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**An Investigation into Theories of Drawing Development
and some of their Implications for Art Therapy**

Julia Lorraine Olivier

A Thesis

in

The Department

of

Art Therapy

Presented in Partial Fulfillment of the Requirements
for the Degree of Master of Arts at
Concordia University
Montréal, Québec, Canada

August 1992

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ABSTRACT

An Investigation into Theories of Drawing Development and some of their Implications for Art Therapy

Julia Lorraine Olivier

An important number of prominent North American art therapists use and adopt art education and psychological theories of drawing development in their literature and therapeutic work. These models have been historically "endpoint" theories, meaning, *realism* is the goal of drawing development. Recent research conclusions, however, suggest that these theories may be too constrictive and submit a different way of understanding drawing evolution - one that is more flexible and that is based upon multiple drawing repertoires. Given that a considerable number of art therapists are influenced by the narrower models, this thesis intends to examine the way in which these models appear to be related to limiting psychological theories and how they have restricted art therapy practice. A different way of distinguishing drawing development in art therapy is proposed, one that does not evolve in a linear manner or which defines its artistic goals as realistic picture representation, but rather one that unfolds in continuing, circuitous patterns and acknowledges that patients have numerous visual repertoires. Master's level case material serves to illustrate the ways in which the new research conclusions might be applied to art therapy, especially in an approach that is concerned with Winnicott's idea of play and the imaginative world of symbolic projection and transference relationship.

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Within the last two years my family and friends have so generously shared in my visions and aspirations to become an art therapist. It is to you that this manuscript is dedicated, whose love and encouragement have made it possible for me to grow as a daughter, wife, step-mum, friend and art therapist.

Je désire exprimer spécialement ma gratitude à mon mari et meilleur ami, Philippe Salmon, pour sa présence, compréhension, soutien et *patience* tout au cours de la rédaction du mémoire.



Figure 1

It is one thing to observe a child naming his scribbling but it is another to assume that this is the only form of development. ... 'The stage of 'scribbling' never ends; there is never a 'final product' in aesthetic experience (Madenfort, 1973, p. 6).

TABLE OF CONTENTS

Chapter		Page
	List of Figures	viii
One	Introduction	1
Two	Theories of Drawing Development - A Review	6
	Initial investigations	8
	Child art and psychology	13
	Gestaltism	15
	Cognitive development and drawing	22
	Kinaesthesia	25
	Orientation and cohesion	27
	Spatial representation	30
	Detail	33
	Summary	35
Three	Drawing, Development and Art Therapy	36
	Psychology in education	37
	Art therapy pioneers	40
	Ego and aesthetics	47
	Avoiding the negative	56
	Unconscious as negative	61
	Developmental expression	64
	Summary	68
Four	Rethinking Drawing Development in Art Therapy	70
	Humanistic approaches	72
	Ego psychology	75
	Object relations	78
	True and false self	81
	Play in the art therapy "setting"	85
	The imaginal ego	88
	The value of chaos	93
	Syncretistic vision	95
	Re-introjection	98
	Summary	101

Chapter	Page
Five	The not-to-be-perceived Self 103
	Adrian 104
	The sessions 105
	The intellectual persona 109
	Narcissist's contempt 114
	"True self" 127
	Termination 136
	Summary 148
Six	Conclusion 155
	Implications for art therapy 158
	Endnotes 162
	References 167
	Art Education 167
	Art Therapy 172
	Art and Psychology 176
	Appendix 179

LIST OF FIGURES

Figure	Page
1. A five-year-old's art making process	v
2. Adrian's blocked energy	110
3. Robotic mother and damaged baby	110
4. Adrian's unblocked libidinal energy	111
5. Adrian trying to bind the unblocked libidinal energy	111
6. "The robot who tries to live a human life"	116
7. "A dark barge on a lake of hot sun"	116
8. Skull of death and disintegration	117
9. "Self portrait: red cemetery and black coffins"	117
10. "Biological entities"	118
11. "The house of galvanized crystal reflection"	118
12. Adrian's contempt	124
13. Good breast turns bad	124
14. Whirlpool with sun-bug	125
15. "The war of the good and bad suns"	125
16. Geometric faces and undeveloped parts	126
17. Organic drawing created with previous art therapist	126
18. Adrian's world of sexual fantasy	137
19. "The miscarriage"	137

20.	"A muscular self portrait"	138
21.	Adrian's love of music and poetry	138
22.	Persecutory feelings	139
23.	"The monster"	139
24.	Working through ambivalent feelings	140
25.	Adrian's reparatory feelings	140
26.	The persecutory breast	141
27.	The monster reappears	141
28.	A game of solitary tic-tac-toe	142
29.	A geometric monster	142
30.	"I am in the clouds of my sky striped in red"	143
31.	The protesting robot	143
32.	The geometric sperm figure	144
33.	A lonely human face	144
34.	Anglo assaults	151
35.	"Cancerous lungs and an ugly black insect"	151
36.	"An improved return to another time"	152
37.	"Self portrait"	152
38.	"Ethereal"	153
39.	"Magnet totem pole and the sun's whip"	153
40.	"The rest of the warriors 'after Julia'"	154

CHAPTER ONE

Introduction

Many of his actions and procedures were exploratory in nature. He was content to scribble with a pencil or a brush, ... Testing out different effects with the markers, he hit the surface until he mushed in the tip of the marker, at which point he picked up a piece of black charcoal and whirled it around the drawing. He kept going over and over the same spot with the different edges of the stick to see how dark he could make it (Figure 1).

He was delighted to create scribble pictures, yet, he was always searching for ideas to build upon that are termed 'representational' in my readings ... When he couldn't think of something to do he would revert to his repertoire of simple geometric shapes which consisted of circular forms and rectangles, as he drew objects that children his age might be expected to depict: smiling faces and fast moving trucks ... He appeared to be using 'basic' pictorial elements of an artistic language with exploratory actions ... quite characteristic of his developmental stage (Olivier, 1986a, p. 3).

It seems appropriate to begin an investigation into theories of drawing development with my description written when I was an undergraduate student, of a five-year-old's art making process. The above description is extracted from a term paper which I wrote in an introductory course in art education. The assignment required that I simply observe a child making art in four different media (drawing, painting, collage and clay), record my observations and correlate them to the developmental literature concerned with the normal features of artistic development. As a student new to art education, I was learning to discern the developmental characteristics of children's art as it was reflected in their spontaneously produced imagery. Many of my readings emphasized that children develop their drawing abilities in unfolding stages; each a prerequisite for the next on the way to

constructing visual images that represent realistic objects found in the environment (i.e., the human figures, houses, etc.).

In a subsequent assignment I had to formulate teaching strategies with the same child, based on my observations and readings. My pedagogical reflections and objectives went somewhat like this:

I discovered my subject relies a lot on his 'memory' as a motivator for his artistic expression. When [he is] drawing or imaging from his memory I find that many important characteristics of an object are omitted from the work of art. For example, when he made his elephant he remembered that it has a long trunk, but the large flat ears, the wrinkled skin and thick legs of the elephant were not depicted ... it seems that my goal for the teaching sessions is clear: I want him to bring his attention to the proper form and characteristics that distinguish one animal from one other. I am interested in having him become skilled at 'seeing' ... through direct observation of objects in the real world or by carefully looking at photographs in books of actual things ... He will increase his perception and store the visual knowledge which can be called upon later. ... this will enable him to achieve a product that is highly personalized and is a greater improvement over his previous work (Olivier, 1986b, p. 1).

Clearly I believed something was *lacking* in my subject's spontaneously produced drawings and I was determined to correct it. My goal for the teaching sessions was that this child would make more realistic drawings. Therefore, I decided to encourage him to include more detail and try to achieve a greater resemblance to any objects found in his environment.

It was at this point that I began an experience with and comprehension of drawing development that was to prevail until my second year as a Master's student in a graduate Art Therapy Program. It occurs to me that the assumption that drawing development as understood in terms of a single endpoint where pictorial

realism dominates, had begun to tint and influence my vision of art therapy. My inclination to fit a particular patient's drawings into an age appropriate category formed the beginnings of the research which is gathered in this thesis. Re-reading my notes and papers from my graduate art therapy course work highlighted for me the way in which I unintentionally incorporated the same theories I had learned in my development as an art teacher into my art therapy theory and practice, although my bibliographical sources came predominantly from the art therapy literature. This insight led me to ponder whether I was in the habit of transferring my art education training and background to my art therapy practice, or if there was some other explanation. These questions motivated me to attempt to clarify how other art therapists view artistic development, specifically drawing development. Do they adopt and use the same models of drawing development as art educators and psychologists? Do they believe that these theories are "stage" based, focus predominantly on realism as an endpoint and view the acquisition of naturalism in drawing as normal?

To consider clearly the impact of the theories of drawing development in art therapy theory and practice, I found it necessary to begin my research with a summary-survey and analysis of the major theories of drawing development as interpreted by art educators and psychologists. These ideas and perspectives are presented in Chapter Two. The research is placed in the sociological context of our Western society, examines the social forces that have shaped it and observes how early notions of psychology came to influence the theories of drawing development.

Many of the most accepted theories appear to have grown out of and are based on, information from psychological ideology.

The Third Chapter consists of a critical review of the theories of drawing development that a selected group of North American art therapists utilize in their theory and practice. These theories appear to be borrowed from art education. Given that these prominent art therapists have been influenced by such models of drawing development, the ways in which they have affected art therapy theory and practice in North America will be discussed.

Chapter Four speculates why the endpoint models of drawing development are so widely employed, and investigates the hypothesis that the process of drawing in a psychodynamic approach to art therapy does not evolve in a linear manner, and therefore may be more typically reflected by the 'multi-repertoire' theory of drawing development (Wolf & Perry, 1988; Smith, 1988). Attention to the way in which the multi-repertoire theory enables us to rethink drawing development in art therapy, when it is combined with an object relations attitude and Ehrenzweig's (1967) creative process, is the main focus of this chapter.

Consideration will be given in Chapter Five to the ways in which new conclusions about drawing development, as suggested by Wolf and Perry and others, might be applied to a psychodynamic/object relations approach to art therapy. Master's level art therapy case material will be used for illustrative purposes.

It is the author's belief that all therapists should discover *a style of intervention* which is synchronous with their own personality, therefore, the theoretical approach

that is put forward in this thesis is not intended to be a definitive approach to art therapy and may not necessarily apply to all art therapy populations and settings since goals and structure vary considerably. Rather, it is an approach with which I feel most comfortable working and which I would like to share with the reader. It should also be stated that my investigation of this subject is exploratory and speculative, rather than conclusive.

CHAPTER TWO

Theories of Drawing Development - A Review

Children's early art activities and the nature of childhood drawing development have been an area of scholarly interest and study in the Western world for a comparatively *brief* period of time. A short historical survey of the art history and art education literature is sufficient to convince anyone of this; and in fact, one would discover it is virtually impossible to locate an example of child art that is well over a hundred years old! Yet, despite this lack of attention given to children and their artwork as subjects for study throughout our human history, recently interest has increased and investigations now proliferate. Since the close of the nineteenth century, art educators, art historians, psychologists, and researchers in affiliated fields, have collected and conserved children's artwork (most notably their drawings) in order to examine the modes of graphic representation exhibited in them.

Many of these investigators espouse the notion that in examining children's spontaneous drawings, they can envisage a greater scientific knowledge of the child, human development, and of the world of art in general. Howard Gardner (1980) speculates that "the Rousseauian attraction to the innocence of children, together with the growing scientific interest in the development of the mind, had led educators and scientists to attend anew to the drawings of youngsters" (p.10). For example, pedagogues in restructuring age-mixed schools of the mid-nineteenth century, were particularly interested in the stages of development as depicted in children's artwork, in order to learn about their skills of observation and pictorial organization, and

thereby, how they gain knowledge of the world.

Art historians and psychologists inquired into children's artwork comparing it with traditional systems of categorization from art history and aesthetics. They wanted to comprehend the nature of drawing development and establish scientific explanations for the evolution of art, placing emphasis on the recapitulation theory of development, as proposed in the Darwinian theory of evolution. Some developmental psychologists suggested that the study of primitive art is a prerequisite to understanding children's art, due to the formal characteristics shared by both.

Later, developmental psychologists like Florence Goodenough were concerned with the clinical and projective significance and uses of children's drawings, in that they could help determine children's thought processes, concepts of reality, and mental ability. She speculated that their drawings could be used as measures of intelligence, writing that "drawings may afford a valuable index to the nature and organization of the child's mental processes, and may thus throw light on some of the characteristics of mental growth" (1926, p. iii).

Upon examining the literature, one discovers that the contemporary preoccupation with the mental and artistic development of children has launched manifold investigations, and likewise has garnered an abundance of knowledge concerning it. As a result, there is a confounding quantity of literature dealing with artistic development in its relation to education and psychology, as well as in its interrelationships with many other aspects of human activity (e.g., philosophy, anthropology, art history, social history, etc). This chapter will concentrate on the

fields of art education and psychology and upon the emerging consensus as to what "normal" artistic development is in childhood, and describe the types of drawings that children are most likely to produce at different ages. The discussion that follows encompasses a limited literature review of the main theories of drawing development. It seems most appropriate to feature them in view of the extensive interest they have generated, and the explicit influence they have exerted upon our notions of normal drawing development. Furthermore, a complete literature review is well out of the scope of this chapter and is unnecessary for the purpose of this study.

Initial investigations

The first comprehensive analyses of children's drawing were conducted by developmental psychologists who simply observed and recorded descriptions of individual children's drawing behaviour; in some cases, the subjects were the researcher's own children (Luquet, 1927) or those of their relatives (Eng, 1931). Still other studies were conducted regionally and internationally, and involved many school-aged children as educators re-structured the design of curriculum programs and courses (Kerschensteiner, 1905; Lamprecht, 1906; Lukens, 1896). For the most part, these initial investigations comprised the random collection of drawings for their "common elements", and resulted in a sort of inventory of artistic products, that enabled the researchers to reach general classifications of the stages of development of the drawings of young children.

The very first published examination of children's drawing development, in a long genealogy, was in December 1885 and January 1886, by an English teacher

named Ebenezer Cooke¹. In his commentary, he delineated four successive stages of artistic development as he observed them, and described how children were gradually able to copy from nature and yield drawings that demonstrated a conscious visual inquiry into the objects they perceive. A decade later, Louise Maitland examined roughly 1,570 drawings of children aged five to seventeen, at Stanford University in California, and postulated a similar opinion, that they use drawing as a means of depiction, a language, to illustrate their perception of the environment: the people, events and objects that interest them. "George Kershensteiner, school superintendent for the city of Munich, Germany, published the results of his investigation into child art in 1905 [and] he concluded that children's drawing ability developed naturally and regularly toward the development of visible reality in space" (Efland, 1990, p. 162). One distinguishes from the early literature the tradition of understanding the development of drawing skills in terms of a single endpoint, where the visual appearance of children's developing symbols progressively reaches realistic representation. "Nul terme ne convient mieux que celui de réalisme pour caractériser dans son ensemble le dessin enfantin", affirms Luquet (1927, p.99). In her analysis of the drawings produced by her niece in the late 1920's, Helga Eng echoes this sentiment, when she states, "it is a fact that children who draw, attack first of all the problem - the touchstone and goal of all art - [that] of drawing the human figure" (1931, p. 8).

Researchers of the period further asserted that children should be taught to master, from the outset of development, the fundamental notions of perceptual

perspective: proportion, orientation (vertical and horizontal) and figure-ground synthesis, which they presumed forms the foundation of all excellent drawing. Children's illustrative capacities in drawing were evaluated as either superior or deficient in this area, and surprisingly, young children's drawings were sometimes described as "defective" (Barnes, 1893), "without any obedience to law" (Lukens, 1896), "rude embryonic art" (Sully, 1897), "imperfect" (Luquet, 1927), and "badly done" (Eng, 1931). The early research highlights the fact that drawings made during childhood rarely match the work of mature adults, or grown-up perceptions of external reality.

The prevailing nineteenth-century explanation of why children draw the way they do was a naive view based upon the supposition that children were simply untrained and untutored in the use of the proper skills and that they had not developed good habits of observation to produce drawings that exhibited correct proportions and perspective (Efland, 1976, pp. 67-68).

Lukens (1896) surmised that it is paramount that children gradually eliminate all early drawing techniques, such as scribbling and schemata, from later and preeminent drawing methods. After castigating a child for using a scribble method to depict certain aspects of her drawing, he recommended her educators adhere to the following remediation: "if she were encouraged to indicate the hair, beard, hands and feet by one or two distinct and significant lines; it would probably help her on very greatly and save her from falling back into scribble drawing" (p. 83). Young children were perceived as being unable to draw realistically due to an inability to subordinate their motor movements to the intentional drawing of visual elements in their environment. Furthermore, the incapacity to connect their mental pictures and hand

movements was equally effected by a short and "faulty" attention span which did not allow children to observe all the details of the actual object they were trying to depict (Luquet, 1927). Barnes (1893) suggested that every child goes through a passage of development called the "grotesque stage". He named it this because the pictorial characteristics of drawings made during the stage are anatomically incorrect and strikingly resemble "caricature". He supported his theory by relating the grotesque passage to a corresponding stage in language development: "we do not ask that the child keep silence until he can speak correctly, but he [or she] begins with crude misshapen sounds and forms and gradually corrects them" (p. 462). Correlation to language acquisition was also explored by Lukens², who elaborated that a child's speech faculty and drawing skill evolve in a concurrent manner.

Overall it is evident that these investigators were more preoccupied with the mature quality of the children's artwork they studied, than in distinguishing drawing for other aims (e.g., to express concepts of things known and seen, or as a means to express emotion). Children were expected to develop the visual acuity of the "Masters", hence, the sequence and visual appearance of their developing symbols were directly related to this end - towards pictorial realism. The recognition of child art as authentic, budding art in its own right, occurred mainly through three major factors at the turn of the century: the child study movement of the 1930's, the growing interest in primitive art, and concurrent studies in psychology. The collapse of academic high art assisted in promoting different attitudes more open to new possibilities of aesthetic appreciation in the arts. Psychology was yet to become a

powerful and popular science, to extend research into more analytical examinations, and subsequently to empirical investigations supported by experiments and controlled testing. "The earlier research which did concern itself with the work of younger children was impeded by the absence of accepted measurement instruments and the lack of sophisticated research methods prior to the 1960's" (Wieder, 1977, p. 6). Perhaps one might add, that prior to these important agents of intellectual and social change, a certain amount of simple respect for the artistic process and product of the child artist was missing as well.

In spite of the manifest inaccuracies and biases of the early investigations, one must recognise the importance these initial developmental and educational typologies of classification hold for us today. Firstly, they are the underpinning and genesis of a *psychological tradition* which has led to a developmental/diagnostic approach to teaching and therapy with children. It is a historical fact that most theories pertaining to children's drawings until the 1980's³ have attempted to use psychological explanations and developmental methods to account for and interpret the characteristics discerned in them. Secondly, at the outset investigators viewed children's artistic growth as a set of accomplishments to be obtained through industrious efforts and learning, that is, by primarily conforming to the preconceived ideas of others. "Art was previously taught by means that were derived more or less from prevailing conceptions of art - conceptions such as those developed by European academies or views of art developed by a particular teacher" (Efland, 1976, p.67). Researchers were equally influenced by the early attempts by twentieth

century psychology to objectify the study of humans which gave rise to the Behaviouristic movement in North America. It is the Behaviourist emphasis on stimulus-response learning and academic acquisition of skills, that provided a *catalyst* for later researchers to challenge these views and embrace a different vision of artistic evolution.

Child art and psychology

The period between the debut of the twentieth century and World War II, witnessed a distinct rise in psychology as a science and its applications to the child study movement, to intelligence testing, and most notably, to the study of childhood art. Theoretical writings on education and art governed by psychological principles, challenged old practices and emphasized a new reality that children are persons in their own right with thoughts, feelings, and their own unique physical attributes. Consequently, what was expected from children was not pre-adult work, but childlike art. Children were asked to do what comes naturally to them; according to their own set of emotions, abilities and techniques. Emphasis in art education and psychology changed from the Thorndikian "building up of skills" which had been the touchstone of Behaviorism, to the belief that creative potential is spontaneous and *innate*. The tight and formal approach which had its purposes in a disciplined concern for objective representation gave way to more "liberal" practices in instruction and diagnosis (e.g., finger paints, wide brushes and spontaneous drawing).

Just as the many artistic developments in Europe (e.g., Neo-Impressionism; Abstract Expressionism, Cubism, etc.) affected the definition of art in North America,

so also, the psychological and philosophical discoveries made abroad were to have a strong affect on North American education and psychology. The reaction against the mentalistic schools of Behaviorism occurred principally overseas at the time it was being promulgated in the United States. Psychoanalytic, Gestalt and Cognitive schools of psychology embraced freedom of expression, a more personal and cognitive view of children, as well as the recognition of child art as an entity in itself.

A case in point is Franz Cizek⁴, an Austrian born art teacher whose methods are consistent with those advocated by the psychoanalytic approach. He challenged the behavioral "skill through drill" practice and emancipated children from the early dreary discipline of copying. Whether he read some of the early psychoanalytic material or not is not very clear, though Wilhem Viola (1936) a friend and supporter of Cizek who wrote extensively on his work believes he did not. Cizek's emphasis that everything has an inherent "drive" which develops according to lines already established in nature, and that children are creative self-active organisms, underscores an essential concept in Psychoanalytic thought, that of the unconscious⁵. The hypothesis that nativistic processes of symbolic organisation structure perception and representation, and operate according to autonomous laws, independent from those governing external reality, has also been explored by corresponding thinkers of Gestalt and Cognitive schools of psychology. The impact of the latter two psychologies on later theories of drawing development is marked not only by the radical way in which they depart from the Behaviourist conceptual structure, but by an extensive scale of recognition and adherents in North America.

