

Seeing and Being Seen:
Self-Portraiture in Art Therapy

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Abstract

Seeing and Being Seen: Self-Portraiture in Art Therapy Fiona Smith

This research paper explores the importance for clients of being seen and mirrored within therapy and investigates the role of self-portraiture within these processes.

Literature on the use of self-portraiture in therapy and on the gaze and mirroring in infant development and in psychotherapy is reviewed with particular attention to Winnicott's (2005) theory of mirroring. The dynamics surrounding self-portraiture are also considered in light of Schaverien's (1995) discussion of the three-way form of relating that develops in art therapy between the client, her image, and the therapist.

This qualitative research project uses historical-documentary methodology and the theoretical portions of the paper are complemented by clinical vignettes. These vignettes are based on the work of five adult clients who created self-portraits in either group or individual art therapy as part of their therapeutic process in dealing with issues including sexual abuse, depression, and physical illness.

The findings of this research suggest that when self-portraits are created in art therapy, the client, her artwork and the therapist become connected through the dynamics of the gaze. Within this situation, not only can the therapist mirror the client, the self-portrait may also fill this role. Self-portraits may allow the client to get in touch with aspects of herself on both physical and emotional levels and the completed image may reflect unexplored elements of the self back to the client. The self-portrait can then serve as a concrete link to what is discovered through it (Weiser, 1999) and the therapist's affirming gaze can further validate this new perspective.

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Seeing and Being Seen: Self-Portraiture in Art Therapy

Chapter 1: Introduction

Creating a self-portrait in art therapy involves making an image of oneself in the presence of the therapist and perhaps of other group members. Once finished, the self-portrait can be reflected upon by the artist and shared with others. Not only is the client seen physically in this situation, but her self-portrait also becomes a part of the dynamics of the therapy. The concepts of the gaze and of mirroring therefore come into play on many levels: the client may be mirrored by both her image (Schaverien, 1995) and by the therapist (Winnicott, 2005). I am interested in exploring what being seen and mirrored within therapy can bring to clients and in the particular role of the self-portrait within this process. Although others have written about self-portraiture in therapy (Backos, 1997; Cox & Lothstein, 1989; Glaister, 1996; Hanes, 2007; Kroll, Mikhailova, & Serdiouk, 1995; Alter-Muri, 2007; Polley, 2003; Weiser, 1999) and about the gaze (Hymer, 1986; Schaverien, 1995; Weil, 1984-1985) and mirroring in psychotherapy (Haglund, 1996; Hymer, 1986; Kohut, 1971; Pines, 1984; Searles, 1984-1985; Winnicott, 2005), I have found no literature linking all three areas. This paper is a theoretical exploration of the interrelationship between these themes, accompanied by clinical vignettes.

The format of this research paper is organized as follows: the first chapter states the research questions, defines important terms, lays out the research methodology, and provides information related to data collection and analysis. The second chapter reviews the literature on the use of self-portraiture in therapy. The third chapter, which is accompanied by a vignette, explores the literature on the gaze in infant development and in therapy. Particular attention is given to Schaverien's (1995) ideas on the gaze in art

psychotherapy. The fourth chapter explores mirroring in early infant development and in psychotherapy, focusing mainly on the theories of Lacan, as explained by other authors (Haglund, 1996; Lieberman, 2000; Muller, 1985; Muller & Richardson, 1982; Schaverien, 1995; Shipton, 1999), and on those of Kohut (1971) and of Winnicott (2005). Winnicott's ideas are of particular interest in relation to the use of self-portraiture in art therapy. A clinical vignette is also presented in chapter four. Chapter five explores the therapeutic work of three research participants within whose self-portraits the themes of both the gaze and of mirroring surfaced. Lastly, chapter six provides a discussion of the ideas explored throughout this paper and answers the research questions. The final chapter also provides some recommendations for the application of self-portraiture in art therapy and considers the limitations of this project and directions for further research. In order to make this text easier to read, and because I am a woman and the great majority of the clients with whom I worked during this project were women, I will refer to both the therapist and to clients in the feminine form for the theoretical portions of this paper.

Primary research question.

How do the concepts of the gaze and of mirroring connect to the use of self-portraiture in art therapy?

Secondary research questions.

A. What is the relationship between the creation of self-portraits in art therapy and Winnicott's (2005) concept of mirroring?

B. How do self-portraits fit into Schaverien's (1995) idea of the three-way form of relating that develops between the client, the image, and the therapist within art therapy?

Definitions.

For the purposes of this research, I define a self-portrait as an image or an object created by a client in therapy, which the client feels is a representation herself. I am including both physical and symbolic representations of the self within this definition.

The concepts of the gaze and of mirroring are more elusive. The gaze is an abstract concept which, according to Schaverien (1995), who bases her discussion of the gaze on Lacan's use of this term, connects to seeing visually, but also to understanding and perceiving. It is a form of looking that goes beyond surface appearances and may engender a deep connection. There are both conscious and unconscious elements to the gaze (Schaverien). Within therapy, the gaze can be a non-verbal means of communication, which creates a form of holding (Weil, 1984-1985).

Within this paper, I will be examining mirroring phenomena as described by several different theorists. However, when I use the term mirroring more generally, unless otherwise specified I am referring to Winnicott's (2005) concept of mirroring in therapy, which he describes as the process of giving back to the client what the client brings to the sessions.

Methodology.

This qualitative research project uses historical-documentary methodology. This methodology is based on historical research, which consists in collecting, selecting, organizing, and interpreting data drawn from literature and other sources (Gilroy, 2006). The historical-documentary methodology allows me to explore my research questions theoretically, investigating, analyzing, and synthesizing the ideas of different theorists

and authors in order to map out the interrelationships between the different concepts under study (Department of Creative Arts Therapies, 2007).

Vignettes drawn from my clinical work as an art therapy student-intern are used to further develop this theoretical investigation. Gilroy (2006) uses the term “case series” to describe the inclusion of clinical vignettes in a research paper in order to “illustrate, amplify, and theorize a particular observation” (p. 100). While case series contain less detail and are conducted with less rigor than single case studies, they can be “an important and useful approach because they encapsulate emergent clinical and/or visual phenomena” (Gilroy, p.100). Adding vignettes to this research paper has allowed me to stay open to patterns that surfaced within the clinical application of self-portraiture in art therapy, as well as to explore this topic theoretically. Furthermore, triangulating data from different sources, gathered through different methods, increases the validity of this research.

Clinical research setting.

The clinical portion of this research project was carried out in a community mental health centre in a large Canadian city. This community centre offers therapeutic services to adults experiencing emotional or psychological difficulties. I completed my second year art therapy practicum placement at this site.

Researcher.

As an art therapy student intern in this setting, I was sensitive to my dual-role as both a student-therapist and a researcher. My primary role was that of student-therapist and the responsibilities of this position always took precedence over my research interests when it came to clinical decisions.

Within the art therapy sessions, I was in a participant-observer role. This role is particularly appropriate to my research topic, as an exploration of the themes of the gaze and of mirroring in art therapy involves an investigation of the relationship between the therapist, the client, and the artwork. My own experience of the process was therefore relevant.

On a personal level, creating and sharing self-portraits within my own process as a client in art therapy has been a profoundly meaningful and transformative experience. The intensity of my own relationship to this medium and my personal understanding of its therapeutic implications are in part what led to the development of this research project.

Research participants.

The participants for this research project were clients whom I worked with in either group or individual art therapy. They ranged in age between 24 and 58 and included both men and women. They also varied in terms of cultural and religious backgrounds, ethnicity, employment histories, and economic situation. They brought a wide variety of issues and concerns to therapy, including depression, sexual abuse issues, and histories of addictions. Fourteen people agreed to participate in this research project. Of these participants, twelve completed at least one self-portrait during their time in therapy. The work of five of these participants has been chosen for inclusion in this paper; the selection process will be described below.

Structure of the art therapy sessions.

I worked with participants in either a closed art therapy group format or in individual art therapy sessions. I saw participants in group therapy for 2 hours a week and

those in individual therapy for 1 hour a week. As some clients terminated therapy early, the total number of sessions that the research participants completed ranged from 2 to 21 sessions.

Clients offered a space in the art therapy group were informed during an individual evaluation session before the group started that the initial sessions would be structured around the theme of self-portraiture. Early directives for this group included:

1. Make a piece of art that will tell the group something about yourself.
2. Make an image of yourself and of the emotions that exist in your life at this time.
3. Explore the theme of duality within yourself: present two opposing, contrasting, or complementary sides of yourself that you would like to share with the group.

The format in the individual art therapy sessions was less directive. Clients were told that they could choose to explore the theme of self-portraiture at any point in therapy, if it ever felt relevant to them. They were also informed that I might suggest this theme to them at some point during our work together, if I felt that it could be useful to their therapeutic process.

Data collection and analysis.

In selecting the clinical vignettes for this paper, I have focused on the work of participants for whom self-portraiture seemed to be particularly meaningful. I also chose participants with whom I worked for long enough to gain a sense of how their self-portraits fit into their therapeutic process. Other participants' work could also have been included had space permitted, as each person's exploration of self-portraiture was unique and significant in different ways.

Data collected for the vignettes included relevant information from clients' files, photographs of client artwork, and information drawn from the process notes that I wrote following the art therapy sessions. These notes recorded the issues that clients raised in therapy and their thoughts about and understanding of their artwork. They also documented my impressions of each client's process in therapy. This clinical data will be examined in light of the literature and theories under study in this research project.

Five vignettes have been included in three different chapters according to the themes that emerged most strongly within the dynamics of each participant's therapeutic process. "Amber's" work seemed particularly relevant to the theme of the gaze (chapter 3) and "Marla's" to that of mirroring (chapter 4). Within these two vignettes, emphasis is therefore given to each of these concepts in my consideration of their self-portraits. Both the gaze and mirroring seemed relevant within "Amanda's", "Allan's", and "Rachelle's" work, therefore, rather than including their self-portraits in either the chapter on the gaze or that on mirroring, I have grouped them together in chapter 5, and their work is considered in light of both themes.

Chapter 2: Self-Portraiture in Therapy

The face is often considered to be the locus of identity (Wright, 2003) and the centre of personality (Eigen, 1980). It is closely connected with a person's sense of self (Wright). In fact, the face is frequently experienced "as the 'truest' and most direct route to the inner person" (Wright, p.5). Paradoxically, while our face is a part of us that is looked at so much by others, we ourselves can only ever see it as a reflection (Lieberman, 2000). Within art therapy, however, clients may create self-portraits, and these images can become another way for them to see themselves. In fact, self-portraiture may be

particularly relevant to individuals engaged in therapy as, according to Wright, the link between the face and the inner-self may cause those struggling with emotional difficulties to have a heightened awareness of their face.

Self-portraits used in therapy can be powerful. They provide the therapist with information about the client's view of herself and of her internal environment (Alter-Muri, 2007). They also "allow the artist to be open and receptive to the self, which is an important component of therapeutic growth" (Alter-Muri, p. 331). Weiser (1999), who writes specifically about self-portraits created using PhotoTherapy techniques, agrees that such images can lead to self-reflection because they allow the client to externalize, explore, and reflect on different parts of herself. Self-portraits may help to increase the clients' self-knowledge in areas where it is "weak, confused, distorted, outdated, or simply unexplored" (Weiser, p. 120). Photographic self-portraits also allow the client to view herself from an external point of view, as others see her. Altogether, self-portraiture is therefore a process through which the client can gain a clearer image of herself (Weiser).

Part of the strength of self-portraits lies in the fact that the client controls the creation of her image, arriving at a picture "of the self, made by the self" (Weiser, 1999, p. 19). Because the self-portrait is made by the client, unmediated by anyone else, it may be more easily accepted as an image of who she really is, whether what she sees is positive or negative (Weiser); the self-portrait can act as a form of proof (Polley, 2003). In this way, self-portraits may be empowering or very self-confrontational (Weiser).

An important point that Weiser (1999) suggests in support of the use of self-portraiture in therapy is that people operate in life from the perspective of beliefs that

they have about themselves. Because self-portraits can help a client to know what she really wants and feels, they may lead her to make decisions in life that are more congruent with who she is (Weiser).

Many variations on self-portraiture have been used in different types of therapy. Following are examples of several such interventions, which cover a range of mediums and populations.

Hanes (2007) examines self-portraits created spontaneously by chemically-dependent clients. He notes that people living with addiction frequently experience denial and lack awareness about their illness. Rather than acknowledge the impact that the substance abuse is having on her life, the client may “construct a self (...) that is harmonious with the preservation and continued progression of the addiction” (Hanes, p. 33). Spontaneous self-portraits created in art therapy by this population may, however, candidly reflect the addictive practices, refuting the client’s false sense of self and enabling her to realistically acknowledge her situation. This may ultimately lead to a working through of defense mechanisms and to an alteration of the client’s self-image (Hanes).

Cox and Lothstein (1989) present a video self-portrait intervention that involves clients in creating self-portraits in small groups. The authors worked with young adult psychiatric in-patients and the video self-portraits were used to help these clients to explore aspects of the self and different emotional difficulties. Cox and Lothstein point out the appeal of video self-portraits as a non-verbal means of giving an external form to inner fantasies, which then become available to the client, the therapist, and the other group members. The medium of video itself may facilitate self-disclosure by providing

the client with a certain degree of distance and control and by allowing her to project her conflicts outside of herself. Video self-portraits may help to undercut denial and to improve self-esteem; they may also allow the client to internalize new meaning (Cox & Lothstein).

