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**Through the looking glass:
the therapeutic potential of videotaping
as an adjunct tool in non directive art therapy
in an object relations perspective**

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A Research Paper (II)

in

The Department

of

Art Education and Creative Arts Therapies

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Abstract

Through the looking glass: the therapeutic potential of videotaping as an adjunct tool in non directive art therapy in an object relations perspective

Marianne Dufour

The purpose of this research is to discuss the therapeutic potential of videotaping in non-directive art therapy. The usage of the camera was unusual in that the children exercised complete control over if, when, what and how to film the session. Secondly, videotaping was used within the context of art therapy sessions, the purpose being neither to document neutrally nor to record a performance, although both were simultaneously presupposed. Thirdly, contrary to the most common forms of therapeutic usage of video technology, filmed material was seldom played back. The influence of videotaping conducted as described above is examined in two domains: 1) the nature and boundaries of the transitional space (Winnicott, 1971) in which expression can take place; and 2) the client's relationship with transitional objects, i.e.: the therapist and the camera.

My hypothesis is that the camera elicited transferences that found roots in the manner in which the subject's mother (or main care giver) mirrored and shaped the subjects' core senses of Self during early infancy. I believe that the capacity of the camera to elicit feelings of being "recognised" for what one truly is played an important role in modifying historical conceptions of the nature of their true selves. The camera's inherent capacity to create a space simultaneously real and illusionary facilitated the clients' investment into deep transference dynamics and the playing out of therapeutic processes.

Acknowledgments

I dedicate this paper

to "David" and "Kevin", for giving me the privilege
of supporting them through part of their life journey

to my family, for their on-going love and support

and to Richard, for mirroring me in ways that give me wings and make me think.

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Introduction

The purpose of this research is to discuss the therapeutic potential of videotaping in non-directive art therapy. The idea for this research emerged from my work in individual art therapy with a nine year old boy named David (pseudonym) as part of his participation in a day treatment program for children with behavioural difficulties. Children that come to art therapy are free to use any art media to make anything that they want. The depth and the form of discussions on the meaning underlying process and art product is adapted to the child's personal comfort level, and may indeed remain purely in the metaphorical and symbolic realm. David's use of videotaping as an expressive tool emerged accidentally, after he had agreed to have one of our session videotaped for supervision purposes. David seemed to have a fundamentally positive sense of Self but felt unrecognized by his environment. To him, the camera was automatically a validating tool. He glanced over at it continuously, a genuinely proud smile affixed to his face, enquiring often if I was sure that "they" could see him as he made art. The video camera was subsequently made available to David to use as he saw fit, like any other art media. As a result of the camera's usefulness in David's treatment, I decided to make the camera available to another boy, Kevin (pseudonym), with an entirely different intra psychic dynamic and an excessively negative sense of Self. In Kevin's hands, the camera assumed the role of the critic. He went to it with excitement and an anxious edge. His first film was a short pan over the room with many close ups on me, as he made disgusted sounds and comments to the effect that I was U-G-L-Y. He refused to stand before it to be filmed himself. The camera was also made consistently available to him thereafter.

What I propose to examine in this paper is how the camera was used by these two children in non directive art therapy, and how their usage respectively reflected their presenting problem, their evolving needs and their changing Self images. The aim of this paper is to focus on where and how the use of the video camera fits into the global picture of the presenting problem and consequent reparative experience. My research hypothesis is to the effect that the face-to-face between camera and subject recreates the face-to-face between mother and child and the nature of the mirroring that took place in early childhood and shaped the subject's basic sense of Self. The subject expects to be "seen" by the camera in the same way that he was seen and reflected by his primary caretaker in times since forgotten. My endeavour is to reflect upon the nature and therapeutic potential of videotaping in art therapy, and the dynamics underlying its usefulness in the theoretical perspective of object relations. In that context, the case material is not the primary focus but rather the backdrop and a source of examples to fuel the theoretical discussion of the issues raised.

Videotaping in a therapeutic context is nothing new. It has been used in the behavioural sciences (Dowrick, 1999), psychodrama (Blatner, 1996), drama therapy (Landy, 1986, Pettiti, 1989), play therapy (Harvey, 1990), art therapy (McNiff, 1981; Hinz & Ragsdell, 1990; Henley, 1991), with alcoholics, psychiatric patients, children, anorexics, epileptics, suicidal people, and probably in numerous others settings with other populations which I will not endeavour to enumerate here. Although the uses of videotaping enumerated above diverge in their aims and methods, they share the common thread of relying mainly on the playback function of video technology to derive

therapeutic benefits. The usefulness of the camera is based on its capacity to provide what is commonly assumed to be "objective" information for self observation, self confrontation and increased self awareness.

The manner in which the video camera was used in my art therapy sessions is unusual in many regards. First, the camera was used within a non-directive approach which means that the children exercised complete control over if, when, what and how to film the session. Taping was not part of a pre-planned activity, and the camera was simply put at their disposal in the same capacity as other mediums. Secondly, videotaping was used within the context of art therapy sessions, not as a primary but as a secondary process, the purpose of which was neither to document neutrally nor to record a performance, although both were simultaneously presupposed. Thirdly, contrary to the most common forms of therapeutic usage of video technology, where the product is relied upon to fuel therapeutic change, our use of the camera was almost completely process-oriented. The children could only view taped material through the camera's visor, without sound, and they seldom chose to do so. Only in one instance did I bring in a television for Kevin to view his tape (his second production), which consisted of myself showing his work. He rapidly lost interest and turned off the television in favour of doing art. The children were told that, for confidentiality reasons, they would not be allowed to take the tapes made during therapy home, but they would be allowed to make one tape specifically for that purpose at the very end of the therapy process. Therefore, the purpose and benefits of filming that were observed were not primarily related to viewing taped material, but to the act of filming and of being filmed.

My understanding and involvement in the art therapy process is based on the theoretical constructs of object relations theory and of self-psychology. Both theories suggest that the quality of early relationships, especially to mother, shapes a person's sense of identity and ego functions (St. Clair, 1999). Both schools of thought, although using different terminology, equally emphasise the importance of the mother's gaze upon her child in the formation his sense of Self (Winnicott, 1971; Lachman-Chapin, 1987). A child whose mother did not reflect back to him a positive image of himself will be incapable of developing a positive sense of Self and will participate in the world not in a creative but in a reactive manner.

It can be said that object relations theory operates on a reparative mode based on the relationship between patient and therapist. Addressing impaired object relations in therapy starts with providing a safe psychological space in which object relations can develop. The dynamics that develop between client and therapist are conceptualized in symbolic terms, as an exchange of projections of past significant relationships upon one another. These relational dynamics are referred to as transference (projections from the client upon the therapist) and countertransference (emotional response from the therapist in reaction to the client). The positive object relationship within the therapeutic relationship aids the introjection of an inner accepting, soothing parent instead of the previous construct of a critical, rejecting parent (Lewis, 1992; Robbins, 1987).

As an "onlooker", the camera played a role in the therapeutic dynamics involved in the healing process of these two children. I propose to examine the role of videotaping conducted as described previously in influencing two domains:

- 1) the nature and boundaries of the transitional space (Winnicott, 1971) in which expression can take place;
- 2) the client's relationship with transitional objects, i.e.: myself and the camera.

I suggest that, although physically a video camera contracts the spatial frame on which it focuses, it expands the metaphorical space by acting upon both the viewer and the "viewee's" sense of reality. The camera creates a transitional space imbued with either a certain sense of *unreality* if one supposes that it is used to record a creative performance, or of *hyper-reality* if one supposes that it is used to document reality supposedly neutrally. Within the context of non-directed art therapy where filming is secondary to art making, the camera has been used neither as a passive witness documenting "reality", nor as an active audience demanding a performance. However, it has also been used simultaneously as both: although there was often an element of performance for the benefit of the camera, which was furthered by the fact that the children turned it on and off at will, our filming remained grounded in reality as we acted as ourselves and in the context of an art therapy session. By its inherent characteristics and ambiguous relation to reality, the camera thus creates a transitional space which, as Winnicott (1971) conceptualized, is simultaneously very real and very illusionary. The

camera's magical gaze simultaneously invites creative performance but makes it of no consequence. A stage is set for play¹.

The camera's influence on the relationship between a child and therapist is complex as it creates many levels of reality and thus of communication. In a sense, the camera itself can represent the ultimate good object: both close and far, giving both attention and space, recording everything yet allowing unflattering parts to be erased, and offering the ultimate reflective eye through its viewing features. But the camera could also be the ultimate bad object: cold, distant, incapable of turning "a blind eye", recording every inch of imperfection with cruel accuracy, and capable of disclosing the shameful content of its memory to large audiences, over and over.

The idea that I wish to put forth with regards to the role played by the video camera in non-directive object relations art therapy is as follows. Because of its capacity to record what the human eye sees, there can be an assumption that a camera is a neutral, objective eye. While in purely technical terms this is correct, I suggest that no person ever relates to a camera as though it was an inanimate, unjudgmental object. The camera's potential as an object is dependent upon the projection that is made onto it. I further suggest that the person standing before a camera projects upon it the all seeing-eye of the other, which evolves from one's experience with the original other: mother. The question that arises is this : was mother's eye benevolent or critical?

¹ Whether or not the child is able to play is a different matter.

The case material eloquently illustrates that the child's assumption regarding *what is seen when he is looked at* by the camera's eye can be deduced by the manner in which he relates to it : does he proudly parade, as David did, or does he nervously avoid the eye, as Kevin did? As the case material will show, these reactions are coherent with the quality of the children's attachment to their respective mothers (as can be inferred from their history on file), as well as with the transference that developed in relation to the therapist. The interesting part is that transference reactions were stronger and more evident in relation to the camera than they were in relation to the therapist. The strength of transference reactions to the camera makes it a significant element in the development of a changing Self. Somehow, the camera seemed to crystallize the issues related to the quality of mother's gaze, and thus to multiply the confirmation of either the child's goodness or badness. In the case of the latter, the development of a positive relationship with the therapist and consequent changes in transference, from negative to positive, seemed to be accompanied by a similar change in transference projections upon the camera, which was then transformed into a validating object.

Drawing from literature and case material to analyse the contribution that videotaping may offer in a non-directive object relations approach to art therapy is a useful contribution to the discipline of art therapy because:

- 1) It demonstrates that videotaping can contribute significantly to the creative and expressive process within art therapy, that is while allowing art making to remain the primary therapeutic process;

2) It brings attention to the fact that filming can bring benefits irrespectively of the tape itself, through the mediating effect of the camera in the relation of the subject to transitional space and transitional objects. The emphasis on process as much as on product for therapeutic benefits is coherent with generally recognized principles of art therapy.

In the first chapter, I will review the literature on the use of video in therapy and reflect on the characteristics of these processes in order to be able to situate my use of filming clearly within the spectrum of possibilities. I will also review object relations theory and self psychology constructs as they relate to the eye of the other and the role of the therapist in providing a corrective experience. In the second chapter, I will present two case studies and discuss the nature of the presenting problem, the consequent reparative task of the therapeutic process, and the role of videotaping in that process. In chapter 3, I will discuss the causes which possibly underlie differences and similarities between the two cases. I will also discuss and analyse various dimensions of the impact of videotaping on therapeutic processes.

Chapter 1: Literature Review

Video Technology in Expressive Therapies

Video technology is a nothing more than a tool. Attempting to review the uses that have been made of video in mental health professions would be about as useful and interesting as reviewing the various ways in which one can use a computer. For our purposes, an overview of video usage in expressive, process-oriented, therapies, is amply sufficient.²

The Use of Playback in Assisting Change

When we think of video technology, we naturally tend to think of the finished movie product as the main point of the process of filming. Therapeutic work in phototherapy and videotherapy is articulated around the assumption that changes in self-perception (and thus self-esteem) derive from self confrontation with one's photographed image (Hall, 1983). Video is commonly used in psychodrama (Blatner, 1996) and drama therapy (Landy, 1986, Petitti, 1989) as means of instant feedback and self confrontation. The camera and the filmed image itself can be actively interacted with in creative dialogues that can later be discussed. Landy proposes that the camera may also be used to clarify transferences: "As a removed, judgmental, or intuitive eye, the camera can take on many projections. For one client, the microphone became 'the best listener I've ever had' (1986, p. 137-8). Projections may be actively solicited and elucidated. One technique that Landy (1986) may apply is to manipulate the distance between the object

² For a thorough literature review of studies conducted on videotaped playback in various settings, refer to Fryrear & Fleshman (1981). Videotherapy in Mental Health. Springfield, IL: Charles C. Thomas.

and the subject by suggesting that the camera be addressed as "I", "you" or "it". The resulting film can then be reviewed and discussed, perhaps even filmed in turn, for a spiralling self-confrontation. Petitti (1989) also utilizes the camera as a transitional object and solicits projections as to better examine and change the client's psychological constructs:

For the drama therapist, video is similar to a transitional object introduced into the therapeutic setting. By using this inanimate object as a stand-in for objects from the patient's inner psychic world and actual external world the drama therapist has a tool to examine and explore actual and desirable relationships. Here relationships that have become rigidified, stereotyped, and inflexible can be recast; a new balance in the expectations of others can be struck. (Petitti, 1989, p. 121)

Dequine & Pearson-Davis (1983) had emotionally disturbed adolescents create and videotape improvisational drama (where participants are free to create the characters and plots) to act upon their locus of control. These two modes of expression were used as complementary modalities, the video being played back after each scenes to make decisions regarding the alteration of the dramatic production.

Video has been used in various ways in art therapy to complement art making. Paradis (1985) used video feedback with an adult female substance abuser. The camera was focused on the table surface and recorded the client's hands as she drew as well as

the verbal dialogue between client and therapist. The taped session was watched at the beginning of each following session, and spontaneous remarks invited, before art making commenced. Hinz & Ragsdell (1990) asked bulimic patients to make masks to represent hidden parts of self and relied on videotape to "capture" the masked selves asking questions to which the unmasked selves answered in a following session. Henley (1992) worked with developmentally disabled persons and either invited them to shoot video footage, or had them filmed during various activities. The resulting tapes were played prior to art making to stimulate the creative process, or frozen into a static image to serve as model for art making. Chin et al. (1980) conducted a combination of art therapy, social skill training and videotherapy with high school dropouts, where video was used to provide immediate reality-based feedback to group members and condition behaviour modification. McNiff (1975, 1981) had virtually every art therapy session that he conducted over 5 years (1973-1978) videotaped. He used a ritualized playback time after each group session, where individuals had worked separately, to foster the reinterpretation of the event as a group process and create communication by bringing people in touch with each other's experiences. What is particularly interesting in McNiff's use of video is that it was filmed artistically, meaning by a professional who took the care of crafting a "well organized, aesthetically pleasing, succinct and emotionally coherent tape" (McNiff, 1982, p. 86). The tape was viewed, or perhaps I should say enjoyed, as an artistic creation. Intellectual involvement with the viewed material might be elicited or not, depending on the situation: "There were times when talking about what we were viewing, or what we had done, would have taken away from the intensity of the feelings that were provoked by the playback" (McNiff, 1981, p. 85).

Although the above uses of videotaping diverge in their aims and methods, they share the common thread of relying on the playback function of video technology to derive therapeutic benefits.

The Use of Filming with Little Reliance on Playback

There are few examples in the literature of instances when video was used with little attention being paid to the tape per se. Reese (1981) offered the use of super-8 cameras to drug dependant adolescents in a residential program to be used as they wished. In planning discussions, a group theme emerged for each of the four participants to produce a visual testimonial of their respective environment (home, school, neighbourhood, police station), which they would "visit" as a group one participant at a time. The visits to the various communities of the adolescents were so fertile in interactions and emotions that filming became secondary and sometimes forgotten about altogether. One in residence group session was filmed where the participants passed the camera around and discussed their experiences with warmth and honesty. A later viewing by the therapist revealed that much of the images filmed during the group discussion were of the breasts and legs of the female participants. Other centre staff interested in seeing the product of the adolescents' efforts were disappointed to find that they had subsequently dubbed a soap opera over their voices. In this case, the therapy was clearly not in the tapes but in the taping itself. Where the adolescents may have been reluctant to self-disclose, the camera created the need for material to film and so became

a doorway into private territories and the sharing of personal histories. In that regard, the video camera served almost as a prop, perhaps even a diversion.

