked back at the free drawing and counted the loops from the left, the foetus he had pointed out was the seventh loop. He saw me do this. I asked him to describe the foetus a bit more.* T: What colour would it be? C: Red. *Then he changed his mind as he was selecting the colour and said brown. He took out the brown pastel and filled in the body of the foetus.* T: Are there any other features that you could add? C: I guess it's a boy. *He took the blue pastel and added a penis. He titled it "Seven Month Fetus".* T: Do you have any memories of what it was like inside the womb? C: No. T: Are there any stories that your mother told you about yourself then? C: Well my mother's mother died one week before I was born. My mother named

me after her mother. T: Your mother must have felt sad when her mother died. C: My mother was depressed then. The doctor would not let her go to her mother's funeral. T: The doctor thought it would be too much for her, perhaps. C: No, it wasn't because of my mother; he wanted to protect the baby!

In this session we struggled to put the boundaries back in place; Mr. L. worked cautiously to keep his watercolour within the lines. I sat in silence and watched with empathy. I felt that he was working for both of us and I supported him by handing him kleenex to fix edges and silently and patiently waited for him to complete his drawing. This experience reminded me of the last session where I waited for him to complete my profile.

This regression to the foetal image must have been comforting to Mr. L. Perhaps with his "circusy kind of tumbling" he was momentarily back in the womb as a blue protected oval. Here he was protected by the doctors' words to his mother. The dark green line was an added boundary which opened to the left, a passage to the past but separated from the future. The little brown "7-month fetus" (figure 14) to the right seemed expelled from the inner boundaries, standing on its own as if it would have to face the future alone. This place inside the boundaries could represent his mother. He has been born prematurely or rejected before his birth. The decision to pick up the brown crayon instead of the red to colour the foetus seemed significant. Especially in relation to earlier discussions about the symbolic meaning of red.

Karl Abraham (1924, in Wolpert, 1977) states that the melancholic patient "gives up his psycho-sexual relation to his object" (p. 135)..."As soon as his ego enters into an acute conflict with his love-object he gives up his relation to that object" (Wolpert, 1977, p. 141). He goes on to say that the "removal or loss of an object can be regarded by the unconscious...as an anal one of expulsion" (p. 139). The drawing of the brown "7-month Fetus", in this context seemed equivalent to "the expulsion of

stool" (Wolpert, p. 138). In psychoanalytic observations of children there is evidence that the child's libido is at first without an object, then "it takes its ego as its first object" (Wolpert, p.141). In this image it seemed as if the fetus had "expelled" itself (stool) from the womb prematurely, thus symbolically "losing" the "love-object". Here the "ambivalence" or "hostile feelings" were towards the self, the expelled "love-object".

Freud (1917, in Wolpert, 1977) inquired into what would seem to usher in the melancholic state. He spoke of two processes as being important, one he called, "loss of object" and the other "introjection of the lost object". The introjection of the object is a way of symbolically carrying the object within so as to always have it. Freud saw this process as having "the character of a physical incorporation by way of the mouth" (p.143). The incorporation is an attempt to restitution the object but at the same time is based on strong ambivalent feelings towards the object. One way that the "melancholiac" tries to escape from these hostile feelings is to turn against himself, to be hostile towards himself instead of the love-object.

SESSION 24: *Disportionate Fetus, New Born, Nearly new and New Parents, Mother Holding New Born.* (figure 15)

He arrived at the session a few minutes early ; I was down the hall. He went into the A. T. room and sat in his place. I had not seen him enter and was surprised when I arrived. I was greeted by a smile and his bright red shirt; he said, "my trick on you". We both laughed. The red seems to have some significance in this session.

The subject of his mother's feelings at this early period in his life came up again in this session. He said that he didn't ask his mother any questions about his infancy this weekend because she's too old. I asked what he meant by "too old". He replied that he did not want to upset her, so he just talked about superficial things like, "pass the margarine". I guess he assumed that talking about his infancy might upset his

Figure 15

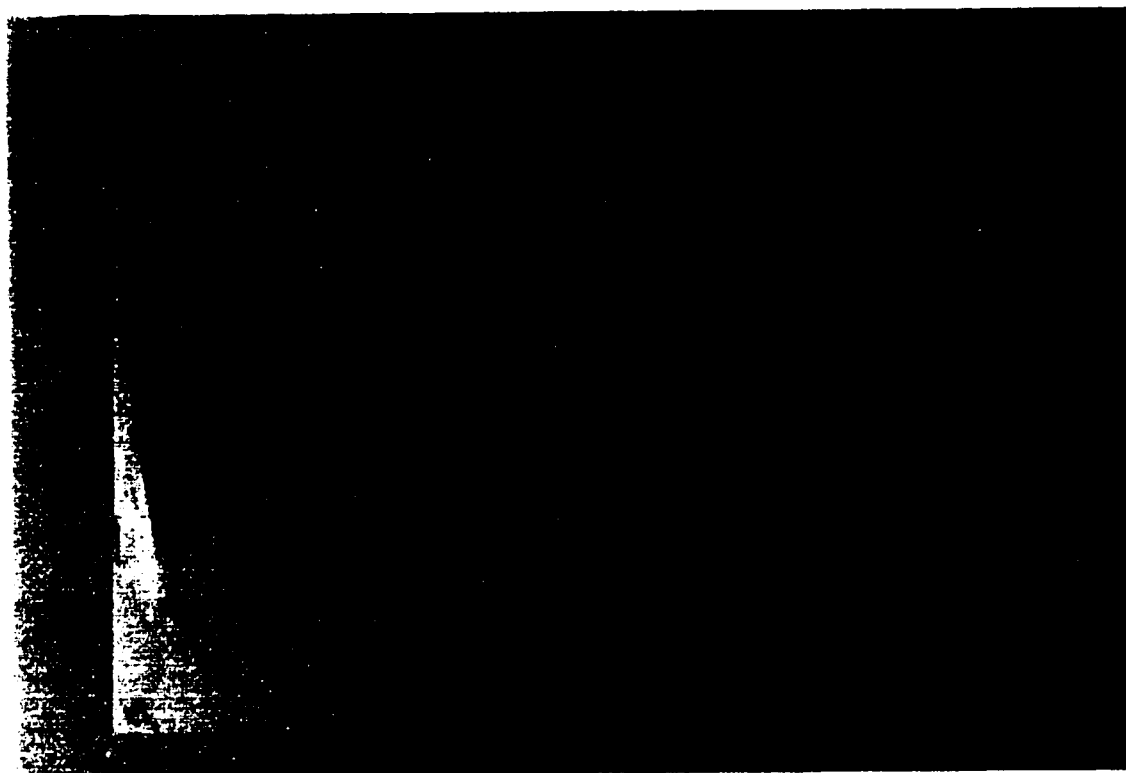


Figure 16



mother. He added that he wasn't sure that his mother had been depressed he just assumed it. All of this seems to indicate that Mr. L is feeling the need to protect his mother from what he had said about the period of his birth. He was denying and making light of what he thought happened.

When asked what he might draw today he said it would be useless to draw any more of the fetus because the eighth and ninth month would just be the same. He moved ahead to the birth of the fetus. The first drawing was of a newborn being held by the mother but he said it wasn't right because the arms of the mother were showing through the baby. The lines of one object showing through the other can be symbolic of a blurring of the boundaries between them. He redrew the image using an overlapping technique he had used in the *Private Kiddush* and seemed satisfied with the results. The two red lines on the front of the baby are, in his words, "to protect the baby from the evil eye". He explained that it was a Jewish tradition.

When he told me that I wondered if it was connected with the bright solid-red shirt. Was he also protecting himself from the therapist/mother? Or was he confused about who he should be protecting, himself as newborn or himself as adult man? And what was the need for protection based on, the mother's arms going over the boundaries, the loss and hostility expressed in the last session around the "7-month fetus" or the words, taken back, that he used to describe his mother's depression?

Mr. L came to the session prepared, with his protective colours perhaps he was ready to "die" symbolically as a preparation for something new to begin. He was to embark on a journey through ten sessions that would carry him from newborn (in the hospital) to being received by his family at home eight days later. He came to the session with a sense of humour based on a childish "trick". At this point he started his journey. The second drawing called, *Mother Holding Newborn*, sees the infant donned in his red protective stripes being held out from the mother's body as if she is handing

him to the sacrifice.

The first drawing of this session showed the struggle to draw the fetus and to get it right. The first one was not right in his eyes. He called it, *Disproportionate fetus*. (figure 15). The next sketch, *New Born* (figure 15), showed the infant head sideview with facial features, including ears, and the body is brown again. He joked that it looked dirty and that it would have to be washed. He stated that the mother had not touched it yet, it had to be washed first. He explained that in “those days they didn’t do that”, but she had probably seen the infant. After it is washed it is placed in a “layette” (his word) where the parents can then see it. He remarked that he forgot about where his father would be all this time. When asked, he said, “probably at work”.

In the next sketch, *Nearly New and New Parents*, (figure 15) he drew the baby and the two parents looking at it with the mother’s arms reaching out towards the baby. He stated that the parents heads should be in a sideview but that he didn’t know how to draw that angle. even though he had just finished *New Born* with the head in sideview. As a result of his belief that he is not capable of drawing a sideview, he drew the parents looking away from the infant.