Gestaltism

Gestalt psychology, so named because of its concern with wholes rather than particulars, is one of the chief repercussions of the Behaviourist movement to originate from Germany. The opposition was not against the subject matter of the Behaviourist psychology per se, but rather against its insistence on analyzing behaviour into "parts". A drawing according to Gestalt developmentalists derives its identity not only from the parts it comprises, but more from the manner in which these parts are combined. A significant number of theories on drawing development appear to have grown out of and are based on information inspired from the Gestalt theory of perception that descended upon North America in the 1920's. In particular and explored here are those of Schaefer-Simmern (1948), Arnheim (1974) and Kellogg (1966, 1969).

It first must be highlighted that these theorists were profoundly influenced by a German art educator and psychologist named Gustaf Britsch (1926) who resisted earlier explanations of early childhood drawing development: "To him the development of form was a self-contained mental process, an unfolding similar to the growth of a plant" (Arnheim, 1974, p.171). Gestalt theorists adopt his "nativistic" point of view of drawing development, in that they believe that "organization is given either by properties intrinsic to the stimulus field or intrinsic to the nervous system of the stimulated organism" (Harris, 1963, p.174). In this school of psychology the development of pictorial form is conceived as an emerging ability that develops from *inborn* creative potentialities, and is governed by autonomous laws of organization

and perception. Every individual is believed to possess insinctual needs for "completeness, closure, or unity; regularity, continuity, or rhythm; and balance, similarity, or symmetry" (Feldman, 1970, p.152). The intuitive sensory-perceptual aspects of artistic development are stressed, and the function of conception, culture and environmental influence (i.e., teaching and intervention) are downplayed.

The first American spokesperson to adhere to this theoretical perspective and receive a respectable amount of exposure is Henry Schaefer-Simmern, who in the 1930's and 1940's outlined and enlarged upon the ideas of Britsch. He sets out a very complex developmental model that describes an "organic" growth of visual configuration. Drawing development is perceived as stages whereby configurations evolve steadily from simple to more complex forms (like an organism), that gradually display a divergence of direction (differentiation), and auspiciously conclude in a unified structure (representational drawing).

Schaefer-Simmern's stages of visual conceiving rests on the human's innate and increasing ability to handle figure/ground relationships and complexity of form. As soon as motor control allows children to master the scribbles dispersed about the page, they suddenly come to form a single outlined figure offset from the surrounding empty space. Schaefer-Simmern considers this figure to be the first form of differentiation; the contrast between "figure and ground", and is the child's earliest visual grasping of the human figure (stage one). The primeval ovoid shape is the predominant subject of the drawing and is used as a point of departure to which straight lines are added or oblongs radiate. The subject develops outward - with lines

extending in all directions (stage two). As children apply more lines the "variability of direction" becomes more differentiated; each line determining the direction of the adjoining one - this effect increases the feeling of movement and vitality in the picture (stage three). Differentiation is at first achieved within a single object; usually the human figure, and then expands to include a larger complex of figural relations. Children naturally acquire a higher degree of "variability of direction", merge and extend pictorial devices (e.g., vertical-horizontal relationships, obliqueness, etc.) and combine parts of their drawing in order to attain symmetry and "unity" of structure (stage four). The highest developmental stage in Schaefer-Simmern's model is demonstrated when figural meaning can have a dual function, that is, when a figure can stand for the ground of another, or as functions overlap. He calls this the "stage of borderless transition from parts with figural meaning to part with ground meaning" (stage five). The stage reveals a higher level of artistic maturity and is usually demonstrated in adolescence, although Schaefer-Simmern attests it is rarely attained by the majority of individuals. Rather, he sees older children modestly sacrificing simplicity in their configurations in order to yield the greater detail they visually intuit from images of humans, animals, plants and inorganic objects in the world.

Rudolf Arnheim also adheres to a Gestalt theory of perception and artistic development that is governed by Britsch's notions of differentiation. According to him children's ability to discriminate the details, properties, and qualities of the environment is said to increase with maturation, as their gestalt frame of reference advances from generalities to particulars in a manner of increasingly refined and

subtle differentiations. Arnheim's developmental sequence is quite similar to Schaefer-Simmern's, and like him, he does not determine any specific relationship between the age and the stage of a child's drawing. As he speculates, progress exists only in general and theoretical terms:

Throughout the early stages differentiation of shape is accomplished mainly by the adding up of self-contained elements. For example, the child proceeds from the earliest representation of the human figure as a mere circle by adding straight lines, oblongs, or other units. Each of these units is a geometrically simple, well-defined form. They are connected by equally simple directional relations, at first vertical-horizontal, later oblique. The construction of relatively complex whole patterns is made possible by the combination of several simple ones (Arnheim, 1974, p.191).

The central focus in Arnheim's theory is the relationship of art to visual perception: he describes the characteristic simplicity of young children's drawings as being more generalized than specific, because they *see* fewer components of an object than adults due to their undeveloped perceptual abilities. Young children respond *visually* not conceptually (i.e., intellectually) to stimuli. Like Schaefer-Simmern, he considers it is erroneous to conclude that they try to draw the way in which an object looks in reality, since they observe developmental laws based on the principles of visual conceiving - "an intuitive process of pure vision, a non-reflective activity independent of conceptual thinking and rationalization" (Schaefer-Simmern in Lewis, 1966, p.49).

Essentially for Arnheim, the phases of drawing development are an organizational interaction of visual perception (what is seen) and visual concepts (perceptual thought). Through sweeping investigations children identify and invent

shapes that adequately stand for and embrace the visual generality of things as they arrive at similar structural features that are not isomorphic. They conceive of objects in ecumenical relationships that have a qualitative resemblance to objects in their environment. The structure of a hand, for example, is given by its roundness and spreading fingers, therefore it is the circular and expansive quality that young children incorporate at first into their drawing, before ensuring that there is a correct number of fingers. He believes drawings are not replicas of objects or events, but are "equivalents" which incorporate the basic attributes of the original. "We are dealing not with an imitation but with an invention, the discovery of an equivalent that represents the relevant features of the model with the resources of a particular medium" (Arnheim, 1974, pp. 168, 169).

At the heart of Arnheim's systematic description of how children come to create their drawing "equivalents" is James Sully's (1897) important developmental concept of the "schema". In Sully's view children evolve schemes or schemata to enable them to repeat ideas and create variations on design using lines, squares, crosses, circles, etc. As reviewed earlier (page 17), Arnheim conceives of a developmental process whereby children use a few simple units of design over and over again, stretching them with small changes in shape or adding and combining them with others to meet a variety of graphic possibilities in their creation of "equivalents". The notion of an underlying and expanding graphic pattern or "schema" in children's drawings is fundamental to the Gestalt hypothesis of drawing development, and although the term has been interpreted by many different authors,

the immediate discussion will expound on its particular connotation within the Gestalt frame of reference as further interpreted by Rhoda Kellogg.

Kellogg's delineation of preschool art development also embodies Sully's concept of the "schema". Her work is concerned with the classification of scribbles and shapes (twenty basic scribbles), their arrangement on the page and the subsequent combination of shapes and images to form recognisable objects which in Kellogg's view are the result of the child's intrinsic need for order, balance and harmony. She argues that although children will spend the first three years of their life fervently formulating what previous theorists declared to be aimless scribbling, she insists that six basic shapes termed "Diagrams" are concealed within the bounty of scribble marks and will eventually be perceived by children. "[Diagrams] are implied shapes, for scribbling has real form and the very beginnings of shape" (1969, p.27). These easily seen shapes (e.g., circles, ovals, triangles, rectangles, crosses and X's) are then combined with each other in a variety of designs and form what she calls "Combines"; the most famous being the cross drawn inside a circle (i.e., mandala schema). Combines are explored in various placements on the page and then later further combined together: "The child next puts more than two diagrams together into patterns which the eye finds pleasing and which the brain can retain. Combinations of three or more diagrams are called 'Aggregates'." (Kellogg in Lewis, 1966, p.39). Amidst the numerous combinations Kellogg suggests children tend to prefer and repeat just a few, and it is these preferred combinations that children adapt to represent objects and people. She reveals how the simplest design, the

mandala, emerges spontaneously and is an important point of departure from which children draw identifiable objects, most notably radials which "can be common asterisks, plants with waving fronds, Fourth of July explosions, Christmas stars, a happy pinwheel of arms and legs and a smiling face, or if the centre of the radial is expanded, a familiar sun" (Kellogg, 1966, p.61). Mastery of the mandala schema leads to the ability to draw suns and eventually the favourite subject of many children - the human figure. The sun's rays extend to form legs, arms, hair or decorative appendages. Diagrams are added to imply eyes, mouth, nose, body, hands and feet, and in due course, the similar diagrammatic schemas that constitute human figures are then relocated and repeated in the objects they draw with them (Kellogg in Levick, 1983). Throughout Kellogg's detailed investigation she underscores the universal characteristics of children's graphic artwork, constitutional factors as the primary determinants of drawing evolution, and like Schaefer-Simmern and Arnheim, she identifies a progressive developmental spiral that circles from an undifferentiated to a differentiated state and returns to a state of integration at a more complex level.

By integrating Gestalt principles into their understanding of children's artistic development, researchers reversed the previous image that children's drawings are characterized in terms of their shortcomings and imperfection. They also became proponents of the notion that art unfolds naturally and that the artistic progress is self-taught. In other words, children are masters of their own artistic development! Today, researchers might find this comparison simplistic, although their intent to elevate the significance of children's artistic achievements appears to be genuine.

According to Gestalt theorists, children's instinctual drive toward an innate sense of visual order in the art-making process, and their naturally increasing coordination of the art media appears to help them realize expressive compositions demonstrating harmony and rhythm with reasonable resemblance to familiar objects in their environment. The belief that art is a naturally unfolding process engineered by inborn physical and psychological traits is a corner stone concept of the Gestalt-based theories of drawing development, however, it is equally pertinent to a second school of psychology to have a marked effect on the way we understand children's drawings, that is, the intellectual, or Cognitive developmental view.

Cognitive development and drawing

As the psychological pendulum at the turn of the century departed from an early Behavioral emphasis towards Gestalt considerations of childhood behaviour, it also started to swing in the direction of Cognitive theory. In fact, by the post World War II era Cognitive psychology had gained extensive acceptance in psychological circles despite its non-scientific methodology. It held a strong influence in education since its insights centered on the growth of mental processes such as perceiving, thinking, remembering and reasoning; or in other words, intellectual abilities that are important and necessary to comprehend when teaching or working with children. According to Pat Tarr (1987), Cognitive psychology has dominated child development research in North America ever since, and has had a major impact on art education theory and practice with its *constructivist* hypothesis: "children's mental constructions [cannot] be changed by instruction but [will] develop through children's experience"

(p. 69).

The name of Jean Piaget (1956, 1969) is the best known in the field of Cognitive psychology. Though there are many others; most of what we know about constructivist views of child development come from his research findings.

According to Piaget, the mental structures necessary for intellectual development are genetically determined. These mental structures, which include the nervous system and sensory organs, set limits for intellectual functioning at specific ages ... A young child has fewer and less-developed mental structures and less experience than the teen-ager or adults. Cognitive development is cumulative; understanding a new experience evolves out of what was learned during a previous one (Singer and Revenson, 1978, p. 13).

In other words, Piaget affirms that later stages emerge out of and are built on earlier ones. Step-by-step all children pass through the same stages of intellectual development, in a nonarbitrary sequence; however, they do not necessarily go through the stages at the same age. Each stage comprises the gradual comprehension of major areas of cognition (e.g., space, time, numbers, language, morality, etc), and Piaget establishes four stages of development to explain his theory of intelligence: the sensorimotor, the preoperational, the concrete operational, and the stage of formal operations.

The repercussions of Cognitive theory on child psychology's evaluation practices and art education theory in the last fifty years has been profound and significant. An impressive body of literature that defines what normal drawing development is explicitly, and sometimes implicitly, is based on a Cognitive theoretical foundation (Biber, 1967; Burton, 1980; Dileo, 1970; Freeman, 1972; Gardner, 1973, 1976, 1980; Lansing, 1966; Lark-Horovitz, 1967; Linderman &

Herberholz, 1979; Lindstrom, 1957; Lowenfeld, 1953, 1957). This is remarkable because Piaget never systematically outlines an explanation of artistic development per se, although he does account for children's changing concept of space in drawing, and their increasing capacity for spatial representation (Piaget and Inhelder, 1956). Kenneth Lansing (1966) believes that "Piaget's work gives further substance to the notion that a child's visual symbols are intimately related to his [or her] conceptual growth" (p.41), which may be related to the fact that Piaget and Inhelder recurrently employ children's drawing behaviour to demonstrate their levels of intellectual comprehension throughout their book - *The Child's Conception of Space*.

Theories of drawing development rooted in this view emphasize the importance of comprehending children's prevailing level of conceptual development with its resulting intellectual aptitudes and restrictions. Cognitively oriented psychologists and art educators examine how conceptual factors influence and modify drawing behaviour since they hypothesize that changes in drawing performance and representational ability (typically called artistic stages) not only indicate shifts in mental thinking, but are due to intellectual development. Researchers universally agree that there is an unvarying sequence of developmental stages in the artistic process, though there exists some disagreement about the exact number. Nonetheless, despite the number of stages that is projected, one quickly discerns that most of the theories have an affinity with Piaget's four stages of conceptual development, as well as with his conviction that drawing is dictated by the tangible world: "Drawing is a form of the semiotic function which ... is like symbolic play in

its functional pleasure and autotelism, and like the mental image in its effort at imitating the real" (Piaget and Inhelder, 1969, p.63). In order to illustrate his notions about children's expanding powers of spatial representation, Piaget borrows from an earlier account of drawing development: "The three principle stages characteristic of children's drawing once the level of mere scribbling is left behind are quite well known, and have been termed by Luquet⁶, (1) synthetic incapacity, (2) intellectual realism and (3) visual realism" (Piaget and Inhelder, 1956, p. 46). Piaget's emphasis that drawing evolution is essentially "naturalistic" has helped sustain this view of development for almost seventy years. It is equally interesting to note that Piaget did not consider scribbling to be a stage of drawing development, like so many after him. Research in the five previous decades closely associates it with his first stage of conceptual development - the *sensori-motor period*.

Kinaesthesia

Scribbling is the first visible trace of motor activity on paper, usually consisting of haphazard lines which appear to arise from children's desire for motility. Many authors connect scribbling with the physical or bodily expressions of children (Biber, 1967; Dileo 1970; Gardner, 1980; Lowenfeld, 1957). Others report it to be a method of acquiring muscular control over involuntary marks, which is needed for the following stages of drawing development (Lansing, 1969; Lark-Horovitz, 1967; Lindstrom, 1957). Lowenfeld observes that it is during the scribbling phase that children make a dramatic transition from being a reflexive organism to a reflective one, possessing rudimentary symbolic thought. Judith Burton (1980, September) for

example, stresses that the period comprises more than just learning skills in line and mark making, but is when children's "minds are engaged in learning the rudiments of a visual language" (p.7).

Piaget remarks that as children mature and learn through perceptual and tactile exploration of their environment, they build experiences and richer concepts such as the permanence of solid objects, the constancy of size and shape, and the perception of projective relationships. The occurrence of purposeful control over where marks go, synonymous with the formation of recognizable representational images, occurs during the later part of the sensori-motor period, as Lowenfeld (1957) attests: "The average age for scribbling lasts from two to four years. Between three and four, children usually give a name to their scribbling, that is, they connect mental pictures with it" (p.77). Once this transition is made it signals a difference in children's intellectual thinking and the beginning of pre-conceptual thought.

As mark-making, or scribbling, comes under cognitive control, the child learns how to reproduce certain configurations at will. These simple shapes become the building-blocks with which the four-year-old constructs visual images that stand for objects in the real world (Brittain, 1979, p.19).

According to Cognitive investigations of drawing development children's ability to depict objects becomes more related to perceptual and intellectual experience with objects and less to do with kinaesthetic investigation in later stages. "Eventually an activity that was predominantly motor and emotional will become more consistently controlled by the intellect" (Dileo, 1970, p.28).

Orientation and cohesion

By the age of four, and up to the age of seven children are beginning to organize their thoughts and perceptions. At the outset, pre-schematic children are not capable of sustained, systematic thought, therefore in keeping with cognitive theory, the directional orientation in their drawings - top and bottom, right and left, near and far, have no importance (Lowenfeld, 1953, Lindstrom, 1957, Gardner, 1980). Children gradually develop in this stage the ability to "plan and sustain one idea, select and sequence actions" (Burton, 1980, November). Their drawings customarily consist of one object which is dealt with as a separate entity and tends to float around the page. Its placement appears to be calculated more on the basis of available space than on objective arrangement. When they do illustrate several objects in the same picture, these are assembled intuitively, without thoughtful organization, as if there is a lack of awareness of the interrelatedness of objects in space (Piaget & Inhelder, 1956). Drawings from this period display a rudimentary concept of topological⁷ spacial relationships, and objects are related simply because they share the same physical limits of a piece of paper (Burton, 1980, November).

Piaget attributes the so called "strangeness" of drawings by four to seven year olds, to the ego-centricity of the *pre-operational* stage of development. Although children are starting to take a greater interest in the world around them, it is from one point of view: essentially their own (Brittain, 1979; Singer & Revenson, 1978). Children are intimately bound up with the experience of the self. Their drawings feature topics like me, myself, mine, and things I like to do. "Egocentric thought is

characterised by its 'centrations,' i.e., instead of objective adaptation to reality there is assimilation of reality to the child's reality, the angle from which the child views this activity resulting in distortion of relationships" (Piaget, 1962, p.285). Deviations in representational characteristics, most commonly cited in the literature, include: violations of inclusion (e.g., transparency, omission of parts); proportion (e.g., exaggerated sizes and expressionistic tendencies); and of orientation (e.g., lack of coordinated perspective such as multiple viewpoints).

Relationships of proportion and size are not fixed representational concepts, for children will often exaggerate such features as the length of the arms, the size of the hands, the bends of the legs, or the thickness of the mouth to give emphasis to *their* idea (Burton, 1980, November, p.60, italics are mine).

Lowenfeld (1953) adds that false proportions, magnification and/or leaving out objects are influenced by children's emotional connections to an object. Investigators conclude that children draw an internal model based on what is seen, but mediated by what is known or felt.

Towards the end of the pre-operational stage, as children move outside their homes and family, their field of experiences tends to increase along with their need to globally construct their ideas about it. According to Freeman (1972) "a child's criterion for pictorial resemblance [at this stage] is that the drawing should contain all the typical details and each one be given the characteristic form which expresses its exemplarity" (p.134). Usually an object is drawn in its most complete way so that the object is recognisable, even if the views that could not possibly be perceived together are depicted simultaneously. An illustration of this is found in Lowenfeld's

Creative and Mental Growth (1953), where a group of *schematic stage* children draw the inside and outside of a factory after a school visit. The students are asked to make a drawing of their experience, and many produce a transparency or *x-ray* type plan: "The front wall was eliminated and the "views" into the different floors showed the different important working stages that had been discussed and experienced previously" (1953, p. 128). A second, and classic example of exemplarity is how children make a selection to exhibit many facets of an object, sometimes referred to as "rabattement" (Luquet, 1927), "folding over" (Lowenfeld, 1953), "flattening out" (Freeman, 1972), or a "combination of plan and elevation" (Lansing, 1969; Linderman & Herberholz, 1979). In a drawing of a baby carriage, for example, the carriage is drawn from a bird's eye angle so that its contents are seen, however, the wheels are pictured in an elevation viewpoint as if one is standing in front of it - the combination of which leaves an eerie impression that the carriage is flattened down and outwards. Betty Lark-Horovitz (1967) suggests, as do many authors, that children's representational intentions are somewhat ahead of their draughtsmanship at this age - their mental concepts of an object takes precedence over their visual experience. Gardner considers these unusual drawings to be children's attempts to expand their graphic equivalents for real objects, as they are challenged to develop ingenious solutions to accommodate their expanding demand for naturalistic representation. It is not long after that a crucial phase in the development of children's graphic activity occurs, the change from inner to optical realism (Dileo, 1970).

Spatial representation

Between the ages of nine and eleven, children move away from themselves from the immediacy of their ego-centric attitudes and emotions. "The older child, in other words, is beginning to learn what we all must realize eventually: we live in an organized society that has little room for completely egocentric behaviour" (Gaitskell and Hurwitz, 1970, pp. 156 - 157). As children's logical thinking augments, their capacity for conceptual organization becomes more stable and coherent. Not only do they bring a certain objective order to their drawings, but they place an "increasing emphasis on representational drawing which grows ever more elaborate, defining not only human figures in space, but also figures in activity and clearly connected to environment, houses, animals, flowers, trees, cars, etc." (Pile, 1973, p.56). During this transition, which coincides with Piaget's *Concrete Operations*, children are more and more able to draw anything they have experienced. Conceptual theorists infer that children's visual symbolization of the period is more highly realistic, because their concept of spatial relationships is more accurate than it has ever been in the past. Children gradually cease to create the illogical and imaginal scenes of the pre-operational stage, much like the way in which they cut short their scribbling activity when they leave the sensory-motor stage of development. Piagetian theory conceives that these particular drawing characteristics are no longer necessary because children are developing "the conscious awareness of [their] own point of view that allows [them] to draw what [they] see and to give [their] work a single perspective" (Lansing, 1969, p. 224). They realize the

impossibility of their early pre-operational drawings, and according to many writers, develop a preoccupation with depicting concrete objects and events with greater naturalism and exactness in relationship with each other (Burton, 1980, Dileo, 1970; Lansing, 1969; Lindstrom, 1957; Lowenfeld, 1953).