Backos (1997), Glaister (1996) and Polley (2003) all find that self-portraiture can be useful in different ways when working with women who have been sexually abused. Glaister suggests self-portraits as effective tracking tools for psychiatric nurses working with adult survivors of childhood sexual abuse, whose sense of self may have been damaged or distorted by their trauma. Serial self-portraiture becomes a way to visually record progress made by clients as they try to re-build or re-structure their self-concept. Different graphic elements within the drawings, such as quality of line, colour, and the use of space, can indicate changes in self-concept. Ultimately, the process of periodically creating self-portraits and of reviewing all of them each time that a new one is added may help the client to notice change in herself. Furthermore, the self-portraits provide a concrete and permanent record of these changes (Glaister).

Backos (1997) and Polley (2003) both researched the use of self-portraiture with women who had been raped. Self-portraiture may be a particularly relevant intervention for this population as rape turns these women's bodies into the site of their abuse and can negatively affect their sense of themselves and of their bodies (Backos). Backos examined the use of self-portraiture in feminist-Rogerian group art therapy, whereas Polley explored the use of autophotography, a technique which involves the client independently creating photographic self-portraits and journaling about them, before bringing the results to therapy for further work. Both Backos and Polley point out the

introspective nature of self-portraiture and its potential for exploring both physical and emotional issues related to identity, allowing the client to redefine how she views herself. Furthermore, they agree that creating an image of herself can give the client a sense of control and can be empowering. Backos found that the three women who participated in her study showed an increase in body satisfaction as seen through questionnaire results and in their self-portraits. Polley also found that the autophotography was beneficial to the client who participated in her research; the intervention led to greater self-understanding and helped the client to regain a sense of connection with her body.

Kroll et al. (1995) describe an intervention that they developed which touches on the mirroring aspects of self-portraiture in therapy. The intervention is designed for a group context and involves members taking turns to sit before a real mirror; each one describing her face in detail, as if she were creating a self-portrait. During this process, the rest of the group sits behind the protagonist, so that they can interact with her through her reflection, sharing feelings, comments, and associations and asking questions. This situation, with the intensity of its focus on the protagonist's face, on its "minute features, subtle reactions, faint sensations", can become a free-floating creative experience (Kroll et al., p. 284). The mirror "being at the same time an entrance and barrier serves as a membrane between the inner and the outer (...) and, maybe, between the conscious and the unconscious" (Kroll et al., p. 287). The authors suggest that within this set-up, there are moments when the whole group spontaneously begins to mirror the protagonist; their breathing patterns, facial expressions, and the volume and pace of their speech becoming in tune with hers.

Within these different uses of self-portraiture in therapy, many themes re-occur. All of the authors agree that the self-portrait can be a powerful means through which the client can connect with herself (Backos, 1997; Cox & Lothstein, 1989; Glaister, 1996; Hanes, 2007; Kroll et al., 1995; Alter-Muri, 2007; Polley, 2003; Weiser, 1999). The client may reflect on herself on both an emotional (Cox & Lothstein, 1989; Weiser, 1999) and a physical level (Backos, 1997; Polley, 2003). Furthermore, the concreteness of the self-portrait means that these images can be shared with and seen by others within therapy (Cox & Lothstein, 1989) and also looked at over time (Glaister, 1996). These qualities of self-portraits are relevant to the concepts of the gaze and of mirroring and will be returned to throughout this paper.

Chapter 3: The Gaze

The gaze in infant development and in therapy.

Sight is important in human development. Very early on, infants who can see are drawn to look at faces and mutual gaze is significant in the bonding process that happens between the mother and her infant during the baby's first year (Reiss, 1988). Later in life, looking at someone can communicate powerful emotional messages and is significant in creating intimacy between people (Hymer, 1986; Reiss). Hymer, who wrote about the significance of the look in psychotherapy, points out that eye contact can promote emotional engagement and trust within the therapy setting. Weil (1984-1985) writes about *visual holding* in psychotherapy, a process through which the client may feel held within the therapist's gaze. Visual holding can allow for communication without the use of words (Weil). In relation to this process, Weil notes the links between looking and touching, connecting her ideas to those of Greenacre (1971). According to Greenacre,

vision plays an important role in the infant's early ego development. "'Touching' and taking in of the various body parts with the eyes (vision) helps in drawing the body together, into a central image" (Greenacre, p. 208). Weil suggests that the therapist's gaze can perform a similarly powerful role for the client in therapy. These ideas are relevant in many ways to the creation of self-portrait in art therapy.

Within the therapeutic relationship, the qualities of one person's gaze can be felt by the other (Schaverien, 1995). While many clients experience the therapist's gaze as self-affirming, it may also be felt as dangerous by clients who had negative experiences of parental gaze during their early development (Hymer, 1986). For such clients, the therapist's look may feel aggressive, hostile, or recriminating. The client's experience of the therapist's gaze may, however, change over time and can be productively explored within therapy. Hymer suggests that the development of mutual gaze within psychotherapy can help to undo early negative experiences.

Schaverien (1995) explores the gaze within the context of art psychotherapy. Within this setting, images can become the object of the gaze and it is through the gaze that their impact is felt (Schaverien). When a client makes art in therapy, her gaze may turn inward. The concept of the *inward gaze* uses the metaphor of vision, but it is not based on actual visual perception. Rather, the inward gaze is the gaze of the imagination, which allows us to interpret our inner experiences. Pictures that result from the inward gaze may therefore link the client's inner self with outer reality, allowing the client to be seen, through her image, in a particular way within the therapeutic relationship. Through the process of sharing her image with an 'Other', in this case the therapist, a conscious attitude may develop within the client. The therapist's authenticating gaze affirms and

deepens the client's relationship to herself and to her inner reality. Sometimes new awareness may surface even without the client sharing her image with the therapist, because the image itself can function as the Other, bringing to consciousness elements that were previously outside of the client's awareness. More often, however, it is the therapist who fills this role. Thus, there develops in art therapy a triangular set of relationships between the artist, the picture, and the therapist, relationships that are linked through the gaze (Schaverien).

“When pictures are the mediating object in between (...) people, they offer a particular channel for the gaze; interpersonal gazes may be mediated through the pictorial imagery” (Schaverien, 1995, p. 13). Within the three-way relationship between the client, the image and the therapist, the gaze of both the client and the therapist connect within the image. Elements of transference and countertransference can therefore be contained in, or elicited by, the image. Schaverien describes transference as a view of outer reality that is tinted by the gaze from within. The therapist's gaze is not objective either and may be affected by preconceptions. Together, the transference and countertransference may draw the client and the therapist into a deeper engagement first with the image, and then within the therapeutic relationship itself (Schaverien).

Schaverien (1995) also suggests that the unconscious gaze of the artist is in a sense behind her picture when the viewer looks at it. This gaze behind the image communicates to the viewer on a visceral level. This experience may be heightened if there is a figure in the image that looks out at the viewer. In this case, “the artist's viewpoint is offered to the beholder and (...) we take up his position when we view the picture. So the beholder identifies with the position of the artist. We empathise”

(Schaverien, p. 211). This aspect of the gaze is particularly relevant to the creation of figurative self-portraits in art therapy. In this case, the gaze of the client, from behind her self-portrait, can draw both the client and the therapist into the client's emotional state.

As can be understood from this brief overview, the gaze is a complex concept that is of importance from infancy and throughout adulthood (Reiss, 1988); however, it may remain outside of our consciousness much of the time. Within therapy, awareness of the gaze may become heightened; the gaze contributes to the holding environment and can be an important means of communication (Weil, 1984-1985). With its connotation of seeing beyond the surface and of forming a connection, the gaze also seems to be a prerequisite for mirroring, the concept which will be explored in the following chapter.

Amber: Childhood snapshots.

According to Schaverien (1995), when images are created in art therapy they form one point of a triangular relationship that also includes the client and the therapist. Within this situation, a complex set of connections develops that are linked by the gaze. These connections may engender greater self-awareness in the client, as well as deepening the therapeutic relationship (Schaverien). The following clinical vignette explores the implications of the gaze in the case of one client's work with photographic self-portraits.

"Amber", a 45-year-old woman, wanted to address her history of childhood sexual abuse in therapy. She attended 12 individual art therapy sessions over a period of 6 months. From the beginning, Amber was unsure about how the art-making could be helpful to her in therapy. She felt frustrated and the art materials reminded her of childhood, which was also the period when her abuse occurred. Because Amber enjoyed making collages at home, we discussed the possibility of her using this medium to

explore her “inner child”, a concept that Amber found meaningful in understanding the impact of her past sexual abuse in her current life. Amber began bringing childhood photographs to our sessions in order to explore this theme.

All of the photographs that Amber brought to therapy were, strictly speaking, portraits: photographs of Amber taken by others. They became self-portraits within our sessions, however, because Amber chose certain images of herself from amongst many others and photocopied and manipulated them. We did not, however, refer to the photos as self-portraits and I did not at any time discuss them with Amber in the context of my research. Within our session, the photographs became a way for Amber to begin sharing a particular time in her life with me.

Amongst the photographs that Amber brought to therapy were several that were particularly powerful for her. These included a photo-booth picture of Amber at age 4, looking serious and sitting beside her older sister, a smiling school portrait from early primary school, a class picture taken in grade 2, a year for which Amber had no memories, a portrait of Amber with her little brother on her lap, a snapshot of Amber and her siblings lined up in front of the Christmas tree, and a beautiful and eerie black and white photograph of Amber as a child, sitting on a deck chair in a white dress, turned away from the camera, her face hidden by her hair. Some photographs were taken before the sexual abuse began, others were from the period when it was occurring.

Looking at these photographs brought up many memories and strong emotions for Amber. Seeing herself as a child, she was often overcome by how innocent she looked. At times she hugged, kissed, and stroked the photographs. She often referred to the little girl in the photos as someone separate from herself; she wished that she could look after

this little girl. At other times, Amber was angry. There was a dissonance between the apparent normalcy of the scenes photographed and the horror of the abuse that she remembered from that time in her life.

Amber found therapy difficult and painful, however, she felt that she needed to face the photographs from her childhood. She created an album for the images and her process with them continued until the end of therapy. She also began to explore the difference between being a victim and a survivor of sexual abuse and wondered when one becomes a survivor. Referring to herself in the photographs, she said: "Sometimes when I think about that little girl, I still feel like a victim". Amber decided at the end of therapy not to take her photo album home with her; the images still felt too overwhelming.

Amber's exploration of her childhood photographs connects to Weiser's (1999) discussion of self-portraits created through PhotoTherapy techniques. Weiser suggests that photographic self-portraits allow the client to see herself from the outside, as others see her. This often leads to comparisons between the photographs and the client's inner conception of herself (Weiser). For Amber, there was great dissonance between the innocent-looking child in the photos and the memories of the abuse that she carried within her. In hindsight, I feel that the gaze came into play in many ways in this area of our work together, because using the photographs within the therapeutic relationship allowed Amber to quite literally be seen, both as she had been as a child and as she was now as an adult. The gaze of the child in the photos, brought to life again by Amber's vivid memories, touched me deeply and brought up painful emotions in Amber. The adults in Amber's childhood were not able to see what was happening to Amber or to protect her from her abuser. As we looked together at Amber's photographs, we went

below their surface. We acknowledged what had happened to Amber and the impact that the abuse continued to have on her adult life. I feel that seeing Amber within therapy, both as a child victim and as an adult survivor of sexual abuse, was one of the things that I was able to give her.

Chapter 4: Mirroring

Mirroring is a term that has frequently been used in psychoanalytic literature to refer both to a significant process in early childhood development and to a therapeutic process (Pines, 1984). It has become a concept that condenses many phenomena (Pines). Muller (1985) and Haglund (1996) both point out the lack of clarity surrounding what Muller terms *mirror phenomena* and Haglund the *mirror metaphor*. Muller wrote in 1985 that mirror phenomena were increasingly receiving attention and that, perhaps because of this, meaning was becoming diffuse. In 1996, Haglund referred to the mirror metaphor as a “much-used but illusive concept” in psychotherapy (p. 226). Although many psychotherapists acknowledge the profound psychological impact of mirroring clients in therapy, it is unclear exactly what it means to *mirror* or to be *mirrored* (Haglund). Given the importance of these concepts and the many varying theories on mirroring in infant development and in therapy, the following chapter will briefly review some of the main ideas in these areas before concentrating more particularly on mirroring in art therapy.

Mirroring in early infant development.

Lacan, Winnicott, and Kohut are three important psychoanalytic theorists who explored mirroring in early infant development (Haglund, 1996). Following are brief accounts of their ideas.

Jacques Lacan's influence has been widespread and his ideas are "compelling but difficult (...) to understand" (Lieberman, 2000, p. 93). For these reasons, I have turned to Haglund (1996), Lieberman, Muller (1985), Muller and Richardson (1982), Schaverien (1995), and Shipton's (1999) explanations of Lacan's writings in order to describe his concept of the *mirror stage*. The ideas explained by these authors in the following paragraph are based on those of Lacan.

Human infants are born without a cognitive concept of themselves in relation to the world (Haglund, 1996). The beginning of Lacan's mirror stage, which occurs somewhere between 8 and 18 months, is marked by the point at which the infant recognizes herself when she sees her image in the mirror. She begins to differentiate the external from the internal (Haglund). At this point, the infant still lacks many motor skills, however, she begins to explore her reflection through mimicry (Schaverien, 1995). The image in the mirror is seen as possessing a bodily unity, a wholeness, which the infant's self and ego have not yet reached and this image becomes idealized by the infant (Lieberman, 2000). This external mirror image is internalized and the infant begins to develop a cohesive body image and to organize her self-perception (Haglund). The infant is in a sense identifying defensively with the wholeness of her image to conceal her actual helplessness and fragmentation (Muller, 1985). However, because the mirror image is external to the baby and because it initially differs from the infant's fragmented sense of self, alienation develops (Muller & Richardson, 1982). The mirror stage becomes central to the formation of the child's ego and this sense of alienation is at its core (Shipton, 1999). The ego becomes rigid and "shapes reality to suit its own requirements – namely the maintenance of the illusion of unity and mastery" (Muller, p. 238).