9. Sessions Twenty-Five to Twenty-Eight

Session 25-28: *Baby First Being held by Mother & Father: In Mother’s Hospital Room* (figure 16)

The next picture is mother sitting and holding the baby with father behind her looking out. This picture took four sessions to complete and Mr. L was very invested in the scene. He made a complete composition, well-balanced in the use of space and color. Between sessions he thought about the image and came back with ideas. It seemed like a reparative process taking place within Mr. L. The mother and child were the first figures to be drawn and were centrally placed in the space. The other objects,

including the father, revolve around these two figures. In this image the three day old baby, Mr. L, was being held, being seen and being heard. The relationship between mother and child seemed imbued with good feelings.

Each day the drawing emerged with new objects being added as he felt the need. Mr. L would often look at it for long moments as if the picture itself were real and he was picking up the mood that he had created in the visual image. At one point he said that he wanted to put a picture on the wall in the drawing, it would be a picture of the drawing. This seemed to express a need for the drawing itself to become the real thing (Dr. Pierre Grégoire). Another interpretation could be that the picture of the picture is an overlay, an unconscious repetition of the "origin-al" experience of birth in the hospital room with his mother, but now with the therapist. "It is almost ouroboric, as if one is the retrospective and the other prospective in the reparative process" (Elizabeth Anthony)

The addition of the landscape was a sign that Mr. L was looking outward but also it was reminiscent of his childhood when the family went to the country for weekends. The open window was letting in, "a fresh breeze" and it was a view of the city below the hospital. It looked far away but real and I believe this was, for Mr. L, a symbol of reality. This was where he and his mother would go when they left the hospital; it was also the future which showed movement in the curtains.

He said, "there is a fresh breeze coming in". Perhaps this was a sign of hope for a new beginning to balance his desire for a "different dessert", a new ending as well. The two little "girls playing hopscotch" in the picture above the bed was a sign of childhood past. He told me it could be he and his sister playing together. The mother in the picture was sitting down and her bed was made up. The father was standing behind them, he told me a few days later that the father's hand was touching the baby.

When asked in session 26, Mr. L said that the mother would be saying, "Hi

baby" and his father would be saying the same thing but in a gruffer voice. When I asked why, he explained that his father was "annoyed" because the baby was a boy. In session 28 when asked again what he mother would be saying, Mr. L said "Hi, nice baby" and that the mood in the room would be, "warm and loving".

Schaverien (1992) states that the image itself can become an object that feeds back to the client (p.88). Here she is speaking about the "embodied" image, one that "embodies meaning... it fills the paper, there is an awareness of the effects of the image on the space...the confidence [develops within the client]...to claim the space within the frame of the paper" (Schaverien, p.88-89). She states that , "A sense of self begins to emerge in direct correspondence to the image, it feeds back in a positive sense...A new impression of the self is created... which is affirmed by the therapist" (Schaverien, p. 88). Schaverien suggests that this type of image can become, "a form of a transference which takes place in relation to the picture. The picture was the object which mobilised the affect and brought it live into the present...[and] although the transference is mobilised through the picture, it is linked to the therapist" (Schaverien, p. 90). The following summary will discuss these transferential links.

Summary:

Sessions twenty-three to twenty-nine show the progression of the relationship between the therapist and client and how the art was used to symbolize the survival of both the therapist/mother and the client. This survival allowed the client to symbolically separate from both his mother and his therapist. The separation is shown in the images that followed session 28. The images showed the males and females separated by a window and the infant/client being accepted through a religious initiation ceremony into the community. It is by way of this that a child can begin his identification with the group, in particular the males of the group.

Just before session 23, in session 22, there was a verbal attack on the therapist

when the client questioned whether she was lost, after she had angered him. He expressed his fear that they might both be lost. The therapist responded to this by overcompensating in letting the client use her as a model. He drew their heads looking at each other. They were equal in size and quite identical except for the drooling coming from his lips. They were protruding while the therapist's mouth was more like a small cavity that this lip might fit into. This could be interpreted as an oedipal wish for his mother.

Following this session the next image saw the client as a tiny fetus expelled prematurely from the womb. This could be seen as self-reproach or rejection of the mother/therapist, or both. The reproach possibly coming from the feelings of loss around the attack on the therapist, the subsequent incorporation of the lost object into the self and its rejection through self-rejection or expulsion from the body.

The confusion of boundaries here was seen in the infant becoming the symbol of the mother, and by expelling himself he expelled her. The next image again began with boundary confusion. The mother was holding the child with her arms showing through his body. Through the subsequent drawings we can see the infant being re-established, he stands on his own two feet, is then placed in a layette and is about to be picked up by his parents. Then he takes his place as a baby in his mother's arms.

Through the drawings the therapist, the mother and the infant have "survived". Winnicott (1969, in Schaverien, 1992) speaks of the infant moving from the stage of "object relating to that of object use. This occurs when the infant experiences the full impact of his or her destructive rage towards the loved and needed object. The mother,,, must survive the onslaught of this attack for the infant to be able to experience himself as a separate person" (p. 89).

Here the therapist/mother did survive the attack by the infant/client. They both participated in the reparative process, one supporting the other while Mr. L filled in the

shapes with the watercolour (Session 24, figure 14). The infant/client was able to re-establish the boundaries symbolically after they had been confused. The infant has been placed in his rightful position in the arms of his mother with the father “watching over them”. He was able to get what he needed from the therapist (guidance and modelling) as well it looks like the mother is doing what he wants her to do (figure 16), holding him and looking him in the face.

10. Sessions Twenty-nine to Thirty-Two

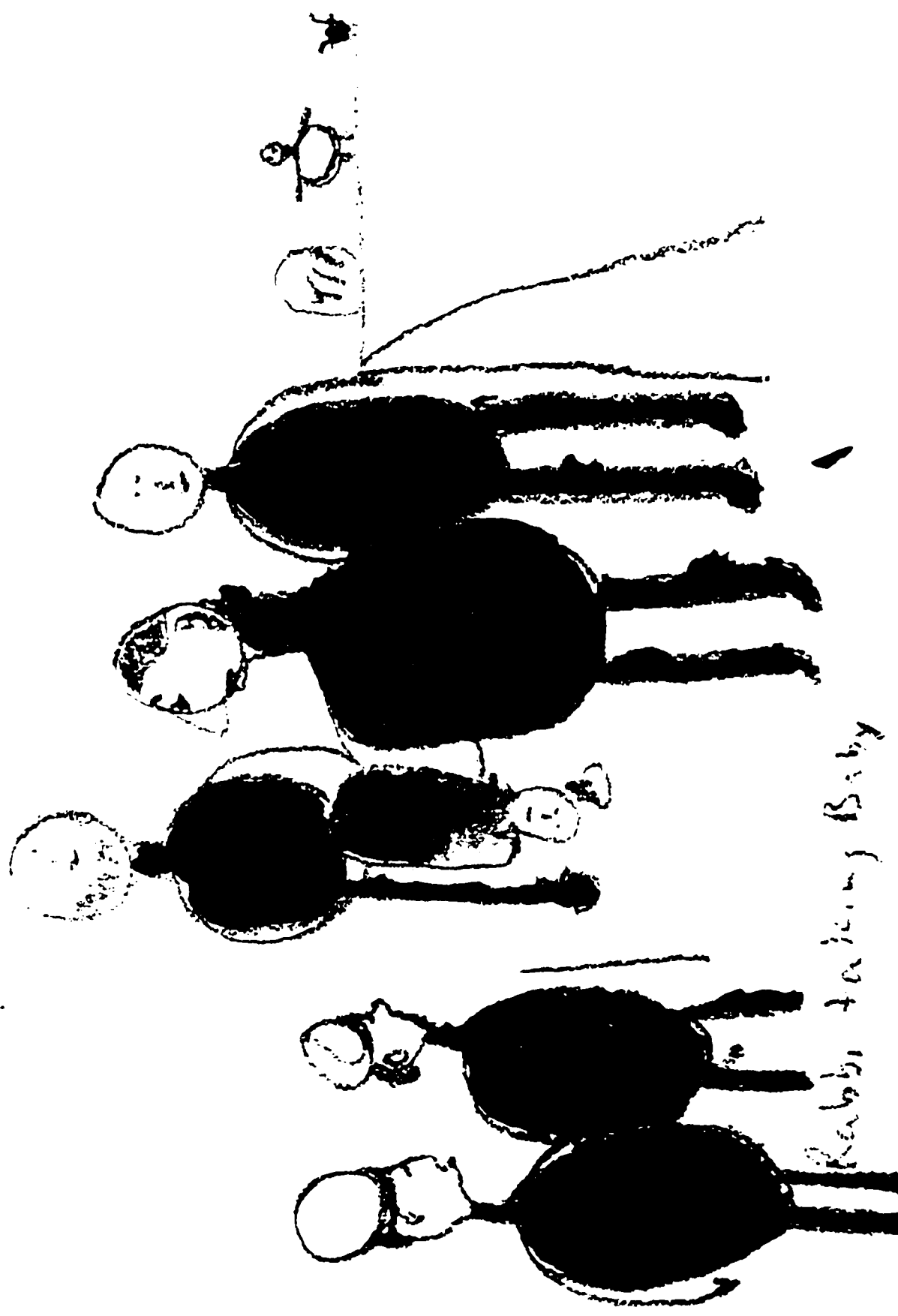
Session 29: *Baby's Circumcision* (taped session)

The drawing of this session was discarded by the client because it became too complex. He had struggled to get the rabbi, the sandak and the baby in their proper places but once again the boundaries got mixed up. The baby became transparent and he wanted to start over again. Nevertheless he titled the drawing, “Baby's Circumcision” before putting it aside. The fact this session was being recorded probably had some effect on Mr. L's ability to concentrate.