Children of this age are intractably literal, viewing art primarily as an attempt to copy the details of the external world; the more accurate you are at this task, the better. In fact, the 10-year-olds were less able than the five-year-olds to conjure up imaginary worlds (Gardner, 1976, p.45).

In their literal mindedness children come to believe that drawings must be painstaking copies of reality, therefore, they seek out symbol systems that lend themselves to precise rendering of reality.

Investigators hypothesize that children's assessment of how to make a realistic drawing is frequently made according to the conventions and characteristics of Western concepts of art⁸; that is, viewing naturalistic objects from one point of view and at one point in time (e.g., still-life, portraiture, or landscape drawing). The first symbol system children generate to reproduce singular perspective, and that relates separate objects to a common plane, is the *baseline* arrangement. The bottom edge of the paper, the physical limit of a drawing, is transformed into a groundline, or a line is drawn horizontally across the bottom of the sheet, and everything stands on the one line, or the ground (Burton, 1980, November; Dileo, 1970; Gardner, 1980; Lowenfeld, 1957). Children frequently designate the area above it as air, and "since every ground has its sky wherever he [or she] may stand, every base line is related to a sky[line]" (Lowenfeld, 1953, p. 115). In the beginning, as has been noted, the

baseline is employed to establish a feeling of spacial organization, later, it assists children to visualize and represent spatial depth. "The same organizing principle is adhered to in a more complex manner when two or three baselines are drawn one above the other. These multiple standlines, indicating a space-distance relationship, show successive planes in the distance" (Lark-Horovitz, 1967, p.62).

However, before children determine the spacial arrangement of their pictures in a "near and far" visual system using baselines, they first grapple with the spacial considerations of the flat surface of the drawing paper. Initially the drawing surface is thought about concretely: "... the paper on which the picture is made is regarded as if it were a miniature piece of land - the bottom part of the paper is the nearest place [i.e., foreground], the top the most distant [i.e., background]" (Lark-Horovitz, 1967, p. 73). Children's concrete thinking⁹ leads them to either make objects the same size all over the picture, regardless of whether they extend back into the picture or not (Lindstrom, 1957), or to believe that two objects cannot take up the same area in a drawing, therefore objects scarcely encroach upon one another since overlapping implies the occupancy of the same space (Burton, 1980, November). Over time, the sky color (among other things: rain, clouds, stars, snowflakes, or sunsets) is brought all the way down to the ground line. The discovery that the space or *plane* in between two baselines is meaningful and can contain things is an important stride towards attaining depth perception (e.g., foreground to background), versus a vertical and horizontal spacial arrangement, and below-middle-above positioning. Children inevitably realize that a house, a human figure or a tree can also partly cover up a

piece of sky or ground, thus, they discover the principle of *overlapping*. It is not long after, that the baseline disappears and perspective replaces it. Objects that are drawn closest to the child overlap the things that are further away, and objects in the distance are made smaller than those in the foreground. The final stage of drawing development consists of a more realistic portrayal of spatial relationships in which only parts of an object that can actually be seen are represented. Some older children will "make use of *linear* perspective, but it is not quite as common as the use of overlapping and the reduction in size of distant objects" (Lansing, 1969, p. 171).

Detail

In addition to different spacial organizations, a frequently identified characteristic in drawing development that investigators contribute to the understanding and interpretation of children's drawing, is their capacity to portray richer details in their drawings. "The child develops in two directions: forward toward a more mature representational form; and outward to enrichment through details and variation within a given level of maturity" (Lark-Horovitz, 1967, p. 181). Intellectual theorists strongly believe that as children mature their drawings indicate increasing power of observation, greater capacity for synthesis of particularities, and "more detailed, complex and accurate imagery" (Feldman, 1970, p. 6). It is assumed that children's depiction of an object discloses their knowledge of that object; consequently, greater particulars of something is considered evidence of their conceptual maturity. In this manner, a correspondence is postulated between children's thought (i.e., intelligence) and his or her drawing ;Eng, 1931; Lansing,

1966, 1969; Lowenfeld, 1953, 1957; Luquet, 1927; Goodenough, 1927; Harris, 1963; Piaget, 1956).

The following description of a drawing by a five-year-old boy exemplifies this hypothesis:

Dennis' lion turns his head to us and lifts it in a roar. The great mane, sharp teeth, long bared claws, and flicking tail are vividly expressive. Not only is the animal drawn from the difficult front view rather than an easier profile position, but the distance between fore and hind legs is convincingly shown by their placement beneath the foreshortened body (Lindstrom, 1957, pp. 49 - 50).

According to Lindstrom, Dennis has a keen intellect, alert sensitivity, lots of competence, and disciplined energy. He is thought to be precocious because he is able to conceive a drawing much more complex than could be achieved by his schoolmates of the same age, and his drawing is remarkable by its inclusion of objective fact, and its "clear sense of structure in the interrelationships of parts" (op. cit., p. 49). Dennis not only includes correct proportion and many details in his representation, his conception of things is brought into line with what most would call objective reality. He is considered to be a gifted and exceptional child since according to most theories of drawing development, a normal five-year-old's drawing expression should be simple (Brittain, 1979), pre-schematic (Lowenfeld, 1953) and less controlled (Gardner, 1980). In the view of conceptual theorists, "the child's increasing care in making drawings, her [or his] obsession with realism, her [or his] concern to render spatial relations accurately, represent a *beneficent* turn of events" in their development (Gardner, 1980, p.148).

Summary

In describing the major, and most accepted, theories of drawing development, the preceding discussion highlights the ideology that has been brought to the description of children's drawings in North America, since the close of the nineteenth century. This ideology is one that is extremely concerned with information on the one hand, and with the particular notion that the endpoint of drawing development is volumetric, three-dimensional rendering. As a consequence, there exists a clear indication from the outset that the shared characteristics of these theories are that they consist of superceding stages that are based on, and change according to the maturation of the child; that certain drawing characteristics subsequently decrease and die out with development; and that the acquisition of naturalism in drawing is an indicator of "normal" drawing development. As such, drawing development has come largely to be defined in terms of children's steady progress towards being able to control mark making activity; towards being able to add a neck and torso to a figure; towards knowing when they give up aerial views in favour of foreground to background views; and so on.

CHAPTER THREE

Drawing, Development and Art Therapy

There is a wide assumption that the development of drawing skills can, at least within our Western culture, be adequately understood in terms of a single endpoint, where pictorial realism dominates. As illustrated in Chapter Two, the majority of studies and theories of drawing development focus chiefly on the acquisition of those drawing skills which make illusionistic picturing possible. Among the earliest researchers who demonstrated significant interest in children's development and artistry, psychologists appear to have had the most profound effect on our notions of development, and the models of the mind that they produced in the quest of their own professional pursuits have not been without consequence to the theory and practice of the field of art education. The same may be said concerning art education's circumscribed views of artistic development in relation to the discipline of art therapy in North America. While many surveys indicate "that art therapy in the United States originated in connection with psychotherapy and that the leading concepts of art therapy derive from psychoanalytic theory" (Ulman et al., 1977), much of the literature produced by professionals in art therapy is significantly influenced by the established norms of artistic development that art educators apply to the arts of children. There is ample evidence that a considerable number of art therapists borrow, explicitly and implicitly, the single endpoint theories of drawing development, and adopt them in numerous ways in their writings and therapeutic work, with almost all populations and ages, with perhaps the exception of art therapy

with artists whose artistic perception is distinguished by its capacity for flexibility and divergent thinking in the art-making process. Art therapists appear more tolerant of spontaneity, abstruseness and ambiguity in artists' drawings than in the imagery of the more disturbed individuals they are treating.

The present chapter consists of a critical review of the borrowed principles of drawing development that North American art therapists utilize in their theory and practice, and explores how they affect the methods of diagnosis, interpretation, intervention and prognosis in art therapy. The chapter is by no means intended as an exhaustive review of all the relevant literature; rather, it is meant to situate the research in a context which will enrich its significance and relevance for further investigation. The art therapists that are included in the review include prominent individuals such as Naumburg, Kramer, Ulman, Kwiatkowska, Rubin, Betensky, Levick, McNiff, Wadson, and Henley. They are selected for their frequent identification by the teachers in my formative education with the status quo in the North America, their marked productivity in the art therapy literature (i.e., books and journals), and because of their prevalence in my training as a graduate art therapy student.

Psychology in education

As presented in the preceding chapter, the use of artistic activity became an important method of psychologically restoring childhood to children and liberating them from the authoritarian control of the foregoing ages. Art educators used art activities not only as a source of rich educational material but also as a powerful

therapeutic device to ameliorate the strains and pressures of the classroom (Eisner, 1976). They began to concentrate not only on the art products of children but also on the expressive qualities of them. They departed from the curriculum guide, which calls for the learning of numerous skills and techniques, and perceived the arts as an important activity for fostering mental and emotional health (Site in Ulman, 1975). Alschuler & Hattwick (1969), Lowenfeld (1957), and Schaefer-Simmern (1948) are among the most prominent art educators to bring psychology into the classroom, and inspire the use of children's drawings as a means to uncovering the concealed and undisclosed nature of human behavior. They advocated the use of art as a relatively accessible channel of expression to facilitate communication which is blocked in the more conventional teaching methods. It was observed that free expressions in art mirror the individual's inner life and personality, and thus, are an important instrument in the diagnosis of mental and emotional health. This new approach to art education modified somewhat the teacher's role, changing it from primarily that of educator to pseudo-psychologist - something for which they are not trained. This is of particular moment if one recognizes that art educators began to take it upon themselves to deal with the *whole* individual, and show concern and responsibility for the development of an individual's emotional life, as well as their ability to communicate and interact with others. This situation temporarily blurred the boundary between art therapy and art education in the thirties and forties, as it was perceived that "the use of art in therapy is one of the most significant developments in modern education" (D'Amico, 1943, p.9).¹⁰

The confluence of roles was not only experienced in the art education circles, but also among the early pioneers of art therapy. This is understandable as many were originally art teachers: "Florence Cane was an artist and art teacher; Margaret Naumburg, an educator who became a psychologist and art therapist" (Cane Detre et al., 1983, p. 111); and Edith Kramer was "at once artist, therapist, and teacher" (Ulman & Dachinger, 1975, p. 11) in a community of disturbed delinquent boys. The sense of role confusion is amply evoked in the following statement by Elinor Ulman concerning these early days:

When I started working in a psychiatric clinic in the early 1950's, I envisioned myself as a potential art *teacher*, not as an art *therapist*. Guided by the new approaches to art education enunciated by such writers as Florence Cane and Henry Schaefer-Simmern, I wanted to try to be the kind of art teacher I wished I had had.

Later she stipulates,

Kramer's ... subtle relationship between psychoanalytic and artistic insights began to come clear to me, and I was provided with theoretical backing for my unarticulated feeling that my functioning as an artist-teacher and as an art therapist were not so far apart (1975, p. 20).

The art therapist-educator at first introduced the use of art to meet the psychological needs of disturbed children in educational settings: Naumburg at the Walden School, which she founded; and Kramer at the Wiltwyk School for Boys in New York. Psychological interest in the potential diagnostic, rehabilitative and healing aspects of art, especially in children's art, among art educators waned as art therapy was later introduced into other treatment settings, for example, as "artists and art teachers joined clinicians and educators as part of the team" in psychiatric treatment settings (Rubin, 1980, p. 6). The vanguard art therapists - understandably - not having a

theory of their own, imported concepts emanating from the world of psychology but also from their art education roots in the initial art therapy groundwork.

Art therapy pioneers

Although she was originally an educator, involved in psychology, Margaret Naumburg's (1947, 1950, 1966) understanding of the developmental nature of art unmistakably originates in her education roots. It is fascinating to watch how the naturalistic characteristics of her patient's artwork are interpreted and utilised to chart his progress from illness:

He began by making very small stereotyped models of bunnies, turkeys and birds' nests in plasticine, or ruled flags and heads of presidents in pencil. In the next phase he reached out toward a freer and more original expression in objective landscapes, based for the first time on his own observation and experience. Such subjects were soon followed by an intensification of the patients' original expression of his fantasy world; in these designs he began to project his unvocalized fears, or compulsions, and his acute anxiety concerning his illegitimate birth and adoption; in the final phase, the pictures show how, in his creation of a world of circus people and animals, the patient's ego began, for the first time, to grow and expand in relation to the outer world. This then resulted in drawings of actual places and real events that illustrate his awareness of the difference between the world of fantasy and reality (Naumburg, 1947, p. 3).

Naumburg's strategy in art therapy complements psychotherapeutic approaches in that she inspires the bringing of unconscious material closer to the surface of the patient's consciousness. Thus, her patient is encouraged to free up his conventional imagery on the way to more personal representation. It is her conviction that the patient's deeply repressed problems can gradually emerge through the channels of creative expression, and that unconscious conflicts come in the form of non-representational "designs". The patient transfers his emotional conflicts away from

himself and into the artwork - expelling the chaotic feelings and impulses outward. Once outside, as illustrated in the circus pictures of the above-mentioned patient, the artwork becomes "an initial bridge to the outer world" wherein insight and change can begin to take place (ibid, p. 38). The artwork and art therapist, like the art teacher, are seen as mediating between the patient and the environment: "The art therapist and the art teacher ... are both trying to develop the growth of an individual to full ego realization, to come to grips with and master techniques which are intimately bound to the inner psyche" (Pasto in Rubin, 1980, p.6). Naumburg affirms that patients acquire ego strength through their increasing ability to express themselves artistically:

As the patient gained assurance in the use of both color and form, he was able at last to find a way to build up his ego from within, so that eventually he might be able to meet the world on more equal terms (1947, p. 41).

That this patient's final imagery displays his ego recovery is reflected in the fact that it is more realistic in comparison to his early art and in his increased ability to draw.

Naumburg considers that many of her patients in the beginning have difficulty developing spontaneous art expressions, which she relates stems from the trace and copy methods of art teaching in the public schools of the period. In striving to encourage certain patients to express their innermost thoughts and emotions in art, Naumburg believes that sometimes their initial task is reality representation and gives practical assistance in improving their drawings (i.e., problems of perspective, color relations, etc.) before continuing upon their therapeutic quest. She finds it necessary to build some ego strength in these patients in hopes that they will "gain the

emotional security to dare to release some of [their] long-repressed and painful life experiences into really spontaneous pictures" (1966, p. 131). Positive development in these patients' response to therapy is perceived in their increased ability to channel buried feelings into significant, imaginative and objective pictorial expression. Naumburg's opinion that art work evolves from stereotypic and abstract imagery towards more realistic content with the expansion of the patient's ego and artistic ability is shaped from the theories of Goodenough and Prinzhorn¹¹.

Kramer's (1958, 1971, 1979) theory of art therapy is also perceived in her notions of artistic development, as they are related to the psychoanalytic concept of sublimation. Her ideas on the creative process involve five ways in which art materials are employed by patients: The first four categories do not qualify as art and are described "as either preliminary stages, symptoms of dysfunction which usually reflect psychological limitations, or limited communications" (Wilson in Kramer, 1979, p. xxviii). The fifth category called *formed expression* is distinguished as the production of symbolic configurations that successfully serve both self-expression and communication. Although, the categories that Kramer describes are not sequentially ordered, she states that *precursory activities* like scribbling and *chaotic discharge* are more primitive uses of materials than *stereotypes and pictographs*, and that "in the process of learning and growing up, the more primitive concepts gradually recede" (Kramer, 1958, p. 129). In other words, more complex and purposeful drawing activity overtakes preliminary modes of artistic functioning.

Contrary to Naumburg before her, Kramer believes that

the art therapist ... is trained to appraise the patient's behavior and production and to interpret ... observations to the therapeutic team. He [or she] implements the team's therapeutic goals, but does not ordinarily use ... clinical insights for uncovering or interpreting to the patient deep unconscious material ... (Kramer, 1971, p. 25).

Rather, Wilson (in Kramer, 1979) confirms that Kramer believes "... the art therapist's goal is helping people to produce work that is both expressive and formed ..." (p. xxix). *Sublimation* is the goal of art therapy versus non-art, almost-art and anti-art which she correlates to incomplete sublimation, symptomatic behavior and breakdown.

Kramer holds that the nomenclature "sublimation" refers solely to situations where there is a contest between the id and ego, and from which the ego appears triumphant, as in the ensuing example:

... a brief period of free-moving scribbling soon came to a halt as Arno seemed to be stuck ... As he scribbled again and again over this narrow space, an ominous dark knot appeared ... Often he ended up by rubbing a hole in the paper. If a new sheet was offered, he could again scribble with abandon until his movements once more became frantically confined to a narrow space and another dark knot came into being (ibid, p. 88).

Kramer interprets this tangle of lines as a developmental deadlock, paralysing all further drawing activity. However, in due time the patient draws a form reminiscent of a sun, which he calls a "circle house". Surmising that the dark, circular knots signify the "bad houses" in the patient's life, Kramer postulates that the sun design is an unprecedented feat which is developmentally superior and is a "good house". It is a signal that the patient is ready to move on to controlled configurations: "The

Circle House appears to be a victory over the stranglehold of compulsive repetition. We can envisage a subsequent blossoming of art that will have all the hallmarks of sublimation" (ibid, p. 103). This patient's scribbling activity is lower on the artistic developmental scale, whereas proceeding towards more realistic imagery is seen as a step towards greater strength and aesthetic expression. Among Kramer's influences are Ashuler and Hattwick, Lowenfeld, and Machover in her 1958 book *Art Therapy in a Children's Community* and DiLeo, Kellogg, Lindstrom, and Schaefer-Simmern in her later work.

A third art therapy pioneer, Elinor Ulman (1975) derives her ideas from the psychoanalytic school of thought as well, but notably extends the concepts and methods expounded by her two predecessors (Naumburg and Kramer). In her article titled *A New Use of Art in Psychiatric Diagnosis*, she arranges the patient artwork and case material to guarantee that "... the selection moves gradually towards productions by patient's who [are] less disturbed. The drawings of Edward Berry, for example, appear at a glance less healthy than those of Mr. Simpson" (p. 379). In turning to Edward Berry's drawings one distinguishes that they are chiefly abstract compositions composed of geometric, non-descriptive forms. Conversely, the drawings of Mr. Simpson, even his scribble drawings, comprise naturalistic objects (e.g., a tree, house, human faces and a giant cup). In Ulman's opinion Edward Berry's drawings do not communicate sufficient information about him and require verbal associations in order to be of practical use. If one considers this observation in light of an earlier article by Ulman in the same book called *Therapy is not enough*, it provides

fascinating insight into her views about drawing development and art therapy:

I am thinking of therapy as more narrowly defined, i.e., psychotherapy which depends largely on verbal exchange. The kind of art therapy where the art work is regarded primarily as a springboard for the patient's verbal association falls within the latter definition (ibid, p. 14).

Implicit in this statement is the supposition that Edward Berry's drawings are more disturbed and "not enough" when correlated with Mr. Simpson's imagery, simply because the former's are abstract compositions and necessitate verbal clarification. Furthermore, Ulman distinguishes her inclination toward drawings that include naturalistic objects in the succeeding assertion.

It is possible to derive a good many clues about personality through the form of pure design, just as from handwriting, but the addition of content enhances the likelihood that something about the source and style of a person's responses to life may be revealed (ibid, p. 363).

Ulman implicitly indicates, as do her two predecessors, that on a developmental scale progress towards figurative imagery is considered more normal and desirable.

Although Judith Rubin (1980, 1982, 1984, 1987) is not a pioneer in the field, her contribution to the literature is substantial, and like those before her, she has had a formidable influence on later art therapists. A specialist in art therapy with children, with a grounding in psychoanalytic principles, it is her belief that there is a predictable sequence of artistic development; and that the "sequence has a kind of cyclical rhythm - moving forward and backward, expanding and contracting, with a pervasive progressive thrust over time" (1984, p.36). Rubin cites several developmental theorists (e.g., Kellogg, Lowenfeld, and Goodnow) whose work she finds valuable, but still finds it necessary to formulate her own description of

normative development in art; one that is applicable to all major modes of art making: drawing, painting, modelling, and constructing. Rubin's sequence of normal development in art is as follows: manipulating, forming, naming, representing, containing, experimenting, consolidating, naturalizing, and personalizing. In essence her stages re-work and extend the intellectualistic views of drawing development, which emphasize the Piagetian concept that advanced functional skills result from successful completion of earlier ones. Drawings in Rubin's sequence proceed from simple to more complex and personalized imagery:

Throughout the preceding phases, paralleling increasing elaboration and sophistication in nonfigurative work, the child's art becomes more and more naturalistic. Parts of the body are represented in gradually more realistic proportions, spatial relationships become more and more accurate, and relative sizes and colors of objects get closer and closer to the natural world (ibid, p. 43).

According to Rubin the visual world itself is the basis of most art imagery at all ages, and the knowledge of the sequence of art evolution is a useful tool to art therapists in the evaluation of the progressive levels of development, and emotional states in regressed and mentally disturbed patients. When it comes to non-representational imagery Rubin, like her pioneering counterparts, informs her readers that for children and adults alike, this is considered as more regressive. A return to earlier modes of representation is regarded to be the most common and easily identified deterioration in artwork, and "may be more or less overt, or may be disguised through a symbol, or may be further hidden in an abstraction" (ibid, p. 47).