Petitti (1989) also used filming in a non-directive manner with a group of emotionally disturbed adolescents but within the consistent framework of closed therapy meetings. Save for the fact that he worked with a group, his approach resembles mine in many important ways, including the fact that viewing the videos did not seem to be a central part of the process.

On Being Filmed and Photographed: the Feeling of Being Uncovered

Remarkably little attention has been given to the intense feelings elicited by standing before a camera. Oftentimes, that strong feeling would emerge seems to be taken for granted, without much incursion into why such would be the case. Where attention has been given to the subject, the literature recognizes, although more rarely emphasizes, an essential relationship between the subject's reaction to the camera's eye and his self image.

Hall (1983), a photo therapist, provides a description of the possible feeling states associated with being photographed and posits that the subjects' reactions are a direct function of their self perceptions:

When a subject agrees to do a photographic session, during which several photographs will be taken, he/she experiences a state of heightened awareness

with regard to his or her personal appearance. Emotional defences and compensations which may be employed on a routine basis are interrupted as the subject thinks about what the camera "will see". Because of this interruption, the subject's cognitive definition of his or her personal appearance becomes more definitive in the consciousness with the resulting affective state being dependant upon the context of the self talk. Some subjects experience a positive state of excitedness as they look forward to the opportunity of presenting themselves to the camera. Others experience an anxious feeling state as they focus on things about their appearance which are undesirable by their own definition. (Hall, 1983, p. 4)

Hall focuses on the part of the observed excitement or anxiety that is related to the subject's psychological representation of his physical appearance. Hall gives these feelings therapeutic importance only as part of the broader process of reality testing; they contribute to a state of confusion, which state is necessary for a new self-perception to emerge as a result of the confrontation with the pictures. Thus Hall appears to entertain the assumption that the feelings raised by the face to face with a camera lens are somewhat related to the fear of the final product.

McNiff (1981) remarks that, when being filmed, one experiences a feeling of being somehow magically "uncovered". Unfortunately, he does not dwell on the moment of being filmed but rapidly turns towards the emotional responses that one may have at the sight on one's own image after having been recorded: "The basic emotional response

that most of us have when engaged with videotape is the feeling that we will be 'seen' by others and by ourselves. This anticipation tends to arouse the emotional polarities of self-disparagement and self-interest. We are either attracted to the monitor, as Narcissus was to his mirror image, or we find it difficult to look forthrightly at our behaviour" (p. 80).

Cosden & Reynolds (1982) remark that attention is often focused on the therapeutic uses of photographs but seldom on the process of taking them. They propose an informal taxonomy of photographers which suggests a causal relationship between the client's self image and their critical assessment of subjects, including themselves:

This [selecting a subject] can be particularly difficult for the depressed patient or one with low self esteem who feels he cannot find anything "good enough" to shoot. Impulsive patients will shoot at anything, disregarding composition, focus, depth of field, and interest in the subject matter [...] Narcissistic patients often take roll after roll of pictures of themselves with the aid of a tripod and time release shutter. (p. 20)

Cosden & Reynold's description of the basic tendencies of various types of clients in using cameras are a fitting match to my own observations regarding the respective usage of the camera by a depressed Kevin and a narcissistic David.

Pettiti (1989) presents the case of Brian which bears many striking similarities to Kevin's case which I will present in chapter 2. Brian energetically avoided being filmed

at first, working strictly from behind the scenes. Ten sessions later, when Brian did manage to sit in front of the camera, he covered his face as soon as it began rolling. It is only after 13 weeks that Brian could appear on camera without attempting to hide parts of himself. Pettiti posits that these changes were a result of Brian becoming acquainted with the video technology and experimenting with a multiplicity of more or less active roles, until his increased confidence in his ability to create what he wanted led him to become "a playmaster" (1989, p. 124). However, he does not enquire further into the nature of the discomfort expressed by Brian before the camera.

Overall, little attention in the literature is devoted to the psychological processes engaged in the act of being photographed or filmed in and of itself, despite the fact that strong reactions are generally acknowledged and even expected. In the therapeutic work which I will present in chapter 2, the strong feelings elicited by the process of being "uncovered" by the camera were considered symbolic manifestations of the children's fundamental sense of Self. Because of the existence of this natural metaphor, the camera could be used to infuse the feelings of being uncovered with the non-judgemental attitude of the therapist, to communicate the message that what is being uncovered is good (or "good enough"), and thus aid the reintroduction of a positive sense of Self. A review of some of the literature on the development of a sense of Self and on possible interventions is necessary to better understand exactly where and how videotaping may fit in an art therapy process within an object relations perspective.

The Role of "the other" in the Sense of Self

My practice of art therapy is informed by object relations theory and Self psychology, both of which consider pathology as the result of developmental arrest rather than of Freudian structural conflicts, and emphasize the importance of early relations with nurturing agents in shaping the individual's sense of Self.

The Process of Construction of Self

The capacity to develop symbiotic attachment and to subsequently separate without excessive anxiety is dependant upon early object relations, as is the ability to individuate without splitting the maternal object into irreconcilable "good" and "bad" parts (Henley, 1991). Object relations theorists further posit that the quality of these early relationship(s) have a determining impact on one's capacity to live creatively, that is, to feel that one's life has value and to invest oneself wholeheartedly into living it (Abram, 1996; St. Clair, 1999; Mitchell & Black, 1996). The first few months of life, that period of symbiosis between mother and child, holds the individual's opportunity to fill up his lifetime "self esteem tank" (St. Clair, 1999, p. 14). Deficiencies in the quality of the mother-child dyad will have negative effects on the subsequent sense of Self of the individual which therapy can only incompletely make up for.

While birth marks the physical separation between mother and child, the baby remains both completely dependent upon his mother for survival and blissfully unaware of this dependence. In turn, the mother enters an unordinary state of empathy and availability, what Winnicott (1956) termed "primary maternal preoccupation", which

could be described as a kind of symbiotic empathy that translates into her reacting in a gratifying manner and without traumatic delays to the needs expressed by the child (Abram, 1996). It is mother's ability to respond adequately to the baby's needs (and thus to fulfil his fantasy of remediation to a given sensation) that facilitates the development of a sense of omnipotence in the child: he only has to fantasize the breast for it to appear. The mother's capacity to make sense of her baby's behaviours depends upon her capacity to interpret accurately her child's affective internal states. In that department, not all mothers are equal, and no mother is perfect. Gradually, a process of necessary disillusionment takes place whereby the mother's normal failures challenge the baby's assumption of his omnipotence, and contribute to a budding sense of "the other", the Not-Me.

According to Winnicott (1950-54), the infant's aggression serves as a primary exploratory tool in this discovery of the external world (Abram, 1996). Environmental (mother) reactions, or opposition, are necessary for the infant to define Me from Not-Me. In a successful developmental sequence, the object/mother survives the aggression without retaliating. The resiliency of the world/object leads the baby to develop a sense of reality and to recognize the object as its own entity, outside the control of the omnipotent Self.

The baby who has come to a sort of "halfway stage of fusion and separation" (Case, 1990, p. 134) becomes concerned for the welfare of the object that he aggresses. Melanie Klein observed this phenomena and associated it to great anxiety and guilt being

experienced by the infant with regards to his own destructive power; she coined these manifestations of anxiety the "depressive position" (Abram, 1996). Winnicott (1950-54) situates the "depressive position" within what he calls a stage of concern, and emphasized its place in normal and healthy development (Abram, 1996). A consistent, reliable environment/mother alleviates this existential anxiety enough for the baby to experiment separation without separation. Indeed, it is only as a result of the capacity of the mother to substitute the state of fusion with appropriately timed responsiveness that the baby can afford to turn her attention away from her and enjoy "being alone" for short periods of time (Abram, 1996). Winnicott wrote: "I suggest that this I AM is a raw moment; the new individual feels infinitely exposed. Only if someone has her arms round the infant at this time can the I AM moment be endured, or rather, perhaps, risked" (Winnicott, 1955, p. 148, cited in Abram, 1996, p. 184).

In is in that space, a space built on the child's trust in his mother's reliability, that playing may begin. Winnicott (1958) considered play the equivalent of adult relaxation (Abram, 1996). He wrote: "It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only being creative that the individual discovers the self" (Winnicott, 1971, p. 54).

The Cost of an Unresponsive Mother to the Sense of Self

The mother who herself has not been handled and held well has little inner resources to expand on her baby. Case (1990) describes the depleted mother's possible reactions to her new-born in the following manner:

The child's anxieties may be felt as persecutory or the child may receive her projections of early unmet needs, reinforcing his sense of boundlessness. The mother may have had a baby to 'have someone who will constantly love her', only to find that the demands of the baby make her long to abandon him. Mother and child will become entangled in a circle of demands for each other and rejection as they cannot be met. (Case, 1990, p. 134)

Ultimately, babies whose environment/mothers are not "good enough" will retreat into a world of inner objects and stay fixated in symbiotic unions "because they fear that the separation will destroy both them and the object" (Nathan and Fleming, 1981, p. 26).

Although there are many ways the mother may fail the infant, the bottom line is that it takes care and reliability for the infant to be able to relax and experience himself. The mother who is unresponsive or over-responsive to her baby's manifestations impinges upon him in a manner that is traumatic. The baby is denied the opportunity to feel omnipotent and continuous. In other words, his sense of Self is continuously interrupted and he becomes unable to exist as an independent agent. His being in the world becomes essentially reactionary. Winnicott (1958) explains : "If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement" (p. 54, cited in Abram, 1996, p. 61).

Environmental impingement overflows the infant's capacity to process the response and causes him to react prematurely. This reaction interrupts his sense of Self and causes a distortion in its development. The development of a False Self is an adaptive reaction which takes place to protect the core Self, but at the cost of the individual ever feeling real (Abram, 1996). One of the consequences of the baby learning to exist in a basically reactionary manner is the development of what Mahler (1966) called a "proclivity to depression" (1966, p. 166, cited in Mitchell & Black, 1996, p. 47). Winnicott discussed this development in opposition to the development of the True Self. Creative apperception is about having the opportunity to have one's actions reflected and thus one's creativity responded to in a manner that fuels one's sense of Self importance. By contrast, the baby who has no opportunity to create has no sense of personal purpose :

It is creative apperception that makes the individual feel that life is worth living. Contrasted with this is a relationship to external reality which is one of compliance, the world and its details being recognized but only as something to be fitted with or demanding adaptation. Compliance carries with it a sense of futility for the individual and is associated with the idea that nothing matters and that life is not worth living. (Winnicott, 1971, p. 65)

Another development which may result from inadequate holding is the failure of the task of aggression integration into the personality. The inappropriate environment which does not survive the baby's aggression but rather retaliates, cannot be used to

fantasize destruction. Consequently, destructiveness is expressed by acting out (Abram, 1996).

The Key Role of Mirroring in Shaping the Sense of Self

Winnicott (1967) proposed that in order to look creatively (as a creative, thus independent, agent) and see the world, the individual must first have internalized the experience of having been seen (Abram, 1996). The experience occurs naturally in early weeks of the mother-infant relationship – or ought to anyway. What must be considered, beyond the objective fulfilment of the baby's basic needs, is the subjective experience of intimacy related to the encounter between mother and child. Lewis (1987) explains that it is not only the act of feeding but the physical and psychological empathy with which the act of feeding is carried out which creates a positive Self experience: "The object-mother must be able to regress and merge into an undifferentiated orbit with the rhythmic flow of the child" (p. 324). This echoes Winnicott's (1971) views on the vital role played by mother's attunement in creating the baby's own feelings of self worth which consist in the internalization of his socialization experiences with mother (Nathan & Fleming, 1981). On holding and handling, Winnicott wrote: "A baby can be fed without love, but lovelessness as impersonal *management* cannot succeed in producing a new autonomous human child" (1971, p. 127, cited in Mitchell & Black, 1996, p. 124).

At the time of Winnicott's writing, the idea that the baby saw himself when he looked at his mother was not new. Winnicott's original contribution was to posit the idea that the baby depended on her subjective reactions and her facial response to establish his

sense of self: "The precursor of the mirror is mother's face" (Winnicott, 1971, p.111). Through a mirroring process, those aspects of the child's subjective world that the mother responds to become the basis of their intimacy. However, those subjective elements that she does not respond to are experienced by the child as idiosyncratic. The mother verbalizes not only what she observes but also what she fantasizes the infant is and will become (Case, 1990). Therefore she creates an image of the baby – good or bad – that he responds to and makes true for the sake of preserving their intimacy and of fulfilling her wish. Winnicott wrote: "What does the baby see when he or she looks at the mother's face? I am suggesting that, ordinarily, what the baby sees is himself or herself. In other words, the mother is looking at the baby and *what she looks like is related to what she sees there*" (1971, p. 112).

Apperception means seeing oneself through being seen by another, in the baby's case, the mother. By contrast, perception refers to seeing whole other objects, which implies the capacity to differentiate Me from Not-Me. The process from apperception to perception must be gradual and well timed for mirroring to yield its benefits.

Recapitulating Winnicott's ideas, Abram (1996) writes:

The infant depends on being seen (needs adapted to) by mother in order to feel alive. Looking and being seen are the focus of primary identification [...] The infant who develops from the centre of gravity and therefore who is lodged in the kernel (his own sense of self) as opposed to the shell (his mother's narcissistic need for herself to be seen) is able to apperceive creatively. It is

this and only this that leads to a sense of self and of feeling real. This sense lends meaning to life and makes life worth living for. [...] From the sense-of-being and being-seen emerges a space in which to dream and play. (p. 63)

Lewis (1987) also very aptly explains the process from apperception to perception that insures a positive appreciation of self and the other:

Gradually the child [...] comes to realize [...] that 'I am seen and am reflected back to me by the other.' Through this process of reflection the child begins to feel that she or he is genuinely viewed and loved as a separate person. A sense of being –of dimensionality and existence- develops. (p. 325)

If the environment/mother does not mirror the child, that is if the child is denied the experience of apperception, he will come to perception too rapidly and with great cost to his development. The baby's needs must be responded to for him to be able to afford to be himself, that is to act in a Self initiated manner rather than in a manner that is purely reactive to the unresponsive mother: "The baby deprived of the process of apperception and of the opportunity of experiencing being seen organizes withdrawal. It will not look (to others) to apperceive but only to perceive, as a defence" (Winnicott, 1971, p. 113). The drama of a baby who has not experienced the positive mirroring by mother is that he has no blueprints of a Self fulfilling relationship because there is "no meaning [...] in the idea of a relationship with an object that is perceived by others as external to that being" (Winnicott, 1951, cited in Abram, 1996, p. 319). Thus there is a subtle but crucial

difference between health and pathology where it relates to being seen. According to Winnicott, all beings must first be seen and mirrored approvingly to develop a positive sense of Self. All beings subsequently continue to enjoy recognition. However, the problem, or what Winnicott calls an "exaggeration" of parallel normal behaviours, arises when a pleasing front is put forth to hide a depressed, negative Self in order to get "the mirror to notice and approve" (Winnicott, 1971, p. 114).

Kohut's studies of narcissistic development led him, like Winnicott, to suggest a determining impact to the mother's mirroring function. The initial sense of perfect fusion with the mother would eventually be replaced by the child establishing a grandiose self (*I am perfect*), and projecting the previous perfection onto an idealized parent imago (*You are perfect and I am part of you*) (Lachman-Chapin, 1987). Developing an age-appropriate grandiose self is the first attempt at individuation. Displays of exhibitionism must be met with approval and admiration, what Kohut (1966) referred to as the "gleam in the mother's eye" (cited in Lachman-Chapin, 1987 p. 77). The father of Self psychology (1971) wrote :

Under optimal developmental conditions, the exhibitionism and grandiosity of the archaic grandiose self are gradually tamed, and the whole structure ultimately becomes integrated in to the adult personality and supplies the instinctual fuel [...] for important aspects of our self-esteem [...] The idealized parent imago, too , becomes integrated into the adult personality and introjected as our idealized super-ego [...] If the child, however, suffers severe

narcissistic traumas, then the grandiose self does not merge into the relevant ego content but it retained in its unaltered form and strives for the fulfilment of its archaic aims. And if the child experiences traumatic disappointments in the admired adult, then the idealized parent imago, too, is retained in its unaltered form [...]. (pp.27-28, cited in Lachman-Chapin, 1987, p. 76)

What Kohut has to offer for our purposes is a wide age range in which to examine narcissistic development. Indeed, although pre oedipal relations are crucial, the child continues to build and test his sense of greatness throughout early childhood. The other interesting element in Kohut's theories is that importance is given not only to mother but to all others with which the self enters in a relation with (self objects). These additions will be particularly useful when looking at the second case example (David), whose relationship traumata occurred around age four.