At the beginning of the next session Mr. L asked if I had listened to the tape of last session and if I had liked the sound of my voice. I told him that I did not like the sound of my voice, that I had an accent. I asked him if he had ever heard his voice on a tape and he said yes but that his voice was higher than he expected.

Session 30-32: *Rabbi Taking Baby from Sandek* (figure 17)

The second drawing about the topic of circumcision was more successful. Mr. L added his father as an afterthought between the sandek who is holding the baby and the apparatus for the circumcision. Mr. L noticed that there was a division in the picture; he said the females were on one side and the males on the other. We discussed the meaning that this could have and he said that the infant was now separated from the mother. Mr. L recounted the symbolic meaning of the circumcision ceremony. It was an initiation of the male into the men's world and a religious ceremony that celebrates the



Rabbit taking Baby

covenant between the Jews and god. He said the feeling in the room would be "exalted".

He had a lot of difficulty deciding who the two women were. He had planned to put more people on that side of the picture. He said, "the rest would be couples...there are only two extra women usually, the wife of the sandek and the wife of the rabbi". Earlier he said it could be his two grandmothers but realized his maternal grandmother died before his birth. Then he said it wouldn't be his father's mother but did not explain. In the beginning of this session he told me the mother doesn't usually come to see the circumcision. The two women were left a mystery and without the couples that he had planned to put with them.

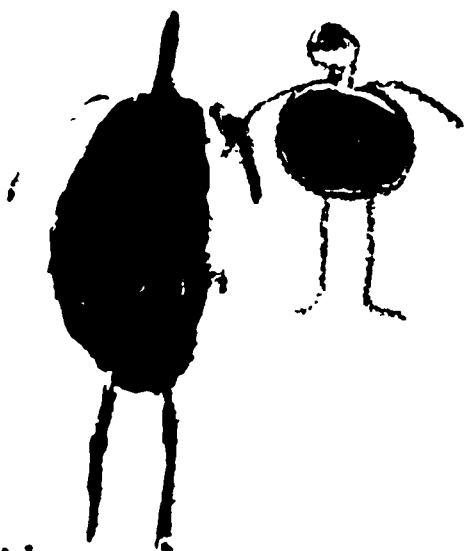
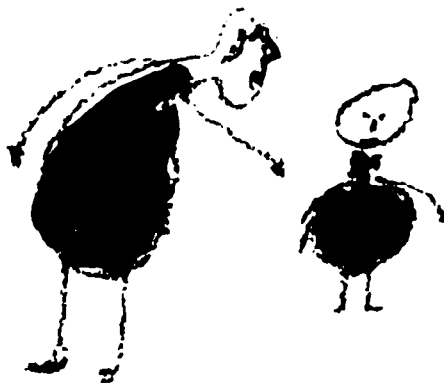
On the far right was the baby in the apparatus surrounded by the tools for the circumcision, the cup of wine and the gauze to feed the wine to the baby and also to place over his wound. Here I noticed that it was the father who was standing by the rabbi's instruments. The baby has become very tiny as it sits perched precariously on top of the table. The miniature baby reminded me of the miniature child in session 17 where the father was once again off to the side watching the child who is perched precariously on the window ledge.

In the circumcision picture called, *Rabbi Taking Baby from Sandek* it looked like the sandek was handing the baby to the women instead of the rabbi, perhaps another rescue. But the circumcision did take place because the next drawing is the baby 's homecoming.

11. Sessions Thirty-Three and thirty-Four

Session 33: *Baby's Homecoming* (figure 18)

The baby, now better-proportioned, was lying on the bed with all the family around. Mr. L has grouped them into three couples: the father and the maid, his older brother and himself, and his mother and middle brother together. The figures were



by's Home can...

Figure 10

concentrated to the left, top, side and bottom of the bed. The baby is now alone inside the rectangular shaped bed that looks like the pool of session ten. Here the baby has facial features but no ears, feet but no hands.

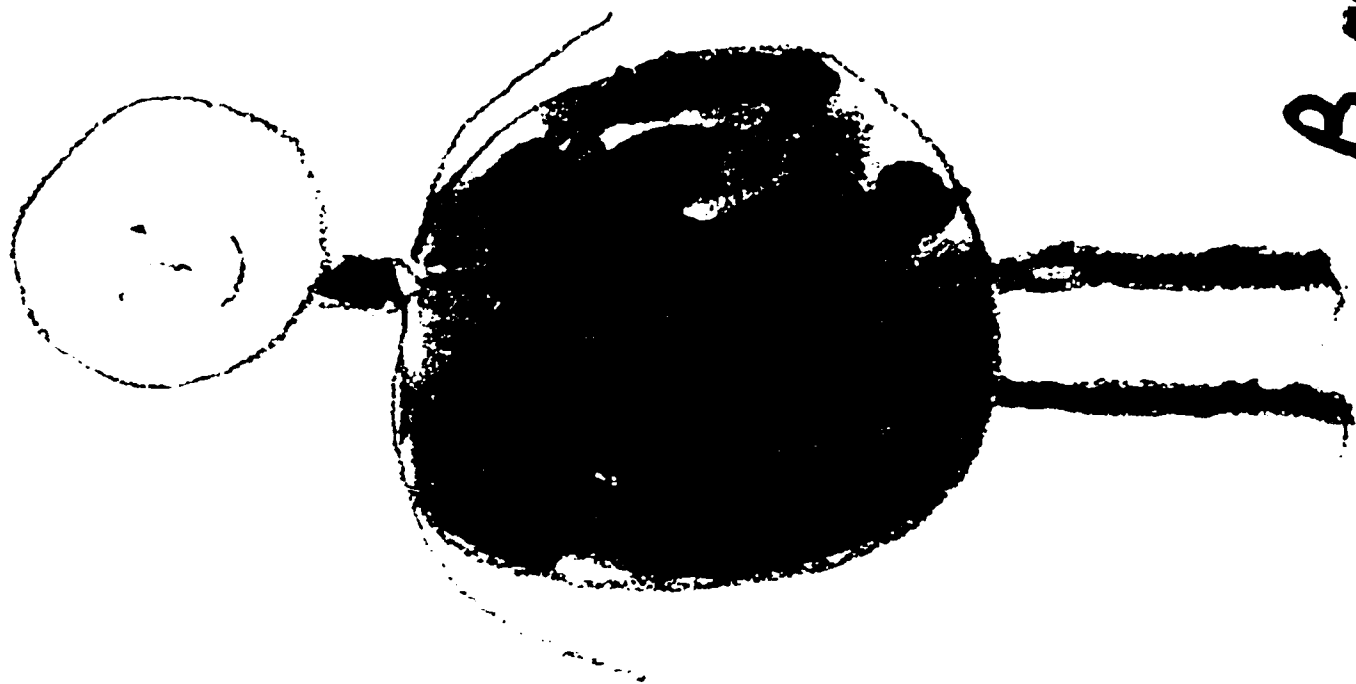
The older brother had a twisted body, feet going away, head going towards the baby and his hand like a sharp arrow is reaching towards the baby. The sideview suggests passive-aggression and the hand was pointing at the baby in a mocking gesture. The other brother was seen in backview, he was a tiny figure at the bottom standing looking at the baby. This view suggested fear and paranoid feelings.

The mother was at the bottom and was painted in two colours of pink. Her outline was pale and the body is filled in up to the top of the neck. It reminded me of *Anger & Wolf* (figure 7) with the outline of the wolf disappearing under the anger. The pale head was almost invisible which makes the neck look like a narrow tube ending in a point. One wonders how this person could eat, with such a narrow neck and looking headless. Not eating can be a sign of depression and we can wonder how this mother was feeling about the new baby. Her body was filled with pink, the colour Mr. L described as “sensual” in session two. The father and the maid are at the top of the paper looking slightly distanced from the scene.

But the baby has survived and is home where Mr. L told me “the baby is going to grow up”. When asked what the infant’s needs would be he said, “it needs to be fed, to be held and to be cleaned”. Then he added, “it needs to be loved”. We discussed all these needs and concluded that the baby needed to be loved so that it can know how to love itself. The use of the pronoun “it” by Mr. L in reference to the baby makes me wonder if there was some castration fear in relation to the circumcision.

Session 34: *Farewell Portraits* (figure 19)

This image is titled with the first names of the therapist and client. Mr. L was the one who began the conversation. This was a first. He said, “So tomorrow is your last



B and L



day". I answered yes and asked him if he wanted to talk about it. He was not forthcoming so I continued and inquired if he felt he was on a journey in art therapy. He said no but the fact that he came to art therapy was a plus. He told me others had tried to get him to go to therapy but never succeeded. When asked why he came to art therapy he commented that it seemed to be interesting.

After our discussion I asked him if he had any theme in mind for today. He said, "I guess farewell between you and me". His voice was strong and clear and his movements were sure. He proceeded with confidence without asking me questions about how to start. He drew a full length portrait of me and filled it with blue watercolour; the necklace that I always wear was included. It came out looking like a man's tie. Then he commented, "the blue lady". He looked at his watch.