Winnicott (2005), whose concept of mirroring is of particular interest to me in this paper, acknowledges the influence that Lacan's mirror stage had on his own ideas. However, his concept of the mirroring role of the mother's face in early infant development is very different from Lacan's mirror stage. "Lacan's thesis that mirroring is essentially an alienating experience of aloneness with the self contrasts with Winnicott's that the child *finds* himself in the mirror of the mother's face" (Pines, 1985, p. 220). According to Winnicott, mirroring happens quite naturally in a healthy mother-infant relationship and the mother is able, most of the time, to put aside her own mood and defenses as she interacts with her baby. When she looks at her baby, the mother's expression is therefore a response to, a mirroring of her infant. In this way, what the baby sees when she looks into her mother's face, is herself; the baby gets back from her mother what she gives. This mirroring of the infant by another person (it is possible for someone other than the mother to fill the mirroring role) is an essential part of early emotional development, which allows the baby to gain a sense of herself (Winnicott).

Kohut (1971) also explores mirroring phenomena, describing a phase during normal development when the child exhibits a grandiose sense of self. During this time, the child looks to her mother "for an echo to and a participation in the narcissistic-exhibitionistic manifestations of his grandiose fantasies" (Kohut, p.107) and the child's displays are mirrored and confirmed by "the gleam in the mother's eye" (p.116). Furthermore, "the mother's exultant response to the total child (...) supports, at the appropriate phase, the development (...) from the stage of the fragmented self (...) to the stage of the cohesive self" (Kohut, p. 118). As Kohut explains it, by gradually becoming selective in how she responds to her child's grandiose self, the mother begins to channel

the child's sense of self into more realistic directions and the child develops a realistic self-esteem.

Mirroring in psychotherapy.

According to Haglund (1996), the importance of mirroring in early infant development is now widely accepted, however, there is some debate over the relevance of mirroring in the treatment of adults. Is it useful for therapists to serve a mirroring function for adult clients? Haglund argues that it is, because everyone needs to feel understood, valued, and affirmed, and relational and self issues are relevant throughout life. Similarly, Wright (2003) suggests that although mirroring is not a constant need in adulthood, perhaps human experiences in general need to be reflected by another person who provides a resonating confirmation of them in order for those experiences to be felt as real. Haglund states that clients at all levels of development will experience a need to be mirrored in therapy, but that mirroring will be especially important for those dealing with issues of identity, low self-esteem, or difficulties in self-regulation (Haglund).

Both Winnicott (2005) and Kohut (1971) specifically explore the mirroring function of the therapist working with adults. In fact, Winnicott (2005) writes about the parallels between analysis and the early mirroring of the child by her mother, describing the psychotherapeutic task as follows:

By and large it is a long-term giving the patient back what the patient brings. (...)
If I do this well enough the patient will find his or her own self, and will be able to exist and to feel real. (...) Patients (...) are grateful to us for seeing them as they are. (Winnicott, p. 158)

Kohut (1971) states that within analysis, disturbances in the area of the essential early relationship “to an empathically approving and accepting parent (...) are once more open to correction” (p. 120). Kohut’s *mirror transference* is the re-occurrence within the therapeutic relationship of that phase of childhood in which the grandiose self was important. Within therapy, however, it is now the analyst, rather than the mother, who is in a position to approve the client’s narcissism. The client can receive from her analyst “an echo and a confirmation of [her] greatness and an approving response to [her] exhibitionism” (Kohut, p. 123). Through this process, it becomes possible for the client to integrate her grandiose self into the ego (Kohut).

Others have also considered the importance of mirroring within psychotherapy. Hymer (1986) writes about the development of mutual gaze in therapy as a way of repairing damage caused by a negative early relationship between the mother and child. In writing about psychoanalysis and psychotherapy with borderline and schizophrenic patients, Searles (1984-1985) considers the importance of the analyst’s spontaneous facial expressions during the period of therapeutic symbiosis, in which “each participant’s facial expressions “belong” as much to the other as to oneself” (p. 71). The analyst’s face may allow the clients in an autistic stage to move into this symbiotic stage of relatedness. Searles writes about clients who begin to reference the analyst’s face in order to find out what they themselves are feeling. In other words, they gain access to their own emotions through the analyst’s expressions. This symbiotic phase may be followed by individuation within the therapeutic relationship and the client will begin to recognize that she can not only refer to the analyst’s face for information, but that she can also influence the expressions on the therapist’s face (Searles).

The therapist is not the only person who can mirror the client and Pines (1984) points to group psychotherapy as a mirroring process. Within a group setting, both the therapist and the other group members can fill a mirroring function. The therapist's comments, interventions and interpretations can mirror by focusing attention on and framing what is happening in therapy. Other group members, on the other hand, offer the client multiple perspectives on herself, allowing her to find out how she is seen by others. These multiple perspectives can be integrated into the client's sense of self and new knowledge and unity are achieved (Pines).

Amongst these many ideas, Winnicott's (2005) conception of mirroring in psychotherapy, which is based on the mirroring role of the mother's face in early infant development, stands out as the most appealing for my exploration of mirroring and self-portraiture.

Mirroring in art therapy.

Within art therapy, the images created, as well as the therapist, can fulfill a mirroring function (Schaverien, 1995). Pictures created in therapy can reveal aspects of the client's self, however, these images are not simple reflections of the client's inner world. Schaverien (1990) describes *embodied images* as pictures that are not merely attempts at reproducing a pre-conceived mental image, but that instead move, as they develop, beyond what is consciously known to the client. As this type of image develops, a two-way interchange may emerge between the client and the artwork that can lead to change and transformation within the client (Schaverien, 1995).

The embodied image can function in therapy similarly to Winnicott's (2005) concept of the mother's empathic gaze (Schaverien, 1995). Through the art-making, the

client creates an external image which contains parts of her self. As the client looks at the artwork, the image may then reflect those aspects of herself back to her. Thus, like the mother's gaze, the image can provide self-affirmation (Schaverien).

The picture, despite the fact that it is made by the artist, sometimes has the effect of giving an external perspective on an internal state. In this way the image feeds back to its maker in a way which offers a real potential for transformation.

(Schaverien, p. 107)

Moon (2002) offers another perspective on mirroring in art therapy, writing about the possible witness role of the art therapist. Within this role, the therapist is attentive to the client and sees her. The therapist then reflects back what has been witnessed. Moon suggests that the therapist's own art-making, either alongside the client or in response to the client, can be one way of mirroring. Being witnessed in this way may help the client to feel recognized, acknowledged and understood, as well as allowing her to become more self-aware (Moon). Reflecting back through image-making is a form of mirroring particular to art therapy.

Mirroring in art therapy can therefore happen on several levels, with images, as well as the therapist, fulfilling a mirroring role (Schaverien, 1995). The following vignette will explore this theoretical concept in connection with the self-portraits of one client working in art therapy.

Marla: Putting the pieces back together.

"Marla", a 48 year old woman, attended 21 individual art therapy sessions. She had a history of childhood emotional and sexual abuse that occurred within her family and she had been raped at gunpoint as a young adult. She had been diagnosed with

Borderline Personality Disorder and Post Traumatic Stress Disorder and she was depressed. Marla also felt that she had Disassociative Identity Disorder; she had changed her name and appearance several times as a teenager. During the months that Marla and I worked together, Marla also persistently heard repetitive voices in her head. She had been hearing them since undergoing hypnotherapy two years previously. Marla linked some of what these voices said to her different identities; other voices she experienced as memories from the past. Although I did not know if Marla was suffering from DID, I felt that she was dealing with many identity issues in therapy and that she was trying to gain a more solid sense of herself. Marla felt that recovering memories of her abuse was an important part of her healing process, which would allow her to mourn what had happened in her life and move on. She felt that the hypnotherapy had stirred up a lot within her and that she was now slowly putting the pieces back together. "Putting the pieces back together" is a useful metaphor for the self-portraits that Marla created.

Marla was very aware of my research interests and told me at the beginning of therapy that she would have to draw me "some interesting pictures". During our sessions, she would also occasionally mention that she would draw me a self-portrait whenever I wanted her to. I suspect that self-portraits occurred more frequently in Marla's work because she was conscious of my interest in them. However, Marla's concept of a self-portrait seems to have been narrower than mine. She did not label all of the images that I include here as self-portraits, however, she did talk about the faces in these images as representations of herself.

For her art-making, Marla often used a unique creative process that helped her to tune into important issues and emotions within herself. She usually began working in



Figure 1
Watercolour and coloured pencil on paper; 12" x 18"

A later self-portrait was created during a session in which Marla talked about Dissociative Identity Disorder. She titled this image *Me and my inner-self* (Figure 2). She felt that her face in this image, with eyes closed, looked sad and depressed. She commented on how the other elements in the drawing seemed to be contained by the arcing pink band, which she associated with the controlling arm of her father from the

past. Within the contained shapes she saw a vagina, a clown, eyes, a penis, and a face with closed eyes. She noted that her head is separate, cut off from all of these elements and linked this disconnection to her dissociation. The fact that Marla drew herself with eyes and mouth closed may also connect to her dissociation. This self-portrait is less fuzzy than Figure 1, however, the face in Figure 2 seems absent, as though she is looking inwards. Marla also talked during this session about realizing that “Lindsey”, someone that was referred to by a voice in her head, was actually a name that she had used at one time.



Figure 2
Oil pastel on paper; 24" x 18"

During the following session, Marla talked about Lindsey again and I invited her to make an image of Lindsey. Marla did so (Figure 3). Marla's process as she created a portrait of this part of herself seemed much more deliberate than her usual compositions, however, she still felt that she was letting unconscious material emerge. She first painted the outline of a large head, and then the outline of a smaller one within it. She completed the self-portrait by moving back and forth between painting the hair and the face. In looking at the completed image, Marla pointed out the double face and likened the smaller face to a "shrinking mask". She did not explore this metaphor further at this point, however, the "shrinking mask" suggests that something will be revealed. In retrospect, I also noticed that a small white face, clearly demarcated from a larger head, was also present in Figure 2.

Marla felt that the portrait of Lindsey looked like that of a woman in her late teens or early twenties. She described the portrait's eyes as looking "shocked" and "spaced out", which was how she currently often felt. Through this self-portrait, Marla, who for a long time was dissociated from much of her abuse, seemed to have represented a younger part of herself at a moment when she did see and was conscious of what was happening to her. On a subconscious level, as she looked at this finished portrait, perhaps Marla was seeing the part of herself that saw what was going on as the abuse occurred.

At the end of this session, Marla thanked me for asking her to paint a self-portrait, saying that it had been helpful to find out, through this image, how she sees herself. I wondered if Marla felt that I had asked her to paint this self-portrait because of my research interests. I did not, however, explore this question with her as I was giving

priority to the clinical work that I was doing with Marla rather than to my research interests.

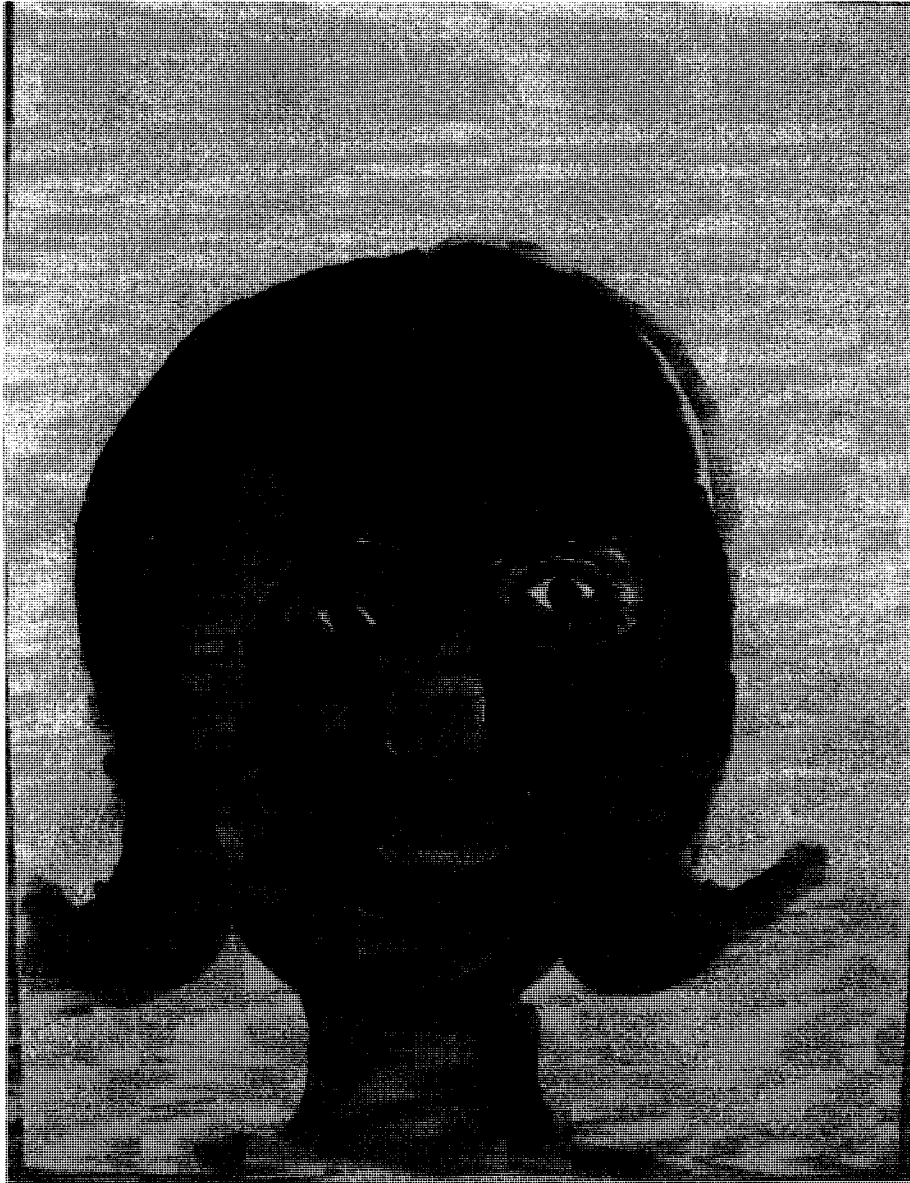


Figure 3
Watercolour on paper; 18" x 24"

In reviewing her artwork before the Christmas break, Marla was particularly struck by the portrait of Lindsey and by its segmented face, divided into several sections by dark brown lines and blocks of slightly different colours (Figure 3). Because Marla had previously stated that this self-portrait had been helpful to her and because she had also expressed an interest in painting herself at different times of her life, I suggested during this session that she complete another self-portrait. Marla was happy to do so. This next self-portrait represented Marla's current appearance (Figure 4). She was pensive as she discussed it, looking at it beside the portrait of Lindsey. Marla noted the slight shift of colour around the features, which again sets a smaller face off within the rest of the head. She was also drawn to the neck area of the self-portrait, noting the separation between neck and chin. Although Marla's head in this image does rest on a neck, unlike the faces in Figures 1 and 2 which are separated from any allusion to a body, there is still the sense in this self-portrait of an uneasy joining.