When abstractions or distortions are observed, in that human figures or parts of objects are exaggerated in size, or overlooked; one finds that in explaining these

deviations Rubin and the pioneers explicitly count on art education's theories not only about children's normal artistic development, but they also implicitly rely on their assumptions concerning distortion. For example, it is Lowenfeld's supposition that if an object holds a positive emotional meaning to a child, it will be drawn in proper proportion and within appropriate spatial relationships with other objects. He postulates that consistency and wholeness of form and content in art reflects inner harmony and unity of the personality. Therefore,

... whenever we move from chaos to a better organization in our thinking, feeling, and perceiving, we have become a better organized individual. And this, indeed, is the common goal of any therapy. Therefore, aesthetic experiences are greatly related to this harmonious feeling within our selves (Lowenfeld in Michael, 1982, p. 30).

Ego and aesthetics¹²

It is apparent from the above discussion that these prominent art therapists, as with Lowenfeld, intimate a close correspondence between patients' artistic products (i.e., formal properties of art) and their inner psychological states, particularly ego development; that is, they believe a drawing can elucidate the strength of a patient's ego, as well as its fragility. Levick (1983) views the development of mature artistic behavior as "a function of the conflict-free sphere of the ego" and it provides "significant information regarding an individual's capacity for adaptation to reality" (p. xvi). Many art therapists maintain that when there is a deviation from a representational norm in drawing it is a legitimate reason to conclude patients are losing contact with reality, and some like Kwiatkowska (in Ulman, 1975) attribute this course to a patient's disturbed ego: "Whenever the

defenses which keep [patients] in touch with reality are loosened, their productions become disorganised, fragmented and bizarre" (p. 121). Representational pictures that were once well-organized and show no gross distortions undergo impressive changes when no limits are set by objective reality. Unless the human mind exercises a sense of order out of unconscious material, the lack of secondary thought processes makes coping strategies impossible and the result is not going to be a recognizable work of art, but "art salad' ... a mixture of parts which are alien to each other, undefined, merged and/or chopped up" (Landgarten, 1981, p. 272). Helen Landgarten's following description further conveys this accepted method of diagnosis, and merits citing in full because it is a typical view:

The patients in an acute psychotic state poignantly reveal their disintegration through their artwork. The product is a statement of their confusion, shown through a lack of organization, meaningless and unrelated images, and disconnected or fragmented forms. Due to these elements, the artwork has an irrational bizarre appearance. The individual's thought disturbance may be seen in the gross enlargement of the presented symbols. The tortured, insufferable experience which the patient is undergoing is revealed through the distorted and fleeting phantasmagoric images. Incongruities in the form and composition parallel the psychotic person's own incongruent derangement. The primitive quality of the art is due to the blatant stream of primary process. This is expressed through weakened forms and the boldly strengthened use of colours (often at variance with reality) (1981, p. 271-272).

While the above-mentioned illustration refers to psychotic artwork the same approach is taken towards so-called neurotic art forms. Arthur Robbins (1987) observes that "in patients who have problems in ego functioning, there is an accompanying deterioration in aesthetic form. All of the elements of space, movement, image, form become fragmented and lack cohesiveness" (p. 106). After

requesting that a leukemia stricken patient visualize his mother on paper in an effort to explore his relationship with her, Robbins confirms that the patient's intolerable feeling of loss precipitates a steady progression backward in his art imagery:

Where there had been an integrated, representational drawing that included a tactile sense and affective characteristics, there now was a disintegration of body level connections into a fragmentation of parts. That was to become worse in the following drawing as the page became filled with abstract curves, unintegrated lines, and movement but no substance or organization. Further regression in form had occurred in the diffuseness and lack of definition (ibid, p. 191).

With a weakened observing ego this patient produces drawings that are lacking a sense of synthesis, definition and dimensionality in form and composition. However, once the patient retrieves more self-definition and ego structure, likewise his art demonstrates more concrete and realistic denotations.

Rubin (1984) also argues that there is a direct tangible association between the integrative processes of the mind and the formal properties of art, and elaborates that if the formal elements of an image are deliberately and carefully executed, the patient is "clearly" informing the therapist of his or her concerns. Patients who progress straightforwardly through the preceding stages of development are considered to be objectively oriented to the world around them and to be interested in communicating to others as they turn to conventional, realistic representation (i.e., images of human figures). On the other hand, if the patient "smears and erases, includes little, and creates an ambiguous form the patient is communicating his [or her] own confusion, but perhaps also his [or her] ambivalence about telling someone else" (p.70). Yet, one might suspect that Robbins' patient is also ambivalent about

revealing something, and question what it is that he is cautiously trying to control.

Mala Betensky's (1971/72) viewpoint is similar to Rubin's in that she submits that if a picture is highly structured, well-balanced, and realistic the patient is expressing a more healthy contact with reality. She elucidates her position in the following example: "In this picture, Henry is in command of the situation despite his fear. He is holding onto reality and, therefore, he can see himself realistically, with sensible proportions of head, body, arms, and legs" (pp. 4-5). Here the art therapist prefers to regard as healthy, a picture that expresses *ego-strength* because it is proportionate. However, when the patient's drawing features distortions it demonstrates his emotional and psychological *ego-regression*: "The sun-man, Henry's fantasy, on the other hand, shows Henry's deterioration, or at least the beginning of it. His disproportionately large head and almost non-existent body are drawn in a regressive style (ibid, pp. 4-5). The departure from the naturalistic criteria of drawing development is a sign to this art therapist of inner regression, turmoil and anxiety. Betensky's example may even infer that the patient is losing his drawing capacity.

In some circumstances it is surmised by art therapists that illness diminishes patients' creative abilities. This is notably Janie Rhyne's conviction, in that, "all of us, unless we are severely psychically or physically crippled, are intrinsically creative" (Rhyne, 1972, p. 15). Certain strategies are developed to investigate a patient's creative abilities and are used as a guide in the diagnosis of mental disturbance. For instance, testing whether a patient can make a transition from mere scribbling to

genuine representational depiction is a technique that Day and Kwiatkowska (in Ulman, 1975) use, as do many art therapists, to determine the integrating ego capacities of their patients. "How well that which develops out of the scribble is integrated into a picture or, on the contrary, how much it remains a conglomeration of fragments, indicates the integrative abilities of its author" (p. 350). No attempts to integrate lines and forms in order to convey a single object or idea increases the likelihood that a patient's performance will be equated to that of a schizophrenic because "it is more confused, more fragmentary" (ibid, p. 350). The *scribble technique* is probably art therapy's most commonly-known exercise and interestingly enough, the manner in which a drawing is suppose to evolve in this activity is quite similar to the unfolding lines of an image in most art education theories of drawing development. The patient is at first

encouraged to do the forbidden and the childish, to produce random shapes ... a mood or feeling, but represent no specific object. The second step - [is] finding [and naming] an image in the scribble - ... The last phase - completing the image, elaborating the idea - (p. 34) [constitutes] the creative work proper ... [and] finally [leads] up to the making of a picture by conscious effort (Kramer in Ulman, 1975, p. 35).

The technique clearly encourages patients to link their drawings to the world around them, as they are invited to discern a similarity to a real-life object in an accidentally produced configuration in their scribbles. While most believe the primary goal of the exercise is "for a lowering of defenses and the emergence of stronger feelings and more unconscious material" (Ulman, 1975, p. 386), it also emphasizes the importance of representational drawing, and serves to influence patients to focus and organize

details into congruous pictures, a goal that art educators advocate for their students.

At other times a well integrated artistic achievement during an acute illness is viewed as an unexpected surprise, which is the situation with Stewart and his colleagues (1967). Despite the fact that their patient is in an emotional turmoil, and is experiencing fragmented thinking with hallucinations, he produces an eloquent landscape that provokes the following comment from the authors: "Coming in the midst of his psychotic disorganization, its skill and sensitivity were amazing. Indeed it was the high point of his artistic production while he was with us" (p.110). This intervention team appears to assume that the patient's artistic talents should be ineffectual at the time of his psychotic interlude. The patient's unforeseen aesthetic vision and fine command of composition does not correspond well with their expectations of an ill person. Chaotic sensations caused by a weakened ego usually gives rise to conceptual confusion in art imagery not to realistic landscapes.

Rather, the presence and acquisition of well-structured and integrated properties in drawing, or the progression towards an alleged norm of representation is seen as an affirmation that a patient's health is returning after a rupture with reality.

In the art productions of the two schizophrenic cases ... there is ample evidence that both of these patients, who began their spontaneous creations with fragmented or divided forms, eventually succeeded in producing, as their condition improved, satisfying nonschizophrenic types of art (Naumburg, 1950, p. 37).

These patients' earliest art forms are characterized by Naumburg as crude, primitive and archaic, however as they recover she conjectures that their art develops into well-

organized and realistic pictures that rate as veritable *art*. It appears as if some art therapists believe that since a patient's disturbance results in amorphous drawings, their recovery enables the artwork to become more objectified. This is evident in the aforementioned case example. Hanna Kwiatkowska (1978), a pioneer family art therapist, frequently discusses the fact that parents of schizophrenic children are commonly unable to deal with their child's deformation of reality, and "passively accept irrationality, distortion of meaning, and misrepresentation" in their collective artwork. She demonstrates that through family art therapy this can change, and describes an instance when a "father [is] not swayed by his wife's and daughter's views; he [is] able to portray reality without distortion" (p.74). From a joint scribble drawing he manages to formulate a farmhouse scene on a hill with a large road and some animals in the pasture. Kwiatkowska believes that in contrast with other family drawings, this one is more healthy because it displays his new ability to handle his family's unreality and is based on rational fact. The tacit implication here is that since the final product looks right, it is a confirmation that some resolution has taken place for the patient. That "an inner, highly personal and diffuse experience of unreal dream quality becomes an object of real, visual quality" and exhibits the patient's improvement (Betensky, 1973, p. 331). While the visual improvement or graphic refinement of a patient's drawing is indeed an appropriate aspiration with certain populations, for instance, with individuals who have a dementing illness (Wald, 1983, 1984, 1986) or cognitive and physiological impairments (Aach-Feldman & Kunkle-Miller in Rubin, 1987), it is the perhaps the *blind* application of this

objective to most or all cases that appears to be problematic.

There also exists a wide assumption that "personal growth and insight into basic problems often leads to an impressive improvement of the quality of the art product" (Kwiatkowska, 1978, p. 45). Whereas most art therapists agree that the process takes priority over the product in art therapy, some like Rubin (1983) almost expect that "in the course of art therapy vague, unfocused, and fuzzy images and ideas often become more articulate and clear" (p. 104). Janie Rhyne, a Gestalt art therapist who writes mainly about patients whose art products are abstract in form and content, explicitly promotes more focused and clarified imagery, whether it comes from inner organismic feelings or outside objects (1990). In the occasional example which does feature figurative artwork, Rhyne identifies the well-articulated drawings as ones that reflect realistic compositions, versus random markings. In her case with an indigent psychiatric worker, she notes that along with the positive changes in his behavior, "... He [becomes] quite voluble with paintings, doing several in each session, using vibrant colors as his voice [comes] alive with excitement" (1972, p. 41). His paintings stimulate the patient to talk about himself, his needs and sadness. That he departs from making kinaesthetic, exploratory and shapeless masses in drawing (which he throws in the trash basket), and arrives at creating fascinating desert landscapes "with sand, sky, and huge spiny cactus forms" (ibid, p. 41) is an additional gain for both patient and therapist. The perceivable artistic progression provides satisfying pleasure for the patient and attests to the success of art therapy.

When a visual progression in a patient's artwork does not transpire, it may be

understood as an unsuccessful attempt at treatment on the part of the art therapist. In the next vignette, Judith Rubin's encounter with a young, angry adolescent in art therapy, who has withdrawn herself from her family by becoming electively mute, is a case in point. Rubin intricately recounts in her 1984 book *Child Art Therapy* her handling of this youth, and the reason she posits the case is a "failure". Her account starts with her delight over the provocative drawing evolution demonstrated in the first session, as the patient moves "from a tight checkboard design, to a shield, to more figurative work ... and finally, a looser, more colorful tree [scene] with a warming sun above" (ibid, p. 91). Rubin feels confident with this beginning and anticipates much headway. However, much to her dismay she describes the patient's subsequent behavior as slowly "grinding to a halt": she progressively shuts Rubin out by turning her back, avoiding eye contact, and through repeating a strange cephalopod creature in her drawings with only minor variations. Rubin elaborates that "as the same figure continued to be drawn week after week, and Ellen seemed more and more frozen, I felt more and more helpless - fully a failure where once I had hoped to be a saviour " (ibid, p. 96). Rubin increasingly distressed with the situation, interprets that the patient's repetitive pictorial statement is a defensive withdrawal. In the end, she concludes that her experience with the "difficult, rejecting youngster" (ibid, p. 98) is a painful one, and despite the fact that the patient continued to come in regularly, work for the full hour, and that her behavior improved on the homefront, the case was a misadventure. There is no observable pictorial development in the patient's drawings, hence no confirmation of any

worthwhile therapy having taken place.

Avoiding the 'negative'

In looking for artistic products with discernible variation, or lifelike imagery, Rubin's example highlights how many art therapists in pursuit of confirming the visual triumphs of art therapy, purposefully avoid addressing certain 'negative' issues that surface in the art of their patients and choose instead to reinforce artistic development. Florence Singer (1980) is one such art therapist who in her individualized, therapeutically based art program focuses on "creative expressions to redirect misguided social behavior in children ... [and] to further the natural creative ability of the child" (p. vi). With this goal in mind she simply does not address so called negative imagery in her practice. For instance, after making a series of adroit horse drawings, Singer's patient creates an ambiguous "hangman" figure that is wilted and dangling from a platform. Singer acknowledges the change in expression and notes: "her usual happy and pleasant disposition apparently had been set aside for the moment. I didn't question her about this statement, and will not unless this part of her thinking manifests itself again" (p. 42). Singer goes on to conclude that "she may not have originally intended to design a gallows and make a hostile statement" (p. 42), therefore, she does not enter into her usual "question-answer discourse" with the patient about the drawing, and conspicuously it is not included in her book despite ample discussion about it. Rather, she encourages the patient to master more aesthetically pleasing drawings.

Williams and Woods (1977) also assist their patients in acquiring aesthetic

objectives by emphasizing art activities that are developmentally appropriate. It is their hypothesis that the "symbolic representation of normal and disturbed functioning [is] extremely difficult to differentiate in a child's art work, [therefore] the art therapist can avoid making errors in interpretation" by anticipating the patient's artistic needs (p. 10). Williams and Woods identify the stage of expression exhibited in a patient's creative product and then provide appropriate media to facilitate the desired expression at each stage. Essentially, their role as art therapists in this type of practice is not to facilitate healing in their patients, but more to encourage aesthetic artistic expression and provide opportunities for positive self-realization. Shaun McNiff (1975, 1981) also encourages artistic development in his patient's art, believing that artistic accomplishments are a stimulus for "a much more general integration of personality" (1981, p. 131). In one illustration McNiff tries to suspend a patient's simple "pictographic" representations of a gingerbread person by suggesting that he draw objects and portraits of individuals in the studio, and then progress to outdoor landscapes and more complicated indoor scenes. McNiff reveals that "... as the therapist I found the [pictographs] frustrating because I was trying to move Anthony toward more elaborate and complicated forms of artistic problem solving" (ibid, p. 127). Once the patient extends his perceptual awareness and replaces his stereotypical drawing with naturalistic imagery, McNiff confidently identifies the case as a success: The solid growth pattern established in the patient's art activities "indicates the effectiveness of a steady and persistent use of art therapy" (ibid, p. 131). In supporting the patient's artistic accomplishments interestingly

enough he bolsters his own image as a good art therapist. As seen earlier with Rhyne and Rubin, McNiff's approach confirms the quality of therapy is related to the quality of the product.

Other art therapists reinforce "good" and "creative" pictures, and administer to patients by relieving them of questionable or bad pictures and by inserting or inspiring optimistic ones.

In this design, Henry expressed unhappiness, a sense of being endangered, and a wish to be stopped ... Talking about the man he had pictured [who is floating in the air], Henry was able to say that 'he wants to be pulled down, but there is no rope ... (Betensky, 1971/72, p. 7).

Eager to impose a normalizing view of what the image could be, Betensky intervenes and rejects the line of development suggested by the picture: "... I carefully put my hand over his [mosaic] design of the spaceman [which had not been glued down] and firmly moved him down to rest his feet on the bottom of the frame" (ibid, p. 7). Betensky's intervention has for its mission to relieve that child of his unhappiness by substituting the one image for another. Through the change, she makes the mosaic correspond to more naturalistic criteria rather than let it express the patient's spontaneous issues. The image is used to present the art therapist's normalizing goals, which may or may not work out successfully. She directs the picture away from the factual and current preoccupation of the patient - the mourning of his father's death. Most of this child's imagery deals with objects floating in the sky which disturb him. Since the patient is from a religious family who goes to church every week, it is not unlikely that the sky and its contents are symbolically loaded.

Betensky sidetracks her patient from the mourning process (evident in his fantasy life) by a seemingly benevolent improvement, and perhaps avoids her own discomfort with the child's negative issue. Watkins (1981) postulates that in this treatment approach "there is no appreciation of the constructive, purposive or prospective functions of the unconscious" (p. 115). The art therapist manifests apprehension of the imaginal experience and hastens to replace the picture with another that is felt to be positive, almost sanitizing it of its disturbing imagery.

Kramer is another art therapist who gives technical assistance by substituting for patients when they can not quite succeed by themselves, which may reflect the artistic (educational) goals in her theory and methodology. She mentions that a patient "may adorn his hero with knives, swords, big hats ... thus giving him symbols of power and potency, but his hero's hands and feet will almost inevitably be tiny and weak, reflecting the child's actual helplessness" (1958, p. 138). Kramer lends her therapist's strength to endow the patient's hero with greater fortitude, and assists in drawing the hands, feet, or in making the facial features appear stronger-looking. This approach to art therapy seems to embody what Watkins (1981) calls an art therapist's propensity to "heal the image" instead of the patient, in that the art therapist helps the patient to achieve fuller aesthetic expression. In situations where Kramer perceives that a patient needs help in achieving sublimation, she furnishes aid concluding that "the progress [is] under way but would [remain] abortive or [proceed] more slowly and painfully without assistance" (Kramer, 1971, p. 121). In helping guard the patient's equilibrium against the emergence of unwelcome or

dangerous feelings she also encourages patients to "seek shelter in compulsive occupations" (ibid, p. 64). When a patient has difficulty controlling or forming expression, which leads to anger, frustration, emotional discharge or precursory drawing activities, she temporarily invites stereotypical drawings or pictographic images. She explains that "sometimes expressive form can be attained only after the danger of [an] emotional outburst has been warded off through compulsive defensive activities" (ibid, p. 64). The patient's ego defence mechanisms are brought into function by the therapist as barriers to keep dangerous images at bay - but from whom, the patient or the art therapist?

Other art therapists also maintain the view of art therapy as a "prescribed substitution of creative activity to replace neurotic symptoms and to strengthen defenses successfully ... before illness becomes acute ... " (Levick, 1983, p. 3). When her artistically talented patient distressingly resorts to finger painting with oil paint instead of working with a brush and is unable to stop, Levick quickly defuses the situation by directing the patient "to conceptualize his ideas first in pastels on paper, then copy his own drawing in oil paint" (ibid, p. 12). Levick's intervention establishes a normalizing structure for the drawing, and thus avoids the patient's impulses of rage and regression (i.e., scribbling or precursory activity). She encourages a product that contains evidence of conscious ordering and controlling of the medium. It appears as if "the basic aim of [this approach to] art therapy ... is to make available to disturbed persons the satisfactions and pleasures that can be gained through creative production" (Fleshman & Fryrear, 1981, p. 81).

Unconscious as negative

Such a way of approaching art therapy seems to envision the unconscious as a *dangerous* thing. Art therapists appear to have apprehension regarding latent material emanating from the unconscious. There may be a fear of being overwhelmed and/or annihilated by their patients' primitive impulses. Rubin (1984) suggests that art therapists "are afraid, for ourselves and for those in our care, of the consequences of loss of self, of fusion, of dissociation, of disorganization, and of regression" (p. 25). The drawing in art therapy exists halfway between inner life and outer reality; where the patient can lose touch with his or her critical faculties. As illustrated above, numerous art therapists hold the view that art produced during an illness is a product of an id generated unconscious; emanating from "the center of the self where energy is unbound and free-formed" (Robbins, 1989, p. 96). The depiction of the unconscious in drawings comprises abstract imagery that is cryptic, obscure, formless, and more intellectually controlled pictures are diagrammatic and representational - a view that issues from the world of art education:

The practice of drawing includes two things which may be different and separate, or which may be combined. One is representation of objects or the diagrammatic presentation of ideas, and the other is expression of felt things, movement, balances, exciting color or line relations, and so on (Stein, 1929, p. 177).

Here representational imagery appears to stem from the intellectual sphere of existence (secondary process) and non-realism characterizes emotional life (primary process), which is synonymous with psychological disturbance for many art therapists as seen above.