He chose grey-green for his portrait; this was the colour of his shirt and pants. In the beginning he asked me about the sideview and I gave him a bit of coaching to get him started. He proceeded with confidence, adding ears, facial features, sturdy feet, his watch on his arm but no hands. He painted his body with stripes that were like his shirt. He was pressed to finish before the end of the session so he worked faster than he ever did before. He handled the brush with confidence and mixed the colour of his shirt without consultation. The colour was exact.

I inquired what the figures would be saying to each other. He answered, "he would be saying, "farewell, it was nice to know you, good luck and maybe we'll meet again outside of here". Then I told him what the therapist would be saying, "I've enjoyed meeting you and getting to know you and I wish you luck too.

I noted to him that he added a watch on his arm in the picture. He said yes. I told him that he was the only client who looked at his watch to time the sessions. He replied that I also used his watch, that I looked across the table at it. I agreed and said mine was too difficult to see because it was too close to my eyes. We both laughed.

When he was about to put the title on the picture he asked me my name. I told him my name and then said that I had told him my name many times in the beginning sessions when I introduced myself. He immediately remarked, "hey the word nice is in your name". We both smiled.

12. Summary of Session 35:

In this session we looked through all the drawings that Mr. L had done during art therapy. He was surprised at how many he made. As we looked and commented on the drawings there were quite a few that he did not remember doing. He was very interested in the symbolic aspects of the images that were coming out in the discussion. He remarked on several such as: Mother and Me, saying it was proof that he was fed by his mother; Deflated-Inflated, which he said looked like a big ear and Farewell Portraits, here he said that his shirt looked like a shield.

When I asked him why he would need a shield he said that it was to protect him from his former enemies. But then he added that he shouldn't really call them enemies, even though they were giving him a hard time. He added that he hoped to get out of the hospital within the next three weeks and he would have to face these people to get his job back. Then he said that he had betrayed them by not keeping his commitment about taking his medicine. This is what caused him to not be able to work in his profession.

Another interesting aspect of the art work in the fact that the very first drawing was drawn by me and I had written our names in full on it to introduce us to each other. Mr. L did the same with the farewell drawing; he named us and wrote the two names on the picture. It seemed that here he was aware of me, the therapist, as a person. perhaps seeing himself as healing (he told me he was getting a discharge from the hospital within three weeks) helped him to see us as equals; he was now beginning to see himself in his role as professional.

CHAPTER ELEVEN

Data Analysis

1. Description of Data:

The data is composed of the process notes of the therapist and a series of approximately forty drawings completed over thirty-five sessions of art therapy. The notes are a record of the dialogue between the therapist and client during these sessions. Photographs of the art work as well as verbatim records of some of the conversations in the therapeutic process have been included for reference.

2. The Symbolic Aspect of the Data:

The symbolic meanings of the data were discussed in chapter ten. The purpose of that analysis was to discover the core conflict of the client (see chapter nine) and to help him, when ready, to bring some of the conflicts to a conscious level. The symbolic nature of the art work assisted this process by holding the data until the client was ready to see and accept what he wanted to process. The symbolic aspect of the data also opened it up to more profound connections that linked it to the world, the myths and the archetypes.

3. The Theoretical Model: The Description of the Archetypes:

In this section of the research I “go back” to ritual as a source of theory. I will use the Navaho healing ceremony which is based on the Cosmogonic myth as a theoretical model. Using the four main patterns of the Navaho ceremony I will make a comparison to the art therapy process. The theory is thus based on a paradigmatic ritual ceremony and it is believed that through its repetition the sick are healed.

There are four “archetypal forms” (Sandner, 1979) in this Navaho ceremony...”[they] function outside the sphere of conscious intent, giving rise in every age to new intuitive adaptations to an ever-changing cultural environment. They are also to be found...in modern psychotherapy” (p. 265). The archetypes are: the return to origin, the management of evil, death and rebirth and establishment of a stable universe.

4. The Archetypes and Their Meaning in Art Therapy:

The four archetypes of the Navaho healing ceremony will be described in the visual and verbal symbols of art therapy. The images combined with the narrative seemed to be the best approach to finding the signs of the archetypes.

In addition the analysis will also include the stages of Erikson's (1950) Developmental theory with the addition of the existential aspect as defined by Knowles (1986). Knowles used Heidegger's philosophical ideas to extend Erikson's work. These existential modes seem like archetypes themselves, they are: hoping, willing, imagining, competence, commitment, fidelity, and loving. Due to the restraints of this paper only some of these will be explored.

a. The Return to Origin

The return to the origins in mythic healing gives hope of rebirth. This is a return to the source, to before the beginning of the World where “all things are experienced in the original and proper way” (p. 265). In this process life is re-created, one can start again. The Navaho ceremony is an origin myth but its concern is not the origin of the world but the origin of the illness of the person to be healed. Its structure however is based on the exemplary model of the Cosmogonic myth (see chapter two, p. 23-25).

One difference between the primitive healing ceremony and art psychotherapy is the fact that in the archaic ceremony the person is carried back to the origin of the

illness and, at the same time, the rituals of the cosmogonic myth are repeated. Eliade(1963) stated that this immerses the patient "in the primordial fullness of life" (p. 25). He/she is made aware of powerful forces that make all of creation possible, including the illness. In other words the patient is taken out of the self momentarily to know that he/she is part of something greater or more mysterious and that this is somehow connected to his/her illness.

In psychotherapy there is often a look back to the individual's childhood, sometimes as far back as birth and "early mothering experiences". In art therapy the patient sometimes returns by way of the art which can be seen in the symbolism of the creative work, or the patient can return by way of the transference by re-enacting aspects of early relationships (see part one, chapter 5). The dialogue plays the role of linking the two.

The origin of the illness is not directly observed in the images for the images are symbolic. The first series of drawings of Mr. L describe his symptoms. These are a manifestation of his illness and only suggest the origin or cause. It requires a dialogic search by the therapist and client to put together the clues seen in the art work, clues to find the source of the illness. This is not a straightforward process and sometimes the acknowledgement on a conscious level is too difficult for the client to accept. The symbolic nature of the art supports the client by containing the information until the client is ready and open to it.

Mr. L's symptoms were presented in the first eleven sessions. Each symptom was verbally expressed as a feeling and was usually accompanied by a graphic illustration. If we look at the five etiological causes of manic-depressive illness described in the introduction we can see that these feelings/symptoms are related to the origin of the illness according to Abraham. Such statements as, "tired of everything" for the drawing of session two showed Mr. L's disinterest in being helped,

in food in general, in opera which was a big part of his life, and in vacations and travel. Abraham explained that the melancholiac gives up the original love-object as well as everything else that was his life and does it with indifference. He stated, "everything has lost its attraction for him".

Other feeling-symptoms were blah and blue-blah which was in reference to food that he had eaten. The theme of food and dissatisfaction with it were part of many of the beginning sessions and in some later sessions this dissatisfaction was repeated. Abraham's (1924, in Wolpert, 1977) research showed a constitutional factor in the etiology of manic-depressive illness. This was, "a special fixation of the libido at the oral level" which manifests itself as "insatiable demands of an oral nature". In the first session Mr. L said that the only time he did not feel "empty" was after a good meal. He connected this "good meal" with getting better; getting out of the hospital was having a good meal which he said depended on himself. In the drawing *Blue-Blah* Mr. L is full of "the wrong kind of food". *Waiting for a Different Dessert* shows him as partially full, which he feels after a good meal. It leaves room for dessert.

Other images were "deflated-inflated" and "imprisoned" by his own mind, "looking one way and feeling another" which he called "Two-Faced" and "Loser on Top". These themes describe the feelings of ambivalence Mr. L experienced in his relationship to his brothers, his therapist and his parents. Abraham (in Wolpert) stated that a person with melancholia has ambivalence towards his love-objects because the child has, "his first important disappointment in love before the Oedipal wishes have been overcome" (Abraham, p. 161).

Another factor listed as cause is the "repetition of the primary disappointment in life". Abraham showed that this is why the person with manic-depressive illness will feel the same ambivalence, felt with the original disappointment in love, towards others who try to develop a relationship with him. In session six Mr. L drew a protective

isolative womb with the two figures outside it representing "Luv". Here the child and mother are holding hands outside the womb, but Mr. L is adult size and his mother is childlike. It appears that they have been rejected by the womb. "The serious conflicts around the love-objects" is another factor in the etiology of the illness discussed by Abraham.

Something else worth mentioning here is the use of the colour red by Mr. L., In session three he said that red meant "stop", "sex" and "blood" and that he was feeling more like "stop" which he described as "resting". This symptom of feeling "stop" sounds like the opposite of what Pieper (1963, in Knowles, 1986) described as the structure of hope. He compared the structure of wonder and hope saying the former is a "fusion of positive and negative, of ignorance on the way to further knowledge". He saw humans as "viatores" , on the way, beings who are not yet""we are not...we hope to be" (p.35). Further to this Gross (1972, in Knowles, 1986) states that, "man is man-on-the-way...he is still open...becoming what he potentially is...and the form that openness takes when man becomes his own project is hope: hope that he can become what he is not yet" (p.36).

Erikson sees hope as the first crisis of development, at the oral stage which takes place in the first year of life. Hope is based on the ability of the child to trust and this is based on the quality of the maternal care. Mr. L who suffered from manic-depressive illness showed his sense of hopelessness by saying that he is "resting" or feeling like "stop". He was not a "viatore".