Figure 4
Watercolour on paper; 12" x 18"

The themes of integration and of connecting parts also became progressively noticeable in the visual aspects of Marla's later, more abstract, images, which began to expand from central shapes rather than being elements scattered over the page as in her earlier work (Figure 1). When I pointed this out to Marla, she said that maybe things were also coming together in her head.

During one of our later sessions, Marla chose to re-explore the metaphor of the mask, which had emerged within the double faces of her self-portraits (Figures 2, 3, and 4). She drew a mask (Figure 5), and when she finished it, I asked her if she would like to make a face that could wear the mask. She created a small clay self-portrait (Figure 6). The sculpture was quite a realistic depiction of Marla at her current age. Marla felt that this woman looked old and exhausted. Within the drawing of the mask she saw many different elements: both a neutral and a happy mouth, two sets of eyebrows, arrows pointing at the nose, little girls in blue hats and hair the colour of her brother's. In viewing the mask and the sculpture together, Marla felt that the mask represented her inner state of confusion while the sculpture captured her outer appearance.

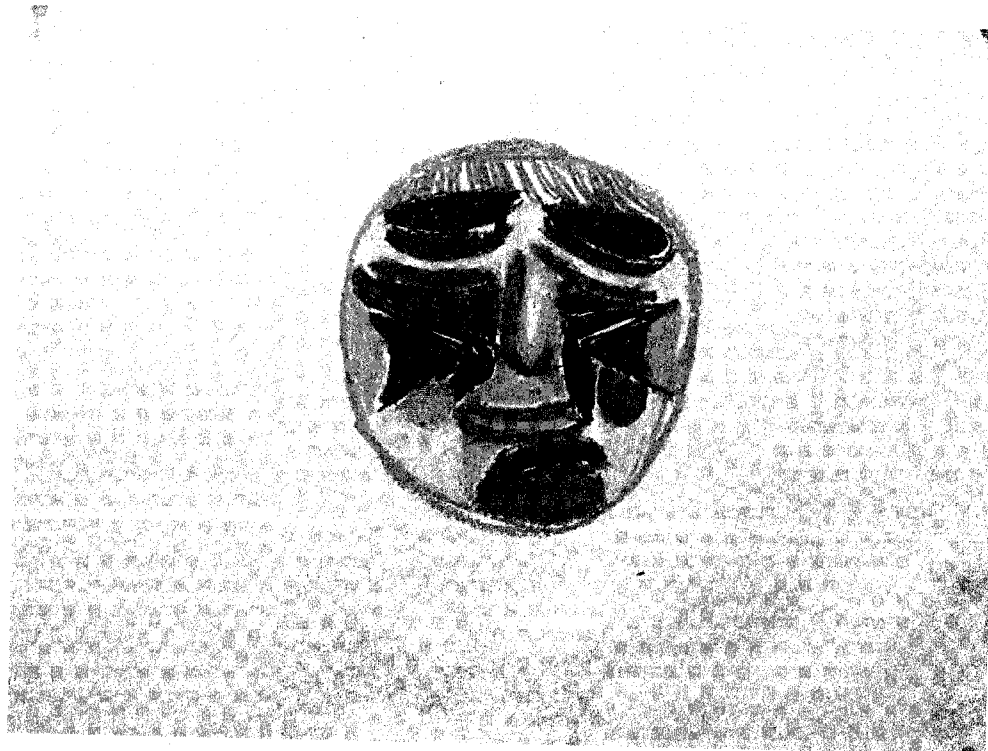


Figure 5
Oil pastel on paper; 18" x 12"



Figure 6
Clay; approximately 4" x 3.5" x 4"

Marla's progression of images is thought-provoking and connects in many ways to the literature on self-portraiture and on mirroring. Marla felt that unconscious material emerged through her art-making; her images seemed to allow her to connect with repressed and disassociated aspects of herself. As Marla looked at her images, they seemed to reflect back to her issues, concerns and emotions that were just emerging into her consciousness. This type of mirroring occurred, to a greater or lesser extent, in all of Marla's images, including her self-portraits. Marla felt that her art-making helped her to get in touch with herself.

The growing cohesiveness that occurred in Marla's work over the months was notable and can be seen in her self-portraits. Marla also felt during this time that things were coming together within her. However, she continued to be aware of the disjointed and fragmented qualities of her self-portraits. Marla's self-portraits seem to contain and to embody her desire to heal herself by connecting and ordering her memories and the different pieces of herself.

Marla's images seem particularly relevant to Schaverien's (1995) discussion of how both Winnicott's notion of maternal mirroring and Lacan's mirror stage may come into play within art therapy. Within this setting, the therapist may take on Winnicott's maternal mirroring role, while the image that the client creates offers her a reflection of herself, much as Lacan's mirror does (Schaverien). "At times, we might view the pictures in a similar way to Lacan's mirror. It is often through the picture that the fragmented elements of the personality first begin to cohere" (Schaverien, p. 181).

Schaverien (1995) discusses the work of one of her clients in light of these ideas in a way that is particularly relevant to Marla's self-portraits. By creating images of

himself, Schaverien's client began to differentiate his inner experiences and his outer appearance and to "organise his perceptions of himself as a whole being" (p. 97). Marla also seemed to be engaged in this process within her self-portraits. "Although the picture is not literally a mirror it does bring fragmented elements together and sometimes presents them in a coherent frame" (Schaverien, p. 182).

Within her therapeutic process with self-portraiture, Marla seems to have been working towards re-integrating dissociated aspects of herself, connecting both with the parts of herself that "saw" the abuse occurring and with the parts that needed to dissociate from this reality. Thus, Marla's images seem to have played a mirroring role in her developing sense of self. The self-portraits reflected her lack of inner cohesiveness and provided a format through which she could externalize, and to a certain extent control, some of her on-going processing of emerging memories. Her images contained her struggle and documented inner changes in a concrete form, allowing Marla to see herself. Within my role as therapist, I witnessed Marla's process and was able to reflect back to her the changes that were occurring both in her imagery and in her self.

Chapter 5: Self-Portraits in Art Therapy: Clinical Vignettes

The previous chapters presented vignettes of clients' work that was specifically relevant to the gaze and to mirroring. The following chapter presents three case examples, each of which is relevant to both of these concepts. These vignettes also raise other significant themes that emerged within the clinical application of self-portraiture in my research setting.

Amanda: Physical and emotional selves.

The following examples of “Amanda’s” self-portraits highlight how such imagery may confront the client with a simultaneous exploration of both her physical and emotional self and concerns. Amanda was 34 when she joined the art therapy group and she was dealing with many long-standing health issues. She had been diagnosed with a heart problem as a baby and later on with lung problems and a curvature of the spine. She had been tested in the past for heart and lung transplants, but these operations had not been possible. Amanda now needed oxygen all the time and she used a portable oxygen tank during the art therapy sessions. At the point at which she began therapy, Amanda felt that her body had begun to change quickly and she did not like what was happening to her. During the group sessions, Amanda moved slowly and her hands trembled. She often did not have time to finish her artwork. Amanda was hospitalized briefly during the time that I worked with her and she eventually left the group because her declining health no longer allowed her to attend regularly. In all she came to 5 sessions over 9 weeks.

In the three self-portraits that she created, Amanda focussed on the core of her body, the area where her pain and physical weaknesses were located. She represented her body as fragmented, but the images themselves are striking and in many ways strong.

Amanda’s first self-portrait (Figure 7) concentrates on her torso in isolation from the rest of her body and the image is made of many distinct elements: blocks of colour, pieces of paper, and a pipe-cleaner. In talking about this image, Amanda focussed on the lopsidedness that she felt in her body; one side felt hot and the other cold. Amanda talked about her arms feeling tiny, about having problems with her hips, and about not knowing

what was happening with her legs. These concerns are graphically reflected in her painting, in which neither her head nor her legs appear.



Figure 7

Watercolour, coloured paper, pipe cleaner and glitter-glue on paper; 18" x 24"

Amanda's second self-portrait is a collage which represented both the reality of her physical condition and also how she wanted her body to be (Figure 8). The heart and the half-clock, which sit prominently in the centre of the collage, symbolized the fact that time was ticking and that Amanda was concerned about her heart. The zipper and the

laces on either side represented her back which felt bound and tight; she wanted her back to be straight, like that of the figure on the left of her collage. Other fragments of the image represented the pain in Amanda's knee and the fact that she would like her lips to be pink and not bluish as they were then. She also wished that her teeth were better and that her skin was soft and smooth. Again, the focus in this image is on different parts of Amanda's body in isolation, even if the elements overall are arranged in roughly anatomic order.

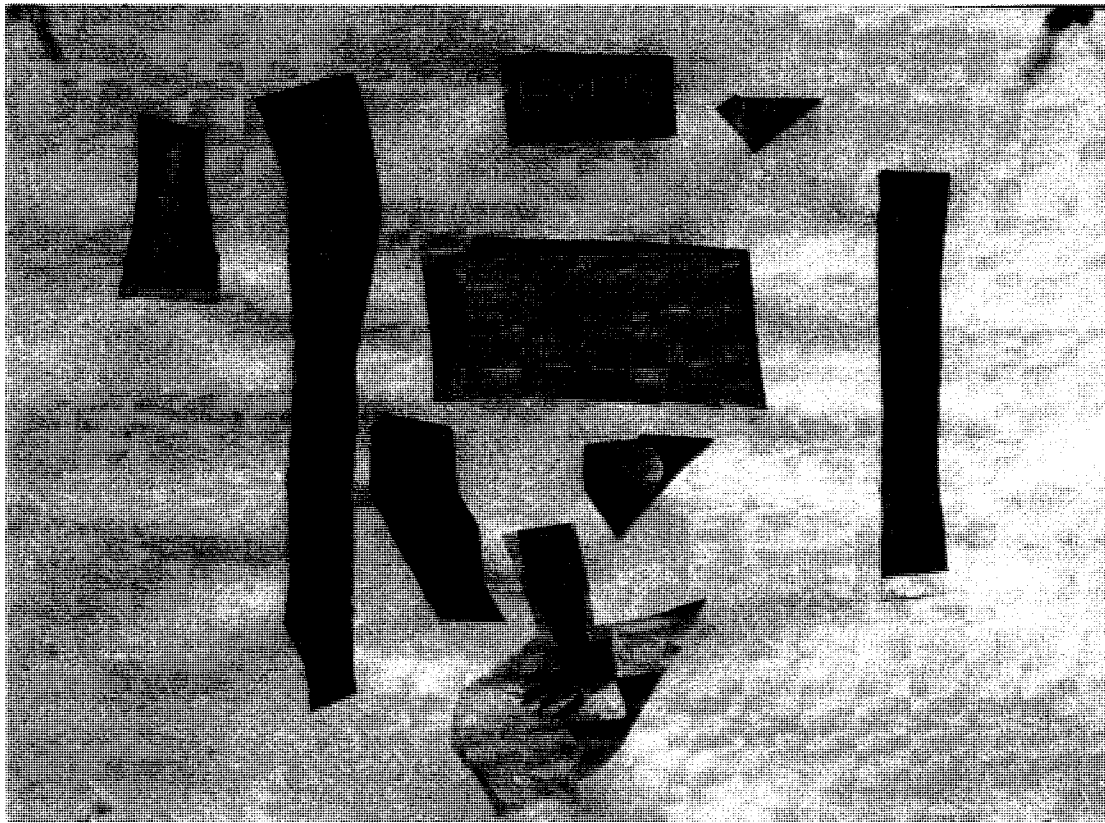


Figure 8
Magazine images on paper; 18" x 12"

Amanda's final self-portrait is delicate, but powerful. Again the focus is on the core of her body: her heart is represented by a flower and her curved spine and asymmetrical lungs are also drawn (Figure 9). These areas of pain, discomfort, and

concern are bordered by her hips, neck, and shoulders. Again, the other body parts are absent. Amanda talked about disliking the changes happening in her body and about the frustrating lack of autonomy to which they were leading.