Some argue that not all clients are ready to cope with spontaneous imagery; psychotic patients require professional help in building defences against the wealth and power of unconscious material that threatens to overwhelm them (Gantt, 1979; Levick, 1983, Wadeson, 1980). Robbins and Sibley (1976) think that neurotic as well as psychotic patients are at risk to negative states. They assert that patients who function near the schizoid level need "distance" rather than "feeding", and emphasize art therapy as a defence against disintegration. The above-mentioned art therapists seem neither comfortable with ambiguous imagery, nor poised to impart to their patients an openness to so-called 'negative' drawings which arise spontaneously and which occur in an independent state to a patient's consciousness. Rather, *cathartic release* through picture-making is accentuated to ventilate and defuse disturbing feelings. This approach to art therapy appears to reflect the reality of the work situation for many of these art therapists who often work with very disturbed hospitalized patients during short-term crisis intervention, and whose primary therapeutic goal may be reduced symptomatology.

When Naumburg started her pioneering therapeutic activities in the early Freudian era, making the unconscious conscious was the primary goal of art therapy. The release of unexpressed conflict was the key to recovery from neurotic illness. McNiff (1981) believes that the arts in therapy maximize the effects of expulsion of distressing emotions due to its accent on the experience by means of the senses. Wadeson (1980) confirms that the idea of releasing unconscious images of anger, fear and painful memories through art translates somehow into a more favourable

command on behavior and mood. A theory widely held by art therapists is that in order to proceed from simple to more complex drawings, the patient has to discontinue rudimentary imagistic forms and expel the *bad* ones:

Her pictures were at this time helping her to establish control and closure in relation to the more torturous imagery that has been expressed in earlier sessions. It seemed that once she had purged herself of her chaotic and fearful feelings, she was able to appreciate the beauty of pure aesthetic configurations (McNiff, 1981, p. 158).

McNiff focuses on the psychological catharsis of tension and non-naturalistic drawings that are closer to the more primitive and infantile psyche, in order to concentrate on aesthetic shaping such as design quality, organization, structure and more "mature" imagery (Levick, 1983). From McNiff's Gestalt viewpoint, the perception of order and disorder in an art image has a parallel effect on a person's consciousness: "When order is perceived in the environment, there is a corresponding feeling of order within the mind and body of the perceiver" (ibid, p. xv). Therefore, if feelings of integration come from combining lines, colors and forms proportionately, one should avoid making and viewing chaotic, unbalanced images for fear of internalizing their visual qualities. McNiff elaborates further that "art is steeped in reality. It can be a catharsis and more. While expelling demons, it arouses thought to higher levels of integration" (ibid, p. 39), therefore, the patient "can continuously interact with the artwork as a means of internalizing its visual qualities" (ibid, p. 154). However, if art therapists are anxious about the strength and nature of the forces that can be released from the depths of the unconscious, they ultimately forsake the business of prolonged involvement with disturbing drawings and the process of their integration.

It seems as if their apprehension about nurturing that malefactor pathology drives some art therapists to favour a more culturally accepted view of development within a patient's artistic/drawing expression.

Developmental expression

Art therapists who focus on developmental stages seem to be more reality-oriented and foster aesthetic creative expression to help introduce order, clarity of conscious thought, self-competencies, and emotional control into the lives of their patients. Such a theoretical formulation is appropriately applied with particular populations such as with floridly psychotic patients "who are overwhelmed by voices, unbidden images, and uncontrolled impulses ... [since it] relies not on tapping primary process but on assisting in personality reintegration" (Gantt, 1979, p. 11). Some art therapists also cite situations of art therapy with impetuous patients with suicidal tendencies or a borderline disposition, where the promotion of symbol formation fosters a delayed reaction to impulsivity and instead "... is a way of taming impulsive drive discharge and promoting the development of higher ego functions" (Wilson in Rubin, 1987, p. 56). Developmental art therapists like Williams and Wood (1977) focus on creative experiences that "can help unhappy, handicapped and alienated [patients] experience the joy of creative moments, growing not only in skill but also in understanding and appreciation of themselves and the world" (p. viii). Aach-Feldman and Kunkle-Miller (in Rubin, 1987) believe it is critical for an art therapist to comprehend the developmental sequences of art, so that art experiences can be properly arranged and structured in order to realise a continuous and

successful evolution. More recently, Nadia Ferrara (1991) suggests that

an understanding of the inherent similarities among developmental theories [i.e., artistic, cognitive, psychosexual, epigenetic and ego] has implications for art therapy, specifically because art acts as a mirror of developmental milestones. For art therapy to be meaningful, the developmental context must be taken into account when interpreting children's artwork (p. 50).

Like former writers in art therapy, Ferrara takes as her implicit standard representational criteria from drawing theories, against which she measures conflict, deviation, and progress in her patients' drawings. For example, she diagnoses that a patient is in Lowenfeld's schematic stage of development as every human figure in his spontaneous family portrait is a stickperson. She interprets that the patient is moving away from himself, from Piaget's egocentrism, because he does not depict himself in the drawing, although, she admits a little earlier in the article that the outline around the group of figures looks like the patient's profile. She speculates that the profile encloses the picture of the patient's family in his head, and is proof that he possesses a Kleinian internal object-image of them. However, it appears as if she chooses to highlight the concretely observable features of the drawing, backed by developmental theory, in her theoretical analyses: The representational is explored over the imagery that reaches toward *fantasy*.

Another contemporary art therapist who is recently published is David Henley (1989a, 1989b, 1989c, 1991). In understanding art development he is no different from the majority of earlier art therapists. He relies heavily on art education theoretical constructs and developmental theories - most notably Lowenfeld and Kramer.¹³ He lends emotional and technical assistance to his patients -

predominantly special need children: autistic, emotionally disturbed, and handicapped - in order that they use art materials to produce "art" and not to engage in "purposeless activities". He ensures that patients' behavior is "at once productive and appropriate" and implements "cautious interventions ... in order to promote both aesthetic and mental growth" (Henley, 1989a, pp. 249-251).

Like Lowenfeld and Kramer before him, Henley conceives of stereotypy in drawings as "normal expressions of childhood only so long as they continue to evolve and expand without serious arrest" (1989b, p. 116). Schematic figures are the beginning stages in a step-by-step process that lead to "increasingly detailed and realistic forms" (ibid, p. 116). When this does not occur and patients become stuck in repetitive representations, Henley's systematic interventions push them to increase their graphic repertoire. By offering patients alternatives in theme, materials, size and color he encourages artistic variation and with it further support "toward something akin to age-appropriate drawings" (ibid, p. 123). This motivational technique Henley agrees is "within the capacity of any empathic art educator and is an appropriate means of intervention in an educational setting" (ibid, p. 123).

In his function as an art therapist, Henley uses the same technique to reach into emotionally withdrawn patients. He looks to achieve a harmonious relationship between the patient's subjective feelings and the objective world. His empirical position is that the senses are a means of emotionally assimilating to the external world. An intense awareness of bodily sensations develops stronger, and more subjective feeling of the objective world. Artistic perception in his practice is

distinguished by its capacity for involvement into relationships with humans and the environment. While many of his goals in treatment are aimed at increasing and improving the interpersonal relations of his patients, he notes that many cases bear "witness to the often indivisible relationship between the psychic healing process and esthetic development, as both progress, paralleling growth" (1991, p. 74). Henley assists his patients in giving aesthetic development to their artwork, which in turn directly affects the functioning of the whole individual - their self-fulfilment.

Since therapeutic and esthetic progress often go hand in hand; ... [he suggests] it is vital that high-quality materials, equipment, and decorative techniques be used to support clients' self-concept and self-esteem. Often, such support comes from the therapist who can elicit both therapeutically and esthetically rich outcomes (ibid, p. 76).

Henley's program encourages opportunities for self-expression, focused attention, extended frames of reference, inventiveness, discipline, flexibility, and spontaneity - "qualities often mentioned in reference to creativity" (Fleshman and Fryrear, 1981, p. 36). Indeed, many of Henley's patients appear to benefit greatly from his near-academic interventions, and manifest artistic prowess despite being multiply handicapped. In his approach to art therapy he incorporates theories from art education and psychology, and because he predominantly facilitates experiences that foster patients' achievement of normal artistic milestones, it is difficult at times to distinguish whether Henley is an art therapist or art educator - rekindling a polemic set out years earlier by the pioneers of art therapy.

Summary

In conclusion this selective review of literature reveals the extensive influence of art education theories of drawing development on the field of art therapy in North America. It appears to confirm that a significant number of art therapists borrow in theory and practice the established norms of artistic development that art educators apply to the arts of children. The art therapy literature provides substantial evidence that art therapists use naturalism (i.e., resemblance to an object) as a standard of normalcy in their analyses and measurement, and that they define specific aspects of a drawing to exemplify successful and productive images. Among those aspects are realism, greater detail, orderliness, description and proportionate features, the possession of which contribute to the merit of a drawing or painting, and to good health in patients. Furthermore, it appears as if the features are promoted at all levels of psychological development, and are not only welcome aspects of drawing but are also considered to be features executed by the healthy and integrated subject, not crippled by ill health or psychotic symptoms.

The review also raises two meaningful issues which will be addressed in the following chapter. One is the constricting assumption that only controlled, aesthetic, and naturalistic features of a drawing are viewed by many art therapists as being positive, and as features that distinguish health in drawings. The second concerns the means of studying patients' cognitive and emotional structures through a patient's ability or inability to depict reality. This method of interpretation seems limiting for art therapy, since it predisposes drawings to diagnostic reductionism, and to the

hypothesis that "the image can only be evidence to support one theoretical construct rather than another, one characterization of development over another" (Watkins, 1981, p. 109).

CHAPTER FOUR

Rethinking drawing development in art therapy

Recent research conclusions from Project Zero at Harvard University suggest that the theories of drawing development explored in Chapter One are too narrow and limiting a view of artistic growth. Dennie Wolf and Martna Davis Perry (1988) recently proposed a different way of understanding and viewing drawing development - one that appears to be more flexible and dynamic. These researchers postulate that "the development of drawing skills might be understood as a process of generating a repertoire of visual languages and requiring a keen sensitivity to when each is appropriate" (p. 18). This is in contrast to understanding drawing development as a chronology of stages and as being stage isolated. Wolf and Perry suggest that once an individual has learned a drawing skill he or she will develop it and juxtapose it with other drawing repertoires he or she has already acquired. Therefore, drawing development yields not just one type of drawing (i.e., realism), but a repertoire of visual languages, and these are not viewed as 'stages' on the way to realism. "Rather, drawing development might be more fully understood if we recognize two other patterns of change: (1) the continued evolution of 'each' of these systems; and (2) the individual's growing vocabulary of drawing systems" well past childhood and into adulthood (ibid, p. 21). These theorists conjecture that if one looks carefully at the full repertoire of graphic activity in most children and adolescents, one will find that many of the forms of drawing that they developed earlier in their lives continue to be used and does not atrophy. While each drawing repertoire begins perhaps at a

particular period or age, a hypothesis that embraces the previous stage theory, the drawing system is not replaced but remains, evolves, emerges into other graphic language and has longevity. Moreover, Wolf and Perry argue that "this kind of repertoire model clearly applies equally to more sophisticated graphic work" and refer to examples from paintings and drawings by Degas, Matisse, Picasso and Japanese prints (ibid, p. 22). The "repertoire" dimension opens up the previous view of drawing development with possibilities of diverse graphic forms and growth potential for children as well as adults.

If what Wolf and Perry suggest is true, this new theory of drawing development may have significant implications for the theory and practice of art therapy. The present chapter explores the hypothesis that drawing development in art therapy does not evolve in a linear manner, but unfolds in discontinuous and circuitous patterns instead (Hillman, 1978). Addressing a different perspective of art therapy discourse presents an opportunity to examine the general manner in which many art therapists psychologically frame their methods of inquiry, as well as to contemplate another therapeutic framework in view of the earlier mentioned limitations. Human reality becomes much more *complex* if one examines the archaic levels of existence as described by Klein (1933, 1945, 1952, 1963), Mahler, (1969, 1972); Winnicott, (1958, 1965, 1971), and other neo-Freudians, and if "what an individual has experienced during his infancy or childhood may influence a current theme in his thought processes, dreams and artistic creations" (Freud, 1895, S.E. 2, p. 223). In psychodynamic processes, a patient may be functioning in a neurotic

manner, but retreat to an undifferentiated state when he or she revert to pre-genital levels of object relating. The multi-repertoire theory of drawing development, as proposed by Wolf and Perry, and others, may be able to more typically reflect this type of multi-leveled functioning. For example, when patients navigate their conflicts at pre-symbolic and symbolic levels (i.e., via unconscious and interpersonal processes) this may be taking place concurrently within the art work as the form and content of repertoires evolve and change in their expression and meaning. A drawing in the multi-repertoire theory of drawing development might contain two or more drawing repertoires and these may represent the existence of different aspects of a patient's inner psychological make-up (i.e., psyche). Furthermore, not all of any given drawing is pathological; there may be areas of manifest health, as well as illness within the same drawing and art therapy session. Different types of repertoires may be employed by the patient to illustrate this fact; consequently, the patient quite conceivably may have available a generous number of alternative avenues for visual expression, including ones that have not yet been explored.

Humanistic approaches

The review provided in Chapter Three can be seen to have raised a number of meaningful limitations in terms of the application of the most accepted theories of drawing development to the theory and practice of art therapy. The extensive use of "endpoint" theories of drawing development (i.e., realism as the endpoint goal) can be seen to be linked to the psychological theory which informs its practice (Wolf and Perry, 1988). Within the last fifty years a wide assortment of theoretical perspectives

have been employed in the application of art therapy in North America: the United States and Canada. Current practice in the field embraces many orientations and is no longer based on one or two accepted approaches to art therapy (i.e., behavior as a product of unconscious thoughts and feelings), but on many viable viewpoints. Confirmation of this maybe found in Rubin's 1987 book entitled *Approaches to Art Therapy: Theory and Technique*, where one discovers that some art therapists have not only developed their theoretical ideas based on years of clinical experience, but also on multiple approaches (e.g., Rubin and Wadeson). Still more recently, Troeger (1992) reaffirms that "both theory and practice in art therapy have diversified from a primarily psychoanalytical approach to include creative, developmental, psychoeducational and humanistic/existential approaches" (p. 30).

It has been postulated however that among the most comprehensive theories available to art therapy humanistic approaches appear to have greatly influenced and dominated the development of art therapy in North America. For instance, Fleshman and Fryrear in their 1981 examination of the creative arts therapies posit that "the school of thought most applicable to the arts therapies at present is humanism" (p. 35). They hypothesize that the initial extension of psychoanalytic theory to art therapy essentially resulted in the use of "creative art as a secondary mode of therapy to enhance verbal communication", while humanistic models have always regarded the artistic process itself to be a primary treatment device (ibid, p. 77). Art in the psychodynamic framework proved to be valuable due to its cathartic effects and insights into unconscious conflicts, however humanistic modalities

encouraged the development of the full creative potential of a patient in order that he or she may fashion better integrated and accomplished lives.

As reviewed in Chapter Three, a considerable number of art therapists have developed approaches to art therapy that significantly promote the attributes of creativity that are conducive to a patient's self-actualization. Many of these art therapists focus on humanistic-holistic objectives which

replace the traditional emphasis in the healing process on 'illness,' stress, anxiety, and psychoneurotic or psychotic symptoms, with a concentration on the individual's unfulfilled creative potential in the search for meaningful life-styles, physical, mental, and spiritual wholeness, and increased expressiveness of feeling, thoughts, and ideas in the creative process (Garai in Rubin, 1987, p. 191).

Artistic activities like drawing are seen to be part of a conscious feedback system that enables patients to expand their self-awareness and develop perceptual/motor skills that allow them to gain feelings of achievement due to their increased ability to express themselves. Garai further elucidates that the goal of art therapy is not to extinguish patients' negative emotions but to convert them "into honest expressions in some creative modality, in order to experience the joy and exhilaration flowing from the accomplishment of such authentic expression" (ibid, p. 191). However, as observed previously, there may be a problem in the actual practice of this approach in that art therapists might be tempted to channel conflictual emotions into more socially acceptable forms of art, and to discount negative feelings and imagery as neither being genuine or virtuous! Tessa Dalley (1987) warns that

as art therapy is essentially activity-based, it is perhaps tempting for an art therapist to cut across difficult feelings or painful processes when the therapist is unable to contain them, by the initiation of further art

activity or the introduction of a theme, rather than waiting, experiencing, and thereby working with the conflict (p. 24).

Ego psychology

The goals implemented in these humanistic approaches appear to stem from a component of psychoanalytic theory known as ego psychology, as they are distinguished by their supportive nature and intent on building a higher degree of ego strength. The artistic process is seen to assist patients in establishing a bridge between internal and external reality, and in maintaining ego integration with the two. For example, the American Art Therapy Association promotes in their 1977-78 *Directory* the use of art therapy as "an effort to help the individual find a more compatible relationship between his/her inner and outer world" (p.1). A drawing enables a patient to see how he or she feels, and once the feeling is drawn, giving form to formless emotions, the patient may better be able to cope and direct his or her life. In other words, "the arts [are] a way of bringing order out of chaos ... a means to discover both self and the world, and to establish a relation between the two" (Ulman et al, 1977, p. 9). The unconscious becomes conscious, therefore accessible to the ego's cognitive functions like language and logic which makes conflicts easier to solve and seem less overwhelming. Art provides a "symbolic equivalent" to an integration of inner and outer experience, and "as an expressive communicative source, ... [it is] an additional method of understanding societal goals" (Singer, 1980, p. 12).

Within this perspective the art therapist serves as a model of ego strength and functions as an auxiliary ego in order to foster sublimation. Through their knowledge

and interventions, art therapists plan and provide for the reconciliation of the inner and outer worlds in a patient. Kramer (in Ulman, 1975) argues that the role of the art therapist is that of a reflector of reality, and in resigning their function of facilitator in "creative maturation, he [or she] seems to join forces with the very powers which threaten the [patient] from within" (p. 36). For example, if the art therapist permits the environment in which the patient creates art to contain "images of unredeemed chaos, temptation to regress replaces stimulation towards creative communication" and sublimation (ibid, p. 36). Patients are inspired to cultivate greater control over their emotions, to improve their communicative ability and to appropriate their behavior to the external world: "Art is a way of integrating conflicting feelings and impulses in an aesthetically satisfying form, helping the ego to control, manage, and synthesize via the creative process" (Rubin, 1984, p. 12). This emphasis in art therapy leads to the use of art for conscious *mastery* and the achievement of developmental milestones. Drawing activities provide experiences for self-control, reality testing and the regulation of drives, affects and impulses. Certain art therapists seem to deal predominantly with the external processes: the formal, objective and aesthetic value of drawing, and are not overly concerned with the inner psychological processes and unconscious perspectives of a patient.

The linear theories of drawing development examined in Chapter Two seem to adapt well to the viewpoint that emphasizes the patients' drawings are visual evidence of their maturing ego development. For instance, normal drawing perspective is distinguished as a representation of emotional maturity and recognizing

a patient's ability to mediate between inner drives and external reality is indicative of emotional good health. "The ego [is] placed in the dominant position of mediator and adaptation to the outer world [is] given utmost importance" (Allan, 1988, p. 3). Yet, Chapter Three contains numerous illustrations where one does not necessarily witness patients' "mediation process" per se, but almost the art therapists' avoidance and condemnation of inner, unknown feelings and drives as being dangerous and useless. Adhering to a restrictive view of drawing development such as the one that views its endpoint in realism could possibly be a safety net guarding against feeling strong emotions and receiving projected primitive infantile parts of the patient's personality. Art in this instance may be used to conceal countertransference reactions and to keep the art therapist at a more comfortable distance from subtle invasions of their egos by patients' non-verbal communications.

Rather, the linear continuum of the theories of drawing development efficiently illustrates the way in which a patient's drawing ability develops with their capacity for greater ego control. Simplified and repetitive drawings are considered unproductive and seem to be associated with the patient's unruly unconscious. Under the control of primary processes artistic skill deteriorates. When a severe regression takes place, patients' drawings seem to suddenly take the form of that of a *child*, rather than that of a more mature individual in treatment. As healing progresses, the child and the adult parts look as if they unite slowly into one, moving towards integration and adult-like drawing (i.e., realism). Once illness dissipates, secondary ego processes take over and primary processes appear to no longer be available or

necessary. The 'scribbly-type' images that are seen to be made by the childish part of the patient eventually grow-up in art therapy. Once grown up, the patient discards the juvenile drawing processes. Therefore, the art therapist like the art educator implicitly *devalues* and explicitly discourages childlike image making practices in the older child, adult and the cured patient. Earlier drawing repertoires seem to no longer have any functional purpose. Watkins (1981) argues that this sort of approach is problematic since it strengthens a prejudice commonly held by artists and non-artists alike in that it encourages the alienation of imagination from reason, that of fantasy from reality. By adopting the linear theories of drawing development, many art therapists appear to be tempted to emphasize the aesthetic importance of drawing, and might be in danger of neglecting imagery which contains important unconscious symbolism.

Object relations

John Allan (1988) hypothesizes that "fantasies [i.e., unrealistic imagery] are often discouraged as being 'silly, childish and unproductive'" (p. 3) because of their so-called link to the unconscious as Freud originally perceived it.

Fear and suspicion come from the influence of Freud, who viewed such a style of communication as regressive, infantile and pathological. Freud saw the unconscious as essentially a negative container composed of primitive aggressive and sexual drives that were in need of repression, control and sublimation (ibid, p. 3).