In summary the first eleven sessions concentrated on the origin of Mr. L's illness. As was explained the symptoms were exhibited through the art and the dialogue. The symptoms were shown to be connected to the origin of the depression as exemplified by the research of Abraham (1924, in Wolpert, 1977).

b. The Management of Evil

The second archetypal form is "the management of evil". Each individual patient will have his or her own experience of evil depending on the culture or particular childhood experiences. In the Navaho the evil is exorcised by the shaman, it is often seen as a small object that has intruded into the body of the patient. In art therapy the evil that the patient is struggling with is seen in the art, the transference and the narrative.

Joy Schaverien's (1990) idea of the "scapegoat transference" using the art of art therapy relates to this aspect of the Navaho ceremony. Using the art as the scapegoat, the "evil" can be discarded through the art product. It is "the objectification and management of this evil...with the assistance of the therapist" (Sandner, 1979, p. 267) that seems to be very important and is analogous to the shaman's task.

In modern psychotherapy the evil can be objectified by way of the art product and can be seen as an object. It is probably not an object such as a shaman finds but perhaps it is an object that has been introjected or incorporated into the body of the sick one by his own doing. The therapist's task is to help the client to objectify by drawing a picture of the evil or by seeing the evil with which he is burdened in the spontaneous art product.

To manage suggests a sense of will, that one will act, direct and take charge. In art therapy this action is taken through a process of re-enactment and/or re-telling. As Schaverien believes, the re-enactment can be the transference to the picture. She states it that usually has some relationship to the therapist as well. The re-telling is often based on a combination of the theme within the picture and the memory that the client has of this event that has been visualized. To translate this into art therapy terms we could say that the "evil" is the conflict(s) that the client is working through. This helps to guide us and we can more easily see what the archetype might look like.

In the case of Mr. L the conflicts were many but most of them were a repetition of Oedipal issues as seen in the art work. These were also signs of existential concerns. The Oedipal period begins when the child commences locomotion. In psychoanalysis this is called the *Genital Stage* and Erikson saw this stage as a crisis of the ego and named it *Initiative versus Guilt*. This is the stage which sees the beginning of ambulation and concentration on "phallic-intrusive modes" (Erikson, 1950, p. 224). The child becomes a rival of his same-sex parent in his attempt to take the position of that parent in relation to the other parent. The failure to achieve this conquest leads to guilt and anxiety. Erikson states that, "Infantile sexuality and incest taboo, castration complex and superego all unite here" (Erikson, p.225).

It is the forces of the superego and its moral stance that allows the child to move through the crisis of this stage to become involved in other challenges to his new found mobility and freedom. During the working through of this crisis the "child indulges in fantasies of being a giant and a tiger, but in his dreams he runs in terror for dear life" (Erikson, p.225).

Knowles (1986) adds to Erikson by stating that the existential aspect of this stage is the ability to imagine, which he sees as different from fantasy. (p.89). He described manic-depression as a pathology of imagination. When describing a case he states that living "centers on a past that is full of guilt and fear of punishment, a present that is monotonous and repetitive and a future that is blocked" (Knowles, p. 90). Knowles continues and adds that "imagining, which takes the body and past for granted and which relies on the ego for the direction of energy, results in completed actions which bring a feeling of contentment" (p. 91).

The images of Mr. L attempt to work out conflicts related to oedipal issues which are related to the second Navaho archetype. He used fantasy as a means of expressing the problem which was followed by a regression by way of the art. In

session seven (figure 2) and eight Mr. L portrayed his guilt, stimulated by a conflict with the law (superego) to draw himself supported by crutches and without feet. The drawing also shows Mr. L's feelings of dependency and his inability to direct his own life by putting crutches to transform the drawing instead of feet. The session which followed this one showed that Mr. L was able "imagine" himself as standing on his own two feet. He even doubled the lines of the limbs to make himself more able. This, of course, can be seen as a manic reaction trying to overcompensate for the feelings in the beginning.

In sessions twelve to fourteen the conflict over the oedipal wishes took Mr. L into a fantasy world where he was a "hungry galloping wolf". In these he disguised himself as a wolf and his father as a bear and drew a picture of the wolf-anger killing the bear-father (figure 7). Finally in a another dramatic act Mr. L disguised his father as a teddy bear and transforms him into "meat hanging" (figure 8). In this session Mr. L was wearing his bright red shirt. In session 25 he said that red was a form of symbolic protection from the "evil eye". Here the evil that Mr. L saw could have been his guilt or his fear of his father for what he had done. Out of these same drawings Mr. L saw the fairytale, Little Red Riding Hood as analogous to his story of the angry wolf. Here he was able to sublimate some of his other wishes around the oedipal theme by devouring the mother and grandmother and rescuing them at the same time. The wolf, in some renditions of the fairytale, also put on the grandmother's clothes to get Little Red Riding Hood close enough to eat her. Mr. L might have felt duped by being given his grandmother's name. I was not able to find this out directly, whether he thought he was given the name to commemorate his grandmother or whether he thought it was given to him to satisfy his father's wish for a girl? I wonder how Mr. L really felt. In session fifteen Mr. L regressed to the horizontal dependent position of infancy. Perhaps his superego got the better of him between sessions. Erikson (1950) wrote

about the pathological response to the "conflict over initiative". He stated that it is either denial or more contemporarily it becomes a "regression to a stage of weak homeostasis" (p.226). In Mr. L's image (figure 9) a man is lying on a bed with covers and a pillow beside his head. In the image that follows he overcompensated by standing himself up as an infant who is being fed by his mother. This picture can also be seen as a rescue by mother from his rage against his father. His mother has to reach up to him because the highchair makes him tall and quite powerful looking compared to her. It could be possible that the evil is being managed by this interaction with the visual image.

c. Death and Rebirth

The third archetypal form is "the theme of death and rebirth" (Sandner, p. 268). This theme is related to initiatory experiences that are called forth when one has the feeling that one's life has been a failure. Life is filled with crises, suffering and ordeals that one has to struggle to overcome. The theme shows itself in the dreams, images and memories of the client in art therapy. An unconscious need for a renewal or change arises. Eliade (1958, in Sandner, 1979) states, "The hope and dream of these moments of total crisis are to obtain a definitive and total *renovatio*, a renewal capable of transmuting life" (p. 271).

In the case of Mr. L, sessions twenty-nine to thirty-two showed an initiation ceremony based on his religious tradition. This ceremony (figure 17) is performed eight days after the birth of a child. It followed Mr. L's somewhat conflictual birth as a seven month old fetus (session 23). In session twenty-four he took several drawings to reconstruct the new-born. He added red stripes to the body of the infant "to protect it from the evil eye". It was after this series that Mr. L said that he could now go home.

Before the initiation ceremony Mr. L made a series of pictures to show the first eight days of his life in the hospital with his mother (sessions 25-28, figure 16). It took

him four days to complete. The initiation ritual that came after was symbolic of his break from his dependence on his mother and his acceptance into the world of men. He separated the women from the men with a window so that the women could view the ritual from the other side.

The ritual allowed him to be taken out of the hands of his parents and put into the hands of the representative of the community. (sessions 30 -32, *Rabbi Taking Baby from Sandek*, figure 18). The sandek held him in a somewhat precarious position and on the other side he looked like a tiny martyred figure waiting to be circumcised. However Mr. L survived and did go home (session 33) where, he said, "he would go to grow up". To grow up in this context could mean to begin again; he is going home different than he was before. He has been initiated and identified as a male member of the community separate and perhaps liberated from his mother. In session thirty-three Mr. L told me that he had started proceedings to be discharged from the hospital.

With the beginning of the establishment of an identity coupled with sexual maturity and a good relationship to the world (Erikson, 1950, 227-229) childhood ends and youth begins. Erikson calls this stage five, *Identity Versus Role Confusion*.. Knowles (1986) explained that "fidelity" is the existential aspect of this stage. With fidelity the struggle with the issues of identity are transcended and one becomes committed to a goal or profession which he lives out for a period of time. During this time the energy is spent on the goal rather than the issue of identity. Knowles quoted Allport (1962) who "described commitment as the experience of being, 'at one and the same time half-sure and whole-hearted' (Knowles, p.152).

Mr. L said, in answer to a question, that the infant was going home and that one thing that happens there is that the infant will grow up. With a tempered enthusiasm he told me that he was getting out of the hospital soon. He did three drawings that I believe were connected with his new found goal of growing up. These were from

session twenty-one and twenty-two and session thirty-four. Here Mr. L drew two adults facing each other (figure 13), two adults who are identified as male and female by secondary sexual characteristics and by their clothes (figure 12) and two adults identified as the therapist and himself standing with confidence beside each other as equals (figure 19). These are significant drawings, the only ones that see Mr. L as a mature adult. Even though there are signs of uncertainty (ie. One is shy, one is lost), the pictures are "whole-hearted".

d. Restoration of a Stable Universe

The last archetype needed in the process of symbolic healing is the "restoration of a stable universe". For the Navaho this occurs when the patient is brought back to his hogan, "restored in mind and body, and surrounded by his possessions and familiar cornfields" (Sandner, 1979, p.271). The Navaho sand paintings are filled with mandalic forms that are symbolic of the wholeness and order of the world. In psychotherapy, "the regression must be reversed; the transference must be resolved; the patient must be put squarely back into his own life..." (p. 271).