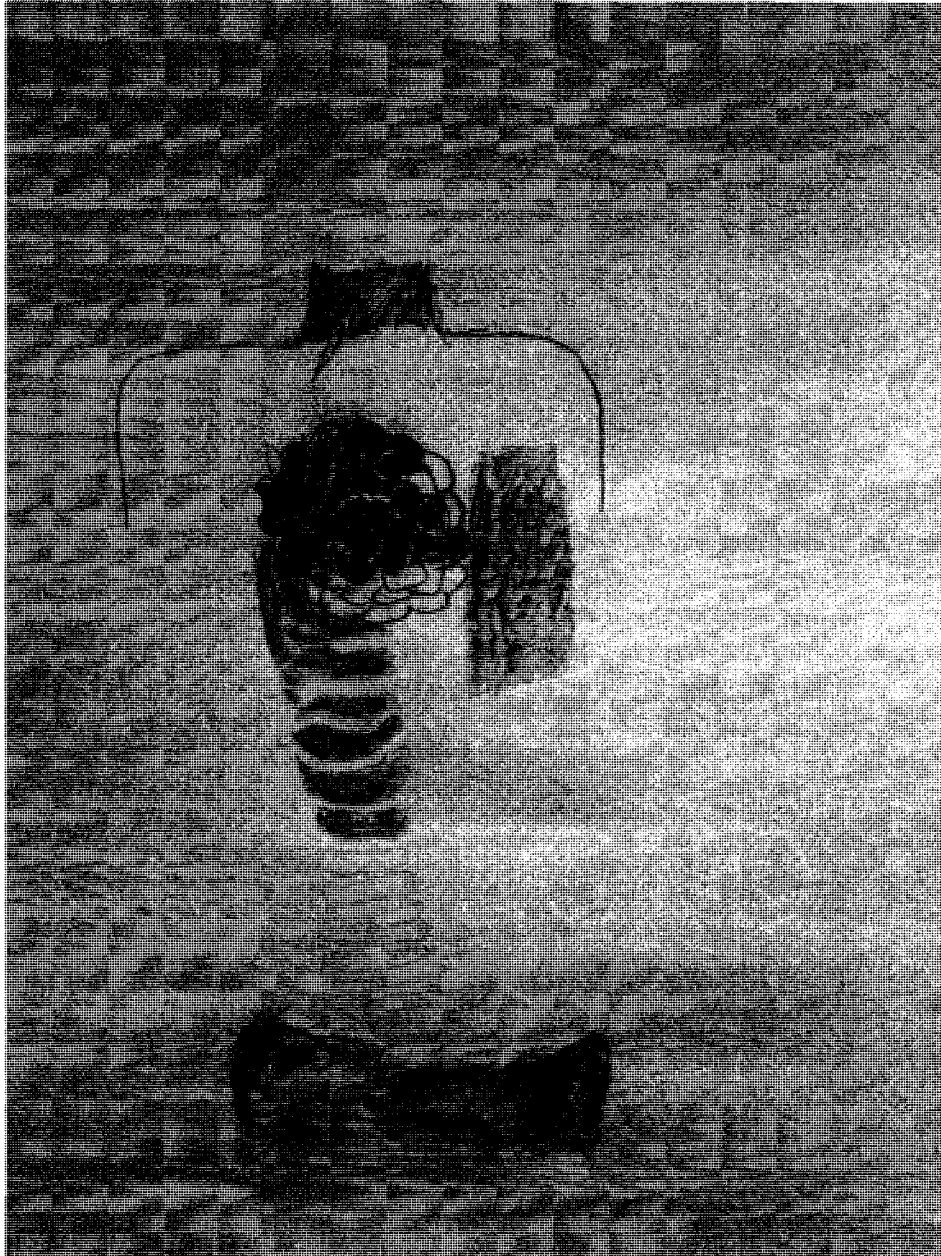


Figure 9
Coloured pencil on paper; 12" x 18"

Before joining the art therapy group, Amanda had expressed an interest in self-portraiture. This theme seemed, however, to confront her immediately with her physical condition, reflecting back to her issues that she was ambivalent about exploring. Perhaps self-portraiture, with its connection to the physical self, took Amanda more quickly into this very loaded area than she would otherwise have chosen to go. Weiser (1999) writes that photographic self-portraits “can be powerfully self-confrontational and undeniable” (p. 19). There is something equally confrontational and undeniable about Amanda’s images. In terms of their visual qualities, however, they display a strength and a boldness that contrasted with Amanda’s physical frailty. Other group members acknowledged the power of Amanda’s images and she appreciated this. The gaze of the group members, who saw Amanda both physically and also through her images, and who emphasized that her illness did not represent all of who she was, seemed to be important in Amanda’s process.

After witnessing Amanda’s work with self-portraiture, I feel that self-portraiture may be a particularly intense medium for clients dealing with physical issues, because it can very quickly lead the client to look at the interrelationship between her physical condition and her emotions. On the other hand, self-portraiture may offer a safe container for such an exploration and the resulting image may allow the client to communicate her experiences with others and to feel seen.

Allan: Colour in the darkness.

Schaverien’s (1995) idea of a transformative interchange between the client and her image, a process through which the image may reflect back to the client something of herself, is particularly relevant within the following vignette. The possible benefits and

risks of the mirroring potential of self-portraiture for those living with depression will also be considered.

“Allan”, a 55 year old man, attended the art therapy group for 19 sessions. Allan had been diagnosed with Major Depression. He had immigrated to Canada in his thirties and had a difficult personal history. During our first meeting, Allan told me that his parents had separated when he was very young and, although he saw his mother periodically during his childhood, he revealed that he had never really felt that he had a mother. Although Allan never discussed these feelings further in therapy, it seems relevant to speculate that he may have experienced a disruption in the early mirroring that is essential for a child’s healthy emotional development (Winnicott, 2005).

During his time in therapy, Allan completed numerous self-portraits; the theme continued to appear in his work even after it was no longer being suggested to the group by the therapist. Allan also often drew trees. When I suggested to him that the trees were symbolic self-portraits, Allan agreed, but added that they also expressed more universal themes about life and nature.

Allan’s first self-portrait is bleak and has an empty, floating quality: he drew himself sitting alone on a log, facing away from the viewer, on a very small island surrounded by water (Figure 10). Allan associated the words “freedom”, “loneliness”, and “finish” with this image. The feeling of freedom was connected to the migrating birds that are flying away and Allan linked the word “finish” with the setting sun. Allan spoke quietly and without smiling during this session. He acknowledged having had recent suicidal thoughts.

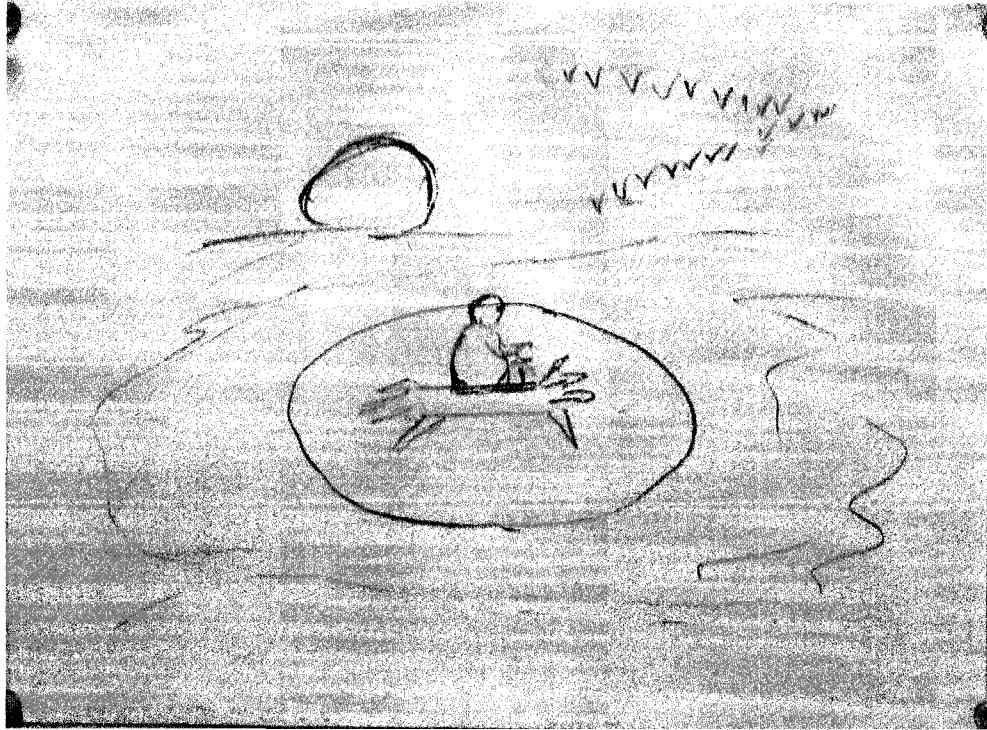


Figure 10
Graphite on paper; 12" x 9"

In another of his early self-portraits, Allan drew himself naked and distorted: his body in this image looks very old and thin and his head is over-sized (Figure 11). Allan is sitting on the ground, near a corner where two walls meet. There is a hole in one wall which the figure has made. On the other side of the wall lie light and opportunities, but Allan sits in the darkness, turned away from the opening. However, contrary to Figure 10 where the figure faces away from the viewer, in this image Allan is turned towards us. Perhaps he was ready at this point for his pain to be seen by the therapist and the other group members. In speaking about his image, Allan explained that he did not yet have the courage to step out into the light and to rejoin "real life"; he felt too weak and weighted down by responsibilities. His oversized head symbolized the fact that he felt his issues to be in his head rather than in the outside world.

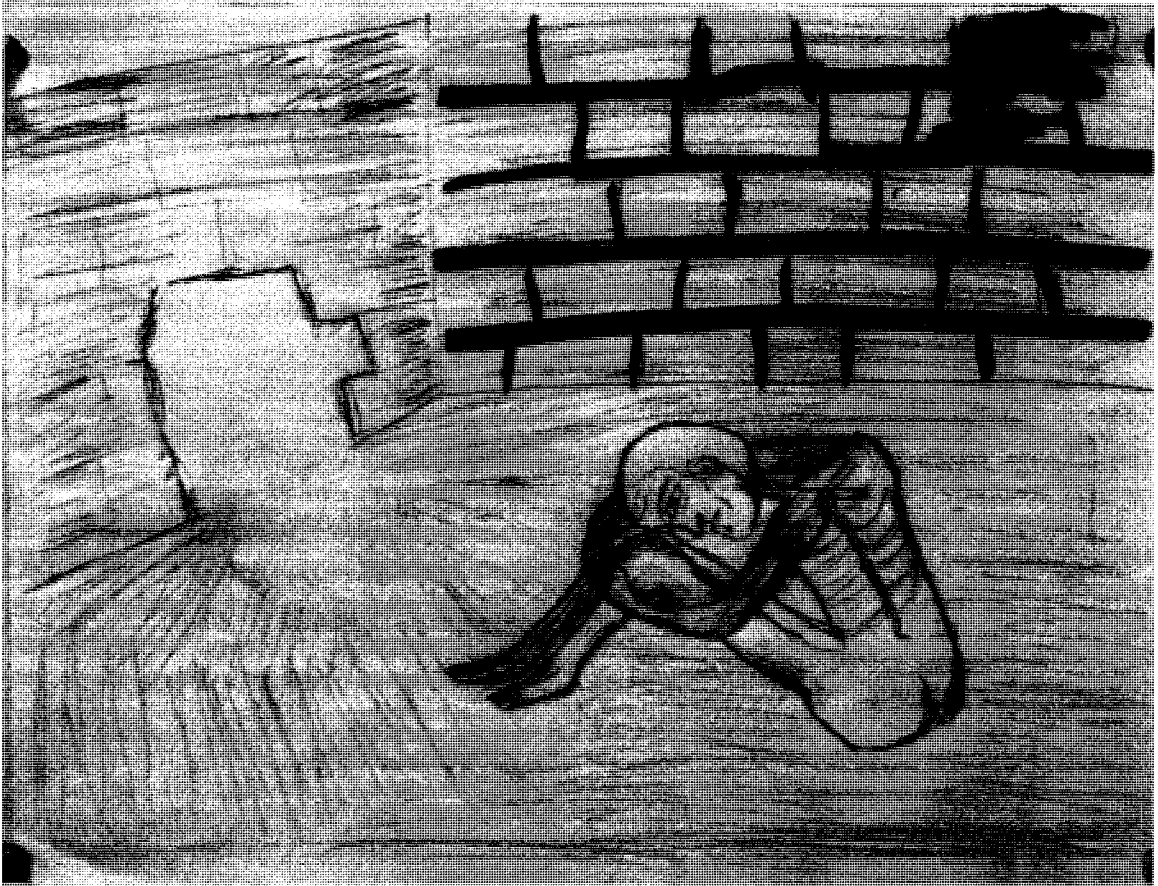


Figure 11
Graphite and felt pen on paper; 12" x 9"

In a symbolic self-portrait, Allan represented himself as a mushroom in the Sahara desert (Figure 12). He explained that since immigrating to Canada, and because of many painful events in his life, he no longer had a feeling of belonging anywhere and he felt incomplete wherever he was. The mushroom in his drawing is alive, but for how long? There is no shade and only a trickle of water runs in front of it. The cactuses in the drawing can flourish in the desert, but the mushroom cannot survive there indefinitely. The tree beside the mushroom, which Allan linked to past happiness, was once alive, but is now dead.