Hillman (1979) adds that the classical underworld of the unconscious is endowed with a primarily negative characterization "because by definition it is invisible and not directly knowable" (p. 18). So accordingly, the ego is likely to be set in a dominant

role to keep the intense suffering on the other side of consciousness and conformity to the external world is preeminent. However, the traditional application of psychoanalytic theory to the study of art in art therapy seems to have been transformed somewhat by the concepts from the object relations school of psychology. This approach has moved from seeing symbolic elements in art in terms of repressed split-off wishes and negative impulses of the id, to the position of viewing art as a mirror of object relations, and that it has an important function in common with play and the dream, namely something emphatic of other than external reality. Just as Freud equated the dreamworld with a temporary psychosis, the art therapy situation may also be opposite from external social reality of everyday living: The psychological unconscious has a resolve of its own which seems quite contrary to the active, ego consciousness (Ehrenzweig, 1967; Hillman, 1979; Thomson, 1989).

It is postulated in this thesis that the drawings in art therapy are more predominantly concerned with fantasy as opposed to reality if one considers the symbolic projections and transference relationship the patient brings into the therapeutic space. In a psychodynamic and object relations attitude to art therapy there appears to exist a space wherein the unconscious and conscious may merge to create a *unique reality*: A reality where an art therapist experiences patients' inner representations of their past relationships expressed and organized in their drawings, as well as within their behavior. This complex interaction of objective and subjective realities that creates the psychological space between the art therapist and patient in psychodynamically oriented art therapy is normally referred to as "transference".

In his later writing Freud came to view the transference relationship as an essential part of the therapeutic process, suggesting that the patient in analysis is obliged to repeat repressed material as a contemporary experience instead of remembering it as something belonging to the past. The early object relations which the patient could not possibly remember as such, could nonetheless be reconstructed from the patient's transference reactions. Instead of remembering his or her infancy or anxiety, the patient re-enacts it in the transference alliance, providing a useful therapeutic means for understanding the intrapsychic realities of the patient (Sandler, 1970). Prominent professionals in the field of art therapy also believe that the use of transference as a technical aid in the treatment is a useful tool (e.g., Naumburg, 1966, Rubin, 1984, Levick, 1983).

However, in art therapy we are not working with a classical transference-neurosis concept from psychoanalysis, but we are working more in a Winnicottian¹⁴ (1971) symbolic space. The basic elements of the classical dyadic transference, that is, the projection of a client's inner (unconscious) world onto the therapist are present in art therapy, however their expression and bid for resolution takes place within the playful art-making process. The art work exists halfway between the inner reality of the patient and the outer reality of the therapeutic frame - in "a transitional space" (Winnicott, 1971). A "space" wherein, over time, art is offered to help patients experience and give a frame to their images from the past and present. The art therapist creates a holding environment that promotes the growth and discovery of the *whole self* for the symbolic functioning of the patient. For there exists within the

object relations theory of development numerous unfavourable environmental factors¹⁵ which may lead a patient to forget the wounded individual inside and lose the possibility of dialoguing with it.

True and false self

In the object relations theory of development, while childbirth may be regarded as a physiological "hatching", psychological and emotional "hatching" requires a substantially longer time, and is perhaps a lifelong process (Mahler, 1972; Winnicott, 1971). Nevertheless, its origins begin with the mother-infant relationship. Infants are born into the world dependent on their mother (object), with an object-seeking drive and are prepared to relate with the "other" (Klein, 1933; Mahler, 1972). Because infants are in "a biological unity in the mother-infant couple", they must separate and individuate in order to establish their separate identity (A. Freud, 1980, p. 65).

Much research concerning this phenomenon - its development and what can go wrong - has been put forward by the object relations school, most notably by Klein (1933, 1952), Mahler (1972) and Winnicott (1958, 1965, 1971). Within this view as children separate from the state of oneness with their mother, they continue to have an inner experience of a mothering presence which orients them in the world. Children who traverse this symbiotic phase normally will have been able to build up an experience of an "internal object" (i.e., inner mother). Most importantly a good - reliable inner mother is necessary in order that they might move ahead toward separation and separate selfhood. A trust develops that will serve as a basis for the

development of an identity. For Klein (1945), the sense of having a good internal object is the basis of confidence in oneself, and disturbances to self-confidence result from problems in sustaining an internal good object versus a bad one.

Winnicott (1965), reflecting on how babies develop an experience both of themselves and of the not-me, suggests that it should come spontaneously out of the co-operative efforts both of the mother and child. As early infant research has shown, babies have constitutional needs, assets and temperaments; and the degree to which individuation is sought contrasts with an infant's desire to be united with the parent and varies from infant to infant (Kaplan, 1978; Levin, 1989; Mahler, 1972). Psychologically speaking, this means that there should be a fit between the mother and child, that a dialogue should be possible. The child needs a space and time in which "to find a world of objects and ideas, ... the mother enables the baby to experience omnipotence to actually find what he [or she] creates, to create and link this up with what is actual" in his or her experience (Winnicott, 1965, p. 49). She looks after the environment and helps the child to feel "held" in such a way that he or she does not feel like he or she will fall to bits, nor feel impinged upon by her or other objects. Her function is a dual one of environment and object. Winnicott describes that "good-enough" mothers accept that their offspring have differing needs. It is important for her to provide appropriate adaptation and a frustration reducing environment so that the child can feel confident to savour the world and investigate it. If the mother is too intruding and will not let the baby explore the environment and make mistakes, then the child may acquire an understanding that he or she

cannot make it out there in the world without her. This makes it frightening to go forward, but just as terrifying to remain at oneness with her. Thus, the child may be plagued by two contradictory fears: fear of separation because of an inadequate inner mother (i.e., bad internalized object); and the threat of the loss of the separate self if the child attempts to restore oneness. Some mothers have difficulty accepting their child's differing needs, instead, they perceive in the child their own needs which they satisfy vicariously. If the child's initial experience of a two-person relationship is distorted, future object relations will be affected and the foundations of a flexible personality will be impaired. A shift from whole object relatedness to partial object relatedness may occur, where interactions with the environment are typically perceived in terms of split: good objects versus bad objects. The child and adult will have considerable difficulty accepting concurrent conflictual feelings in themselves and in others, therefore they will try to keep such opposing emotions separate.

Since "we thought in images before we had words", some art therapists like Wadeson (1980) have come to recognize the suitability of art therapy treatment for patients with pre-oedipal issues because "imagery probably plays a large part in early personality formation, the core experiences which influence subsequent layers of personality development" (p. 8). Therefore, art therapy lends itself to patients who have had a difficult start in life which in turn may have negatively affected the development of their identity and subsequent individuation. When the mother-child relationship has not evolved ideally, which possibly implies that the child has not been mirrored, not been understood, not been made to feel welcome or is overly

controlled, the basic psychic structure may be insecure and tend towards splitting and fragmentation. "It seems that people who are not seen may well be denied a subjective feeling of reality" (Thomson, 1989, p. 43). The absence of consideration of a child's point of view may lead to selfishness in the child and a lack of contact with reality, sometimes resulting in various disturbances such as psychosis, autism, or personality disorders like borderline pathology and narcissism (Jacoby, 1984; Kernberg, 1976; Kohut, 1972). Children who have experienced such early events seem to develop *survival strategies* in order to be furnished with some feeling of being all right, as well as to maintain cohesion within their psyche. "Very early wounds to the budding self produce formidable protective defences such as withdrawal, denial, fragmentation, projection, introjection, splitting, and over-idealization. They are mobilized to protect the personality from further pain and disappointment" (Robbins, 1987, p. 25).

According to the object relations theory, at a certain point the child may also decide - and most likely unconsciously - to develop a "protective persona" (Jung, 1966). The child in turn reacts by hiding behind a facade which meets the environment's expectations - it is in principle a "false self" which splits-off inner feelings and conforms with the demands of the environment, but never really fits in with the child's true requirements (Winnicott, 1971). In a healthy sense it is "cover or mask ... that an individual presents to the world. ... to make a specific impression on other people ... [or] to conceal the individual's inner self from their prying eyes" (Jung, 1968). In normal development Winnicott (1965) hypothesizes that the "false

self" has a facilitating function in that it helps the child to develop an ego-organization that is adapted to the environment in social ways: It is "represented by the whole organization of the polite and mannered social attitude, a 'not wearing the heart on the sleeve'" (p. 143). On the other hand, in a pathological sense the self is split into two: one that is permitted to live while the other is cut off and unable to grow. For in Winnicott's "true self" there are significant aspects of the self that are totally hidden in many cases, that have no relationship to outer reality, that are split-off (protected by the "false self"), but continue to affect the patient. Felicity Weir emphasizes that infantile attitudes continue to prevail in the adult and in some cases "can become cripplingly dominant in the emotionally disturbed individual" (in Dalley, 1987, p. 109). The overshadowed aspects of the personality may lie dormant in the child and adult personality and hamper their life considerably, but they always aspire to be seen, loved and accepted. In the proposed object relations theory of art therapy there exist "unconscious and unacknowledged parts of [a patient's] personality and as such have to be accorded meaning and significance" (Ehrenzweig, 1967, p. 107). Within the "potential space" of art therapy, analogous to that between mother and child, patients can possibly for the first time experience the freedom to encounter all of themselves in a personal space which has structures, acceptance and boundaries (Winnicott, 1971).

Play in the art therapy "setting"

Patients' drawings in the "potential space" of art therapy give evidence not so much of neurosis and pathology, but of the *whole* personality of the person in

treatment - the "True and False self" in Winnicottian terminology, as well as their pathway to living and healing. The making of marks on a piece of paper comprises the flow of images from the internal world and reflects it back to the patient. It is then related to both by the art therapist and the patient as if it were an extended part of the person who made it, which in a metaphorical sense, it is. Since patients' drawings often portray symbolic processes and effects from a psychic background, "they point, in a rough approximate way, to a meaning that for the time being is unknown" (McConeghey, 1990, p. 1). The art therapist's capacity to sense, organize and mirror back the inner states of the patient furnishes an environment within which the patient can recover a missing experience and find new degrees of self-definition and synthesis. According to Winnicott the need for a "facilitating environment" which encourages patients to play and explore diverse art behaviors (i.e., drawing systems) is important if change is to occur within the personality. He unites the significance of creative play with self-revelation which is paramount for art therapy: "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 in being creative that the individual discovers the self" (Winnicott, 1971, p. 54). Moreover, he recognizes the significance of play and art as "continuous evidence of creativity which means aliveness" for all aspects of the patient's psyche (Winnicott, 1965, p. 144). Robbins (1987), an American art therapist with an object relations perspective, also concedes that the substance of art therapy occurs in the patient's and the art therapist's ability to play in therapy; that is, to navigate and work between double layers of consciousness,

habitually referred to as primary and secondary process levels. The essence of play he writes "involves being open to images and symbols that have their own logic and organization regarding time and place" (p. 28). This may include holding onto uncomfortable and chaotic expressions, even following periods of charming realistic imagery, and oscillating between the two at any time in the therapy, not only at the beginning.

Martina Thomson (1989) reminds us that mental illness usually hedges the patient's personality in with fixed defences and attitudes. Defense mechanisms can be stifling and reduce energy and the freedom of an individual. Art therapy aims revolve around mobilizing the static equilibrium through establishing a more dynamic one; dislodging the status quo by opening set reactions and patterns of everyday existence to new possibilities. The attitude of the art therapist represented by what Winnicott called "the setting", is one of being good enough in the matter of adaptation to need. This is gradually perceived by the patient as something that raises a hope that the "true self" may at last be able to take risks involved in its starting to experience living. "The transference at this stage is the way in which we must allow the patient's past to be the present" with the intention of bringing formerly unconsidered possibilities into being (Winnicott, 1958, p. 297). The art therapist helps the patient reclaim parts that are split-off and allows these pieces to live in the transitional space first; only then can a greater sense of wholeness arrive that comes of the imaginative contact between the therapist and patient. The use of the "symbolic space" in art therapy as the container for painful or unknown states of

being is the prerequisite for the ability of the self to establish this capacity (Dalley, 1987). Winnicott (1971) clarifies that this experience "makes the individual to be, to be found; and eventually enables himself or herself to postulate the existence of the self" (p. 75). However, in order for the patients to maintain contact with their unconscious world of symbols and feelings, the passage between the inner self(s) and the ego must be kept open and accessible through an art process that allows for it. The linear theories of drawing development appear to leave little room for manoeuvring or play in art therapy since the ego is progressively encouraged into the dominant conquest of the unconscious underworld. As Hillman (1979) suggests, "most psychotherapy since [Freud's] time has become a straight one-way street of all morning traffic, moving out of the unconscious toward the ego's city" (Hillman, 1979, p. 1). What is needed, therefore, is a different way of looking at drawing development in the images of our patients; one that begins from within the imaginal realm itself and takes into consideration the "polyphonic" nature of ego processes in an object relations attitude to art therapy (Ehrenzweig, 1967). This would constitute a framework that offers a means to institute contact with the vast array of psychic impressions and the many levels of awareness that make up the therapeutic interaction between a patient and art therapist.

The imaginal ego

In the proposed attitude to art therapy a patient's potential for play and total living appears to lie in a fantasy space, within a transitional area between oneness and separateness, between the art therapist and patient where the drawing is being

created and an imaginal ego mediates between them (Hillman, 1969). Art therapy is not only a means of developing ego strength but is a place where patients can develop an imaginal ego that can live in and create a new imaginal world, and where concepts of reality and fantasy need not exclude one another. In this space "there is a suspension of boundaries between self and non-self [as] creativity in general remains closely related to an oceanic undifferentiation" (Thomson, 1989, p. 47). The more the patient can voluntarily vacillate in the "potential space" between fantasy and reality and tolerate a temporary giving up of their discriminating ego (and at intervals hold both of these components simultaneously), the more creative he or she can become and in the process create the potential to experience all of the *self*. The practice of art therapy within this attitude appears to bring closer together psychoanalytic and artistic processes, which seem to contain comparable mechanisms.

It has long been proposed by some post-Freudians (Kris, 1964; Ehrenzweig, 1967; Milner, 1971), Hillman (1969, 1979) who is not considered a post-Freudian in a restricted sense, and certain British art therapists (Dalley (1984, 1987; Edwards, 1981, 1987; Thomson 1989) that creative movement often comprises a letting go of ego conscious controls in addition to becoming submerged in unpredictable levels of sensory reality. These writers no longer view the relaxation of ego processes as being solely pathological as did Freud, but understand that it provides opportunities for interplay between the unconscious and conscious self. This process may encourage the reconciliation of inner objects, and possibly bring together within the boundaries of the personality as a whole, two opposing, conflicting, emotional extremes, namely

the true and false self.

Kris (1964) describes the "letting go" phenomenon in psychoanalytic terms as "regression in the service of the ego", which is characterized by the view that primary processes are put to the service of the ego (p. 253). The ego tolerates the forbidden strivings of the id, in order to bring together both conscious and unconscious parts. By being able to momentarily relinquish its repressing role, an integrative process takes place and indicates for him a sign of ego strength. According to Kris the ego permits this occurrence and achieves pleasure only because it retains its ability to re-establish the control that becomes threatened by damned up instinctual demands. In other words, a search for an outlet acts as an aid to assuring its control. From this perspective one can assume that some unconscious content is brought to light, but that in the art process the ego sustains exceptional control over it, elaborating it to its own liking and sees to it that the distortion does not go too far. Thus, the reader might ask whether this is an effective model for the liberation of the "true self". Winnicott (1971) provides some insight into this predicament when he cautions that artistic products "however valuable ... [they] may be in terms of beauty, skill, and impact ... The *finished* creation never heals the underlying lack of sense of self" (p. 54, italics are mine).

Many North American art therapists support Kris's interpretation, as his theory conforms to their attempts at directing their patients towards ego controlled art work. However, one must remember that their use of his expression "regression" in art therapy is deceptive in this case because it appears to be associated with the

original values of Freudian theory; that is, that instinctual urges are dangerous and need to be expelled, which maximizes the ego's potential for formed expression. The "endpoint" theories of drawing development seem to illustrate and correspond with the notion that primary processes merely produce chaotic fantasy material that has to be ordered and shaped by the ego's secondary processes. As suggested in Chapter Three, the unconscious's fiction and fantasy appears to summon up prospects of threat and risk for numerous art therapists, hence, realistic imagery is the preferred imagery from patients, which is in turn interpreted literally and endowed with little imaginative connotation. One may even speak of the art therapist's ego as "unwilling to surrender to its more primitive levels of thinking", since temporarily giving up control provokes feelings of insecurity and perhaps a sense of losing one self in the moment (Weir in Dalley, 1987, p. 123). This approach to drawings does not really take into consideration "that creative intellectual work is also largely based upon 'inspiration' - that is, 'primary' processes in the unconscious - and not [only] on conscious data-collecting" (Bertalanffy in Royce, 1965, p. 53). Neither does it accommodate the statement that "the psycho-analytic concept of creative sublimation implies that the highest human achievement should be linked very directly with what is lowest and most primitive in ourselves" (Ehrenzweig, 1967, p. 128). Rather, if the art therapist encounters that which they fear, that is the unconscious, the unnamed, and thinks of these images as latent possibilities which have a constructive role in the creative process, they might become less ominous and more important to the patient.

Instead of struggling to erase what are referred to as negative emotions, we can learn to use them in positive ways. We could

describe the principle like this: while pounding on the piano keys may produce noise, removing them doesn't exactly further the creation of music. (Hoff, 1982, p. 59).

Anton Ehrenzweig on the other hand, is very interested in showing that the contribution of the unconscious is not simply a negative one, but is positive, in a creative sense. He points out that "on the contrary, the primary process is a precision instrument for creative scanning that is far superior to discursive reason and logic", and that the very essence of an artistic statement comes from the unconscious and prevails over whatever formal arrangement one puts in it with our more premeditated intentions (1967, p. 5). This is a notable divergence from Kris's ego affluence! Ehrenzweig recognizes a need to extend the boundaries of art's value in psychoanalytic theory to include the way it demonstrates and reflects differing levels of ego functioning that are essential to the act of creation itself. He underlines the fact that psychological and creative evolution is not a simple linear one as we might have been led to believe previously, but that it is characterized as being "continuous" and "essentially 'polyphonic'; it evolves not in a single line of thought, but in several superimposed strands at once", and that "creativity requires a diffuse, scattered kind of attention that contradicts our normal logical habits of thinking (ibid, p. xii). He hypothesizes that the creative imaginal ego process is distinguished by three continuous phases that are ever alternating as the levels of consciousness and unconsciousness shift in the child and adult patient/artist. Ehrenzweig's creative process may be significant for art therapy with an object relations attitude because it furnishes valuable opportunities of interplay with the submerged parts of the

personality that are other than social ones.

The value of chaos

The first phase of the creative process Ehrenzweig postulates comprises a "letting go" of the ego's control over its repressing agency as it advances into the unknown. The patient/artist projects fragmented parts of him or herself into his or her drawings, and sometimes the unacknowledged and split-off elements surface easily in this period since it is speculated that "any creative thinker who ventures into new territory risks chaos and fragmentation" (ibid, p. 147). Thus a phase of chaos is proclaimed, and can be an unequivocal interval within deep creative work, as well as within profound psychic growth in art therapy. It is his conviction that this state "need not be due to a 'regression', to an infantile stage, but could be the product of the extreme dedifferentiation in lower levels of the ego which occurs during creative work" (ibid, p. 294). Likewise, it is surmised here that the loosening of inhibiting ego controls may not obligingly denote something negative in art therapy. For example, scribbling may not be viewed as "regressive", "meaningless" or "precursory activities" within the proposed approach to art therapy (Kramer, 1971). The scribbling repertoire can be seen as a patient's ability to make contact with the more archaic parts of him- or herself, rather than as a negative developmental fixation or backtracking. The use of drawing systems from earlier periods of development in later, may be as much a sign of health as it is of illness because it could be understood as a "loosening" of defense mechanisms and of an openness to experience one's archaic self.

In other words, encouraging a patient to engage in laborious shading and in calculations of perspective simply for the reason that these are commonly associated with mature works of art may be an evasion of the task at hand, that is the natural unfolding of unconscious parts of the personality which need to emerge in their own way and at their own pace. Thomson (1989) expresses the view that formal and aesthetic approaches to art can be a means of deceiving the self and art therapist, since "the better the quality of art, the more completely have its origins been transformed and obscured" (p. 6). The emergent content of the unconscious may be beset and induced into becoming a finished product, as the patient or art therapist may be too zealous to discern some premature meaning of it or achieve control over it. "As creativity originates from primary processes, this is why it is important that, for therapeutic purposes, the art product is not too accomplished" (Dalley, 1987, p. 5). More direct expression of the self maybe found if one forgets about preconceived ideas and the more rigid ego relaxes into the creative imaginal one. The author is not advocating that the ego be abandoned or completely denied, "but its role in [art] therapy is to act as mediator, not to try to control the process entirely from the point of view of consciousness" (Edwards in Rubin, 1987, p. 107).

Rather, as Ehrenzweig and Thomson submit, scribbling or similar drawing systems might be regarded as a necessary "mess", which is perceived as "a welcome stage in certain patient's work since it implies a relinquishing of rigid controls" (Thomson, 1989, p. 72). In a like manner, it may also be an indication of confidence and faith in one's unconscious "spontaneous ordering forces" (Milner, 1977, p. 71).