The Role of the Therapist in Reshaping a True Sense of Self

An object relations approach to psychotherapy operates on a reparative mode. Because the theory considers arrests in development a result of relational failure, the reparative process in therapy emphasizes a corrective experience in the relationship between patient and therapist. For Winnicott, healing was a matter of coming to be able to live creatively as one's true Self. To accomplish this through psychotherapy was a task that required deep experiential involvement :

Psychotherapy is not making clever and apt interpretations; by and large it is a long-term giving back what the patient brings. It is a complex derivative of the face that reflects what is there to be seen. I like to think of my work this way, and to think that 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. Feeling real is more than existing; it is finding a way to exist as oneself, and to relate to objects as oneself, and to have a self into which to retreat for relaxation. (Winnicott, 1968, p. 117, cited in Abram, 1996, p. 214)

Robbins (1987) posits that cognitive awareness of the dynamics underlying impaired object relations is not sufficient: "The task becomes one of building rather than uncovering, of completing lost dialogues connected to the early maternal matrix" (Robbins, 1987, p. 66). Healing is thought to be contingent upon the opportunity to experience a positive object relation in the present to facilitate the reorganization of past experiences and inner pain on a more sophisticated, satisfying level. Addressing impaired object relations in therapy starts with providing a safe psychological space in which object relations can develop to be worked on. The reparative process begins with an unconditional acceptance that must gradually evolve to more complex forms of interrelations. Henley (1991) states:

With continued interest, availability, and acceptance by the therapist, these associations can be exploited until more mature forms of relating can be achieved [of] a give-and-take quality. Once this occurs, the therapist can

begin to increase expectations of the child with regard to quality and quantity of interactions. (p.71)

Essentially, psychotherapy fosters a relationship of dependence and a controlled regression which may help the client reach back to his early environment and find a new sense of what is true (Abram, 1996). In order to have a reparative experience, the pathological aggression put out by the patient must be met by the therapist like the good-enough mother would have met the primary aggression of the baby: by surviving and not retaliating. That the object survives helps the client see the world for what it is and get a sense of reality (versus omnipotence and dangerous destructiveness). The world acquires an aura of safety by demonstrating to the child through its resiliency that his aggression will not destroy it.

The concepts of transference and countertransference are central to understanding the dynamics that develop between client and therapist. These concepts frame the therapeutic relationship in symbolic terms, as an exchange of projections of past significant relationships upon one another. Stolorow (1993) proposed a dynamic definition of transference as "the past-dependent reaction of patients to therapists and the unconscious organizing activity in which patients engage during therapy [...] Patients unconsciously hope to correct the past by assigning to their therapists roles and functions designed to redress psychic pain" (Schaeffer, 1998, p.8).

Whereas other schools of thought would seek to disable these fantasies with heavy doses of reality, an object-relations approach capitalizes on the phenomenon of transference to facilitate change (Lewis, 1992). Through transference processes, clients will go through a period of idealization of the therapist, what Robbins (1987) terms a "regressed state of fusion", which facilitates the transformation of an inner construct of Self. The positive object relationship within the therapeutic relationship aids the introjection of an inner accepting, soothing parent instead of the previous construct of a critical, rejecting parent (Lewis, 1992): "It is the nourishment found in the experience and mastery which promotes the discovery of a good me that had been lost and fused with an internal bad object" (Robbins, 1987, p. 71, p. 73).

Art therapy has much to offer to a significant reparative experience. Art therapists come to a relationship bearing the "gifts" of art media, which may facilitate their identification as mothering agents (Henley, 1991). Art making in itself can be ego supportive. Naumburg (1966) spoke of the "narcissistic gratification" provided by the creative act by which "a person is able to experience acknowledgement and competence not linked to conflict or disturbance" (Dannecker, 1991, p.110). Kohut (1971) explained that the art process diffuses the tensions often generated in traditional psychotherapy by "acting as a kind of buffering or soothing agent, which in turn enhances self-esteem and a cohesive sense of self" (Henley, 1991, p.69). Lachman-Chapin (1987) explains: "Art and the art therapist can be used by many clients in finding ways to express without shame those grandiose, exhibitionist wishes which have not been integrated into the personality and sense of Self" (p. 91).

Transitional Space and its Role in Psychotherapy

Winnicott (1985) viewed adult artistic activity as a continuation of child's play and "an expression and premise for health" (Dannecker, 1991: p.110). Like play, art making fosters a certain surrender of rigid ego control in the service of creative expression. In playing, the individual bridges inner and outer world within and through a transitional space situated between and encompassing both reality and unreality. Winnicott characterized playing as a preoccupation, a "near withdrawal state akin to concentration" (1971, p. 51) where the child is acting in an area that is neither completely inner nor outer psychic. The boundaries between fantasy and reality become highly permeable, whereby the child "manipulates external phenomena in the service of the dream and invest chosen external phenomena with dream meaning and feeling" (Winnicott, 1971, p. 51). On play as a form of relaxation, he wrote :

The infant is able to become unintegrated, to flounder, to be in a state in which there is no orientation, to be able to exist for a time without being either a reactor to an external impingement or an active person with a direction of interest or movement. The stage is set for an id experience. In the course of a time there arrives a sensation or an impulse. In this setting the sensation or impulse will feel real and be truly a personal experience [...] It is only under these conditions that the infant can have an experience which feels real. (1958, pp. 33-34, cited in Abram, p. 34-35)

Consequently, Winnicott believed that therapeutic interventions should take place in such a transitional space :

The person we are trying to help needs a new experience in a specialized setting. The experience is one of non-purposive state, as one might say a sort of ticking over of the unintegrated personality. I referred to this as formlessness. (1971, p. 54, cited in Abram, 1996, p.114)

In the chapter that follows, case studies are recounted where much work took place on a metaphorical level, within a transitional space which the video camera contributed to create.

Chapter 2. Case Material

It is possible to divide infants in two categories in relation to object relations theory: those who have experienced a good enough mother, and those who have not. The first kind has experienced an environment which validated their omnipotence and consolidated their fledging sense of Self, a process which culminated in the acquisition of a sense of personal reliability and independence. Winnicott (1969) wrote: "These babies have a line of life and retain a capacity to move forward and backward (developmentally) and become able to take all the risks because of being well insured" (pp. 259-260, cited in Abram, 1996, p. 78). By contrast, babies with mothers that were not good enough have experienced "unthinkable or archaic anxiety", "acute confusion or the agony of disintegration". The mother's inability to interpret and respond adequately to the infant leads to the development of his compliance, the first manifestation of a budding False Self. Winnicott explained: "In other words, they have experienced trauma, and their personalities have to be built round the re-organization of defences following traumata, defences that must needs retain primitive features such as personality splitting" (pp. 259-260, cited in Abram, 1996, p. 78).

The case material that I am hereby presenting relates to two children that can be differentiated along the lines proposed by Winnicott: one had a core Self that could be called upon to assist in reparative tasks, whereas the other did not. In the latter case, the reparative task consisted in having an experience that would allow a True Self to come out. In this chapter, the presenting problem, the therapeutic process, and the particular usage of videotaping made by each child will be reviewed.

Agency

The agency is a psychiatric hospital that hosts a day program for preadolescents with conduct disorders that have been unable to succeed in regular schools. Children are grouped by age in a ratio of six to two front-line staff members, who dispatch them to various activities and assume the bulk of their socialization "training" in between periods. Each group receives three hours of academic schooling each day from a specially trained teacher. The remaining three hours is spent either engaging in activities under the leadership of the front-line staff, or engaging in individual or group therapy. The program operates on a behavioural model. The goal is to curb the problematic behaviours enough to enable the child to reintegrate the normal school system as soon as possible. Expectations and rules are clearly laid out. Transgressions, big and small, are responded to with alacrity and sanctions that aim not to be punitive but to emphasize the natural consequences of certain behaviours. The atmosphere in the program is supportive and even loving, and most children come to like it quite a bit.

Each child is assigned an individual therapist and meets with him/her for one hour weekly. I was the primary therapist of David and of Kevin, the two boys whose cases I will present shortly . Each child is also part of various groups of art, drama, music, occupational and/or pet therapy. Their families are strongly encouraged to attend family therapy weekly but many families are resistant and avoid it.

First Case Example : Kevin

History and Presenting Problem.

Kevin is an eleven-year old boy living with his parents and a sister younger by three years. Kevin's biological father left his mother upon finding out that she was pregnant with him. Kevin was brought into the world by a caesarean section. The abandonment suffered by Kevin's mother at the moment of giving birth may have created a substantial amount of resentment towards the baby. Mother and baby did not attach. Of his first months of existence, his mother recalled that Kevin was a "screamer", a colicky, difficult baby. Mother found that Kevin did not like to be held and would feed more readily if from a bottle, lying alone on a blanket on his back. Consequently, Kevin received very little holding and mirroring during that crucial period of symbiosis. The situation did not improve with time. For the first five years of his life, Kevin was seen in the mental health circles for problem behaviours, a major intervention being his one-year placement in a residential setting at age 4. In the meantime, Kevin's mother had met another man, who legally adopted Kevin. Although highly intelligent, Kevin would often throw violent tantrum and aggress family members, both verbally and physically, especially his mother who he often threatened to kill. The home environment was assessed as being inconsistent and chaotic, with parents being insensitive to the children's needs, having age-inappropriate expectations, and operating on an instant gratification basis. The children, particularly Kevin, were used as scapegoats for the parents' problems and were punished in overly severe ways, often physically. The whole family appeared to have an almost complete avoidance of sadness or fear, with all situations that would normally call forth these emotions being met with anger instead. Kevin remained

in the regular school circuit, albeit not without difficulty, until at age 11 his violent behaviour finally caused his to be expelled from school and sent to the day program.

Therapeutic approach

After meeting Kevin, I established the following therapeutic goals:

- Help Kevin have a positive experience of himself, develop self-esteem and become more spontaneous.
- Facilitate an authentic expression of his feelings; give a form and voice to his sadness and anger.

I believed that these goals could be best accomplished by providing a positive, accepting, non judgemental environment where Kevin could explore art media and take risks at his own pace. The corrective experience in the search for a real Self would hopefully culminate in Kevin becoming able to play, to be alone, to enter that creative state of mind of potentiality. As I work in a non directive manner, my role would be that of providing art media as well as a safe, open space for formlessness to gradually unfold and for Kevin to enter a reparative experience and find his True Self.

Form and Features of the Therapeutic Process.

Phase 1 : Suspicion, false Self and depression

After having read his file, I half expected a wild animal to erupt into the art therapy room. Instead, a small, elfish boy, too small for his eleven years of age, walked in, his avoidant gaze betraying the nervousness behind his casual strut. His first words to

me were : "Why must I go? I'm hungry!" We met right before lunch time and so his comment made concrete sense. However I found the remark most telling of his emotional hunger and his fear of his need being unmet, as it had historically.

Kevin was a bundle of reactions and of contradictions. On the surface, he acted the part of a cool, detached, mildly curious, sometimes even friendly boy. He babbled on stories of unlikely exploits and witty one-liners, punctuating his speech with bursts of dry laughter. Kevin's verbal and non-verbal attitude towards me was laced with thinly disguised aggression. He constantly threw furtive sideways glances at me, the hostile, cutting quality of his gaze denying his carefree tone of voice. Like the good-enough mother, I accepted his aggression as a test of my resilience, without disintegrating or retaliating, in the hope that my survival would create a sense of externality and of safety. More striking than his aggressivity however, was his depression. From him emanated a permeating, damp sadness, a quality of brittleness, or porosity, as though he was a veil of thin glass threads.

Kevin had split good and bad, endorsing the badness fully while investing his mother with absolute goodness. He described her as unconditionally loving and accepting, while constantly self-deprecating under the guise of humorous comebacks. His relationship with me was ambivalent. On the surface, as the stakes of our relationship were high, he openly tried to please and impress me with great tales of extraordinary exploits. Desperate in his attempt to be loved, he would not risk being anything less than extraordinary, thus inflating his False Self and carefully hiding any

signs of authenticity, so convinced he was of being fundamentally bad. This "mirror transference", a term invented by Kohut to designate the perpetual search for confirmation of one's grandiosity that one failed to receive as a child, creates feelings of intense shame (Lachman-Chapin, 1987). Indeed, shame was a feeling that Kevin seemed to wear on him at all times. He would manipulate media in a neat and controlled manner, all the while glancing over at me, as though trying to assess my reaction to his "perfect" behaviour. But the slightest earthly challenge to this out worldly perfection (e.g. : a staple not going in the first time, water spilling out of a sponge, Playdo being difficult to soften, etc.) caused him painful embarrassment.

As part of my unconditional acceptance plan to repair his narcissistic injury, I accepted his infantile displays of grandiosity and responded with the praise that he seemed to be asking for. I believed that in time, as he came to trust me, his need to rely on these stories to secure my acceptance of him would dissipate. However, while I did believe in the soundness of this theory in the very long run, he seemed so deeply wounded that I wondered if we would ever reach that point in our short term relationship. In that case, perhaps meeting him on the grounds of his false Self would just fuel the problem. Some authors strongly advise to "hold out the promise of ultimate approval for the *real* accomplishment" (Lachman-Chapin, 1987, p.78) and caution against "gratifying the patient in his/her hunger" (Robbins, 1987, p.73). Not that he allowed himself to be gratified; more often than not, he would put his own exploits down. As time passed, I started coupling my praise with remarks to the effect that he often had the most extraordinary things happen to him.

Art making was an excessively difficult challenge for Kevin. He would fidget and fret, never knowing what to make and how to make it work, looking painfully self-conscious all the while trying to maintain an unaffected air. Winnicott (1970) wrote: "To be creative a person must exist and have a feeling of existing, not in conscious awareness, but as a basic place to operate from. Creativity is then the doing that arises out of being. It indicates that he who is, is alive" (1970, pp.39-40, cited in Abram, 1996, p. 111). It should therefore not be surprising that Kevin would have difficulty engaging in creative activity; I sensed that Kevin, used as he was to mould his behaviour to meet the conscious or unconscious expectations of others, was disoriented by the openness of the space between us. I felt that through all of his actions, Kevin was desperately seeking to determine what my expectations were. I obstinately refused to give him an answer beyond that of just remaining completely opened and welcoming. This was scary for him. He wanted to know what mask to wear whereas I waited for an unmasked face to emerge. By refusing to step in and take control of the session for him, I was plunging him in a bath of "undefinition" while he yearned for some solid surfaces to lean against. Not having much of a sense of Self, he sought for points of resistance in me. Finding few, he struggled like a swimmer drowning. Case (1990) wrote of rejected children with whom she worked in art therapy:

Children at the Centre lacked a model of having a "space in mind" and the capacity to symbolize, or bear the tension and anxieties of "not knowing" involved in learning, so felt at a loss unless they were doing simple repetitive

work with a known outcome which made them feel safe. Children who seemed to lack any kind of boundary or containing function themselves would have difficulty holding thoughts and feelings; a sense that everything "fell through" or "went in one ear and out the other". (Case, 1990, p. 135)

His distress and psychological struggle were tangible and it was difficult to withstand the anxiety that we both felt. I had the added advantage of knowing that a large part of this anxiety was at the heart of the process and needed to be experienced, and I held on to a blind kind of faith in the process; however feeling his uncertainty pained me and often times I had to question whether my faith and patience was actually useful, or whether I should become more active in helping Kevin overcome his performance anxiety and plunge into art making. Yet I felt that this inability of his to do anything for himself was his core problem, and although my becoming more directive might ease his current angst and kick start therapeutic work, in the long run it would not mend his core problem as efficiently as taking the long way home would. But would he ever move beyond his agitated False Self paralysis? I was having excruciating doubts.

Whatever art he did manage to make was poor and rather unsuccessful. Very often, the choice of media or the design would lead to some sort of disappointment. Also striking was the disproportionality between Kevin's struggle to put together a piece and the actual technical challenge. Kevin was making "art of failure" and it was painful to watch. He systematically sabotaged my efforts to support some success (e.g: maybe white glue would work well on that) with the dejected conviction that "Naw, it just won't

work". The fact that Kevin's art was doomed to failure was an accurate reflection of Kevin's own fate at home, where he was doomed to rejection irrespective of his actual performance. No matter how well Kevin behaved for long stretches of time, any outburst was almost welcomed with relief by his parents to confirm their views of him as a terrible child. Sometimes I would introduce hope, and sometimes he would brighten up. Other times, he needed to be respected in his despair and hopelessness. Painful as it was, I respected it, thereby demonstrating that his perceived toxicity would not destroy me.