In Mr. L's series of drawings beginning with session twenty-five we can see a re-construction of his universe which culminates in drawing twenty-eight (figure 16). Here the baby (Mr. L) is in the center finally, not even his talkative brother can take his place. The infant is being held in a horizontal position, the first position where the infant can experience trust and hope (Erikson). His mother's face looks down at him, madonna-like. He is being regarded by his mother and as well he is being heard, as she has ears.

As we move out from this scene imbued with good feeling, the father is in his rightful place beside the mother and child with his hand touching the baby. Moving further out in concentric circles there is the father's chair, the mother's bed and the

vase of flowers. The flowers represent a celebratory feeling, positive and hopeful. The next circle brings us to childhood, fantasy and the future. At this level we have the playful image of him and his sister as two girls playing hopscotch. Perhaps this is a joke to share with his father. Then there is the landscape on the left which he said reminded him of the family outings when he was a child. The window looks out to the future. There is the city, where he lives when not in the hospital, with a fresh breeze coming in, a sign of hope. This breeze creates movement in the curtains, perhaps the symbol of future projects.

When asked in session 28 what the mother would be saying, Mr. L said that she would be saying, "Hi, nice baby". Here he added the word "nice" compared to earlier in session twenty-five when he said the mother would be saying, "Hi, baby". In session thirty-four (figure 19) Mr. L drew a picture of himself and the therapist standing beside each other. He was the one who decided to do this farewell drawing. He pointed out how the therapist's name has the word "nice" in it. I wondered if this was a gift for the therapist and a sign of his ability to give. In a way he said that he and I were both nice.

To go back to figure 19, his shirt was striped in this picture. It looked like different levels of fullness in the circle which formed his body. It was reminiscent of our discussions with partially full, partially empty circles. He told me when discussing this image that his brother told him it's more positive to say half-full instead of half-empty. This was perhaps a sign of openness towards this overtalkative brother. The stripes left spaces for other things or maybe "different desserts" that might come his way. It was like leaving room for the unknown parts of the future. He is wearing his watch but he is looking at the therapist, he in sideview and the therapist facing front. In this way he has put himself in a position of power in relation to the therapist who looks trusting.

Perhaps Mr. L sees the therapist as looking outward, out of the shared transitional space which he is not quite sure to leave. By drawing himself looking at the

therapist he is perhaps seeing her as the “hunter’s blaze” (part one, chapter 6), or “landmark” which Turner (1977) described as the “ritual element”. This “blaze” is the connection between known and unknown territory which helps the hunter find his way back home or back to his familiar surroundings. This suggests that Mr. L would be able to leave the hospital if he would be assured of having a guide back from the “bush” if he ever needed to return to the “familiar” place (hospital?).

Mr. L told me that his shirt in this drawing looked like a “shield”. When asked why he might need that he said it would be to protect him from his “former enemies” when he leaves the hospital. Then he quickly corrected this by saying, “They’re not really enemies and I shouldn’t say that”. Continuing, he added that he was the one who betrayed his colleagues (enemies) and they had reason not to trust him.

This series of drawings related to Erikson’s eighth stage of development of man. This stage is called, *Ego Integrity Versus Despair*. Erikson’s (1950) main point here is that time is circular (p.231-233). In the drawing of Mr. L looking at the therapist (session 34) his look was a looking up to or accepting that something good happened between him and the therapist. He made himself vulnerable to the viewer by putting himself in side view as he looked at the therapist. Knowles (1986) furthers the insights by introducing wisdom as the existential issue at this stage which is the same concern as the first stage issue of hope. However wisdom helps to integrate hope so that it now becomes connected with trust and responsibility (full circle). Knowles (1986) stated that “the first of our ego values is defined [Erikson] as ‘the assured reliance on another’s integrity’, the last of our values” (p. 191). The therapist and Mr. L have both survived with integrity in this farewell picture.

Some Analysis Based on the Three Phases of the Cosmogonic Myth:

To look at this picture within the broader structure of the cosmogonic myth places another layer of meaning onto the one just discussed. This myth is the

exemplary one of which the Navaho ceremony is but one living example. The three phases of the cosmogonic myth are discussed in part one, chapter four, of this paper (p.21-25). There I state that art psychotherapy relates mostly to phase two, separation and individuation.

In the image (figure 16) Mr. L shows a mixture of all three phases of the mythic pattern. The picture on the wall of the two children playing hopscotch, symbolizes the first phase of undifferentiation in that it shows a repetitive game that children enjoy, seemingly for the pleasure in the repeating. Brennenman (1978) sees these kinds of activities as stress-relieving, the repetition giving a temporary relief while the game is being played. He compares it to meditative disciplines (ie. Tai Chi) that provide spiritual nurturance from the activity and during the time of the activity. There is not necessarily any symbolic significance to the action.

Out of this beginning phase of "undifferentiation" arises the phase of "differentiation" where the cosmic mountain arises out of the sea of chaos. The mountain is the first form and the symbol of the link between the two phases. It is both non-form and form ; it is "beginning to form". In figure 16 the baby, Mr. L, has been born, or separated from the mother through birth. Symbolically in the healing ceremonies, one dies before being "re-born". Mr. L's has been born several times through the imagery. But it was never quite right (see figures 14,15). I wonder if Mr. L's "death anxiety" inhibits him from moving in this direction. He did regress in some of the imagery but here again it was his mother he wanted beside him. The infant Mr. L would have to "die" if he were going to grow and change. The regression only brings him to infant adulthood. Yalom's statement, "He refuses the loan of life to escape the debt of death" describes this situation well. (1980, p.147) Here I ask the question, is this the origin of the illness, in *illo tempore*, that Mr. L suffers, this fear of death.

This drawing, *Baby First Being Held by Mother and Father :In Mother's*

Hospital Room (Figure 16) is a drawing filled with symbol, paradox and movement and with hope and ambivalence. The mother holding the baby symbolizes the paradox of unity in separation. The baby is born and separate from the mother's body but it seemed that Mr. L saw this as finally uniting with his mother after the circuitous route of being disproportionate, expelled, unclear, without boundaries (figures 14 and 15) While he is being "affirmed" in his mother's arms he is surrounded by symbols of transcendence. These symbols seem hopeful but at the same time they are symbols of separation which can stir up existential feelings of death anxiety.

The mountain in the landscape picture on the wall is a symbol of the beginning of self as separate from the initial unity. It represents the connection between the "known" and "unknown", the past and future. Brenneman (1978) states that the symbol can unify different levels of reality... "it functions both as a vehicle of world-transcendence and as an agency of world-affirmation" (p. 35). He sees this paradox within the symbol as the reflection of "the existential situation of man" (Brenneman, p. 36). Here Mr. L is being affirmed by being held while being surrounded by the symbols of transcendence, the objects in the room as described above.

If we analyze this picture in terms of the use of the space we can see it as concentric circles moving out from the baby. It then moves to the mother then father and chair and flowers and bed. Finally the window, looking like a small cityscape, the landscape and the two children playing are in the same circle. This movement outward in spiral fashion reminds me of the "spiral of change" (part one, chapter 4) that describes the a possible visual symbol of the healing that can take place in art therapy. The repetition of movement back and forth between the art and the narrative, one influencing the other, like the hermeneutical spiral, is a repetition with revision (Freud). This kind of repetition can lead to renewal and hope. Here Mr. L has filled his world with the objects that seem important to him but the attempt is not certain of a successful

differentiation of self from those objects.

The relation to space and time in this picture shows other paradoxes of concern that one is confronted with in phase two of the myth. The open window is a transcendent or transformative symbol. It “points” to the psychic space of the hospital/mother and Mr. L’s adult role in his profession, a sign of individuation. Also it symbolizes the inner and outer world of Mr. L put together, the sacred and profane inhabiting the same space. This is positive if the individual has conscious awareness of the meaning within it. Without this level of awareness it can be quite confusing.

The reference to time in this picture at first glance seems to be an attempt at balance. The two pictures on the wall are of childhood scenes, the mountain is where they used to go on family weekends, the other is he and his sister playing as children. The window seems to relate to the past, the present and the future. It is the city where he once worked, it is where the hospital is situated in the present and where he will go when he gets out of the hospital. However, Mr. L is an infant in the drawing. So he is not yet ready to participate in any of these periods of time. If it means the present, he is an adult in the hospital but the picture shows him as a baby in the hospital. Thus it seems as if time is standing still. In part one of this paper (chapter 4) I discussed Mishara’s (1995) phenomenological research on people with depressive disorders. He stated that these people do not experience a passage of time but rather a “standing still” (p.181). He showed in these cases that healing cannot take place when time stands still, in other words, he says that “time heals”.

In part one I also discussed the passage of time in relation to the cosmogonic myth which is based on the opposites of sacred and profane time. It is the movement between these two that is the basis of the healing for the community or individual. In many of the therapy sessions Mr. L was aware of his watch and the time. He seemed to want to keep track of it by looking at it every few minutes. We had several

discussions about it and I assured him that I would keep track of the time. However, I did say that I used his watch because I could not see mine well enough. I wonder if the concern with looking at his watch was due to the fact that he couldn't feel the passage of time, couldn't tell that it was passing without the watch. My uncertainty about my own watch could have emphasized his concern.