Or, as Nowell Hall (in Dalley, 1987) understands, "a willingness to accept the uncertainty and fusion as a temporary stage, in order to allow the necessary *rites de passage* for the emergence of the new" (p. 181). For without a loosening of ego controls there can be little chance of forming or exploring different experiences; small chance of changing old patterns and making new ones. Creative "letting go" therefore would be considered a beneficial move, and so would using a drawing repertoire that had an earlier inception in life but that continues to be an effective mode of expression. This statement may leave the reader to ponder whether "perhaps the ability to be playful, to let go some measure of conscious control 'is not regression, [but] courageous progression'" (Barron, 1972, p. 162). In this case the scribble drawing repertoire would be viewed as one drawing system among many that is at a patient's disposal for the construction of meaning. This is far from being a drawing system that is insignificant, accidental or expected to die off with later development.

Syncretistic vision

Many researchers in the fields of art education and art therapy have come to believe that young children have a somewhat primitive "syncretistic" vision of the world that eventually ceases to exist as they mature and become more analytic. Ehrenzweig, on the other hand, is quick to point out that the child's syncretistic vision is never totally abandoned and that it is a formidable tool in the hands of the older artist (i.e., adolescents and adults). He proclaims that it is this very type of vision that distinguishes the second phase of creativity, and postulates it to be far

more flexible and adaptable than analytic "differentiated" vision (1967, p. 24). Syncretistic vision is characterized by a certain mobility of insight since "before the inner eye a multitude of possible choices" are held together through unconscious scanning (Thomson, 1989, p. 25). As the artist/patient penetrates into undifferentiated "levels of awareness, into the dream, reveries, subliminal imagery, and the dreamlike visions of the creative state, [his or her] perception becomes more fluid and flexible. It widens its focus to comprehend the most far-flung structures" (Ehrenzweig, 1967, p. 87).

This dynamic process is aided by the imaginal ego in the first phase of creativity as it scatters and relinquishes its need to control surface imagery and permits unconscious elements to surface. It is the syncretistic "low-level visualization" during the second phase that compels the artist/patient to hold the more broad based imagery that might otherwise be swept into more acceptable art (e.g., realism). Syncretistic vision is important to creative and therapeutic processes in that it helps the artist/patient overcome any contradictions and inconsistencies in their drawings that may be incompatible with external reality, and more importantly their internal sensations. Through unconscious scanning they may be able to encounter reality in a dimension which is unavailable due to the ego's rigidity and insistence on full control. It not only provides an opportunity that might otherwise remain remote, but unveils components of the personality which cannot be reached through more discursive approaches to creativity.

For instance, when drawings are perceived discursively in analytic vision, as

in the "endpoint" theories of drawing development, they seem to be approached according to their lexical (i.e., socially agreed upon) meanings; whereas when drawings are perceived nondiscursively (i.e., symbolically), they are endowed with novel or idiosyncratic meaning, often created and/or discovered for the occasion. Nancy Smith, an art educator influenced by the multi-repertoire theory, underlines the fact that the "selection and use of [drawing] systems is contrary to the common assumption that a drawing is made according to one fixed, correct way" (1988, p. 66). In the proposed approach to art therapy, patients' drawings do not have to correspond to a single outcome (e.g., realism), rather, syncretistic vision of the imaginal ego enables them to contain several drawing repertoires; encompass different elements of their psyche (i.e., positive and negative) and not always rely on secondary processes. The imaginal ego being more malleable, alternates between differentiated and undifferentiated modes of thinking, and may permit transformations in the patient which is significant for art therapy. Syncretistic vision may be more compatible with the "potential space" of art therapy where the illusion of reality and fantasy is simultaneous and patients are encouraged to playfully manipulate their drawings, and perhaps experience moments when their drawings (i.e., their unknown parts) take over and *live*. Ehrenzweig's syncretistic vision inspires the artist/patient to embrace imagery emerging from the unconscious, and not think of it as being antiquated, frustrated, repressed or pathological, but as normal features of creative human functioning.

Hillman (1979) also heralds psychic imagery as normal, and argues that the

outgrowth of "optimistic therapies" that simply spotlight achievements by the ego are "manic defenses" against the fundamental metaphor of therapy, which he speculates is "death and transformation" (p. 48). He believes "to be a *psycho*therapist and work in depth, one must in some way or another cooperate with Hades" (p. 48). However, to do that one must be open to the vast substructure of the unconscious which sometimes appears chaotic and altogether unforeseen. Psychic imagery may not resemble denotative¹⁶ imagery, but rather "they are as metaphors" (ibid, p. 54). Sometimes a drawing's "physical dimension" transforms as material substance is lost and the fragmentation and obscuring signals psyche's descent into the underworld. Events are perceived "not only through the eyes of Eros and human life and love, but also through Thanatos, their cold unmoving depths unconnected to life" (ibid, p. 48). Therefore, contact with Hades changes the spectator's point of view and requires that he or she dwell within the undifferentiation and anxieties which formlessness may generate, and possibly rely on their offer of syncretistic vision. Patients may need to think about drawings which are incomplete, indecipherable and independent as important carriers of information about the unknown substructures of the self. The imaginal ego's syncretistic vision assists patients to hold on to their sometimes vague fragments and tolerate their schizoid fear of chaos through its manic and oceanic undifferentiation, so that he or she may proceed to the final phase of creativity, the re-introjection of these parts on a higher mental level.

Re-introjection

In the third and final phase of Ehrenzweig's stages of creativity the

artist/patient takes "back from the [art] work on a conscious level what has been projected into it on an unconscious level" (1967, p. 57). He speculates that this "is perhaps the most fruitful and painful result of creativity" because almost unavoidably the artist/patient must confront his or her split-off parts that have emerged which were previously dissociated from the rest of the personality (ibid, p. 57). The re-introjection of these elements may be fruitful because they appear to enrich and strengthen the superstructure of the conscious personality, as secondary processes of revision articulate and clarify previously unconscious components of the work (i.e., self). For unbeknownst to the artist/patient when they grapple in the art process, he or she also deals with the submerged and unknown parts of their personality.

It is in this very process and in the use of materials that the painter 'comes up against it', that she [or he] encounters something other than her [or his] conscious will, something which demands consideration, adjustment and a readiness to change course" (Thomson, 1989, p. 62-63).

What may be painful, on the other hand, is the art medium's capacity to disturb the familiar bearing of the artist/patient when it displaces their conscious intentions to unconscious levels of the mind. Ehrenzweig speculates that this is due to the physical sensation and resistance that is stimulated by way of handling the art material (e.g., the arid feel of a dry pastel, the slickness of an oil pastel or the chalky resistance of a lead pencil). It may be asserted that emotional "feelings ... come from the sense of touch and muscular activity rather than the sense of sight" in the artistic process (Milner, 1970, p. 10), and these sensations not only inform the patient's drawing strokes, but on certain occasions intentionally direct the final outcome. The

patient's conscious ideas may be unpredictably modified by the medium's impact which conversely imposes an entirely new direction in the drawing. Hence, not only is there a temporary setting aside of the discriminating ego in art therapy, but "with this goes an almost bodily surrender" as well, which may be very disconcerting to some patients (Thomson, 1989, p. 91). The third stage of re-introjection therefore is sometimes plagued with anxiety due to the realization that the drawing appears fragmented and chaotic to conscious analysis, and to a "depressive" apprehension of the unconscious's unwelcome "accidents". Nonetheless, Ehrenzweig tends to keep an optimistic outlook on affairs by submitting that the final phase also has corresponding hope for future integration, since the seemingly chaotic substructure of art will gradually be encompassed by secondary processes, and the creative process (i.e., three phases) will begin all over again.

Ehrenzweig's creative process takes from Klein's object relations theory in the manner in which it unfolds in a continuous and circuitous fashion. Throughout life Klein affirms that individuals move back and forth from the paranoid schizoid position to the depressive position as areas of experience incite different levels of anxiety and familiarity. Ehrenzweig's creative theory also maintains an ever-fluctuating process whereby the outcome of the third phase depends on the working through of the first and second, and the process repeats itself as fragmentation is shaped, taken back into the ego and the unconscious emits new and ever controversial material: "The attacked surface faculties fight back in self-defence and overnight the spontaneous breakthrough from below is turned into another

deliberate, manneristic device. This in turn stifles further spontaneity and has to be overthrown by another burst from the depth" (ibid, p. 66). During the creative process each unconscious incursion alters commonplace drawing repertoires and initiates the creation of new graphic schemata, which will eventually be compressed into familiar formulae or clichés. In other words, secondary processes "will stifle all further spontaneity so that a new eruption from the depth becomes inevitable" and necessary (ibid, p. 117).

Summary

Although the point of view of focusing chiefly on the skills which make illusionistic picturing possible has been criticized of late by Wolf and Perry (1988) and others like Nancy Smith (1988), it continues to prevail and influence the practice in art education and as assessed in Chapter Three, the field of art therapy. Many American art therapists focus on 'normal drawing development' as a framework for understanding and intervening with patients whose psychological and emotional development is not proceeding according to normal expectations. The ability to make accurate drawings is a popular standard for judging artistic ability and because it is so pervasive among adults in our Western culture, children acquire this notion very early on. The average viewer, understandably, feels he or she can understand a representational drawing better than an abstract or non-representational one. School age children quickly "want to master the graphic conventions of their culture, and in the West this leads to an interest in the conventions of realistic representation (e.g., perspective, shading, naturalistic use of color, neatness and accuracy)" (Winner

& Gardner, 1980, p. 19). And while it's obviously true that a representational work does have a level on which it can be immediately grasped, its effectiveness is also due to other levels which are not readily apparent to the untrained eye, but which have to be understood, accepted and valued. Realism is a somewhat "narrow" goal for artistic development, because it may deny any value to artwork that comprises exaggerated forms, imaginative shapes and simplified parts. The endorsement of a single view of development in art based on limiting psychological theories to the exclusion of others is problematic and limiting to the practice of art therapy.

On the other hand, Wolf and Perry's multi-repertoire theory enables us to rethink drawing development in art therapy when it is combined with an object relations attitude and Ehrenzweig's creative process. The proposed approach to art therapy not only encourages the eventual re-integration of split-off elements of the patient's personality, but it stimulates unlimited visual developments that include the continuing evolution of acquired drawing systems and entail the creation of new drawing repertoires. The art therapy setting provides patients with a potential space in which to play and have at their disposal numerous prospects for creativity and living. A sequence of drawings may graphically reveal unconscious and unknown aspects of a patient's personality, serve as a visual record of individual growth as attitudes change towards the therapeutic relationship, and with time illustrate the instinctual direction of the psyche.

CHAPTER FIVE

The not-to-be-perceived Self

The case study presented is from a master's level practicum experience with an *adult* male patient during a seven month period. While "drawing development" is usually associated with the unfolding of children's art work, its applicability to the art work of adults is equally relevant in the multi-repertoire theory and in a psychodynamic approach to therapy which is concerned with a patient's early object relating and multi-leveled functioning¹⁷. The *entire* case is featured in order to illustrate how development in a typical object relations approach to art therapy does not evolve in a linear manner, but unfolds in discontinuous and circular paradigms. The focus shall be on the early arrest of emotional development as reflected in the patient's relationship to the outside world (transference) and in the attitude which he adopted towards the art making process. An in depth discussion of every detail of the drawings is not warranted in view of the length of the thesis, but rather the main recurring themes in the patient's art work and the foremost sequence of symbolic development is highlighted. The case material illustrates the theoretical hypotheses set forth in Chapter Four. These were used to inform me of how to better respond to the patient while I worked with him and depicts the effects of fluctuating levels of ego development on the image as seen through the use of multiple drawing repertoires. Interpretations were made to the patient in the way that was comprehensible to him and not necessarily the way they are phrased in this thesis. I ask the reader now to leave temporarily the external world of everyday

living as I introduce you to Adrian, a patient lacking a mirror, an eye in which he might be reflected and in which he might recognize himself (Winnicott, 1971).

Adrian

A middle aged man who is a member of a community health program designed to assist individuals with mental health problems walks into the office with a childlike gait. He is a large man of medium height, wearing thick rimmed glasses that obscure his heavy lidded green eyes. The most distinguished facial feature, his thick mustache, is tinted yellow from a chain-smoking habit. At first sight his general appearance is sloppy; his straight hair is unkempt, he wears oversized jeans that he awkwardly pulls up and his clothes emit a lingering odour as if they have not been changed for days. The case worker, a young woman who has been assigned to assist him, informs me he has been a member of the program for approximately two years and has had art therapy with another female student intern five months ago. Her case management notes, as well as the previous art therapist's records aided in gathering background information and determining the possible etiology of this patient's condition. Once he settles into the chair opposite mine he rather hungrily glances over the table where there are a number of different media - colored pencils, pastels (dry and oil), thick and thin felt markers, cakes of paint with brushes and a wide variety of sizes and colors of paper. Adrian is the third child born of French speaking parents. Shortly following his birth his mother went into a postpartum depression and lived on and off a psychiatric ward for three years. During this time his older sister took care of the household, while his father drank and had frequent

angry outbursts. When he was seven his sister married and formed a family of her own. Following her departure Adrian found life difficult as he had to take care of himself since his mother was recurrently depressed, his father regularly absent and his brother indifferent. At school he had difficulty with his grades and in forming friendships, stating that he did not trust anyone who ridiculed him.

The sessions

Adrian chooses to work in the medium that he used with the previous art therapy intern - the thick magic markers. Once he finishes his drawing (figure 2), he pushes back from the table and places his arms above him in a cradle-like position to support his head. Since late spring, after the intern's departure, he explains he has been in a state of blockage and the green wavy line in his drawing is holding down all his intellectual capacities. His goal in art therapy is to free his energy so that he can concentrate on his reading and the energy in the trunk can come up and feel the sun's heat. Is the green line the only source of interference? "No, the eyes", he responds, "They are blue like my mother's". According to Freud (1953), "there exists an object-choice for an infant, that the libido attaches itself to, that certain person is usually mother; then, owing to a real injury or disappointment concerned with the loved person (depression, illness), this object-relationship is undermined" (p. 159). The libido in this first drawing seems to be undermined by what Adrian refers to as a pair of eyes that happen to be the same color as his mother's. Has Adrian's energy been blocked all summer because the previous art therapist (i.e., symbolic mother-object) left? And might he be relating to me in the same manner through the

cradle-like position of his arms?

He arrives for his second session in distress. His back-sac is broken and he wants me to repair it. I am to re-attach the cord to the back-sac or rejoin him symbolically with the perhaps placenta-like object, perhaps to fulfil the earliest wish for the infant, the wish for fusion or oneness with mother. After encouraging him to do it by himself because I believe he can, Adrian's drawing takes on pivotal transference meaning which responds to my foregoing questions (figure 3). He draws in color pencils (a significant change of media) in the upper left hand corner a 'robot' mother with blue eyes and a damaged baby. Beside them are two faces that are joined at the chin which he calls a 'mirror' and directly below them is a 'clown'. He fills the rest of the page in with linear organic forms and ends his drawing with a bug-like form colored orange. In view of Adrian's history it is not unlikely that his mother could have been a robotic mother with a cold blue arm, which may be a transference reaction to my arm that did not cooperate to mend his bag.

Winnicott (1971) writes that if the illusion of fusion with the mother fails to be established satisfactorily, as appears to be the case with Adrian, the longing for it can persist through out life. If the infant in trying to find himself in his mother's face finds the mother's own predicaments, he would remain without a mirror for the rest of his life and would seek this mirror in vain. The mirror image in Adrian's drawing might correspond with this theory since he says it reminds him of his past homosexual relationships. At fifteen, tired of the neglect and strife at home he left to live on the streets. There he had casual sex with women and men, but

experienced his first emotional relationship with a young man at nineteen. One might speculate that he was looking for a mirror of himself in sexual partners of his own gender (Backman, 1991).

As discussed in the previous chapter, a child fortunate enough to have a mirroring mother would have his or her need for attention, understanding and mirroring met. Yet, Adrian had a depressed mother and a substitute one as well, therefore, perhaps the libido destined to be attached to the primary object-relationship did not go through the "normal withdrawal of the libido from this object and transference of it to a new one" because it had difficulty attaching it self in the first place, or feeling the sun's heat - mother's sensitive and constant resonance (Freud, 1953, p. 159). Maybe something different happened, "the libido was withdrawn into the ego and not directed to another object ... but served simply to establish an identification of the ego with the abandoned object" - the depressed robotic mother and fragmented early mothering experiences (ibid, p. 159). Thus, leaving Adrian deep down inside with a fragile ego, a fragile sense of self and feelings of inadequacy like the clown in his drawing. Up until his father's death when he was twenty-five, Adrian lived a bohemian life of instability: He did not complet high school because he lacked the staying-power, he has never held a steady job and has kept few contacts with his family. His father's death genuinely affected him and is perhaps the main precipitating factor of the psychotic breakdown that led to his being hospitalized for twenty-three months.

In the following session, Adrian uses the colored markers again and does not

have any ideas, so he begins with a line that he echoes with another and so forth. The linear organic, plant like shapes from the two previous sessions re-surface while he talks about his mother: Confused at his hospital discharge and not knowing where to go, he found refuge with her for five years until her death of lung cancer. He spoke fondly of living with her, sharing the same passions such as reading and looking at television. Although he had affectionate memories he also had persistent feelings of guilt and self-reproach about being born, believing it caused his parents' unhappiness - especially his mother's depression. Hence, during that time he tried to make up for his wrong doings by trying to be a good son. He did not date out of respect for his mother's religious beliefs, he bought pizza out of his own money and remained at her side until her death. The more Adrian talks the more the markers flow onto the paper and looks as if the blocked libidinal energy of the first session is streaming onto the paper. He does not know what he is making, but he enjoys talking while drawing because he is not thinking about what he is drawing. It seems that six years after his mother's death Adrian is suffused with good memories of her which appear graphically ambiguous and biotic in his drawing, despite his having experienced discontinuity in childhood on account of her depression, possible indifference and mechanical mothering style which is hinted at in the geometrical drawing repertoire of the mother robot (figure 3). Perhaps what we see here reflects the experience of the hungry infant who hallucinates satisfaction at the breast - Adrian's wishful expectation of the therapy. The fragmentary quality of the image is suggestive of the lack of linking in his early life experiences that has undermined

whole-object relating.

Adrian arrives 20 minutes late for his next appointment. He immediately explains that he has gone too far and no longer wants to discuss his mother, ever! He did not sleep well and had troubles with his digestion. He begins drawing in the upper left hand corner of the page, echoing the robot and infant from session two (figure 4). From this fused image he draws a line straight out, then proceeds to reinforce this line with other lines like his drawing repertoire of session three. He does this seven times, going in different directions. It appears as if he is trying to bind the unblocked libidinal energy from session three and give it direction, however, the phallic shapes seem ineffectual. Distraught, Adrian says the black suns have their rays (libido) turned inward, which he wants outward and colored red. He takes a red marker and hastily creates some red suns attacking some black suns. The only sun with red rays is the one that is pointing at me, yet its rays are pointing inward: An unconscious desire perhaps to direct his libido and anger at his new found symbolic object-mother, but with the energy turned back upon itself. Adrian gathers up the fragments into two oppositional poles: between life (red suns) and death (black suns).