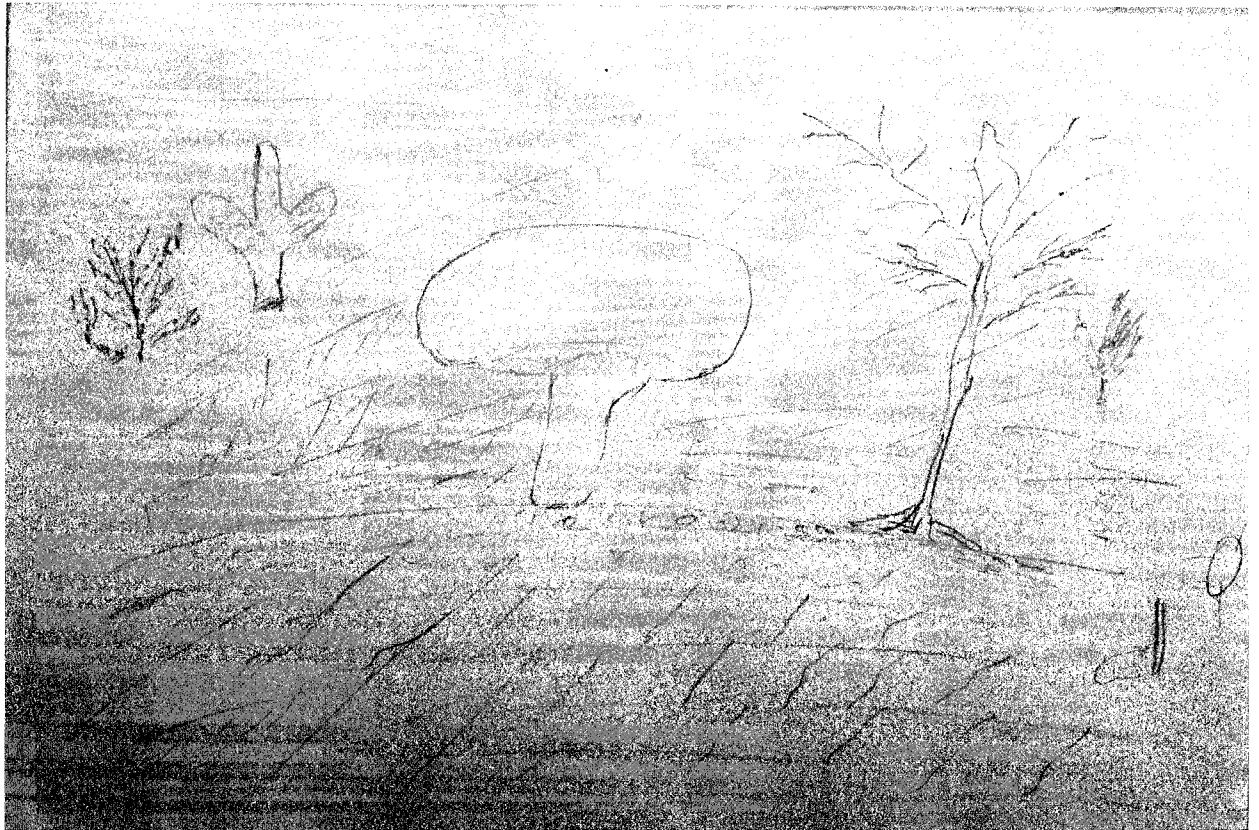


Figure 12
Graphite on paper; 12" x 9"

These early self-portraits are small and there is a sketchy, fragile quality to them; their subject-matter is dark and I feel sadness and hopelessness in them. During the early group sessions, Allan rarely spoke unless it was expected of him. He drew silently and with concentration.

In the second half of therapy, the appearance and content of Allan's images changed dramatically. He began to work only in colour, on larger sheets of paper and he drew fewer self-portraits. His first image from this phase is, however, a symbolic self-portrait. Allan drew a broken tree, the trunk of which is still attached just enough for half of the crown to have remained green and alive (Figure 13). Because it is still getting water, this half of the tree can live on indefinitely. The white space to the right of the

broken trunk was significant to Allan. It leaves the cause of the damage to the tree open to the imagination. Allan no longer wanted to focus on how he had been hurt in life, he wanted to just go on living and to be happy.

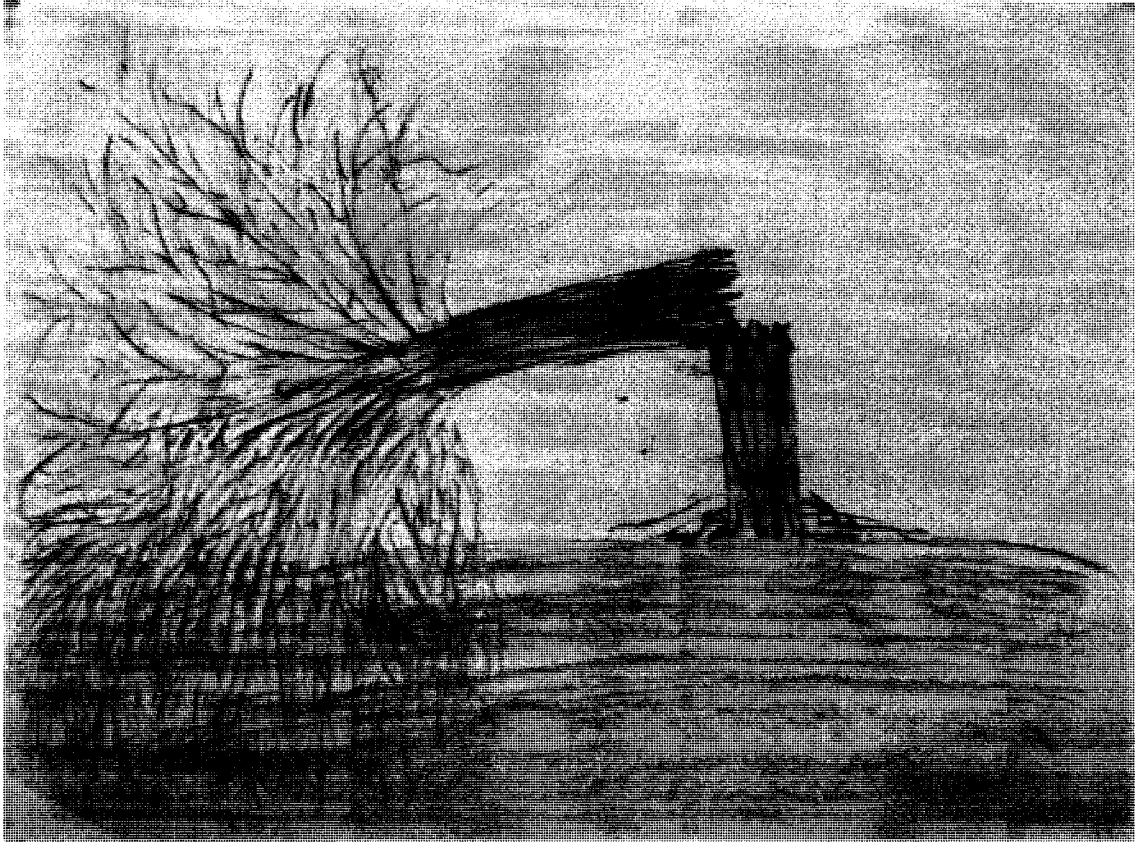


Figure 13
Dry pastel on paper; 24" x 18"

Also at this time, Allan drew a self-portrait (Figure 14) that echoed the first one that he had created in therapy (Figure 10). This one, however, is brightly coloured and Allan pointed out that the tree in it is alive and that the figure is looking out at the viewer (Figure 14). Allan seemed again to want to be seen, however, the mood of this image is much lighter than in Figure 11.

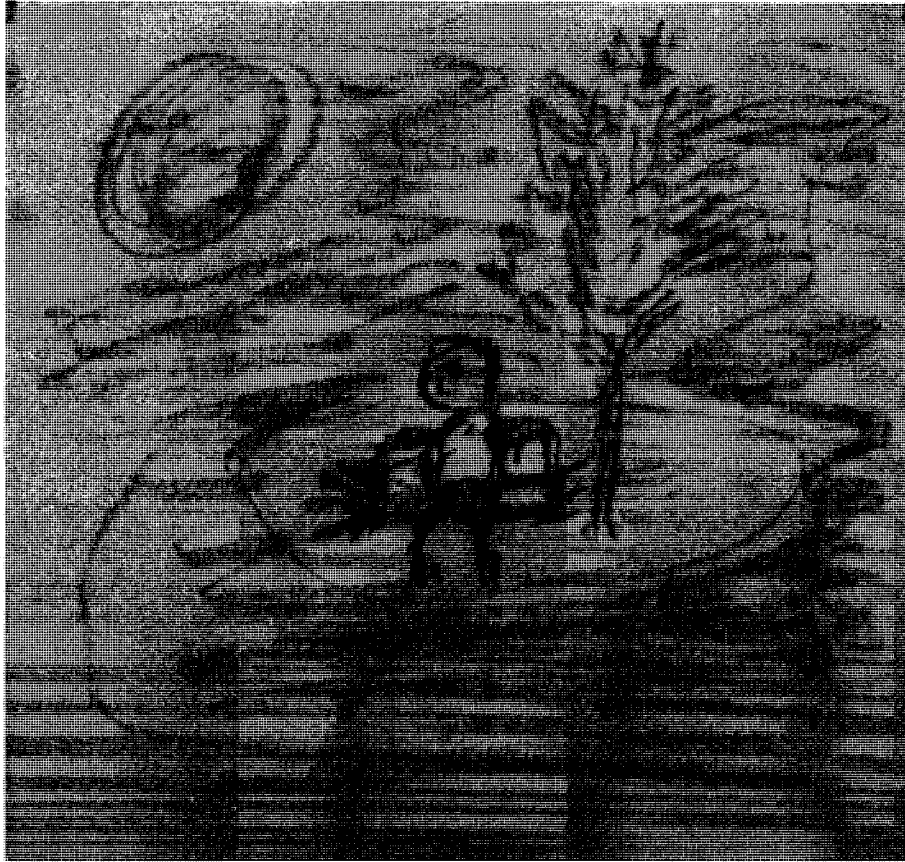


Figure 14
Oil pastel on paper; 9" x 9"

One of the final images that Allan created in therapy is of a hillside covered in flowers, rising towards a bright horizon (Figure 15). In talking about this image, Allan imagined walking up the slope. He is still some distance from the top and it is a steep, hard walk. When he gets to the top, however, the landscape will spread out before him. What will he see? More fields and flowers? The ocean? Whatever comes next, walking down the other side of the hill will be easier than the climb up.

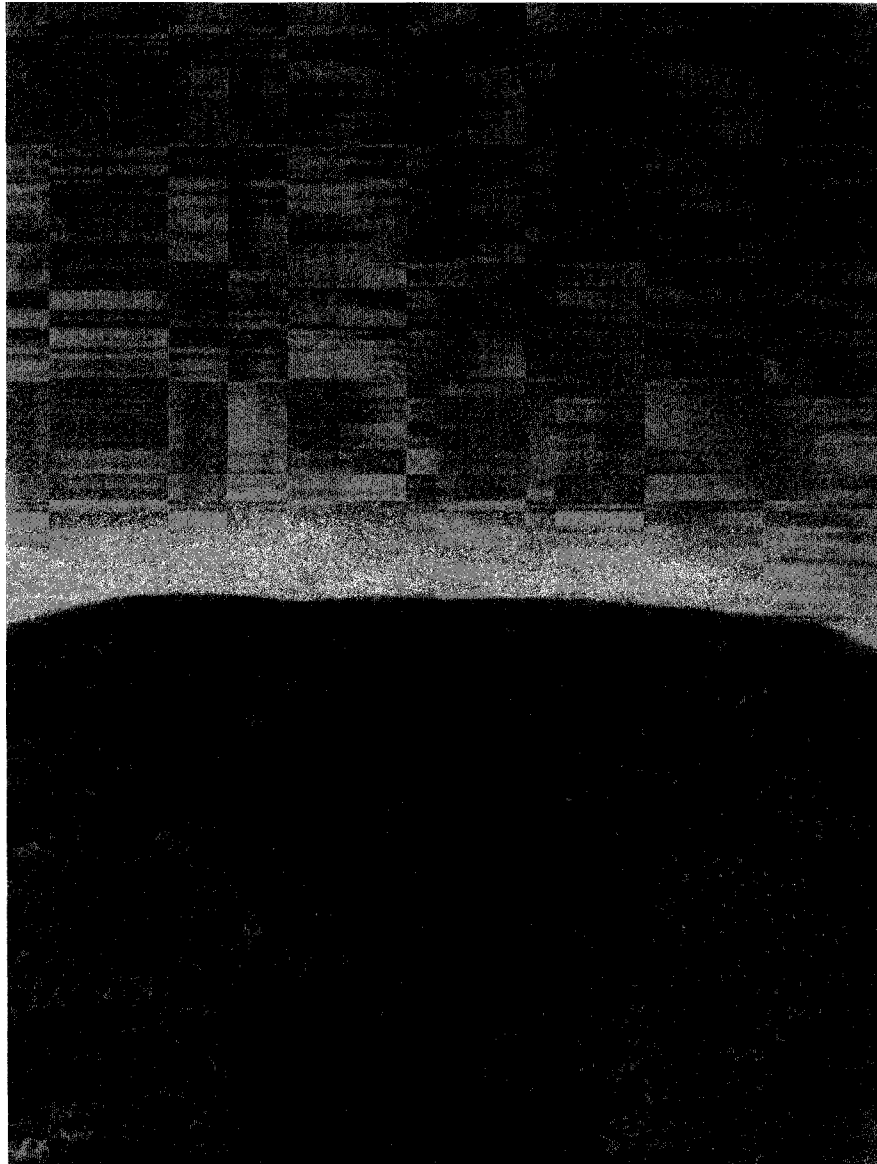


Figure 15
Dry pastel on paper; 18" x 24"

A major change occurred in Allan's images at the half-way point in therapy and he explored this shift through his artwork for some time before articulating it verbally. Eventually Allan explained that he no longer wanted to focus on the difficulties in his current life or on the darkness of his emotions. He did not want to draw people anymore.