5. Summary

In summary we can see that there are archetypal patterns within the art therapy process and this comprises both images and verbalizations. Perhaps with more research we will be able to see clues to the patterns of the archetypes within the images themselves, before we know the narrative. The sequence of the archetypes in the Navaho healing ritual are defined and ordered. However those in the art therapy process are not. Fred Pine (1985, in Phillips, 1987) concluded that perhaps the order is personal and comes out of the need of the client at any one moment in his life. But I would say that over a lifetime, it would be positive to have achieved in the end, more of a *stable universe*, even though the struggles of a creative life can go on until the very end in a back and forth between healing and sickness.

If we compare the termination of art therapy to the termination of the Navaho healing ceremony we can see that it is perhaps not a permanent state of closure. These endings are only symbolic of the ending of a process that will re-begin as each new struggle of life ensues. Purnian-Mindlin (1994) states that therapy should not be looked on as a way of solving problems necessarily but, "if we can succeed in helping patients to find some constructive ways of facing and coping with their problems rather than continuing the neurotic, self-destructive ways with which they come to us, we have achieved our purpose." (p. 460).

CHAPTER TWELVE

Commentary

Relevance of this research to art therapy:

The linking of art therapy to other disciplines such as psychology, religion, mythology and anthropology gives it a foundation in a wide variety of research methodologies and increases the coherence of the knowledge. It contextualizes art therapy into a transcultural perspective where symbols can take on meaning within it. Showing art therapy's connection to myth and archaic cultures grounds it in existing paradigms that allow for subjectivity and creativity. Sandner (1979) when discussing the high rate of healing among different groups of schizophrenic patients, "regardless of the type of treatment received" states "no matter to what school a therapist professes allegiance, there may be some common underlying principles that guide his practice" (p.244).

Is the dynamic structure of art therapy, the bipolar movement between opposites, the art and the narrative, ritual and myth, a foundation for the installation of hope in the client, and could this be "one of the underlying principles" (Sandner) mentioned above? If art therapy is analogous to other healing practices that use hope as the source of healing, does art therapy offer hope as an ingredient? Knowles (1986), when speaking about the way in which a person's history "participates in a person's later life" (p.21), states that in the first year of life the issue of hope is central (p.21). He speaks of Erikson's view that "the rudiments of hope are developed at this stage. Since hope is related to the first experiences of the human being, it may be characterized as the most fundamental or basic strength to be considered" (p.22).

Erikson relates "trust" and hope to "openness". "Erikson sees religions and cosmic schemes which order and give meaning to existence as being particularly relevant" (p. 27).

Some research shows that hope is a common factor in the healing that takes place in different types of psychotherapy. Lambert & Bergen (1994, in Sarason, 1996) conclude, "No one psychotherapy approach is clearly superior to any other, the common active ingredients...[emphasize] therapist variables and the therapist-patient match...[And] the therapist's ability to instill hope in people who are upset may be especially important" (Sarason, p. 509).

Healing in art therapy is symbolic healing as opposed to scientific healing which is based on objectivity and rationality. Scientific healing "has a base of sound anatomical, physiological and pharmacological knowledge" and is generally open to cross-cultural use since "the biology of man is roughly alike throughout the species, scientific medicine is genuinely cross-cultural" (Sandner, 1979, p.16). Symbolic healing at first glance would seem to be different within each culture since the patient must believe in the rituals and symbols as well as the medicine man or shaman who performs or directs the healing. The symbols seem to be culture-specific.

However Sandner's (1979) research into the theory and practice of the Navaho healing system points to some basic principles that pervade symbolic healing practice across cultures and across time. These principles have served the main healing function for the entire human race over a period of time that can only be measured in millenia" (p. 265). Sandner is referring to archetypal forms that are present in many types of symbolic healing. The archetypes allow for adaptations to different times and different cultures. They "function outside the sphere of conscious intent" (p.265).

Sandner describes three modes of symbolic healing where the doctor's role, the method and the patient's role vary. In the first one the shaman carries the symbols

and performs the rituals, in the second the medicine man has a fixed body of images which he presents to the patient who participates in the rituals and in the third, which is modern psychotherapy, the psychotherapist receives the symbols from the patient through his/her psychic products: art, dreams or fantasies.

The structure of the origin myths are homologous to the structure of the cosmogonic myth. The structure of the art psychotherapy session is homologous to the both these structures. The origin myths were reiterated in archaic societies to recreate the origin of the important events in the community, to recreate the origin of certain plants that they wanted to grow or to go back to the origin of a sickness in the community or in an individual. "On the occasion of the re-presentation of the myths the entire community is renewed; it rediscovers its 'sources,' relives its 'origins.'" (p.35) Here we have the basis of a "universal renewal brought about by the religious re-presentation of a cosmogonic myth" (p.35). Re-creation and renewal are connected with hope, hope that one can begin again. Eliade said "The return to origins gives the hope of rebirth" (p.266).

"In most cases it is not enough to *know* the origin myth, one must *recite* it (Eliade, 1979, p.15). "What is involved is not a commemoration of mythical events but a reiteration of them. The protagonists of the myth are made present, one becomes their contemporary" (p.19). To go back to the beginning of things or the World signifies a going back to the sacred time, the time of the origin when the gods were present. "To re-experience this time, to re-enact it as often as possible, to witness again the spectacle of the divine works, to meet with the Supernaturals and relearn their creative lesson is the desire that runs like a pattern through all the ritual reiterations of myths" (p. 19). Eliade points out that this pattern suggests that it is the "first manifestation of a thing that is significant and valid, not its successive epiphanies" (p.30). Thus the *Time of Origin* is a time of *new creation* (Eliade, 1979).

The re-presentation in art therapy is the re-telling of the client's story; it takes us back to any point where the client feels ready to begin. In most cases this is based on a gesture from the unconscious which is portrayed in the art work. This image making is followed by dialogue and verbal interaction with the therapist. In a way the client creates his/her own myth based on her conscious and unconscious knowledge of his/her origins or the origin of the illness which is present. In creating one's own myth one creates meaning for oneself which is one of the foundations of symbolic healing: there has to be belief in the story in order for it to provide a healing function.

Relevance of Art Psychotherapy for Mr. L

For Mr. L there are many issues unresolved and many repetitions left to carry out before he will be able to enter fully the third phase of the myth. That is the phase of "unity" where time and meaning come together and transformative healing takes place. The process of healing requires "time" and an awareness of time so that the "I" can become "other" and reflection will permit healing. Like the shaman, the client must "bring the treasures back" to consciousness and bring them back in balance and arranged in time.

Hillman (1991) said that "the fundamental metaphor of art therapy is life and death" which is the "quintessential movement between opposites". This is experienced in many ways within the session and by each session. Each one has a beginning and an ending and each series of therapy ends. With it the relationship between the therapist and client ends. Mr. L did practice many separations during the time that he attended art therapy. However it seems that the paradoxes were still in too extreme form for Mr. L to be able to unify them and see them as necessary opposites, to see them as potential for movement, as necessary contradictions.

To Mr. L the art therapy was a chance to express some personal truths. Those moments when he was spontaneous and decisive were authentic and allowed

genuine expression from within. He developed a confidence in the use of the art materials and in his choice of what to use to get what effect. He even said that he was going to take art lessons when he got out of the hospital but made it into a joke after. In the last session he told me that he realized that one could learn art and that one did not have to be born with the talent. Even though Mr. L was not, "put squarely back into his own life" (Sandner, 1978, p.271)) through the art therapy he was able to visualize a "stable universe" and there were moments when he saw "I" as "other", when he started to be aware of time and when he brought "some treasures back". He did leave the hospital symbolically in his image called *Homecoming* (figure 18) and maybe this kind of practice, if repeated often enough will lead to home. In the third phase of the myth the symbol of "going home" means a new beginning and Mr. L did say that he was going there and that's where he would begin his process of "growing up".

There were many positive changes in Mr. L throughout the series of art therapy sessions. His sense of humour and his enthusiasm for the project showed steady improvement, his voice became stronger and his decision-making grew more confident. His final drawing was made as a gift to both of us, he said it was "our farewell picture". It was a sign of the trust that had built up between us; the trust was connected to hope and it seemed that we were both orienting ourselves to leaving or being the guide for the other who might be leaving. The hope and trust here are at a level beyond that of the beginning sessions because here they are connected with responsibility (Knowles, 1986). Knowles (1986) stated that "the first of our ego values is defined [Erikson] as 'the assured reliance on another's integrity', the last of our values" (p.191). Perhaps there was an order within the art therapy sessions, a cycle completed and some wisdom achieved.

If time and space permitted I would further this research and explore the meaning of hope from the perspective of different disciplines. It seems that it is very much

connected with art therapy in that art therapy is based on seeing and it is based on play; this does not mean that the blind cannot participate in art therapy. The "seeing" can be had with all the senses. Erikson (1977) in describing how play and vision are connected states that "hoping is seeing" and that "playfulness transforms into acts of renewal" (p. 40-42). So we have the possibility of both hope and *renovatio*.

CHAPTER THIRTEEN

Conclusions

1. Thesis and Antithesis:

Part One of this paper has shown that repetition is a pervasive factor, not only in art therapy but in myth, in nature and in healing. If this is so then what difference does it make to claim that healing in art therapy is based on repetition? of what significance can this factor be if it is everywhere? To show that it is pervasive must also mean that repetition is part of the illness as well as the healing.