The fact that Kevin's art was almost always meant as a gift for someone else was telling of his primary pole of self-definition being reactionary to others. Winnicott (1958) hypothesized that the infant develops the capacity to be alone and to enjoy it for short periods of time based on the trust that mother can be relied on to be available:

It is only when alone (that is to say, in the presence of someone) that the infant can discover his own personal life. The pathological alternative is a false life built on reactions to external stimuli. (pp. 33-34, cited in Abram, p.34-35)

Kevin's mother had not provided a nurturing, reliable environment, and he was unable to recede into an inner face to face with himself. Never did turn his attention away from me while he worked, and rarely did he make something that he intended to keep for himself.

Weeks passed. I despaired of ever being able to seep through his defences to reach the real him; it seemed so far buried and forgotten. Winnicott (1960) spoke of a spectrum of True and False, at one extreme of which the False Self ignores up to the very existence of a True Self as it is deeply hidden and kept far away from anything that could destroy it (Abram, 1996, p. 275). This rang only too similar to Kevin's case. No matter how much his superficial reactions varied in mood and intensity, nothing seemed to shake that deeper, swampy feeling of depression. It was alarming to see how all the success and positive feedback that he was earning in the program could not fill the void. While there were incremental advances over the first 8 weeks, overall I felt engaged in a race against time where I had little chance of succeeding.

First video: Projection of the unworthy false Self upon the therapist

I decided to make a move. By then, David (whose case we will revise shortly) had been using the video camera for about a month as a result of my request to film one of our sessions for supervision purposes. I had wilfully held back from asking Kevin on the basis of my suspicion that his sense of Self was too negative for him to interpret my request in ways other than that it signified a problem with his work in art therapy. As I still felt that making provision for his video work being viewed in supervision might cause him to question whether I was perceiving a problem with his work, I offered the use the video camera to Kevin strictly for his own enjoyment. There was a main reason for my offer : Kevin was quite attached to material possessions and intrigued by the technical properties of objects. I suspected that the mechanical complexities of the camera would be quite stimulating for him. Furthermore, as he attached a great deal of

importance to objects, the offer of such a glamorous toy might be more successful than the modest gleam in my eye to get home the message that I was genuinely interested in him.

Kevin immediately accepted the offer. I specified that the videotapes were purely for his use and that they could not be brought home for confidentiality reasons, which I explained as a measure to maintain the privacy of what was done in therapy. This robbed Kevin of his ordinary incentive for performance and was met by an exclamation of anger that spoke volume of his core problem: "But I won't film things that I don't want others to see!" That he had no others to please or to protect from once again invited his True Self to come forth, which terrified Kevin. Nevertheless he was drawn towards the camera and, when I brought it in after securing proper authorization, he rapidly figured out how to operate it.

That session would mark a breakthrough in the therapeutic process, although it is impossible to assess with accuracy which factors contributed most to this state of affairs. Kevin was brought to art therapy by his front line staff who wanted to warn me that he had a bad morning and may not be able to go through with the session. Kevin, who had tried so hard to cultivate an image of the perfect boy to me, looked deflated and hostile. His emotions were raw; his mask was down. I invited him in. He saw the camera and, with an exclamation of satisfaction ("Cool!"), hopped on over, figured out how to make it work and took it upon his shoulder. He sighed "I wish that I could take videos home" (I

had the distinct feeling that he did not) and verified that he could erase anything that he did not like. I reassured him that he could and he turned it on.

He did a rapid visual sweep of the room and came to focus on the therapist. He zoomed in on me with almost sadistic giggles, proclaiming his disgust ("Yuck!") and chanting my ugliness ("U-G-L-Y – You're ugly! Ugly!"). I let myself be watched and put down. He told me to open my mouth and I obliged, asking jokingly if he could see my cavities, which, on a symbolic level, would constitute flaws, rotten objects that one dissimulates for shame. This sent him into a fit of laughter. I asked him if he could see himself filming in the mirror and after a few seconds he managed to locate his reflection. Still giggling, he did another rapid sweep of the room and turned off the camera to turn towards art making.

At first, he sat far away from me but, after drawing a tight square with markers, he called to me to come closer and look. He then let loose and, for the first time, exploded into a great cathartic scribble. It followed that he asked for paint. Again for the first time, he invited me to paint as well and brought me paper and a brush himself. He glanced at me as he walked aimlessly around the room, pretending to look for materials but more likely waiting for me to go first; and so I did, commenting aloud that I did not really know what I was doing but that it did not matter, I would just play. He followed suit and painted stars and a balloon, which he beautified with sparkles. Within minutes, for the first time, he was completely absorbed by what he was doing and hardly paying any attention to me at all. He had reached a private place in his own world, maybe in the

realm of transitional space (Winnicott, 1971). He had put anger and anxiety into art and taken composure and peace out of art. He had self-nurtured. He had been alone in my presence.

What had spurred his recession into a transitional space? Perhaps the pre-art therapy confrontation with his front line staff had created a strong inner imperative to retreat to lick his wounds; perhaps his pain took up all the energy that he could usually spend on keeping up a front. To what extent did our earlier interaction mediated by the eye of the camera, facilitate his subsequent relaxation? Although it is impossible to be sure of anything, it is pertinent to bring attention to the fact that, through the fantasy/unreal space created by the camera, Kevin was able to latch a frontal aggression and to project upon me all of the ugliness and rejection that he felt others saw when they saw him. And I had serenely survived, providing substantial proof of my resilience and thus of the limitations of his destructive capacity. He could relax. The world would not disappear. In the subsequent art making, he had *used* me to fulfil his inner needs for the first time. Whereas usually he would try to get me to initiate something so that he could respond, in this case he had set me up so that I could provide the specific support which he needed to bring to completion his own reparative task.

Phase 2: Relation, investment and reciprocity

During the weeks that followed, Kevin's art making was marked by greater qualitative investment but also by a decrease in the frequency and quantity of art produced. A change in our relationship occurred : Kevin began making opening towards

me in earnest and asking me to join him in art making. Initially, his responses to my participation were predictably critical. Gradually, criticism was replaced by magnanimity and the reassurance that whatever I did was good enough. He began expressing his growing attachment to me in more overt ways (e.g.: "you could come to my house") and risking the hypothesis that I reciprocated his affection (e.g.: "I guess you really like the kids"). Gradually, he began being more disclosing of his wishes, his hopes and his feelings of hopelessness at not being good enough. For example, he drove a stick through a Styrofoam head, verbalizing that the man with the happy face felt different and wanted to kill himself. This accurate and sensitive depiction of his split Self (hiding depression under the happy face) paradoxically showed the emergence of the other "objective" true Self becoming available for comment and change. All signs were pointing to the fact that Kevin was taking the risk to invest in the relationship and starting to believe the reflection of goodness which I offered him of himself through unconditional acceptance. That he could reflect on his sense of badness was a sign that it no longer was all encompassing; rather, feeling bad was becoming a separate aspect of himself from which he could take a distance to look at.

The separation over Christmas coupled with the resumption of therapy and the proof of the resilience of our relationship seemed to catapult Kevin forward. He began to move about the room with more self-assurance and a sense of competence and purpose that had previously not been there. The brittle quality that I had felt almost throughout the fall seemed to have been filled in with a certain amount of strength. He began to be more affirmative and sometimes even controlling towards me, although without the

diffuse hostility that had been his lot. Now he bossed me around with self assurance and a twinkle in his eye, trusting that I might reflect on it but not retaliate. He began speaking of positive fantasies of his future as a professional computer technician.

Second video : Timid emergence of a true Self

I decided to make a second move. I asked him if he would be interested to film one of our sessions for my supervisor to see my work. I stressed that it was fine to refuse, that it would not cause me any problems if he was not interested. By then, I trusted that he would not take my request as a bad sign. However, I did have to question my decision. Although I had robbed him of his incentive for performance (his wish to show a video to his mother), I was now providing a very similar incentive for performance (showing a video to my female supervisor) that might call forth a false Self just as much. On the other hand, I could sense his strong attraction to the camera (which he eyed but did not touch during all of our sessions) and I could see just as clearly that he did need an excuse. Perhaps I could give him an excuse (my supervisor) which, as an extension of me, carried with it the promise of positive feedback, a guarantee that a home audience could not provide. He agreed without hesitation and proposed that we do it at that very moment. I accepted.

I did not specify anything regarding the nature of the required video, other than to say that its purpose was to show how I was doing as a training therapist. In coherence with his inauthentic ways of interacting with others, Kevin assumed that we had to stage a performance. He asked me if I wanted to film or be filmed, and I replied that I had no

preferences. He decided to stay behind the camera. I said that I was unsure of what I should be doing, and he benevolently reassured me by saying : "Just go with the flow". So I did, entering a state of floating hypersensitivity as I sought to be attuned to Kevin's inner responses. I introduced myself and the setting, and said I was here in art therapy with my friend Kevin, which spurred him to say "Hi!" and wave a hand in front of the camera's lens. I explained that Kevin and I met weekly to make art and talk about feelings and other things. From behind the camera, Kevin waved me towards the cupboard where he kept his art; he paused the camera to ask me to bring his art to the table to show it. I agreed. He resumed filming and I presented his pieces one by one, faithfully repeating what he had said about them at the time of their making, and pointing out the efforts and accomplishments that rightfully deserved praise. I felt as though I was acting as his agent, that I was speaking the praise that he would not allow himself to speak, and relaying details that he would have thought did not deserve to be remembered. Kevin's eyes were riveted on me, and there was an open, franc quality to him. He was listening attentively. It is as though the presence of the camera, more precisely the fact that he appeared not to be the primary recipient of my communication, suddenly made him be able to look at the image of him that I was presenting, and actually see it well for the first time. In other words, while Kevin could not accept a direct reflection of positivity as valid, he could somehow "see" my positive image of him as external and valid if he could witness it without having to respond.

I felt our connection with intensity. Over the camera, our gazes were constantly seeking one another, as I sought feedback and gave out conviction, and he sought a

reflection of himself and gave out encouragement and direction. In another one of those small miracles that we sometimes witness, he forgot to be self conscious a few times. He spontaneously laughed and gave me a cues and responses (gestures, nodding or shaking his head). With five minutes to go in our session, he paused the camera and said : "When do I get to speak? Because we are almost out of time", or something to that effect. This sounded to me like the voice of the emerging true Self urgently asking to be seen and to speak. I became cameraman. As he stood before the camera, his body went rigid and awkward, his gaze grew intense and uncertain. It was requiring much courage for him to stand there. The camera rolled. He blurted out : "Hi, I am Kevin. I like it here", and quickly ran out of the camera's perspective. He too was using the excuse afforded by the camera to verbally communicate to me his attachment to me, a feeling which he would not dare articulate within real, "unprotected" space. I went before the camera one more time to sign off and say goodbye. On impulse I invited him to join me to come say goodbye. He blurted out "No!" and then, just as quickly, "Okay !" To reach me, rather than walk in front of the camera to come towards me and thus ruin a certain perfect form of presentation, he crawled on the floor all the way to my feet, stood up beside me, and waved goodbye, smiling. His front line staff later approached me to let me know how pleased Kevin seemed when he returned to his unit from art therapy.

Phase 3 : Authenticity, aloneness and pride

The following sessions were marked by important advances in terms of Kevin's authenticity and true sense of pride (pride based on real accomplishments). He could show me art work, including rudimentary sketches, without anxiety and without passing

self-demeaning comments. His growing ability to accept praise gradually culminated into his beginning to call attention to his true feats and showing well deserved pride. In theoretical terms, this indicates a transfer from archaic responses and infantile means of gratification to ego-related structures:

It can be, as Kohut puts it, a transmuting internalization by which real ego building is accomplished. The longing for an empathic response from the maternal person who is almost oneself is changed into a sense of self-pride in being watched over by others, real others, as one produces. (Lachman-Chapin, 1987, p. 78)

His art making became more spontaneous and efficient. He tolerated well the period of uncertainty at the beginning of the session, no longer showing signs of anxiety or self consciousness. He would come to a decision regarding what to do by browsing through the material or starting to manipulate something aimlessly, allowing an idea to emerge. Kevin also tolerated reflections and illumination of certain behaviours much better, and appeared to be more comfortable in revealing his feelings.

When I announced the pending termination of art therapy, Kevin demanded renewed explanations (which I provided) and fled the session ten minutes early. The following session, he arrived slightly early and casually threw over a Valentine's day card at me. On the card was a small female frog sitting on a mushroom, thinking lovingly (little hearts) of her male frog friend. In effect, the card showed a loving relationship that

could survive physical distance. Kevin had struggled with the task of fusion and separation, and won... for now. This integration of good and bad into an object was recent for Kevin and termination tested the solidity of the freshly sewn seams. Parts of him wanted to disengage. This was manifested by his beginning the sessions by his saying that he was tired and had no energy, which I interpreted as a sign of a depressive reaction, and by his occasionally leaving exactly 5 minutes early. He had begun this practice early in treatment and had gradually abandoned it in favour of staying for the complete session. Threatened by the perspective of abandonment, he regained control by abandoning me first, week after week. However, another part of him continued to stoically invest in the therapy. The art that he made in that period contrasts sharply with his initial work by the investment of energy that they represent. While his work got "better", he paradoxically got less anxious about his performance and more tolerating of imperfections.

Undoubtedly, the most eloquent sign of his progress remains a newly acquired capacity to be angry at me without destruction and guilt threatening the integrity of our bond. When I was sick and had to cancel a session, he coldly expressed his disappointment, and, at the following session, after throwing me resentful looks, demanded a repeat explanation of my absence. He declared that he had an idea for that session and that he had lost it as a consequence of my absence. I accepted his anger. He moved away from me to work at a small table, turning his back to me, alleging that it was easier to work over there. I suggested that sometimes someone might want to have their own space, and he agreed, relaxing into his distancing. Later, he handed me a piece of

Playdo to soften, as though he wanted to maintain a link by sharing the task, although he remained far from me. This checking in reminded me of Mahler's (1966) description of the rapprochement sub phase of development, where the walking toddler realizes the full extent of the separation between mother and himself, after a phase of elated, fearless explorations, he feels the need to return to mother to refuel on a sense of basic security and belonging (Mitchell & Black, 1996, p. 47). He completed a large, two-dimensional Playdo boy with no hands. This was a tremendously meaningful self portrait, one which, again, while expressing helplessness, indicated ego strength. Indeed, Kevin now had enough of a form to his core Self to manage an authentic articulation of a difficult feeling, whereas previously he would have found himself victim of untenable, formless anxiety and evacuating it by acting out. Also revealing is the fact that while he chose to verbalize and express his disappointment in me and his feeling of having no control, he decided to remain for the whole session. Archaic responses were being conquered.

This new tendency to rely on mature responses for difficult feelings held true in the following sessions. Perhaps encouraged by his positive experience of aloneness, Kevin continued to set himself up at a distance from me, although usually sideways, thus ensuring that I could watch him work. He wanted me to witness him in his creative act, like the mother watches the child at play, trusting that I would approve of what I saw. Taking a physical distance was no longer the gesture of hostility that it had originally been; indeed, it was no longer reactionary at all. Quite simply, Kevin wanted to be alone, and he became alone in my presence. This was a tremendous accomplishment. Like previously reported in the literature review of chapter 1, Winnicott (1958) wrote :

When alone in the sense that I am using the term, and only when alone, that infant is able to do the equivalent of what in an adult would be called relaxing. The infant is able to become unintegrated, to flounder, to be in a state in which there is no orientation, to be able to exist for a time without being either a reactor to an external impingement or an active person with a direction of interest or movement. The stage is set for an id experience. In the course of a time there arrives a sensation or an impulse. In this setting the sensation or impulse will feel real and be truly a personal experience... It is only under these conditions that the infant can have an experience which feels real. (pp. 33-34, cited in Abram, p.34-35)

To be away from me without this being a relational situation is not something that Kevin would have previously been able to accomplish. He managed the transition between interrelation and aloneness by continuing to have me soften Playdo or hold something for him while he worked. At a later session, he managed to somehow be alone while working with me on a clay house. We worked closely, mostly in relaxed, focused silence. Strangely, I felt like a pure extension of him, as though I was clearly just executing his wishes although there were no verbal exchanges to allow for verification. Somehow, our interaction was not a relation between two objects so much as it was a merger in which one object (me) was subordinated to the other (him). There was no opposition, no face to face, only a superimposition of his will over my hands. Quite clearly he was the controlling agent of the whole production, yet it was I who was doing

most things. Upon leaving, he proudly called attention to his work for praise : "I did a lot today, hey ?" And he had.