Instead he was choosing to make “beautiful pictures” and to focus on the feelings of peace and freedom that he wanted in his life.

Allan’s depression fluctuated throughout his time in therapy and his early self-portraits seemed to draw him deeply into his difficult feelings. I feel that it was in part because his self-portraits confronted him with his depression that Allan realized that he no longer wanted to dwell on his pain and was able to shift his outlook, even though he was still depressed. Schaverien (1995) states that “even negative images give feedback and so affirm a sense of self. In addition the pictures may offer an opportunity for the development of a new conscious self” (p. 182). Allan’s self-portraits seem to have filled both of these roles.

Alter-Muri (2007) suggests using self-portraiture with clients living with depression because the self-portrait allows the client to step back from her emotions, acknowledging them while maintaining a distance. This may help the client to feel that the depression does not encompass the entirety of who she is. On the other hand, self-portraits can cause some clients to think about themselves obsessively and to sink deeper into despair. It is therefore important that the art therapist accompany and guide the client within this process of self-portraiture (Alter-Muri).

Allan’s use of self-portraiture connects in many ways to Alter-Muri’s (2007) ideas. Allan’s self-portraits seem to have allowed him to see himself from outside. Through his images, he also went deeply into his dark feelings, before choosing to focus on other parts of himself. Although I feel that Allan’s process with self-portraiture was at times intense for him, he seems to have had the inner strength and resources to draw the bleakness that he was feeling and then to decide that he didn’t want to look at it any

more. The fact that Allan shifted the focus of his work in therapy can be seen as a defensive strategy against the difficult material that was emerging through the self-portraits. Alternatively, the change in his imagery can be viewed as a testament to his considerable inner resources. Despite remaining depressed throughout his time in therapy, Allan was not so overwhelmed by his depression that he could not focus on lighter feelings during the time that he was drawing.

Overall, Allan was involved in a very personal process in therapy. Although he interacted more with other group members as his comfort within the group increased, he rarely seemed to want anything from the group or the therapist. In setting his goals at the beginning of art therapy, Allan wrote: "I want to watch my images so that I can see how I am feeling and how I am going to change". He did not pre-conceive his images, or think them through ahead of time. Many of them fit Schaverien's (1990) concept of the embodied image and Allan was involved in a transformative process with them. As Schaverien (1995) wrote,

A picture 'feeds back' so that, although a picture cannot actually give anything, it may be experienced as doing so – something comes back from the picture. When we view our own picture it may be experienced as a response, but this response has, at some point, to be acknowledged as originating in the self. (p. 145)

Although I was present throughout Allan's process and although other group members also witnessed much of it, I feel that it was Allan's images, and especially his self-portraits, which played the most important mirroring role in Allan's process, reflecting his self back to him.

Rachelle: Image as reminder.

“Rachelle” was 43 when we began working together. She had been diagnosed with Borderline Personality Disorder and had a history of addictions. Rachelle sometimes had outbreaks of physical and verbal violence towards others and recognised that her painful past was impacting her current life. She swore a lot and saw this behaviour as part of an old protective shell that she no longer wanted, but did not yet know how to act without. Her aggressive front sometimes hid more vulnerable feelings. Rachelle was searching for a greater sense of well-being in her life; she wanted both inner and outer beauty.

When Rachelle began weekly individual art therapy sessions with me, she was uncomfortable with the art materials and uncertain about how to use art-making in therapy. During our first session, I suggested that she begin by cutting out magazines images that caught her attention. The first image that Rachelle chose was a picture of Pamela Anderson with her two children (Figure 16). Initially, the picture made Rachelle think about the children that she would have liked to have had. She then discarded the photo saying: “J’y aime pas la face!”, an expression which roughly translates as “I can’t stand to look at her!”. Later, however, she retrieved the image, placing it in the folder provided for her artwork, saying that it reminded her of herself in past bad times. The intensity of Rachelle’s first connection with this symbolic self-portrait was to continue over three months; her process with this single image will be explored below.



Figure 16
Magazine image glued to paper on one edge; 5" x 8"

In the following weeks, Rachelle cut out many other images and re-arranged them on the table-top from session to session. The photograph of Anderson was usually the first one that Rachelle noticed when she took the cuttings out of her folder. Over the weeks, Rachelle commented many times on the fact that just remembering that the photo was in her folder brought up strong emotions. She began placing the cutting face-down on the table as she worked, so that she wouldn't have to look at it. Rachelle did not,

however, want to destroy the image altogether; she felt that it was significant because it represented the way that she used to be, a state that she did not want to go back to.

As her work in therapy continued, Rachelle's collection of magazine cuttings grew. She chose images that related to physical health, wellbeing and beauty, to a loving romantic relationship and a family life, to spirituality, to the natural world, and to travelling. Rachelle began to arrange all of these cuttings on the table in a linear format that paralleled the theme of journeys that she often talked about. The Anderson cutting was placed at the far left of these arrangements. Because Rachelle continued to mention the difficult feelings that this image brought up for her, I once asked if she would like to transform the photograph. She answered that in a way the photo had already been transformed by all of the other images that she chose after it, images which connected to her goals and dreams and moved her away from the things that she did not like about herself in the past.

Two months after beginning this project, Rachelle glued down all of her cuttings on a long scroll of paper. She stuck the Anderson picture down first, again on the far left, face down, but glued along only one edge so that she could hinge it back and look at the front (see Figure 16). Before sticking down each of the following images, Rachelle adjusted its shape, cutting off corners and making the outlines progressively rounder. When she noticed what she was doing, Rachelle commented that the shapes were becoming softer and that she herself is becoming a softer person.

Rachelle and I never used the word "self-portrait" in talking about her artwork and we did not discuss her images in the context of my research. However, her use of the magazine image of Pamela Anderson connects to Weiser's (1999) discussion of self-

portraits created in the context of projective work, in which “clients find images that seem to reflect their selves in some way” (p. 138). These found images become metaphorical self-portraits. Because they are indirect representations of the client, they may tap into unconscious material and exploring them may reveal information about the client’s self-perceptions (Weiser). Although she never directly articulated what qualities she saw in the clipping of Anderson, Rachelle’s metaphorical self-portrait connected her with something of herself from the past. Expanding on this image through her choice of other clippings allowed her to explore other aspects of herself, to recognize how she had changed and to express her hopes for the future. Weiser also suggests that the concrete nature of the self-portrait can help to join the client to herself and to what she has discovered through it. This was certainly the case for Rachelle. Even though she hated her metaphorical self-portrait, she felt that it was important to keep it as a reminder to herself of who she no longer wanted to be.

Rachelle’s creative process with self-portraiture is interesting to consider in terms of the gaze and of mirroring. Because art-making was at first an alien form of expression for Rachelle, I feel that my gaze on her artwork was very important. The fact that I valued her images and saw them as symbolic communications helped Rachelle to begin forming a deeper relationship with them, which in turn allowed her to connect with herself in a new way that she gradually became quite excited about. Schaverien (1995) acknowledges that the therapist, by taking the client’s artwork seriously and by affirming it through her gaze, can help the client to also take it seriously.

Rachelle’s process with her self-portrait raises the concept of projection as well as of mirroring. Feder and Feder (1981) define projection according to the Freudian

conception of the term, as “the tendency of individuals to externalize, that is, to ascribe to others the drives, feelings and instincts that they themselves experience” (p. 63). Weiser (1999) writes that “projective techniques are at work when clients create self-portraits by picking images, from a large collection of photographs or magazine pages that seem to represent them, even if only in some symbolic sense” (p. 67-68). During her process with her metaphoric self-portrait, Rachelle first ascribed her strong dislike of the image to the way that Anderson looked. However, she quickly identified that she was actually seeing in the image aspects of herself that she didn’t like. The self-portrait came to contain these parts of Rachelle and they were reflected back to her whenever she saw, or even thought about the image. In this sense, the image was reflecting back to Rachelle the negative aspects of herself that she was exploring in therapy.

Conclusions.

The clinical vignettes presented in this paper illustrate ways in which the dynamics surrounding the gaze and mirroring may be present within art therapy sessions when self-portraits are created. For most of the clients that I worked with, being seen and mirrored by the therapist seemed to be as important as the reflections of themselves that their self-portraits provided. However, it is impossible to really separate these different interrelationships as they are all inextricably intertwined within the three-way form of relating between the client, the image and the art therapist (Schaverien, 1995).

Chapter 6: Discussion

In this exploration of the connections between the gaze, mirroring, and the creation of self-portraits in art therapy, the focus has been on Winnicott’s (2005) concept of mirroring and on Schaverien’s (1995) idea of the three-way form of relating that

develops between the client, the image, and the therapist within art therapy. From this investigation are derived recommendations for the clinical application of self-portraiture in art therapy and considerations for further research.

An interrelationship exists between the gaze and mirroring and both concepts connect in fascinating ways to the creation of self-portraits in art therapy. The gaze involves a form of seeing that goes beyond surface appearances and may lead to a deep connection (Schaverien, 1995). This connection can be the basis for mirroring, which, according to Winnicott (2005), is the process of giving back to the client what the client brings to therapy, a process which echoes the mother's early mirroring of her infant. This conception of mirroring presupposes that the client has been "seen" by the therapist and on some level understood by her. Within art therapy, however, not only can the therapist mirror the client, but her image may also fill this role (Schaverien). As the client gazes at her completed image, she may see aspects of herself mirrored back: "the picture is feeding back; (...) mirroring or reflecting the inner world" (Schaverien, p. 202).

As our faces are intimately linked to our identity and to our sense of ourselves (Wright, 2003), mirroring through the image may happen in a particularly powerful way when self-portraits are created in art therapy. Self-portraits allow the client to externalize both physical and emotional aspects of herself (Backos, 1997; Polley, 2003) and to see herself from an outside point of view (Weiser, 1999). The self-portrait can also connect fragmented elements of the self together and present them more coherently (Schaverien, 1995). Once finished, the image may function as the Other, reflecting back to the client previously unconscious aspects of her psyche (Schaverien). The self-portrait then exists as a record of this process.

The fact that the self-portrait is concrete also means that it can be shared with and seen by another person (Cox & Lothstein, 1989). Within therapy, the image becomes the focus of both the client's and the therapist's gaze; the client, her self-portrait and the therapist become involved in a complex set of interrelationships (Schaverien, 1995). In writing about the three-way form of relating that develops when images are created in art therapy, Schaverien suggests the following: between the client and the therapist,

there is a shared gaze through which both are drawn into or seduced by the image. It is sometimes as if the picture is a pool between the pair. (...) Both look into the water and what each sees there reflects elements of the self and elements of the other. The gaze of each person is drawn to this centre where the meeting reveals the mix of the unconscious desire of the transference and countertransference. (...) When the gaze of the therapist meets that of the patient in the picture, it illuminates the unconscious relationship between the pair. (p. 203)

The self-portrait therefore mirrors not simply the client's self, but the client's self as she exists within her relationship to the therapist.

Whatever is revealed by the image, the therapist, through her affirming gaze, can further reinforce the client's connection to what she has discovered (Schaverien, 1995). Thus, by seeing herself and being seen, and by seeing herself being seen, the client may gain self-awareness and a deeper connection to her self. This can in turn lead to her to make decisions in life that are more in tune with what she really wants and feels (Weiser, 1999).

Recommendations for the application of self-portraiture in art therapy.

There has been relatively little research done on the use of self-portraiture in art therapy, however, the literature that does exist in this area and in related fields makes a strong case for the relevance of self-portraiture in the treatment of sexual abuse survivors (Backos, 1997; Glaister, 1996; Polley 2003). The literature also suggests that this technique can be a useful part of the therapeutic process for clients dealing with depression (Alter-Muri, 2007) and addictions (Hanes, 2007). My own research was limited to the clinical application of self-portraiture in the treatment of twelve adults with mental health difficulties. Although self-portraiture seemed to offer something to each of these clients, it was not an equally engaging, revealing, or helpful process for all. For some clients self-portraiture was simply not the best type of imagery through which to explore their issues at that particular time. As Alter-Muri's research suggests, however, self-portraiture was helpful in allowing Allan to explore his depressive state. Amber's and Marla's work with this medium can also be seen as examples of the usefulness of self-portraiture in the treatment of survivors of sexual abuse. Self-portraiture allowed these two women to connect with past and present aspects of themselves and of their experiences, as they tried to construct a more peaceful and cohesive sense of self. Being seen by the therapist also seemed to be meaningful for these women whose abuse was not recognized or acknowledged by others as it was occurring.

It is, however, important to note that self-portraiture, especially when given as a directive by the art therapist rather than chosen spontaneously by the client, can be an intense and even potentially overwhelming experience. As Wright (2003) points out, a person's face is linked closely to her identity and to her inner states. Self-portraiture may

therefore quickly bring to the surface issues connected on many levels to the client's sense of self. Facing these issues may be a positive experience and an important part of the client's therapeutic work, however, this process can also be painful. The art therapist's sensitivity in helping the client to explore the material that arises throughout this medium is crucial. However, the creative process itself also provides the client with some control, safety, distance, and containment within therapy. Through her art-making, the client creates a self-portrait that exists outside of herself and this image may then be treasured, transformed, discarded, or destroyed. In the best situations, self-portraiture not only leads to greater self-awareness, but also allows for experimentation and the opening up of new ways of being that can move the client towards profound personal transformation.

Limitations.

The clinical vignettes included in this research paper offer a practical perspective on the use of self-portraiture in art therapy, which illustrates and supports the findings from the literature review. According to Gilroy (2006), however, "the validity of all case-study research is internal, true only within the context of the particular case; the findings cannot be generalized to other populations and settings" (p.100). The vignettes in this paper are very specific to my work with Amber, Marla, Amanda, Allan, and Rachelle, five of the adults who attended art therapy sessions in the mental health community centre where I completed my internship. The way that the gaze and mirroring came into play within the creation of the self-portraits in these cases was therefore particular to each client's therapeutic process. Their work does, however, highlight the diverse potential and the very personal nature of this medium.