It was noted in chapter three that the obsessive-compulsive patient has a pattern of actions that are repeated over and over. The repetitions seem to have no meaning. However, the repetitive nature of the activity seems to relieve stress in some patients. This level of healing is temporary and is only felt while the action is taking place. In this example we can see that repetition does not always lead to transformative healing, in the obsessive-compulsive person the repetition can become a conscious defensive mechanism.

Ego-Dystonic Repetitions:

In art therapy there are repetitions of images and patterns that appear to be more of a resistance or defense than a striving towards healing. Some of these defensive repetitions are destructive to the ego. For purposes of this discussion they will be called ego-dystonic repetitions. These can sometimes be recognized in the art work and narrative. On the other hand there are repetitions in the art and narrative that serve to support the ego of the client, these are ego-syntonic repetitions.

In the case of Mr. L, some of the ego-dystonic repetitions in the images and the narrative are: lack of facial features on figures, absence of hands, feet, ears, lack of

sexual characteristics and the inability to draw the side view of figures. Also there was a general absence of context for many of the pictures, with no surroundings for the figures, although the therapist did ask questions which prompted the addition of context in some pictures.

Mr. L also had a pattern of movement. It can be seen as an ego-dystonic pattern that moved between the hospital and his home. On weekends, when he went home, he was very dependent on his parents and siblings for almost everything. He said that he had to be "formal" there, and connected it with "feeling one way and looking another". He said at the hospital he could be more spontaneous, especially in the art therapy sessions. He said it was fine to be spontaneous at the hospital but not at home. Mr. L was being "authentic" or healthy at the hospital and being "false" (Winnicott) or not himself at home. Each time Mr. L went away from the hospital on weekend passes he played the role of the son, not the father. For he spent those weekends with his family of origin where his parents and siblings lived.

Ego-Syntonic Repetitions:

In Mr. L's case, the ego-syntonic repetitions, those that show signs of supporting the ego are: the greater number of standing figures compared to those sitting or lying, the circular forms used for the head and body of people, the ability to draw feelings, the giving of titles to the drawings, the punctuality in arriving for the sessions, the courage to "play" or draw even though he felt he had no talent, the openness to explore a limited number of different materials in combination, and the doubling of lines to create stronger limbs on the figures as well as the doubling of the image of the baby (figure 17) and the image of the mirror repeated.

Repetition - Awareness:

Thus far two types of repetition, that can be seen in the art therapy process, have been described. The next question is, how does this repetition-awareness help

in the healing process and could it aid in the analysis and interpretation of the art work.

As mentioned earlier, a series of drawings is necessary in order to analyze the results using repetition awareness. If overall patterns can be seen, along with the ego-dystonic or ego-syntonic character of the repetitions, then we can look for changes in the pattern over time. To know how many repetitions of an image it takes to be significant for interpretation is not as important as knowing when a repetition or change takes place and why. The timing of any change that takes place in a repetitive pattern, how often this new change is repeated and whether the patient reverts back to the old pattern, seem important. All of this interplay is easier to see with a model to go by, a model such as repetition-awareness. This awareness helps the therapist to ask questions about meaning.

Both the ego-dystonic repetitions as well as the ego-syntonic repetitions can be significant to the healing process. The therapist who observes patterns can use them to further the therapy by assisting in a change of perspective. Sometimes the therapist can achieve this simply by pointing them out to the client. Using the evidence that repetition exists can help to create a structural foundation to aid in interpretation.

Spontaneity & Repetition:

There is yet another paradoxical question to be addressed: Is repetition more important than spontaneity? The spontaneous art image has been an important factor in this thesis for it is by way of it that the unconscious, the “going back” is made available. The spontaneity of the image is not a straightforward process, for the client must continuously repeat the “going back”, itself a source of spontaneity. According to this discussion the client must, through this process, accumulate a series of drawings.

The influence of the therapist must be mentioned here as well. Her influence is not immediately evident in the art work but when she begins to enter the repetitive frame of the client she nudges the client in subtle ways. The empathy, the interest and

the questions from the therapist may influence or direct the art towards a certain theme or a particular concern. This is not always a conscious act on the part of the therapist. One wonders if any art therapy session can provide the client the space to be purely spontaneous.

Art psychotherapy is founded on the spontaneity of the client's art work. Which of the images are directly from the unconscious of the client, and which are not? The answer is not always clear. For instance, there were times when the client, Mr. L came to the session with a "scene" in mind. One of these was *Man and Woman Meeting* (figure 12). His aim was to draw a picture of two people standing up and talking. While drawing, the art material and his relationship to drawing technique influenced the results. However, in the dialogue about the image many issues from the unconscious were revealed. Even though he pre-planned the theme, unconscious forces influenced his process (see session 21).

In several sessions when Mr. L felt uncertain about how to draw a particular image (ie. teddy bears, session 14), he was asked to imagine them in his mind and to draw with his eyes closed. This technique that led to spontaneous results which revealed profound connections. The teddy bears became "meat hanging" (figure 8) which reminded him of an "older friend who died" and the short stubby legs on the meat reminded him of his father. In the session previous to this one (session 13) he had symbolically "killed" his father. Related to this, (in session 23) Mr. L drew the face of the therapist as she modelled for him. The image itself was done as a very conscious procedure. It led, in the sessions following this one, to a whole series of oedipal-related images, archetypal connections and mythic plots.

The spontaneous image in and of itself is not the most important thing in the art psychotherapy process. The examples above show that the mythic model can come into the art therapy, not only by way of the metaphoric structure with the cosmogonic

myth, but directly by way of the image from the unconscious. In the beginning of this thesis it was proposed that art therapy had a mythic connection because of its structural comparison to the cosmogonic myth; this connection was based on repetition. Here it is seen that the mythic analogy can come from-not structure-but from spontaneity.

The cosmogonic myth was used as a healing ritual in primitive society. The healing took place due to the repetition of the myth in times of illness and trouble. It was believed that the repetition itself brought hope in the knowledge that the world could be re-created, or microcosmically that the individual patient could be re-newed by re-creating the origin of the illness. It was done in the presence of the shaman.

Metaphorically the client in art therapy must go through a similar process. Here however there is no shaman. The therapist, used as an object of transference, plays the role of the shaman in the relationship with the client. The therapist can contain parts of the client, as the shaman does for his patient, through introjection, projection and/or identification. These pieces *pars pro toto* can be carried by the therapist until the client, having used the experience, is able to take them back transformed or healed. In this way, the transference ("I" and "other") in art therapy can help to provide hope to the client.

The interpretation and analysis of the results of art therapy often include the psychosocial aspects of the process. The fact that repetition can link art therapy to tradition, primitive psychology and ritual helps to connect it to the existential level of awareness, bringing it to a more profound and broader holistic view. With this the analysis of the session can include theory based on developmental issues, theory based on archetypes and theory based on archaic myths or models that add a spiritual dimension or a context with meaning.

An important point that comes out of this exploratory research is that repetition

in and of itself does not provide healing in a transformative way. The repetition has to be connected to re-creation as in the archaic society's belief that re-newal was the reason for repeating the mythic pattern, it was the re-newal that helped one to heal. The community had to believe that the ritual would carry them back to *illo tempore*, to sacred time, to the chaos of the beginnings. They believed that their myths were rooted in Supernatural Forces and Nature. This is what instilled meaning in the ritual process. Perhaps the art representing the unconscious helps serve this purpose.

"Care", Hope and Healing:

The care structure discussed in Knowles (1986) relates to this idea of the changing spiral of healing, the going back is never to the same place for as we grow we change, certain things become instilled and others are left behind, our world becomes integrated, the spiral widens. Mayeroff (in Knowles, 1986) explains that "care" is the integrating and "authentic experience of adulthood" (p. 177). He says that trust and hope of the first stage (Erikson in Knowles, 1986) changes when it is integrated with care. It becomes trust towards the "other", "one trusts the other to grow" (p. 178). Mayeroff speaks of a "basic certainty" that in Knowles' (1986) discussion of Heidegger, was linked with hope. Mayeroff (in Knowles, 1986) stated that this "basic certainty" was, "more like being rooted in the world than like clinging to a rock" (p.179).

So hope helps link one to the "other", to the world and to one's *origins* in the greater "cosmic scheme" (page 127 of this paper). The *origins* is the rootedness of our beliefs, the belief in our own story as part of something, and comes out of a "basic certainty" about an order of things in the universe. It is the source of meaning for the individual. To summarize we can say that *origins*, hope and healing are interlinked like the art, the narrative and the transference in art therapy. Each is part of the "other" and through this link transformative healing can take place.

This triangle of connections, analogous to the art therapy triangle, is an

interesting topic for further exploration to discover more about healing and the meaning of hope. Marcel Gabriel (1951) discusses hope as both “preservation” and “renewal”. He states, “Hope always implies the superlogical connection between a return and something completely new. Following this it is to be wondered whether preservation or restoration, on the one hand, and revolution or renewal on the other, are not the two movements, the two abstractly dissociated aspects of one and the same unity, which dwells in hope” (P. 67).

Art therapy seems the perfect discipline to explore the connections between repetition, re-creation, hope and healing. Repetition-awareness within a series of drawings can provide the data to be observed. A record of the types of repetitions, whether they are ego-syntonic or ego-dystonic, and what patterns and changes appear over time can provide a model to aid in interpretation and analysis. From this it may be possible to eventually see what hope looks like or what it points to. This is a fascinating topic for further research.

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