Third video : Consolidation of the creative true Self

At our third to last session, Kevin made a short video to take home and show his mother. Again, he decided to use the video camera to film his art work being presented. This time, however, Kevin himself was the presenter. This was a tremendous change and an eloquent sign of Kevin's evolving sense of Self. He set up the camera on the tripod with an air of authority and an annoyed edge which perhaps was the remnant of his previous performance anxiety. He signalled me to begin filming as he said : "Hi mom. I am making this video to show you what I did in art therapy." He then commanded me to introduce myself, and to present some of his work. I did so again but in a sober, professional way that preserved the confidentiality of the information that he had confided during his art making. Soon, he was taking over the role of presenter, pointing out his favourite works and calling attention, with appropriate pride, to the efforts which he had expanded on some pieces. He later recounted that his family had watched the video at home and praised him for his video and art work.

The two last sessions, Kevin continued to be torn between staying (and maintaining the achieved integration) or leaving (disintegrating). At first, he spoke rather openly, asking for further explanation of my leaving and bringing up previous losses of teachers who had liked him. In the last hour, his fragile new Self felt too challenged to be able speak at all, and so, after a long period of sacred, real silence, I spoke for him. I

spoke of how losing someone that we had come to trust and love could feel like a betrayal. I spoke of how tiring it could get to keep on trying. I spoke of how hard it could be to say goodbye and how it helped me to know that I had changed by taking a piece of the person inside of me, that I would always feel close even when apart, just like the girl frog could feel love for the boy frog on the card that he had given me. He listened quietly as he worked, full of tired, hostile sadness; he did not speak, but he did not hide. The withdrawn Kevin was the true Kevin. He wrapped up a Styrofoam egg with tape and gave it to me to keep. I felt that he was giving me his newly formed sense of true Self for continued nurturance and safe keeping. Before the end of the session, as I gave him some art materials and momentos of our time together as transitional objects, he opened up and spoke of his feelings regarding separation.

Second Case Example: David

David's Presenting Problem

David is a 9 year-old boy who lives with his father and brother, and who was admitted in the program at the same time as Kevin. His story, however, is dramatically different. David was born to happy parents after a trouble-free pregnancy. He was as desired as any baby could ever be. In order to have him, his mother underwent surgery to reverse a tubal ligation which she had done some 8 years prior, after separating from the father of her two boys. Seven years into their union, David's parents had been ready to start a new family and he was the result of that decision. Another boy would follow two years later.

The union deteriorated as David's mother (according to father) became depressed and began abusing drugs and alcohol. David's parents fought violently over financial and other issues, until David's mother left the family altogether when he was four years old. His father filed for divorce and obtained legal custody of the two younger boys. Given different options for visiting rights, David's mother chose the most minimal, that is to visit the boys on Sunday afternoons. She seldom exercised it. According to father, promises were made as rapidly as they broken, amends being later offered over the telephone to a teary David.

Following mother's desertion, David's behaviour became aggressive and oppositional to the point that he was expelled from nursery and kindergarten. Although he was reintegrated in the public school system in grade 1, his behaviour problems persisted. He resisted authority figures and would throw violent tantrums, overturning furniture and becoming aggressive towards authority figures (which mirrored both of his parents' mode of relating to authority). David acquired a reputation for having the type of fearless and strong will that becomes the thing of legends. However, he also had a fragile, empathic and sensitive side to him, which earned him some positive feedback.

When David turned 8, his father began dating a woman with a two-year old baby boy. The effects that this new relationship had on David were not speculated upon. At some point around that time, David was expelled from school and sent to our day program.

Therapeutic Approach

A few elements could be deducted from David's history and behaviours. There was no reason to doubt that David had received proper care during his early months of life: he had been desired by parents that on the whole seemed relatively balanced. While he had a fragile self esteem, David's up front stubbornness pointed to the trouble being other than a false Self disorder arising from a lack of early holding. The rejection that had wounded David and caused him to react had occurred later in life, around age four. By then David already had a core sense of Self that could be called upon and revived in therapy. David's pain seemed more suited to the explanations put forth in Self psychology, which looks upon narcissistic development as a continuous process taking place throughout early childhood. As previously stated, Kohut suggested that age-appropriate exhibitionism and displays of grandiosity had to be validated by others (especially mother) to be tamed to realistic proportions and internalized by the child. He put forth that there are three types of experiences of relations to objects that are necessary for the development of a healthy self. The first is to experience objects that "respond to and confirm the child's innate sense of vigour, greatness, perfection." The second type requires the child's involvement with powerful others "to whom the child can look up to and with whom he can merge an image of calmness, infallibility and omnipotence" (Kohut & Wolf, 1978, p. 414, cited in Mitchell & Black, 1996, p. 159). The third type involves relationships with objects that "in their openness and similarity to the child, evoke a sense of essential likeness between the child and themselves" (Mitchell & Black, 1996, p. 159). From David's file, we could hypothesize that the displays of grandiosity of his early childhood had receded in the shadows of his parents' violent fights and

subsequent divorce. Little David had been disappointed in his image of idealized parents and, consequently, had not integrated the idealized parent imago, continuing to this day to strive for the fulfilment of a grandiosity that was no longer age-appropriate.

After meeting David, I identified the following therapeutic goals:

- To experience himself as good; to develop self-esteem;
- To develop his ability to identify and express needs and emotions appropriately.

Kohut explained that patients with abnormal narcissism relate to the analyst in a purely egotistical manner (in the literary sense), as though the therapist was purely and extension of the client (not a separate other) whose function it was to reflect the client back to himself. Just like object relations theory, Self psychology also emphasizes the reparative role of transference processes in therapy. However, it identifies certain subtypes related to clients with deficient grandiose selves which are useful to understand David's process. One of these ways of relating consists in the client strongly needing the therapist to grasp and reflect back their self experience and basically act as a mirror and a holding environment in which the patient can begin to feel "more seen, more real, and more internally substantial" (an experience that Kohut coined *mirror transference*) (Mitchell & Black, 1996, p. 161). A second type (termed *idealized transference*) is to invest the therapist with their projection of the idealized parent imago. Lastly, Kohut identified a *twinsip transference* whereby the client comes to feel an essential likeness with the therapist.

While classical psychoanalytical theory would predict that allowing transference to flourish unchallenged would compound the presenting problem, Kohut found that his patients needed "an extended immersion in these transference states" (Mitchell & Black, 1996, p. 161) to emerge renewed and with a healthy, reconstituted narcissism. My approach with David consisted in providing an accepting holding environment in which he could express without shame his narcissistic fantasies and receive the mirror image that he craved for. I expected that gradually he would internalize this positive image of himself and idealized image of me to strengthen his sense of Self and no longer be dependant upon the validation of others.

Form and Features of the Therapeutic Process

Phase 1: Melancholia and poor sense of Self

David was a handsome, slightly heavy boy with dark almond-shaped eyes. The first time we met, he followed me into the art therapy room with feet dragging, keeping his head down and his body close to the wall. His body language spelled avoidance and the kind of caution that comes from expecting disapproval. However, less than half an hour later and although he kept a rugged silence, he was moving his chair close to me and periodically turning his art towards me to show his progress. David obviously expected my approval of his work; thus, while socially his more recent experiences had taught him to expect disapproval, deep down David believed that he deserved praise. David could not have nurtured this assumption had he not seen, in the first few months of his life, this very approval mirrored on his mother's face.

He wanted praise, and praise he got. By the time the session was over, I was very taken with him. In the following weeks, David easily engaged into art making, slipping into a comfortable transitional space from where he created effortlessly, punctuating his work with short, muffled, spontaneous explanations. He worked with inspiration and focus, never seeming fazed by any technical difficulty. His first art pieces were very telling of his core conflict. The first session, he first drew a faint, lonely butterfly and spoke of the places where it travelled, which I recognized as places where his mother went for her work. He then constructed a "little bear" out of red Playdo, a solemn totem-like little creature that was quite evocative in its simplicity. The bear's arms, initially opened, were folded over his stomach. When asked what the bear would say if it could talk, David adopted a bear voice and growled "I am hungry!!!" For the first two weeks, David's art spoke of his yearning for nurturance (hungry bear, handless boy) and his sadness at the absence of his idealized mother (travelling butterfly, angel, etc.). An interesting episode occurred in the second session which, in retrospect, encompassed the core of David's reparative journey in therapy. He had rapidly drawn a female angel standing on a cloud, looking down at a boy playing in the park. The quality of the image was poor, uninvested. The boy was particularly pathetic, with no arms, no feet, and very primitive facial traits, precariously going down a slide in a deserted park. The picture conveyed feelings of loneliness and a very poor sense of self, as well as the sense that mother (female angel) was both saintly and inaccessible. Again he sat close to me. We spoke of the image, of the boy playing alone. Perhaps I felt sad. At one point I offered: "She must be happy to watch him play..." He looked up at me with a radiant smile and nodded. I had not consciously intended to but in retrospect, I had sent him the message

that I would gladly watch him play, which would be the essence of a reparative, therapeutic relationship.

The next couple of weeks, David's art focused on good, friendly characters, or objects with special qualities that could not be seen from the outside. For example, he made a fat apple pie out of clay, confiding, as he closed off the top with a sheet of "dough", that the pie was really full of fruit although people thought there was just a little. His sense of Self was already shifting from being primarily abandoned and destitute, to being alone and the keeper of inner goodness.

Phase 2: Videotaping: Fusion, exhibitionism and validation of grandiosity

David's use of videotaping as an expressive tool emerged accidentally, as a result of my request, in the fourth session, to videotape our next session for supervision purposes. He agreed with a shy, radiant smile. He dutifully went through the motions of a regular session, the sketch of a smile playing on his lips and his gaze irresistibly drawn to the camera. He must have asked at least a dozen times: "Are you sure that *they* can see me?" I invited him to go verify for himself as I stood in his place, kneeling to be of about his height. He adjusted the camera and exclaimed brightly: "Now I can see you perfect!" When I subsequently viewed the tape, I saw that David had zoomed in to fill the screen with his face, to the exclusion of anything else in the room. He brought his completed art piece to the camera, explaining what he had made and how.

At his request, I brought back the camera the following week to allow him to see himself on film through the camera's visor. After watching his performance for a good ten minutes with a delighted grin on his face, David asked if we could film again. "Sure", I said. That session, he became the host of our art therapy session and I his silent behind-the-scenes assistant. My role was to make sure the all-seeing eye stayed fixated on David at all times. When I asked a question about the character of a story that he was telling, he answered my question, adding: "...and *he* doesn't want to *talk* right now!" *He* just wanted to be watched, so I watched. His shy, avoidant demeanour gave way to a casually confident posture and gaze. I listened as he accompanied his prolific art making with a creative running narrative (E.g.: "Have you ever heard the story of Let me tell you...") David had a sense of showmanship previously unsuspected. He left happy and inflated with self-confidence, after asking me if I could bring the camera back again. I agreed.

For the following nine weeks, David turned on the camera during our art therapy meetings. He often began with a formal, staged introduction ("Hi. My name is David and today I going to make, let's see..."), and finished with a staged farewell ("My name is David. It is time to go now, so I will see you next Wednesday again. Bye!"). For about a month, I remained tacitly forbidden to speak during David's performance of his "art therapy show". He would give me cues to follow him as I dutifully manoeuvred the camera, my eye fixated on his image in the visor.

Fuelled by the magic feeding that he drew out of our exclusive relationship, and validated by the all-seeing eye, David began making art in which the male and female characters were fused in ecstatic symbiosis. From his hands emerged two Styrofoam caterpillars which he joined at the mouth, through a "leaf" mounted on a toothpick, declaring: "They are eating together. This is an attachment". Soon would follow the characters of Flat Face and Blue Earth whose relationship represented our own and exquisitely illustrated the transferences involved:

Flatface was lonely and no friends he had. So Flatface wanted to have a friend. Everybody was teasing him. Poor Flatface, no friends to play (...) So Flatface had no friends until somebody... a new kid in town. And everybody tells him to beware of Flatface. Beware of Flatface. Flatface was a lonely, lonely kid... And Blue Earth was blue and nobody liked her too.³ So Blue Earth wanted a friend. So Blue Earth saw a little boy that had a flat face. So Blue Earth wanted to be his friend. So Blue Earth went up to Flatface. Flatface was lying down. Lying down until a little boy says... until Blue Earth said: "Hi, what's your name?" "My name is Flatface, everybody calls me Flatface because I have a flat face." "Well, everybody calls me down too. Wanna be friends?" "Well you are much bigger than me". "Well you know what? I have a new hat that has a point and I am wearing it (he put a toothpick through Blue Earth's head). So you know what? *You* are bigger than me (he attached Flatface on top of Blue Earth's head, thus making Flatface very tall).

³ Endowing the therapist with traits of the client is part of what Kohut described as *twinship mirroring*.

My new friend Flatface. (He detached them) What's your name? Flatface. Well Flatface, you wanna be friends?" "Yeah..." (he reattached them but this time standing side by side, at their respective heights). And Flatface wiped off his... (glanced at me) hum, his smile and got a new smile and him too. And they became friends forever. And that was the story of Flatface and Blue Earth. Okay". (makes a hand sign to say turn off the camera)

In his story, David was expressing that the relationship with the idealized therapist infused him with the same sense of perfection and grandiosity which he saw in her. Following the normal developmental scheme recreated transferentially in therapy, we could expect that David would gradually integrate these idealization into a renewed positive sense of Self, and no longer strive for fulfilment of infantile longings.

His use of art and of storytelling was therapeutically invested and useful, and we seldom breached the safety afforded by the metaphor in speaking of feelings. After about a month of immersion into the illusion of the T.V. show, David and I began speaking again while he made art. His childlike cuteness gave way to more mature, less exhibitionist mannerisms. There seemed to be less of a need to be in constant interaction with me, and he began working in complete silence for longer periods of time. He remained hovering in a place between fusion and separation for a while. At the approach of our separation over the Christmas vacation, his art, after a brief incursion into themes of monsters and precariousness, began depicting single stoic figures of a more adult nature than his previous single characters. For example, he made a "sad friendly bear",

and a "statue of a brave dog that went to war." Followed a period of staged battles between Playdo characters, where two friends were often battling a great monster. The whole time, the eye of the camera was watching quietly.

Phase 3: Weaning, separateness and growing independence

The two weeks following the Christmas vacation were spent on David building a scene out of Playdo and cardboard, depicting a grown man standing on a raft that was stuck on some rocks between two breast-like buoys. Another small figure in a canoe was made to paddle over and to rescue the man. Death had been avoided but the time spent alone on the raft had taken its toll on the shipwrecked man, who had grown old looking, with long, straggly hair. Similarly, our separation had been hard on David who acted rather tight-lipped. A process of disillusionment was under way, and David was disappointed at the awakening.

He remarked that everything in the room looked different. He did not turn on the camera for a long time and later questioned me in an accusatory fashion about it, saying "Don't you want to turn on the camera?" He had traditionally taken these decisions himself, and there was little concrete sense to his question. The symbolic sense was the one that was relevant as what he was really asking was : "Don't you want to see me anymore?" He turned it on, which created the imperative to speak to it to provide at least an introduction. This change of level of reality was sudden and ill-fitting with the type of quiet but profound interaction that we had been having. The camera suddenly felt to me like an intrusion, and I mentally questioned whether it had not outrun its usefulness.

David may have sensed the same disruptive quality as he chose not to turn it on at the following session. We can only speculate as to the causal web underlying his loss of interest in the camera. In Self psychology, progress is indicated by the client becoming invested in the product of his own action and abandons infantile means of exhibitionism to obtain validation. The fact that David stopped using the camera seemed to me indicative of important change. The Christmas separation had clearly bothered him and left him with confusing feelings which monopolized his attention and demanded to be addressed. I suspect that the emergence of these strong feelings may have put in evidence the substantiality of David's relationship to me, a flesh-and blood, real person, by opposition to the insubstantial, fantasy-based rapport entertained with the camera. In theoretical terms, such a shift may indicate a transfer from archaic responses to ego-related structures:

It can be, as Kohut puts it, a "transmuting internalization" by which real ego building is accomplished. The longing for an empathic response from the maternal person who is almost oneself is changed into a sense of self-pride in being watched over by "others", real others, as one produces [...]. (Lachman-Chapin, 1987, p. 78)

David now seemed less concerned with having a non-existing audience watching him than he was with working through his tempestuous feelings towards me, following my desertion. David did not turn on the camera again until our very last session.