This research project was also limited by the fact that my primary role while collecting the clinical data was that of an art therapy student intern rather than that of a researcher. The therapeutic needs of my clients therefore always took precedence over my research interests. As a result, the depth to which I could investigate my clients' self-portraits was sometimes limited. Even when a self-portrait was created during a session, other issues occasionally took priority over its exploration. This was particularly true within the art therapy group, where addressing group issues was sometimes the most pressing need. A further limitation of this research project comes from the fact that my understanding of the significance of the gaze and of mirroring within the therapy sessions was inferred from my own sense of these dynamics; I never discussed these concepts directly with my clients.

Further research.

The concepts of the gaze and of mirroring have long been considered of importance within psychotherapy. Art therapy rests on the principles of psychotherapy; however, it has the peculiarity of being a very visual medium. Within art therapy, clients see themselves and are seen through their images, as well as through their relationship with the therapist. Schaverien (1995) has touched on the significance of the gaze and of mirroring within certain areas of art therapy, including the particular mirroring potential of images and the many different gazes linked to the picture. The focus within this research paper has been specifically on the multi-layered ways in which the gaze and mirroring are involved when self-portraits are created in art therapy. However, because the gaze and mirroring are such important therapeutic concepts and because art therapy differs from psychotherapy in terms of its more visual nature, further research into the

dynamics of the gaze and of mirroring within other areas of art therapy would be a useful addition to the literature.

Some research has also been carried out on the therapeutic use of self-portraiture with different populations, however, further research in this areas would also be valuable. My brief work with Amanda, as well as re-occurring themes in the literature, suggest that research into the use of self-portraiture in the treatment of clients dealing with physical illness would be pertinent. Not only do self-portraits touch on both physical (Backos, 1997; Polley, 2003) and emotional (Backos; Cox & Lothstein, 1989; Polley; Weiser, 1999) aspects of client's self, but they may also provide the client with a sense of control as she creates an image of herself and of her situation (Backos; Polley; Weiser). These aspects of self-portraiture might be particularly meaningful to those undergoing adjustments on many levels due to physical illness. Self-portraiture could provide such clients with an opportunity to explore their changing sense of self in a safe but profound way.

Conclusion.

Finally, the gaze and mirroring come into play in particular ways when self-portraits are created in art therapy, because, in this case, the client creates a representation of herself that becomes a part of the therapeutic dynamics. Within this situation, the client may be mirrored by the therapist, but she may also mirror her self though her image, exploring both physical and emotional aspects of who she is. Because the self-portrait that is created in therapy is specific to the client in that particular moment and within that particular therapeutic relationship or set of relationships, in the case of group therapy, it may also represent something of who the client is within her relationship to the therapist

or to the group. The therapist's presence while the client creates and processes her self-portrait and what it reflects back to her allows for important work to occur safely. The therapist's gaze as she sees both the client and her image can also validate the client's experience, confirming what she has discovered about herself through her image. Thus, the use of self-portraiture in art therapy is a complex and at times intense process that involves both the client and the therapist on many levels. It is a process that should be used with awareness on the therapist's part, however it has tremendous potential to help clients to move towards self-knowledge, growth, and profound change.

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Appendix A: English Consent Information Letter

Consent Information Letter***Drawing Yourself, Drawing Others
Self-Portraiture and Portraiture in Art Therapy***

Art Therapy Student: Fiona Smith
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 Montreal, Quebec H3G 1M8
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Research Supervisor: Josée Leclerc, Concordia University,
 (514) 848-2424 #4795

Background Information

One of the ways that art therapy students learn is to write a research paper that includes material and artwork from clients that they have worked with during their supervised training. This helps them to increase their skills in working with people experiencing a variety of problems. It also helps other students and art therapists who read the research paper.

Purpose of this Research Project

The purpose of my research project is to better understand the use of self-portraits and portraits in art therapy. I will be exploring how self-portraits and portraits created by clients in art therapy may help them to see and understand themselves and others in new ways.

Procedures

Creating self-portraits or portraits in therapy can be a significant experience. Self-portraits can allow you to represent your feelings and ideas about yourself, creating an image that might lead you to better understand yourself. On the other hand, creating portraits within group art therapy offers an opportunity to interact with others.

As an art therapist intern leading either group or individual art therapy sessions, I will suggest self-portraits or portraits to you if and when I feel that this could be of benefit to you. You may also, at some point during therapy, choose on your own to create self-portraits or portraits. In either situation, with your consent, the self-portraits and portraits that you create, as well as session material and background information from your file, will become data for this research project.

Confidentiality

Because this information is of a personal nature, it is understood that your confidentiality will be respected in every way possible. Neither your name, the name of the setting where your art therapy took place, nor any other identifying information will appear in the research paper or on any reproduced artwork. If there is any possibility that

you or a person that you have drawn will be recognized from their portrait, then I will use a written description instead of a copy of the actual image.

Advantages and Disadvantages to your Consent

Some people may find that they have uncomfortable feelings because of the personal nature of the exploration that their images lead them to. Using self-portraits and portraits during therapy may bring up both negative and positive feelings. Exploring these feelings with the therapist can be very helpful. To my knowledge, there are no risks to you in creating self-portraits or portraits in art therapy

Your choice to participate or not in this research will not effect your involvement in art therapy; I will continue to work with you in therapy in either case. You may consent to all, to none, or to just some of the requests on the accompanying consent form. As well, you may withdraw your consent at any time before the research paper is completed, with no consequences and without giving any explanation. To do this, or if you have any questions about this research study, you may contact my supervisor, Josée Leclerc, at (514) 848-2424 #4795.

If at any time you have questions regarding your rights as a research participant, you may call Adela Reid, Compliance Officer, in the Office of Research, Concordia University.

Adela Reid, Compliance Officer
Office of Research, GM-1000, Concordia University, Montreal, Quebec, H3G 1M8
Telephone number: (514) 848-7481
E-mail: adela.reid@concordia.ca

Appendix B: French Consent Information Letter

Lettre d'information pour le consentement

*Se dessiner et dessiner l'autre:
L'autoportrait et le portrait en art thérapie*

Étudiante en art-thérapie : Fiona Smith
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Superviseure de recherche : Josée Leclerc, Concordia University,
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Informations générales :

Un des aspects de la formation des étudiants en art-thérapie consiste à rédiger un travail de recherche basé sur du matériel clinique et incluant des images réalisées par les clients avec qui ils ont travaillé. Ce travail de recherche leur permet d'approfondir leurs connaissances en art-thérapie, afin qu'ils puissent être en mesure d'offrir leurs services à des personnes présentant différents problèmes. Le travail de recherche est également utile aux autres étudiants et art-thérapeutes qui le lisent.

But de cette recherche :

Le but de mon projet de recherche est de mieux comprendre l'utilisation de l'autoportrait et du portrait en art-thérapie. J'entends explorer comment les autoportraits et les portraits créés par des clients en art thérapie peuvent apporter à ces clients une nouvelle connaissance de soi.

Procédures :

Créer des autoportraits ou des portraits en art-thérapie peut être une expérience significative. Les autoportraits peuvent, par exemple, vous permettre d'extérioriser vos sentiments; l'image que vous créez peut vous amener à mieux vous comprendre. Réaliser des portraits dans le contexte d'un groupe d'art-thérapie vous offre également l'occasion d'interagir avec d'autres personnes et d'explorer ensemble vos perceptions.

En tant qu'art-thérapeute en formation animant des séances d'art-thérapie individuelles ou de groupe, je vous suggérerai de réaliser des autoportraits ou des portraits lorsque, à mon avis, ce processus pourrait vous être bénéfique. Il se peut aussi qu'à une certaine étape de votre thérapie, vous choisissiez par vous-même d'explorer l'autoportrait ou le portrait. Dans les deux cas, avec votre consentement, ces images, ainsi que le matériel des séances et des informations provenant de votre dossier, feront partie des données recueillies pour ce projet de recherche.

Confidentialité :

Parce que ces informations sont de nature personnelle, il est entendu que la confidentialité sera respectée de toutes les façons possibles. Ni votre nom ni le nom de l'établissement dans lequel votre thérapie a eu lieu, ni toute autre information susceptible de vous identifier n'apparaîtra dans le texte ou sur les images reproduites dans le travail. S'il y a une possibilité que vous ou la personne dont vous avez fait le portrait puisse être reconnue, j'inclurai dans mon texte une description écrite plutôt qu'une reproduction de l'image.

Avantages et désavantages à consentir à ce projet :

Certaines personnes peuvent éprouver des sentiments inconfortables dus à la nature personnelle de l'exploration de leurs images. Réaliser des autoportraits ou des portraits peut susciter en vous des sentiments négatifs et positifs. Explorer ces sentiments avec votre thérapeute peut être bénéfique. Au meilleur de mes connaissances, il n'y a aucun risque pour ceux qui créent des autoportraits ou des portraits en art-thérapie.

Que vous consentiez ou non à participer à ce projet de recherche n'influencera aucunement votre participation en art-thérapie; je continuerai à travailler avec vous en tant qu'art-thérapeute en formation dans un cas comme dans l'autre. Vous pouvez consentir à toutes, à aucune, ou à seulement certaines des demandes incluses dans le formulaire de consentement ci-joint. De plus, vous pouvez retirer votre consentement à n'importe quel moment avant que le projet de recherche soit terminé, sans aucune conséquence pour vous et sans avoir à donner d'explications. Pour ce faire, ou si vous avez des questions concernant cette étude, vous pouvez contacter ma superviseuse de recherche, Josée Leclerc, au (514) 848-2424 #4795.

Si vous avez des questions concernant vos droits en tant que participant(e) dans un projet de recherche, vous pouvez contacter Adela Reid au Bureau de Recherche de l'Université Concordia.

Adela Reid, Compliance Officer
Bureau de la recherche, GM-1000, Université Concordia, Montréal, Québec, H3G 1M8
Téléphone: (514) 848-7481
Courriel: adela.reid@concordia.ca

Appendix C: English Informed Consent Form

Consent Form

***Drawing Yourself, Drawing Others
Self-Portraiture and Portraiture in Art Therapy***

Art Therapy Student: Fiona Smith
Concordia University
1455 De Maisonneuve Blvd. W.
Montreal, Quebec H3G 1M8
(514) 368-3736

Research Supervisor: Josée Leclerc, Concordia University
(514) 848-2424 #4795

I agree to participate in this research project conducted by Fiona Smith, as part of her Master's studies in the Department of Creative Arts Therapies at Concordia University.

I have carefully read and understand the consent information about this study; I have had the opportunity to ask questions about it, and I am satisfied with the answers that I have received. I understand that there is no hidden motive to this research of which I have not been informed.

I understand that my identity will be kept confidential; the researcher will know my name but will not disclose my identity to others or in publication. Any self-portraits or portraits that I create that might reveal my identity or that of another person will be described in writing rather than reproduced in the research paper.

I understand that copies of the research paper will be bound and kept in Concordia's Creative Arts Therapies Resource Room and in the Concordia University Library.

I have carefully read the above information and I understand this agreement. I freely consent and voluntarily agree to participate in this study. I understand that I have the right to withdraw my consent at any time before the end of the project.

_____ I authorise Fiona Smith to use any case material that she feels appropriate, and to publish it for the purposes of this research, provided that reasonable precautions are taken to conserve confidentiality.

_____ I authorise Fiona Smith to photograph my artwork under the conditions of confidentiality outlined above.

Name (please print): _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Appendix D: French Informed Consent Form

Formulaire de consentement

***Se dessiner et dessiner l'autre :
l'autoportrait et le portrait en art-thérapie***

Étudiante en art-thérapie : Fiona Smith
Concordia University
1455 De Maisonneuve Blvd. W.
Montréal, Québec H3G 1M8
(514) 368-3736

Superviseure de recherche : Josée Leclerc, Concordia University
(514) 848-2424 #4795

Je désire participer au projet de recherche de Fiona Smith, qui fait parti de ses études dans le programme de Maîtrise en Thérapie par les Arts à l'Université Concordia.

J'ai lu attentivement et j'ai compris toutes les informations concernant mon consentement à cette recherche. Les buts du projet et sa nature m'ont été expliqués et j'ai eu l'occasion de poser toutes mes questions; je suis satisfait(e) des réponses que j'ai obtenues. Je comprends qu'il n'y a aucune motivation cachée derrière ce projet.

Je comprends que mon identité demeurera confidentielle tout au long du projet; la chercheuse connaîtra mon nom, mais elle ne le communiquera à personne d'autre et elle ne le publiera pas dans son travail. Si les autoportraits ou les portraits que je crée pourraient révéler mon identité, ceux-ci ne seront pas reproduits dans le travail de recherche. Ces images seront plutôt décrites dans le texte.

Je comprends que des copies du travail de recherche seront reliées et conservées dans la bibliothèque de l'Université Concordia et dans le « Resource Room » du département des Thérapies par les Arts à l'Université Concordia.

J'ai lu attentivement les informations ci-haut et je comprends ce document. Je consens librement à participer à ce projet de recherche. Je comprends que je peux retirer mon consentement à tout moment avant la fin du projet.

_____ J'autorise Fiona Smith à utiliser tout matériel clinique qu'elle juge pertinent et approprié à ce projet, et à publier ce matériel dans cette étude, pourvue que des précautions raisonnables soient adoptées pour conserver la confidentialité.

_____ J'autorise Fiona Smith à photographier mes oeuvres sous les conditions de confidentialité décrites ci-haut.

Nom (en lettres moulées) : _____

Signature : _____ Date : _____

Témoin : _____ Date : _____