The shadow of termination loomed large for David and, almost as soon as we rejoined after Christmas, the themes emerging through David's work and comments appeared related to preparing to part for good. During those last ten weeks, most of our exchanges took place within the metaphor as David strongly resisted discussing feelings directly. The fact that we no longer related through the magically symbiotic gaze of the camera but rather directly, as two persons that were close but separate, helped consolidate his sense of independence. He spent longer periods of time on art projects, investing two or three sessions in one piece. Over three sessions, he erected a clay house on the basis of massive foundations of layers of Popsicle sticks and clay. He took all necessary measures to insure that the house was solid, invariably succeeding in coming up with solutions that made up in ingenuity what they lacked in polish. When the joints of the walls came slightly apart as a result of the drying process, David was not fazed. He simply took a long piece of ribbon and wrapped it twice around the house. This house would not fall apart. I had faith that neither would he, although he did withdraw into unoriginal art making for a couple of sessions (tracing and use of a commercial plaster mould).

Four weeks before the end, David symbolically resolved his ambiguous feelings with regards to our attachment and pending separation. He built a small house and a high rise, making the latter fall on the house and destroy it. He then cut up the bad high rise into little pieces, exclaiming, "You're going to the wood chip mill!" Having so destroyed the powerful high rise, he asked me to build it up again while he rebuilt the little house. He then used the string clay cutter to tie the two together. This link was actually

dynamite, the detonator of which was situated in the high rise, who activated it and blew up the little house. David then rebuilt the little house again, and affixed the clay cutter to the two constructions once more. I asked if it would blow up again. He smiled, shaking his head: "Naw, it won't blow up again. Maybe it two hundred years but not now. And it's not dynamite anymore, it's an attachment". David had expressed his fear and anger at the destruction that I might impose on him by collapsing at the prospect of separating (collapsing building). The second danger was that, provided I did not disintegrate, my decision to leave might still destroy him. He had retaliated by chopping me up into little pieces, trusting that I could survive his aggression as he asked me to put the building back together. He repaired his own. Having imposed on each other all the destructiveness that we were respectively capable of, we would stand intact and still bonded in a special relationship. In the following weeks, he settled accounts of times when he had been angry with me and had not fully expressed it. For example, he brought up the fact that I had chosen to give precedence to his father's request that any videotaped material that I may present to audiences be electronically altered to protect confidentiality, over David's own request to be shown in all his glory, without any such disguise. We processed his feelings of anger until he felt satisfied. He reviewed his work and expressed pride in his artistic abilities and in the work that he had done. He spoke of his anxieties and hopes related to his pending reintegration back into his old school.

The very last session, David took up the video camera again to make a video to take home and show his father. He introduced himself and me as "Marianne, she sometimes helps." We sat together at the table while he made a booklet where friends

would write their names and draw pictures. The booklet was specifically meant to serve as a place to store good memories from the program, as he would be fully reintegrated in the school system two weeks later. He asked me to make the first picture, and I agreed, inviting him to draw with me. We drew each other side by side in the art therapy room and wrote our respective names above our portraits. We worked in almost complete silence, on my part because of my acute awareness of the breach of confidentiality that a conversation would entail. The last things he filmed were his previous art works.

Chapter 3. The eye of the beholder: the role of video in art therapy

Comparative Analysis of Case Material

What role did the video camera play in the children's therapies? There are different dimensions to that question. I wish to focus on the children's interaction with the camera, and on their use of me in relation to the camera. I am not concerned with *proving* a unidirectional causal relation between the boys' use of the camera and their evolving sense of self. Indeed, it is impossible to prove to what extent the camera *caused* the change in their self images. Rather what I wish to emphasize is that there existed a strong correspondence between the two, which I believed emerged clearly through the parallel narrative of their therapeutic process and their production of videos. Furthermore I would suspect that the camera reinforced whatever positive changes were observed and exhibited to its all-seeing gaze.

Discussion of Kevin's use of video

Kevin's relation to videotaping clearly illustrated the changing inner dynamics related to his Self conception, his feeling that he was worthy to be seen, and his expectation of what was seen when he was looked at. A closer look at what each video production reflects in terms of self-concept is pertinent.

In the first video, Kevin stayed entirely out of the camera's gaze and focused on me instead, telling me that what he saw was ugly. At that moment, I believe that Kevin was assuming the role of the all-seeing camera/mother eye and was verbalizing what he felt would be seen if he, not I, was being filmed/seen. By withstanding his attack, I not

only provided proof that I, the therapist/mother, would not disintegrate nor retaliate, but also that the camera/mother eye was outside from me. By surviving his attack unharmed, I demonstrated that my self image had an existence distinct of what the camera/mother eye decided to see, that there was a separateness between the object and the judgement cast upon it by the eye of the beholder. Thus, as I peacefully sat there, symbolically representing him, I reflected his own separateness from the negative image that he projected onto me and that the camera was supposedly uncovering with its magical gaze. This implied that the eye of the other is not objective but subjective and separate from oneself. Following this frontal attack upon me and my survival, for the first time Kevin was able to enter into art making authentically and abandon himself to the formlessness of the creative process.

When Kevin made a second video, he still remained mostly behind the scenes, but mustered the courage to make two very brief appearances before the all-seeing eye. This followed an intense interaction between Kevin and I as he filmed me presenting his art. Through the mediating presence of the camera between us, which provided a certain hiding spot, Kevin and I reached out to each other and connected in a direct, forward manner. It was the first time that I felt that we were being truly allied. He provided support for my performance by giving me cues with his hands and his facial expressions, while I used the excuse of my role to put out and mirror the image of Kevin that I saw: a sad but good boy that was trying really hard. In doing so I acted as an auxiliary ego for Kevin who could not extract the positive sides of him as belonging to a coherent inner whole. Kevin had made enough progress to be receptive to this new image; however, he

was unable to put it together as an identity by himself. It was I who, in a sense, "reinvented" his image before mirroring it back to him.

The image of him that I was able to produce and that he was able to accept was habitually not given a space to emerge; what allowed this image to take form and to temporarily exist through me, was the camera. The camera mediated the space and created a stage to host my presentation of Kevin's Self as I saw it. The pretence that I was speaking to the camera discharged Kevin of the obligation to *react* to his image, and allowed him to just *look* at it and *see it* as I saw it. This spectator's seat allowed Kevin to suddenly see what I was mirroring back to him.

I believe that it is based on his fuelling up on this novel image of himself that he was able to appear briefly before the camera. White (1988b) proposed the following idea: "A 'self' is a performed self; the survival of alternative knowledge is enhanced if the new ideas and new meanings that they bring forth are put into circulation" (p. 10, cited in Freedman & Comb (1996), p. 237). By stepping before the camera, Kevin was putting on his new Self-shoes and timidly making a first attempt to live into the mirrored image of himself and to take it out into the world of others. By recording non-judgementally, the camera validated this new image.

It is important at this point to reflect on how allowing Kevin to view his recorded self-image may have interfered with the validating effect of the camera. Looking at himself and having to react to his recorded image could have challenged his new fragile

positive self and call forward the False Self, the negative introjected parent imago, for response instead. As was discussed in the literature review, transitional space, that realm between and within reality and fantasy which is pregnant with possibilities, is the essential healing grounds of therapeutic work undertaken in a psychodynamic perspective. Utter care must be taken to protect the integrity of that metaphorical space where healing can take place. Freud understood this; the use of a couch which he introduced was meant to shield the "real" analyst from view and facilitate fantasizing. In using video recording in psychodynamic work, it is therefore crucial to understand that not only is the "real" product of little importance; it may actually threaten therapeutic work by working to dispel the "unreality" which is the vital element behind therapeutic movement and change.

By the time Kevin made his third and final video, the camera's eye was no longer an all-seeing, critical entity. Kevin had developed enough of a sense of separate Self to be able to stand before the camera with calm and basic self-assurance, and to present his work in a mature and appropriate fashion. From being terrified of being exposed as fundamentally bad, Kevin had grown to trust that he could be seen by the eye of the other without being condemned.

Perhaps it is important to emphasize that Kevin craved to be seen and validated from the very beginning of therapy, as evidenced by the proliferation of his great tales of artistic feats. He was extremely exhibitionist, but all of his expansive displays were based on his False Self and its elaborate disguises. What Kevin feared was to be

recognized for what he suspected he was deep down inside: a truly rotten, toxic, ugly being. And somehow, while he felt that his badness was safely dissimulated under polite words, carefully applied artistic efforts, and unlikely stories, he felt stripped naked in front of the camera's eye.

That a neutral, inanimate object would catapult forth these all-encompassing projections of one's most fundamental relationship with such force, is quite remarkable. David's experience with the camera tends to confirm this tendency to invest the camera with the projection of mother's gaze. However, in the David's case, the all-seeing eye was assumed to be of a whole different nature than in Kevin's case.

Discussion of David's use of video

In David's process, the video was an invaluable instrument of validation of his infantile exhibitionism. The camera gave him the opportunity to fulfil his need to be watched, to "express *without shame* those grandiose, exhibitionist wishes which have not been integrated into the personality and sense of Self" (Lachman-Chapin, 1987, p. 91). David sometimes also watched himself in the camera's integrated monitor and derived his own sense of validation from the film. In addition, the inherent allusion to a pseudo-audience multiplied this validation by a number limited only by the projections of the child's fantasies about who may be watching him.

The camera impacted on our relationship and facilitated David's use of me in the manner that he needed it. The use of the camera created two simultaneous effects of

rapprochement and distancing. When I put my eye to the visor, my gaze was automatically and unequivocally riveted on him and only him. By polarizing my focus onto David, the camera enhanced the investment of my admiring eye. Simultaneously, the visor provided a screen between my eye and David, which made my gaze indirect and thus thickened the veil of fantasy, the metaphorical space, in which David could express himself. This facilitated David's verbal expression and fostered the development of free flowing narratives through which he externalized and worked through inner conflicts and desires. The distancing effect of the camera also provided a safety zone during the period of regressed fusion by allowing the positive effects of symbiosis to be felt while preventing impingement. The physical and psychological distances created between us by the use of the camera insured that David maintained a healthy degree of aloneness while engaged in creative activity in his transitional space.

In David's case, the camera intensified a positive, regressed experience of infantile exhibitionism and validation. This regression helped the introjection of what Kohut termed an idealized parent imago into a renewed sense of Self, and disposed David to turn to more mature forms of interactions with others. This was marked by his turning away from the camera after a certain period of time. The camera performed these functions by creating a fantasy space that facilitated extravagant displays of grandiosity and by providing validation based on David's own narcissistic projections, which fitted the disproportionate size of the yearning perfectly. Let us now turn to a general discussion regarding the impact of the camera on the interface between reality and fantasy, and the relationship between therapist and client.

Impact of Videotaping on Therapeutic Processes

Nature and Boundaries of Transitional Space

When the camera is turned on, all other things remaining equal, the nature of the creative space changes. Although physically a video camera contracts the spatial frame on which it focuses, it expands the metaphorical space by acting upon both the viewer and the viewee's sense of reality. In other words, the cropped space determined by the contracting effect of the lens becomes infused with meaning because it is focused upon, and thus expands in importance in relation to the space that is excluded from the frame. Clearly the rapport of the camera to reality is never neutral. It can veer in either of two directions. The camera creates a transitional space imbued with a sense of either *unreality* if one supposes that it is used to record a creative performance, or of *hyper-reality* if one supposes that it is used to document reality supposedly neutrally. Within the context of non-directed art therapy where filming is secondary to art making, the camera was used neither as a passive witness documenting "reality", nor as an active audience demanding a performance. It was not documentary in that the children related to it and interacted with it, therefore the camera was not there to record a reality that did not include itself. Neither was it completely engaged in a creative performance process, as what it was filming remained identified as reality: we acted as ourselves and in the context of art therapy. Turning on the camera thus created a transitional space that was simultaneously very real and very unreal. We had the dual benefit of always remaining connected to the ongoing narrative of our real selves within the therapeutic context, but

also of dulling the sharpness of reality with the notion of performance that the camera suggested.

It is because it alludes to a pseudo-audience that the camera calls forth a performance. The camera demands an interaction. The interaction may consist in the person turning their back to it, but the gesture will be relational and reactionary in nature nonetheless. Quite clearly, no one imagines turning on a camera and leaving the room. The camera demands that something be offered to its view, automatically creating a dramatic space.

The reality of the Self that *is* before the camera becomes an ambiguous cross between a documentary (i.e. objective) and a performance (i.e. subjective). In other words, the camera records the Self, but this Self is created for the benefit of the camera based on one's assumption regarding its nature. Thus the camera, as an object that records reality, demands that such a reality be defined and presented. I suggest that unless the camera is hidden and functioning without the knowledge of the subjects, the behaviours that will be presented to the camera will be crafted to conform to one's primary Self image and desirability of this image.

The camera evokes the notion of an audience so strongly that heightened self awareness is activated whether or not there are actual "others". Recall that the very first time that Kevin picked up the camera, it was clearly stated and understood that whatever

tapes were produced would not be viewed by anyone other than ourselves. Nevertheless, he would not appear before the eye of the camera. Furthermore, the flexible conditions under which the tapes were created do support my argument, in that the children were free (and, I believe, comfortable enough in our relationship to exercise this right) to rehearse with the tape and erase any parts which they did not like. I therefore suggest that the primary activator of anxiety with regards to the gaze of the "other" was not related to the quality of the final product and the reactions of real "others". Rather, it was primarily projective in nature and a matter of being watched and seen in the here-and-now by an omnipotent eye. I would go as far as to suggest that similar reactional trends would be observed if the tapes were made with the express agreement that no one would see them.

As was discussed in the literature review, Winnicott believed that the true Self could only emerge and manifest itself creatively, through experiences that would feel real, within a transitional space situated between and encompassing intra and extra psychic realities. It is only out of the formlessness allowed by the relaxation of boundaries between reality and unreality that creative expression could emerge, such creative acts being the ultimate manifestations of the true Self. That a camera has the inherent potential of creating such a dual space propitious to healing should be of great interest to therapists of psychodynamic orientation.

Impact of the Allusion of an Audience on Communication

Landy (1986) suggests that entering into a dramatic role, which is what is called forth by the camera's creation of a dramatic space, requires that one first be able to play. Paradoxically, by creating a fantasy space that invites a performance, the camera could also be said to facilitate the transition into a psychological play space. The video camera influences the interplay between fantasy and reality, in effect giving increased control to the children over the thickness of the "veil of denial" that they must drape over the expression of their inner world to feel safe. The pretence situation created by the camera alluding to people "other" than each other may facilitate the verbal communication of things that want to be expressed but that usually don't "travel" well in "normal", "real" space. For example, with Kevin, the pretence that I was talking to "others" allowed me to give him positive feedback on what he had done, and allowed him to accept it without feeling the need to respond. Removing the imperative perceived by Kevin to respond to my communication of a positive Self was important, because it put in check Kevin's introjected negative Self-image, which could be counted on to respond negatively and reinforce itself. The same pretence of an "other" receiver circumventing my ability to respond directly also facilitated the children's communication by removing the risk of rejection inherent to a direct response. In that fashion, Kevin could say "I like it here"; and David could tell the story of Flatface.

The Camera as a Self object

To the child, the camera is not neutral. When the camera is watching, the subject projects what is being seen based on his own fundamental sense of Self. As I have

already made clear and attempted to illustrate through the case material, I believe that the face-to-face between camera and subject recreates the face-to-face between mother and child and the nature of the mirroring that took place in early childhood. The subject expects to be "seen" in a certain way based on how he was effectively seen and reflected in times since forgotten. These expectations regarding the gaze of the other are also transferred onto the therapist. Interestingly, the camera clearly seemed to call forth stronger and more primitive transference reactions than the therapist. Why would this be the case? Why are projection of the historical mother's eye onto the camera provoking more extreme transference reactions than those projected onto the therapist? Quite possibly the therapist's physical reality and personal distinctiveness provides a dose of reality testing and of simultaneous disillusionment that the camera does not. Thus, in a way, the camera could be more readily invested with projections and transferences than the therapist. The camera puts nothing "out " that is not entirely fantasized by the child himself, whereas the therapist, by the very existence of her Self, provides a subtle but consistent challenge to the child's projections.

In a sense, the camera itself has the potential to represent the ultimate good object: both close and far, giving both attention and space, recording everything without judgement yet allowing unflattering parts to be erased, and offering the mirroring eye through its viewing features. However, to speak of the camera in those terms implies a neutrality that is simply non-existent. The camera is always invested with projections, and its only identity is that which is projected upon it. The camera's attributes also invest it with the potential of being an unforgiving bad object, recording every flaw with cruel

accuracy and allowing testimonies of one's inadequacies to be played over and over for all to see. This brings us to discuss the most important role of the therapist in shaping the camera's identity.

The relationship between therapist and camera

If the projections made upon the camera were purely historical, the camera would merely compound and harden pathological patterns. The reparative action could be argued to arise as a result of an interplay between two sets of influences, the historical and the reparative. To speak of the camera as calling forth one's expectations of being recognized, without speaking of who was assumed to be able to recognize – mother – was nonsensical. In the same manner, to speak of the reparative eye of the camera without referring to the therapist behind it, is attributing magical powers to the machine. This whole regressed experience takes place in therapy, within a benevolent holding environment crafted by the therapist. It is crucial to remember that the backdrop of all these new experiences with video is a solid, trusting therapeutic alliance within which these dangerous games can be risked. It is only under those conditions that such a face to face with mother's historic gaze can arise and yield positive results. The client's projection and the therapist's own gaze superimposed upon that of the camera, meet to create a third, yet unformed projective space within which a new self-image can develop.

Landy (1990) defines role as "the container of all the thoughts and feelings we have about ourselves and others in our social and imaginary worlds" (Landy, 1992). By opening up a play space, a scene in which to exist dramatically, the camera may not only

call forth one's historical role but create the possibility of taking on a new role: the positive Self that is mirrored by the therapist. Just like mother, the therapist constructs by what she chooses to see. In that sense, the therapist plays a role in creating the new Self, or rather in *reinterpreting* the Self in a manner that mirrors the creative and authentic over the reactive and false. Landy speaks of the role of the therapist in allowing Self material to emerge and in consolidating those aspects for the Self that need validation by the act of witnessing :

The therapist needs to stand back, to let go of the role of equal player, provocateur, trickster. In taking on the role of follower, she needs to accept the ability of confused, unhappy, unwanted, ill and disabled individuals to express their needs symbolically, and ultimately, to heal themselves through acts of the imagination. She becomes not only the follower, but also the witness, one who is there *to see and affirm*. (1986, p. 107, emphasis added)

The relationship between the camera and the therapist is an interactive, mutual construction of omnipotence. The camera acquires its reparative capacity by being an extension of the therapist and acquiring, as a self object, the therapist's own non-judgemental, accepting gaze. However, in turn, the camera inflates the reparative capacity of the therapist by adding a quality of omnipotence to the reparative gaze posed upon the child. The quality of the relationship between parents and child in early childhood (when narcissistic injuries take place) is marked by a sort of awe and magical thinking. Parents are endowed with extraordinary qualities and looked upon as almost

godly in nature and in their power. This quality in parent-child relationship has since been replaced by a much more mature and sober view of parents and adults in general. Consequently, while a 10 year old child may idealize the therapist, he no longer has the capacity to invest an adult with the kind of magical omnipotence that he could as a tiny child: we are too much alike in size, speech and cognitive abilities. The camera is another matter. It remains invested with a kind of awesome mystery, and takes on the role of the all-seeing, impenetrable, magical adult whose gaze plunges straight into the soul, whose judgement is Truth. I would suggest that recreating that magical distance between the child and the other (his witness) intensifies the regressive experience and increases its reparative potential.

The Role of the Camera in Making the Self Public

The Self exists in relation to others. White (1995) posits that outside others are "essential to the processes of the acknowledgements and the authentication of people's claims about their histories and about their identities, and to the performance of these claims" (1995, p.178). As therapists we operate on the faith that changes seen in therapy will spill over into the real world. The video camera provides a symbolic bridge between these two realms of reality. Although the presence of "others" is pure projection, to step before a camera is in itself a calling for external recognition and a first opportunity to test out the new felt Self as a public entity.

Literature pertaining to theatrical performance for therapy purposes emphasize the importance of the Self being recognized by others. Although raising ethical dilemmas

with regard to confidentiality, Freedman & Comb (1996) have stretch the therapy space to include witnesses other than the therapist in order to congeal changes in the patients' sense of Self. One female client who was disappointed that Self changes in therapy were not "seen" outside invited her employer to therapy "to see her the way she was when we interacted in therapy. She thought that having someone experience that view of her would help her keep the person she was becoming alive" (1996, p. 240). Freedman & Comb have also created videotapes recording people's preferred Self stories as a means to "spread the news" and "of letting their parents in on important aspects of preferred stories while maintaining the privacy of the relationship" (1996, p. 252).

Both children who used the video very much wanted to use the video to build such a bridge between their Selves as they were in therapy, and the image of their Selves as perceived at home. Whether such an endeavour is possible without viewing and feedback being facilitated by a therapist is debatable. While in the end it was decided in supervision that the children should be allowed to create a video to take home, like they would other art products, was never a decision with which I was completely comfortable. I was uneasy about the fact that the feedback could not be mediated and worked with.

Perhaps the question would not arise if the video camera was not used primarily for transference work. Because projections regarding the "other's" gaze are left to develop and act as a catalyst for change, the act of viewing the material (and the physical image of the Self) constitutes reality testing that may pose a threat to the therapeutic work, depending on the subject. In watching, the camera is unjudgemental; people are

not. Whereas for narcissistic David, watching himself was great pleasure and a source of validation, Kevin's reactions to his filmed Self before having introjected its kinder version would have been damaging.

In this third chapter, I analyzed the respective usage of the camera by Kevin and David and discussed the various dimensions of the therapeutic process affected by such a usage. I demonstrated that the changes observed in the manner in which each child interacted with the camera paralleled and arguably reinforced deep changes in self image also evidenced in the children's art making and their relation to the therapist. I suggested that the camera: 1) fostered the creation of a transitional space propitious to reparative play; 2) stimulated self expression and communication between therapist and child through metaphors; 3) served as an extension of the therapist in inviting projections and validating the manifestations of a true Self; 4) provided a symbolic bridge between the true Self emerging in therapy and its public existence. Issues of confidentiality and ownership of the taped material, as well as issues related to playing back the tapes, were also raised. This intellectual incursion into the undercurrents of videotaping in art therapy as I chose to facilitate it puts in evidence the complexifying effect that the introduction of such a tool has on the healing process. These ideas will be recapitulated in greater detail in the following concluding section.

Conclusion

My research endeavour was to reflect upon the nature and therapeutic potential of videotaping in art therapy, and the dynamics underlying its usefulness in the theoretical perspective of object relations. I sought to illustrate, through an exploration of case material and literature, that a video camera can serve a useful role in a therapy process based on transference work and within a psychodynamic perspective. I examined the role of videotaping in influencing two domains:

- 1) the nature and boundaries of the transitional space in which expression can take place;
- 2) the client's relationship with transitional objects, i.e.: the camera and myself.

I formulated the research hypothesis that clients relate transference to the camera in a manner that echoes their relationship to the mirroring eye of mother (or primary caretaker) in early infancy. Because of that tendency, the camera may serve the therapeutic dynamics: it is available to the child to fantasize the "other" free of any reality-testing; and, once a therapeutic bond is established, it may become infused with the therapist's gaze and serve to validate the child. Within the context of a strong therapeutic alliance, the camera may become an important agent of change in fostering a positive sense of Self.

I inscribe my clinical work in the framework of object relations theory and Self psychology, which I personally find compatible and complementary. I referred extensively to the thinking of Donald Winnicott to emphasize the importance of the other,

particularly mother or the primary caretaker, in the development of a true sense of Self. Winnicott (1950-54) distinguishes between babies who have received a positive mirror image of themselves from their mother's eye, and have consequently developed a positive sense of Self; and babies which have received a negative mirror image (or perhaps not been mirrored at all). These babies consequently develop a false and reactive Self which relates to the world by wearing the masks that will get "the mirror to notice and approve" (Winnicott, 1971, p. 114). This is the taxonomy that I used to introduce Kevin and David, two children whom I saw in weekly individual art therapy over a period of nine months. Kevin's conception was described in his file as causing his father to abandon his mother, which may have created resentment towards the baby. Mother and child did not attach; Kevin even fed himself from a bottle, lying alone on the floor. Mother's eye reflected a negative image of himself which grew progressively worse as he molded his behaviour to confirm her judgement. As was clear both from his file and his relationship to me, Kevin's Self was entirely reactive to his environment, which made our beginnings in a non-directive art therapy process excruciating. David, on the other hand, was wanted dearly enough for his mother to undergo surgery to reverse a tubal ligation and allow his conception. There is no reason to doubt that the first couple of years of his life he received "good enough" mothering to develop a positive core sense of Self. David's deep-seated belief that he was fundamentally good was immediately apparent as he exhibited his first artwork in obvious expectation of praise. The precipitating factor in David's arrested development was the desertion of his mother when he was four, which deprived him of idealized parents and positive mirrors to reflect his greatness. David's outbursts were the physical manifestation of deep-seated anger and sadness at being

cheated out of a mom, as he continued to strive for the fulfillment of a grandiosity that was no longer age-appropriate.

Object relations theory and Self psychology both posit that controlled regression into the situation out of which the pathology arose is the cornerstone of healing in therapy. Much therapeutic work undertaken in a psychodynamic framework takes place in a transitional space between reality and fantasy as described by Winnicott (1971). Projections and transferences must be allowed to develop unchallenged by reality testing, in order for the therapist to harness their inherent reparative potential in the service of healing. Under optimal conditions, historical failures by caregivers are "repaired" by the therapist allowing the attributes of these past relationships to be projected onto her (transference) and by responding as a good enough parent would have. It is only by simultaneously allowing these fantasies to develop while passively challenging them through an attitude of unconditional acceptance that the therapist can foster an experience of reparative regression. It is the benevolent eye of the therapist that superimposes itself to the historical gaze of the mother to offer to the client a new mirror image of his core Self. When a positive object relationship can be established within the therapeutic relationship, it aids the introjection of an inner accepting, soothing parent.

As was reviewed in the first chapter, video has been used in mental health circles for a number of years and with various populations. Although there exists wide variations in approaches and aims, a common denominator appears to be a heavy reliance on the playback of recorded material for self-confrontation and reality testing.

Remarkably little attention has been given to the intense feelings elicited by standing before a camera and the understanding of the psychological processes behind them, despite the fact that strong reactions are generally acknowledged and even expected. By contrast, my work in therapy with the video camera was grounded in the understanding that the strong feelings elicited by the process of being "uncovered" by the camera were symbolic manifestations of the children's fundamental sense of Self. Because of the existence of this natural metaphor, the camera could be used to infuse the feelings of being uncovered with the non-judgemental attitude of the therapist, to communicate the message that what is being uncovered was "good enough" and thus aid the reintroduction of a positive sense of Self.

In my sessions with Kevin and David, the video camera was offered in the same capacity as other art media, without specifications regarding whether and how to use it, except in two instances when I requested a video of unspecified content be produced for supervision purposes. Contrary to most common forms of video usage in therapy, the playback function was not relied upon to fuel change; indeed, viewing taped material may have even posed a potential threat to the therapeutic process for the very reason that it would provide reality testing. Therefore, the purpose and benefits of filming that were observed were not primarily related to viewing taped material, but to the act of filming and of being filmed. In that regard, our work was highly original.

In reviewing the therapeutic process of David and Kevin, I hypothesized that the children related to the camera as though they expected its magical eye to see the part of

their respective Selves that was seen and mirrored to them as infants by their mothers to form a core sense of Self that was either true or false (in the Winnicottian sense). The camera evokes the notion of an audience so strongly that heightened self-awareness was activated whether or not there were actual "others" destined to see the filmed material. I therefore suggest that the primary activator of anxiety with regards to the gaze of the "other" was not related to the quality of the final product and the reactions of real "others". Rather, it was primarily projective in nature and a matter of being watched and seen in the here-and-now by an omnipotent eye.

Kevin, a depressed child with no self-esteem, expected his fundamental "badness" to be discovered, and related to the camera (and the therapist) accordingly. However, whereas he would send his false Self to work for my benefit, crafting a good boy image (which he obviously did not feel himself to be) and bragging, he could not put up such a front when he stood before the camera. He would grow rigid and meek, as though he felt the all-seeing eye pierced right through his disguise and saw all of his "rottenness" inside. In Kevin's case, the camera initially served as a pseudo-audience that allowed us to speak to each other protected by the pretence that we were acting or speaking to others. This allowed Kevin to aggress me and to experience my resilience as proof that he was not as toxic as he thought. It also remove the imperative to react to me and allowed him to become a witness to the positive image of himself which I had been mirroring to him for some twenty sessions but that he had not been able to look at, being too busy reacting. For Kevin, progress was represented by his increasing desire and willingness to appear before the camera. I considered this a manifestation of his true Self becoming stronger

and the concurrent growing belief that what the camera's piercing eye would discover was good enough to be seen.

By opposition, David found in the camera an audience fitting his visceral need to be seen and admired. While he related to me with displays of attachment and demands for praise, he positively paraded for the camera, like a peacock that reserves the full display of his magnificence for the discriminating audience. My approach with David consisted in providing an accepting holding environment in which he could express without shame his narcissistic fantasies and receive the mirror image that he craved for. I expected that gradually he would internalize this positive image of himself and idealized image of me to strengthen his sense of Self and no longer be dependant upon the validation of others. The camera facilitated the process by creating a fantasy space that invited extravagant displays of grandiosity and by relying on David's own narcissistic projections for validation, which, of course, fitted perfectly the disproportionate size of the yearning. In David's case, progress was represented by his gradual loss of interest in displaying grandiosity for the camera's pseudo-audience in favour of a reinvestment in the here-and-now relationship with the "real" other (the therapist).

I believe that the impersonal and somewhat magical nature of the camera's eye facilitates projection and recreates the imbalance of power between child and parent in early childhood (when the parent is seen as all powerful), which may facilitate a regression in the service of health. These attributes render the camera an additional object through which projections and transference dynamics may be brought forth and

worked through. I argued that the capacity of the camera to elicit feelings of being "recognized" for what one truly is played an important role in modifying the children's historical conceptions of the nature of their true selves. I remarked how the camera appeared to elicit dramatic projections and transference reactions. Somehow, at first, the camera seemed to crystallize the issues related to the quality of mother's gaze, and thus to multiply the confirmation of either the child's goodness or badness. I suggested that this may be attributable to the inanimate nature of the machine which, contrary to a real life therapist, does not have a personality of its own. Therefore the camera does not provide the reality testing that the therapist naturally does simply by being a different person than the historical mother.

I believe that part of what made the camera such a useful tool was its spontaneous creation of a dramatic space. The actions undertaken in that space became an ambiguous mix of real life and staged performance. By contracting the spatial frame on which it focused, the camera infused that space with meaning and acted upon the sense of reality of the persons before and behind the camera. The camera's gaze simultaneously invites the Self to define itself but makes it of no consequence as it frames this disclosure in fantasy. The characteristics of such a space are similar to those of the transitional space described by Winnicott (1971). In playing, the child is acting in an area of reality that is neither completely internal nor external. The boundaries between fantasy and reality become highly permeable as the child "manipulates external phenomena in the service of the dream and invest chosen external phenomena with dream meaning and feeling" (Winnicott, 1971, p. 51). Transitional space is the essential healing grounds of

therapeutic work undertaken in an object relations perspective. It is only out of the formlessness allowed by the relaxation of boundaries between reality and unreality that play and creative expression can emerge, such acts being manifestations of the true Self. That a mechanical tool would have the potential of facilitating the creation of such a therapeutic space should be of interest to expressive therapists operating within a psychodynamic model. The camera embodies perfectly the Winnicottian paradox regarding the nature of transitional objects: the child's special blanket is only a blanket, yet it is everything but. It stands for the breast and the mother, however it is not these objects either as it is outside of mother, created through the child's emotional investment. In the same manner, while the camera is just a mechanical tool, simultaneously and because of the projections made upon it, it loses its mechanical attributes to become an entirely different, meaningful object.

The world of possibilities opened up by the use of videotaping in an object relations perspective and in art therapy is exciting. Even within the confines of the two case studies presented here, some aspects of the process would have been worthy of a more profound exploration. For one thing, it would have been interesting to undertake a detailed analysis of my own feelings and countertransference as I stood before the camera for Kevin or was excluded from its gaze by David. I also remain fascinated about the infinity of "others" possibly evoked by the camera. I would be interested in reflecting further upon the allusion to television audiences, the idea of a large public, and how this may play into projections and healing dynamics. I would also find it worthy to ponder further on the fantasies elicited by my request to film for my supervisor – in a sense

representing my all powerful mother – and how this may have impacted on the projections made upon me and the camera in those sessions.

The ethical issues raised by the use of video in a therapeutic context are another issue which would deserve a thorough investigation. The first question that arose was what to do with the tapes. I debated this question with my on-site supervisor and my academic supervisor who approach art therapy from different theoretical perspectives. Finding merit to both sets of view, I made decisions based on compromises between the two which, in the end and perhaps unsurprisingly, I remain uncomfortable with. I ultimately decided to prevent the children from taking the videos home in order to maintain confidentiality and prevent the viewing of possibly confrontative material without the facilitating presence of a mental health worker. However, there is something deeply intrusive about robbing the children of the product of their work. My decision to keep the tapes implied that, at termination, the children "lost" not only the therapist but also part of their work. The fact that they may take their other art work with them may mediate, but perhaps not make up for, that particular loss.

On the other hand, the compromise suggested at the agency and which I agreed to by which the children would be allowed to film part of the last session, proved equally unsatisfactory. Somehow, because it was specified prior to production that the video was explicitly destined to be viewed by others, we reasoned that the children would appropriately self-censure and that this would be sufficient for the video not to be a danger. It is not my intention to overly dramatize the experience of viewing oneself on

video; however we cannot deny that confronting one's own image can be a very powerful experience (indeed, this premise is the basis of much video work in mental health as reviewed in chapter 1). I remain uneasy about these images of the therapy space floating about in an unprotected environment. I also question the impact that viewing those tapes in later years will have on their perception and understanding of their therapy process and of our relationship. Thus at the moment I remain between a rock and hard place, unsatisfied with keeping the tapes and with not keeping the tapes. These questions will require in-depth reflection if video work is undertaken in a psychodynamic perspective, especially with children.

To conclude, I would like to share how exciting it was to discover along with the children the potential power of a video camera's magical eye. I marvelled at the complexity of the dynamics involved and never tired of trying to decipher the forces at work. Understanding the human psyche and the dynamics of modern psychotherapy is an on-going challenge for clinicians and researchers. The introduction of art media brings in itself a whole new set of questions pertaining to the role of such a third agent in the therapeutic equation. The impact that a fourth agent, the video camera, may have on the therapeutic process spreads into a wide web with yet unsuspected ramifications. The camera's influence is perhaps even more difficult to grasp because of the fact that it is not, as a painting may be, a single and self-contained object. Rather, it alludes to the presence of many others – insubstantial, magical outside objects –, and in doing so brings into the therapy room a whole new world of influences. The vastness and elusiveness of this plethora of "others" brought into the therapeutic rapport is dizzying to the academic

intellect. In attempting to grasp the intricate relationships between various aspects of the problem, I felt like a child walking through the great Hall of Mirrors at the amusement park: awed by the chaotic universe born out of the interplay between a few initial elements, and indecisive about which direction to follow next. It was a great journey and I feel grateful to the children for trusting me on board. This branch of healing through metaphorical space holds the promise of exciting discoveries, and I hope to have aroused the intellectual curiosity and the desire of others to join in the adventure.

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ANNEX 1: SUMMARY PROTOCOL FORM**Concordia University Creative Arts Therapies Programme Ethics Committee
Summary Protocol Title Page for Student Research With Human Subjects**Name of Applicant: Marianne DufourSignature: _____ Date: January 10, 2000Name of Supervisor: Josée LeclercName of Course Instructor: DNA**Purpose of Research: (check appropriate one):**Graduate Research paper or Project: X Coursework: _____

Other: _____

Approval by the Departmental Ethics Committee:

Name of DEC member/advisor _____

Signature of DEC member/advisor _____

Date _____

SUMMARY PROTOCOL FORM

1. Title: Through the looking glass: the therapeutic potential of videotaping as an adjunct tool in non directive art therapy in an object relations perspective.

2. DNA

3. Sample of persons to be studied

There are two participants in the study; a 9 year-old boy and an 11 year-old boy. The student-researcher worked with the subjects in individual art therapy as part of the subjects' enrolment in a day program for preadolescents with conduct disorders. The day program consists of a half-day of school in small-sized classrooms with adapted academic content; and a half-day of extracurricular and therapeutic activities. The subjects had one hour of individual art therapy per week with the student-researcher from September 1999 to April 2000.

Consent has been sought and obtained from the children and from their caretakers to use art work and video tapings of the subject for the purpose of the research, as illustrative case material. A first discussion was held with the children themselves where the student-researcher explained the topic of the research in simple terms. More precisely, the student-researcher explained that she had to write a paper for school and that she would write it on the use of videotaping in art therapy. She wondered if it would be okay to speak about his (child's) work in art therapy and with the video camera. She explained that the paper that she would write would be put in her school's library with other books but that the identity of the people that she would write about would be kept secret. The types of things that could be included in the paper would be things that he said, his stories, his art and his videos. The student-researcher suggested that it would be possible to disguise the videos to protect his anonymity. However, if there was any part

of the work that he did not want others to know of or to see, that would be fine too.⁴ The student-researcher stressed that it was perfectly fine for the child to say no, and clearly communicated that the child's acceptance or refusal had no bearing whatsoever on their relationship. One child was disappointed with the rules of confidentiality as he was very proud of his work and would have liked to be credited for it. Further discussion ensued on the possible scenarios in which anonymity could be preferable (e.g.: disliked people coming across the paper). The student-researcher also underlined that the paper would still be around when the child was grown-up so that he had to think about whether he might regret being part of it later. Following the discussion and the child's affirmation that it was okay for the student-researcher to use him as an example in the paper, the student-researcher explained that she had to check if the child's guardian would give his permission as well and so that they would meet all together to talk about it some more. She reiterated that the child should feel free to change his mind at any time about any part of it or all of it, if he became uncomfortable after thinking about it. She reassured him that changing his mind would have no impact on their art therapy meetings.

In the case of the 9 year old boy, a meeting was scheduled with the child's guardian within the context of a family therapy meeting co-led by a psychologist and a doctoral student. In the case of the 11 year old boy, the discussion took place over the telephone, in the presence of the family therapist. Again, the purpose of the research paper, the scope of its diffusion, the type of material required (verbal content as well as art work and video recordings), and the measures taken to protect confidentiality, were explained at length. Various options were given particularly with regards to the video recordings. It was possible to refuse to give consent to use the recordings, or to give consent, or to give consent with provision made to electronically alter the facial traits and-or the voice of the child. It was explained that the research would be available to the public through the University library in the same manner that a thesis would be. On the same form but as a separate issue subject to independent consent or refusal, permission

⁴ The children are already familiar with the notion that they have ultimate ownership of their work as the student-researcher applies the same provisions to her bringing their work to supervision.

was requested to include the case material of the child in further diffusion of the research in public forums, for example at a conference or in journals. The children's guardians were encouraged to ask questions and express any reservations which they might have. Again, the student-researcher stressed that both the child and his guardian should feel free to refuse and that such a refusal would not influence in any way the quality of the therapy of the child. It was also explained that consent could be withdrawn by either of them in part or in toto at any time, without explanation, simply by verbally advising the student-researcher or her supervisor, the number of whom was included in the form.

4. Methods of recruitment of participants

The participants are children whom the student-researcher is seeing in individual art therapy and whom have taken to use videotaping in the course of the sessions. The video camera was only made available to two children out of three based on the student-researcher's assessment of the therapeutic benefits of such a measure in the course of particular treatment plans.

Because the potential participants are engaged in a therapeutic relationship with the student-researcher, the risk exists that they might feel obliged to acquiesce to the student-researcher's request to have their verbal and visual work in therapy be used for her research purposes. Because of the intimate nature of the therapeutic relationship and the children's emotional scars, there is a potential danger that they may fear that refusing to participate would cause them to lose the student-researcher's affection. The student-researcher is not willing to risk upsetting the therapeutic relationship and process of the children for research purposes. Consequently, the first measure taken to guard against possible negative consequences of a recruiting effort is for the student-researcher to assess, on a case by case basis and based on the therapeutic work done so far:

A) The effect of the request itself on the child's sense of self, irrespective of the response;

- B) the child's probable interpretation of the request based on his self-esteem and ego strength (e.g.: as a sign of him being special, versus as a sign that something is odd or wrong with him);

Provided the student-researcher assesses that the probabilities are for a particular child to interpret the request as a good, not a bad, sign, the following issues should be assessed by the student-researcher :

- C) The child's ability to understand and discuss the nature and usage of therapeutic material, as well as confidentiality procedures and issues in the context of the research.
- D) The child's capacity to refuse without fear of retaliation or loss of love
- i) the child's ability to identify and express his feelings;
 - ii) the child's sense of ownership and control over his work;
 - iii) the child's trust in the therapist and his ability to take risks to frustrate the therapist without fearing for the integrity of their relationship;

5. Treatment of participants in the course of the research.

- i) The research paper is based on the experience of the therapeutic process of the subjects. The main sources of data are the student-researcher's notes taken after each session, and the art and video work produced by the subjects in the course of their therapy. The methodology of the research is not invasive.
- ii) DNA.
- iii) DNA.

- iv) Information regarding the clients' identity and any details regarding the setting of the therapy will be altered to protect the subjects' privacy. Should the student-researcher choose to include photos of art work in the paper, names and compromising details will be blocked out. Should the student-researcher choose to annex videotaped material to the research paper, care will be taken to edit out any information that could identify the subjects; facial traits and voice will be electronically altered. Videotaped material will only be included if judged particularly useful to illustrate a point, which at this moment in time seems unlikely.

6. Ethical concerns

- a) **Informed consent:** The student-researcher explained the research to the subjects and their guardians in a conversation where they were encouraged to ask questions. The consent form was read together and discussed before being signed (see annexed form).
- b) **Deception:** there is no deception involved.
- c) **Freedom to discontinue:** The subject and his guardian were informed in both verbal and written form of their right to discontinue their participation or any part of their consent at any point in time.
- d) **Risk to subject's physical and psychological welfare:** I believe that a risk exists of creating psychological discomfort and confusion with regard to the nature of the therapeutic bond between the student-researcher and her clients as potential subjects. As the research procedure itself is non-intrusive and consists of reflecting upon certain components of the observed therapeutic process, the risk is mostly present in the act of asking for consent. Consequently, the student-researcher bases her decision to ask for consent on a case by case assessment of the children's probable reactions based on previous therapeutic work, the level of trust in the relationship, the level of self-esteem and confidence in their self-worth, and whether they have shown an ability to show their authentic feelings without fearing for the integrity of the relationship (refer to question 4 for more

detail). Should this initial assessment be wrong and should the student-researcher sense discomfort in the child, a discussion would be initiated to explore the child's feelings, to reassure him that his participation is not necessary and that saying no is perfectly fine. I believe that the greatest guard against any psychological discomfort imposed upon the subjects is the student-researcher's ability to maintain an atmosphere of unconditional acceptance and to fuel the children's sense of competence, self-determination and control.

- e) **Debriefing:** The debriefing with regards to videotaping in art therapy is part of the therapeutic process itself. Termination creates the grounds where the integrative work of therapy is challenged and primitively pushed towards success through the "cold front" of dire consequences that failure would have on the ego. Termination challenges the ego to achieve separation without breakage, distance without disintegration. As the videotapes cannot be brought home for confidentiality reasons, children who will have used videotaping in the course of their art therapy treatment will be faced with the additional loss of the tapes. Part of navigating towards successful termination will comprise transformative work with the videotapes, by which recorded material will be reviewed and transformed for assimilation through art making and writing or transcribing stories recorded on tape. In addition, a final video recording will be performed in the before-last session for the express purpose of being brought home. This recording will be framed explicitly as a performance designed to be seen and of predetermined content (scripted by and with the child) and duration (approximately 10 minutes). Therefore, although by its very function the video will be produced as part of therapy, it will not portray or document therapy and thus will not pose a threat to the confidentiality of the therapeutic work accomplished by the child. The production of this short video will provide an opportunity for the child to reflect more deeply on what was significant in his art therapy process, what part of this does he wants to share and what does he want to keep precious secret.

- f) Confidentiality: see form annexed.
- g) DNA

7. **Other ethical concerns:** As this research paper is primarily the framing of a particular tool (video) in a theoretical perspective, and as the manner in which illustrative case material is being gathered is very unobtrusive, I do not see any other ethical concerns arising from the research.
8. **Expected benefits to be derived from this research:** By sharing her manner of using videotaping in art therapy and by providing a theoretical framework to understand the dynamics underlying therapeutic benefits related to the use of video, the student-researcher hopes to awaken the art therapy community's interest in the possibilities of this tool as it might apply to their own work.
9. **Other ethical concerns:** As this research paper is primarily the framing of a particular tool (video) in a theoretical perspective, and as the manner in which illustrative case material is being gathered is very unobtrusive, I do not see any other ethical concerns arising from the research.

ANNEX 2: CONSENT FORM

To :

From : Marianne Dufour

Art therapy intern, (placement)

Dear

I am currently completing a Masters degree in Art Therapy at Concordia University. Part of the graduation requirements is the production of a large paper on clinical or theoretical aspects of art therapy practice. My paper will discuss the possibility of offering videotaping as an expressive tool in non-directive art therapy. My use of video camera in art therapy was originally motivated by the necessity of documenting sessions for supervision purposes. However, it quickly became clear that the camera could be much more useful as a tool for the children to control. Generally speaking, the paper will look at how a camera may be used by different people, and what may make filming beneficial.

Although my paper is mainly a theoretical discussion, I will be referring to examples from my practice. As you are aware, I have been meeting with your son in weekly art therapy sessions since September. In the course of our meetings and after seeking your permission, the camera was made available to him. With you and your son's permission, I would like to be able to refer to his work with the camera as part of my discussion. You are under no obligation to accept. Of course, confidentiality is strictly maintained. Your name, the name of your son and of the institution will not be mentioned, nor will any detail that could compromise the protection of your privacy.

Here attached you will find a consent form for you to look over. Please do not hesitate to call me should you have any question or concern. It will be my pleasure to discuss with you. I may be reached Wednesday, Thursday and Friday at (XXX) XXX-XXXX ext.XXXX. Thank you for your time. Yours sincerely,

Marianne Dufour

Art therapy intern

Concordia University
1455, De Maisonneuve West
Montreal, Quebec
H3G 1M8

Consent for the inclusion of art therapy material
in the final paper of Marianne Dufour
produced in partial fulfilment of the requirements for
the degree of Masters of Arts (Art Therapy) at Concordia University

I, _____ (undersigned) consent to have the work of my child in art therapy be included in the final paper of Marianne Dufour, such paper being produced in partial fulfilment of the requirements for the degree of Masters of Arts at Concordia University. As such, this paper will be available for general educational purposes. The paper will discuss the expressive possibilities of videotaping as an adjunct tool to art therapy. I understand that the names of the child and parents will never be mentioned and that personal details will be altered to ensure anonymity and respect.

With regards specifically to the art work produced in therapy (drawings, sculptures, paintings etc.), I **consent / do not consent (circle one)** to the inclusion of photographs of such works in the production of the paper.

With regards specifically to the videotapes produced in therapy, in consideration of the fact that videotaping is a direct record of therapy, I **consent / do not consent (circle one)** to the inclusion of videotaped material, provided that *the facial traits* and/or *the voice* (circle none, one, or both) of my child is electronically disguised to protect his identity, and that any parts relating to information that could compromise the protection of his identity be edited out.

I understand that I remain free to withdraw or change my consent at any time, without having to justify my decision in any way, simply by contacting Marianne Dufour (761-6131 ext. 22010) or one of her supervisors (Irene Gericke: 761-6131 ext. 22017; or Josée Leclerc 848-4795), without my decision affecting in any way the art therapy services received by my son.

Signatures:

(Parent)

(Child)

(Witness)

Date