The intellectual persona

It is precisely at this time that Adrian switches back to drawing with colored pencils and his organic drawing repertoire changes to a *cubist-like* system, apparently illustrating a defensive intellectualizing persona (i.e., false self) by means of geometric forms. A considerable degree of psychic pain seems attached to the absence of fulfilment from the object-mother, hence, a new type of functioning serves

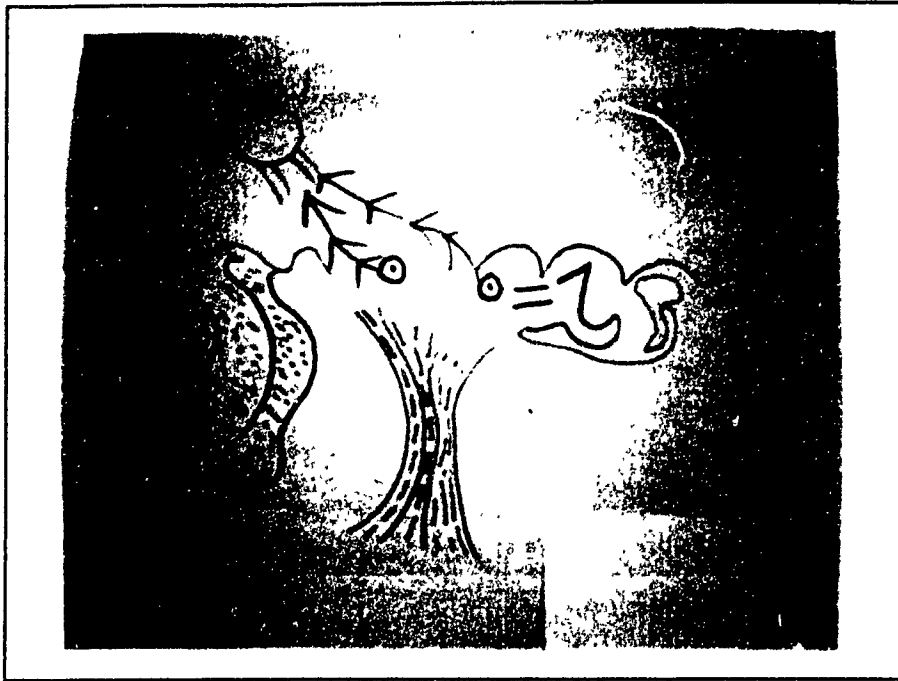


Figure 2/Session 1 *Adrian's blocked energy*

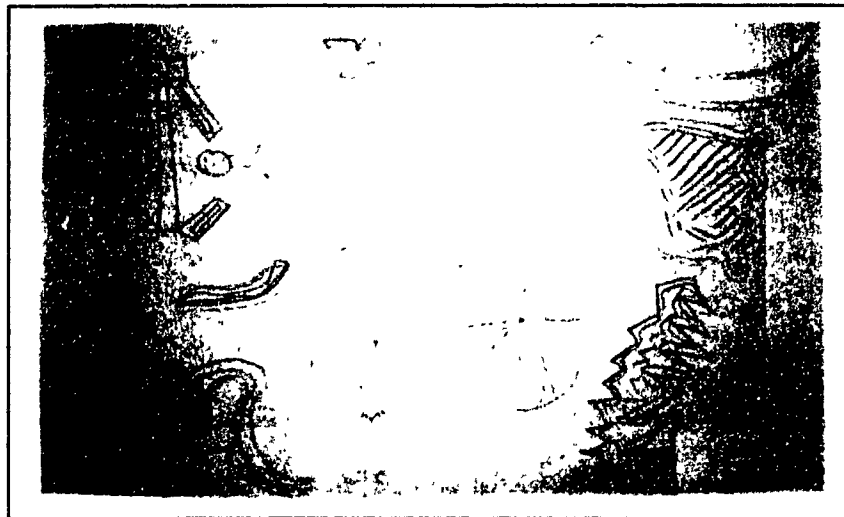


Figure 3/Session 2 *Robotic mother and damaged baby*



Figure 4/Session 3 *Adrian's unblocked libidinal energy*

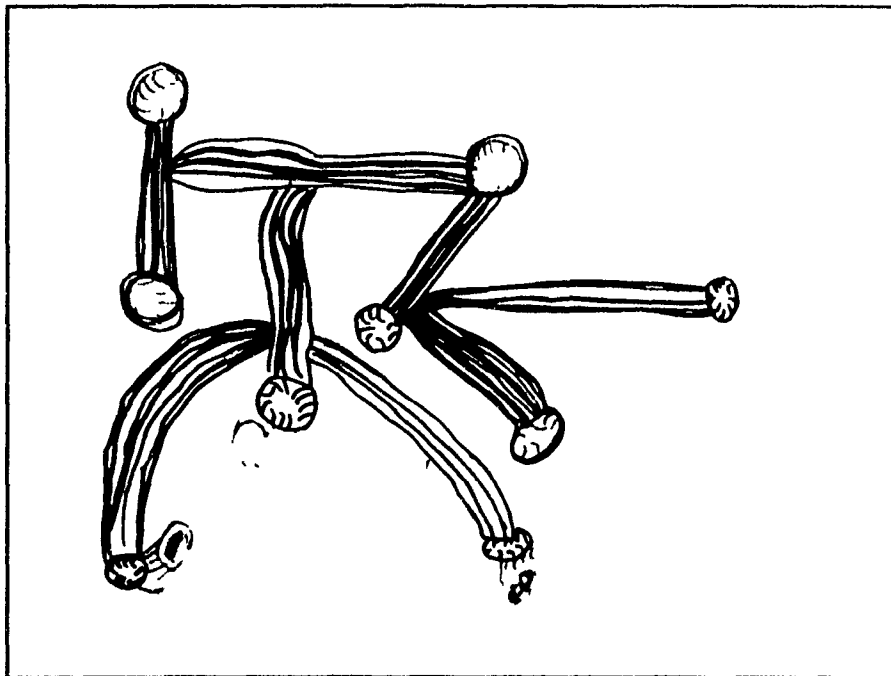


Figure 5/Session 4 *Adrian trying to bind the unblocked libidinal energy*

to form a shield against the severe distress and solitude left by the death of his mother. As Modell says, "when there has been a significant failure on the part of the parental caretakers, to entrust oneself to the therapeutic process becomes intensely conflictual" (in Rothstein, 1985, p. 88). In session five he draws a 'fortress', using a colored pencil as a ruler (additional support). He makes a series of boxes which he colors in making sure that he stays with the lines, controlling his libido and anger and camouflaging it in the pretty compartments of orange, pink and green. Adrian for the first time creates a title: *The robot who tries to live a human life*, reflecting perhaps a more intellectual approach to his drawing. It also exposes Adrian's self alienation, a losing touch with humanity and a denial of human emotions - he is a piece of machinery, with no self thoughts or feelings. Adrian's rational ego appears to surface as a protection and obstacle against his feeling self, however his title is positive in that he is naming his experience.

His following drawing takes two sessions to complete (figure 7). He brings his own *red* pencil from home claiming that I have not supplied one, even though there is one among the materials, perhaps displaying how he can provide for himself like he did in his adolescence with his indifferent family and reminding me that I am not giving 'enough'. He wants to draw a lightning bolt, but cannot and ends up drawing a dark 'barge' (or blemish) floating on a lake of hot sun, trapped and unable to get out (may be like his anger). He is trying so hard to put *life* back in to his early object-relating, symbolized by the red color of life in the pencil and then through a creative spark in the lightning bolt, but it gets trapped in 'dead matter' or an

unresponsive mother.

In the ensuing ten sessions Adrian creates a variety of geometric drawings (figures 7-10). Each session he arrives with preconceived ideas. He selects the colored pencils before beginning and is upset if he cannot find the exact same color from the preceding session or if someone else has worn down the tip and I have not sharpened it for him. He increasingly takes multiple sessions to complete a drawing, and as he meticulously colors the numerous small cubes, I fight fatigue and am at a loss for words at times. I suspect he is *deadening* himself and me through his controlled process and pretty imagery, and is perhaps turning me into another disinterested mother in the transference. In figure 8, for example, the purple side is a skull of death and disintegration, and he calls the left hand side of figure 9 a *Self Portrait* because in it he sees a red cemetery, black coffins and himself joined with his mother in death. Adrian not only seems to relinquish his feelings, but shifts to his intellect and rationality as his geometric drawings remind him of scientific or biological entities (figures 9 and 10).

Adrian spends a great deal of time talking about the many books he reads: authors such as Virginia Woolf, Franz Kafka, Strindberg and other literary greats. He enjoys reading because he is in another world, he is not aware of the time of day or the people around him. Not only does his intellectual persona allow him to hide and cut off his feelings, especially the ones connected his incapacities, but it serves to procure the admiration and importance which he craves. For instance, he finds it difficult to meet intelligent people like himself and has the omnipotent conviction

that he is intellectually superior to the personnel of the community health program, as well as its members. His false-self organization permits him to cope on a superficial and friendly level, but seems to expose him to a sort of psychic death illustrated in his robotic art making process and imagery. While his recalcitrant attitude is important for his survival, it appears to impede experiences of love, the very emotion for which he longs. Furthermore, he loses all connection to the child in him and resists any sense of vitality and spontaneous creativity, seen in the organic drawing repertoire which puts him at the risk of not being found (Winnicott, 1971).

However, within his cubist-like drawing series one does perceive some very slow movement that highlights Adrian's loosening psychic defenses and an important separating out of self and object taking place. The geometric drawings may be seen as an embodiment of the therapeutic holding environment that paradoxically provides Adrian space and freedom for change, at his own pace, within constant and defined boundaries. The outcome of this greater self/object differentiation seems to be characterized by a freer approach to the therapeutic alliance and a different phase of therapy in which Adrian is more in contact with his emotions and subsequently experiments with mixing drawing repertoires.

Narcissist's contempt

Adrian takes four sessions to complete his next drawing (figure 11). He arrives for the 16th session feeling happy since his haircut has prompted many compliments from program members. With the aid of a ruler he draws in lead pencil a structure in the upper left hand corner and recollects his earlier sex life. He was

very sexually active until his hospitalization when he learned he contracted syphilis. He attracted many women because of his good looks, but many of his sexual experiences were with men younger than himself because he did not trust women. As Adrian talks his pencil moves down the paper and then spontaneously zig-zags up and across the page somewhat like an erection. He does not consider himself to be a homosexual, although is uninterested in the women in the community program in view of the fact that they are not intelligent enough and besides they could give him AIDS. He is terrified of getting another sexually transmitted disease, especially one that cannot be cured. He is lonely and wants to find someone, but he does not want to die. At the end of the session he is relieved to have discussed these private matters with me as he has no one else to confide in. Along with his sexual confessions Adrian's former and somewhat inflexible geometric repertoire becomes more dynamic and shows a new opening onto another aspect of himself - the sexual self.

Adrian arrives in the next session fuming mad because he has divulged everything to me. He then shifts his defense, opens up and values my presence. The discussion seems to evoke feelings of extreme loneliness and fear of death for him, thus in a "paranoid-schizoid" defense he perceives his anxiety not as being part of himself, but as a result of me the bad and withholding object-mother (Klein et al., 1957). "No one cares about me", he angrily states, "So what is the point of discussing my problems. You are not going to give me any solutions!" All his hatred is "both directed to the persecutory object and projected on to it, since the infant [in Adrian]

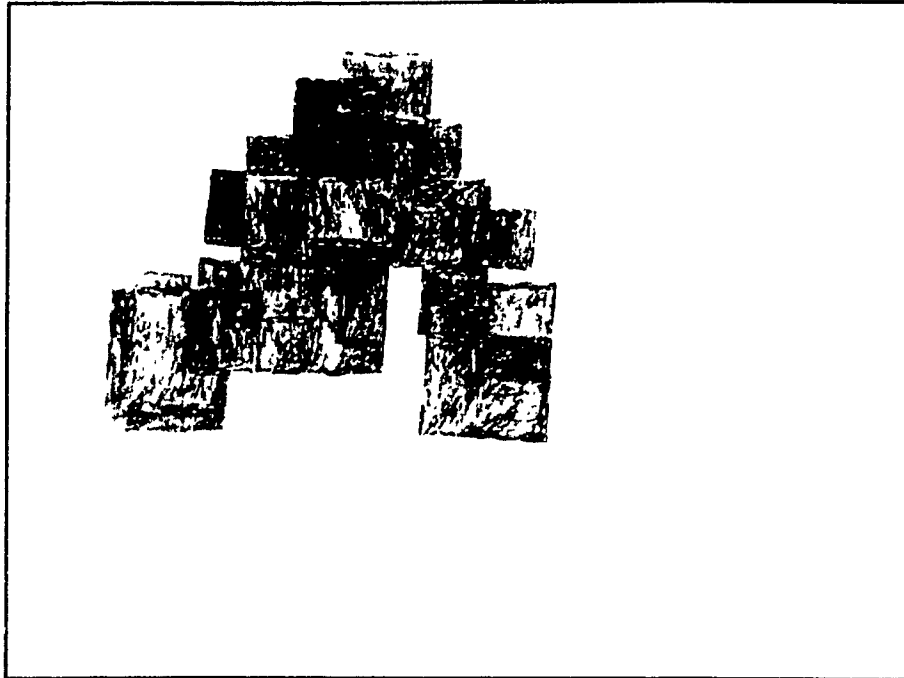


Figure 6/Session 5 *"The robot who tries to live a human life"*¹⁸

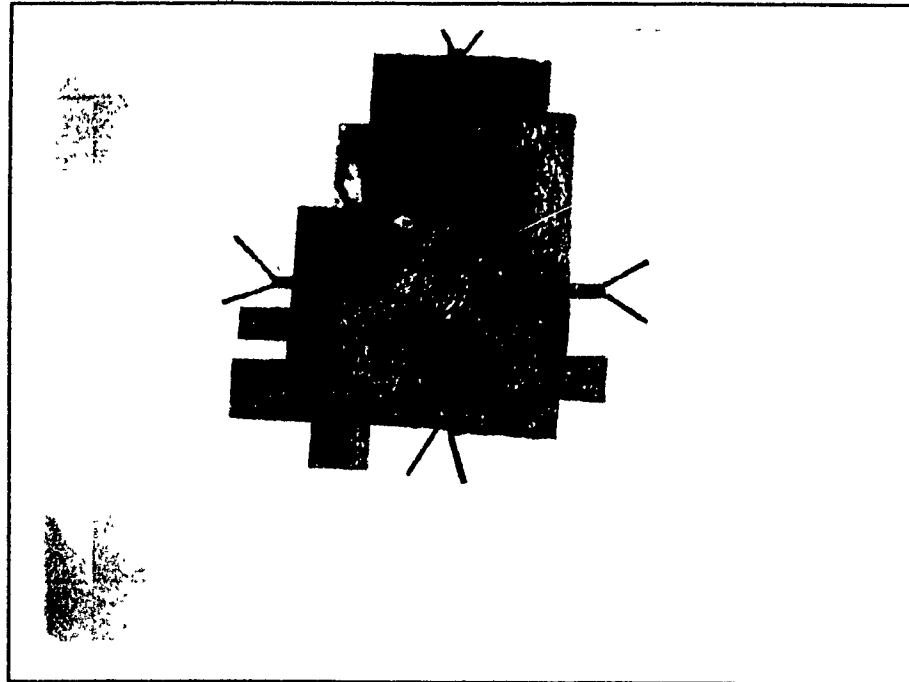


Figure 7/Sessions 6 & 7 *"A dark barge on a lake of hot sun"*

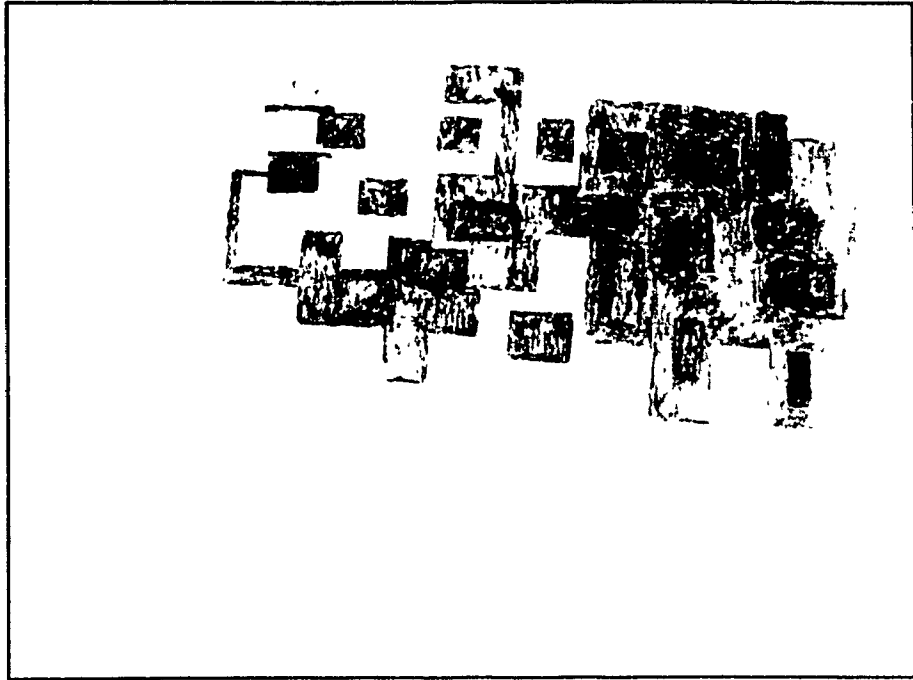


Figure 8/Sessions 8 & 9 *Skull of death and disintegration*

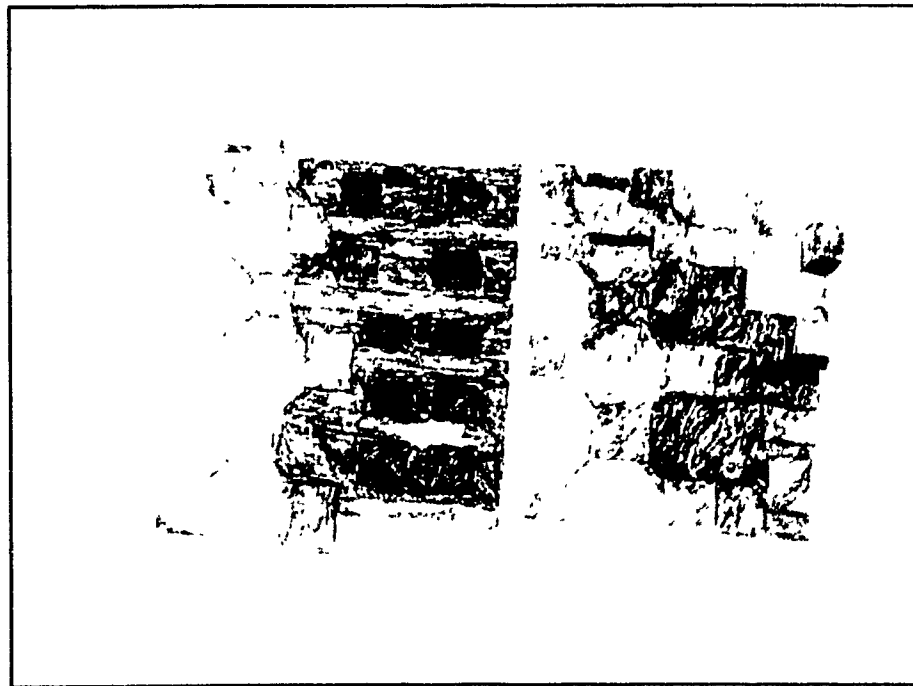


Figure 9/Sessions 10, 11 & 12 *Self portrait: red cemetery,
and black coffins*

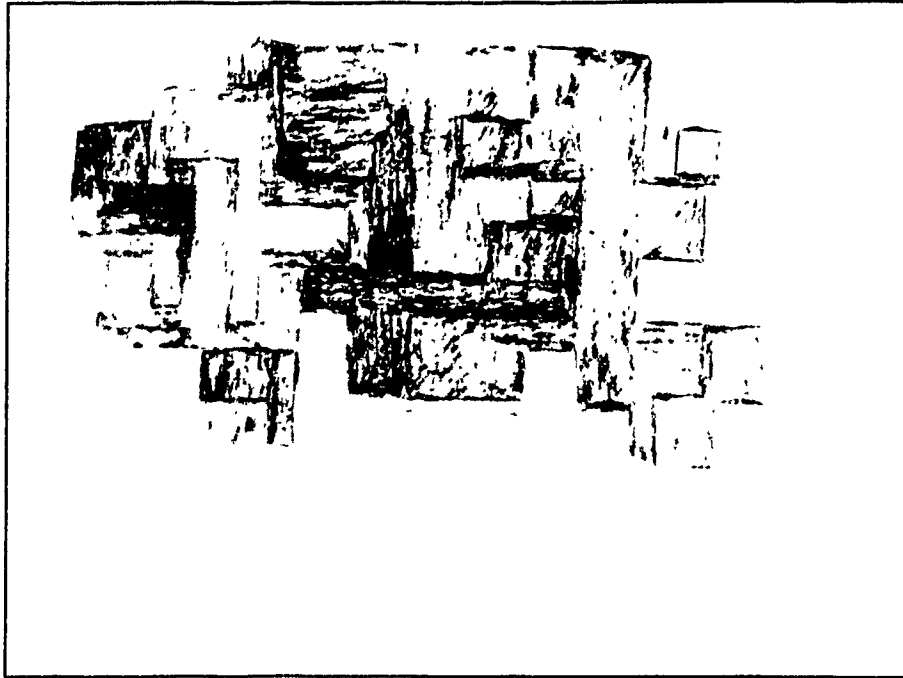


Figure 10/Sessions 13, 14 & 15 "*Biological entities*"

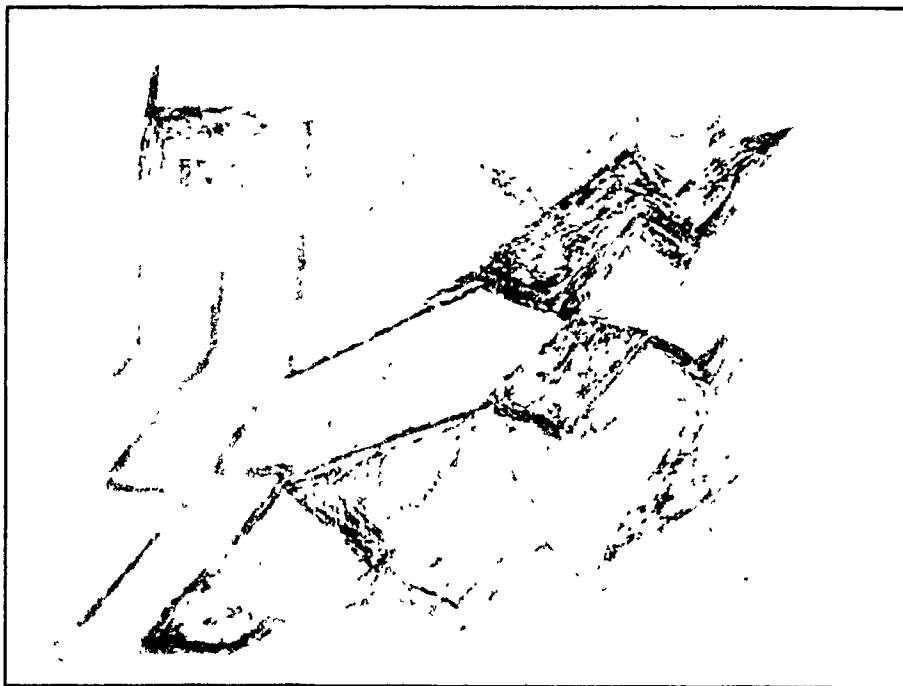


Figure 11/Sessions 16, 17, 18 & 19 "*The house of galvanized crystal reflection*"

wants to rid himself of everything within that is felt to be bad and disruptive" (Segal in Rothstein, 1985, p. 36).

Adrian's feelings of isolation and sexual futility also re-awaken his omnipotent feelings and control as he threatens to commit suicide on the weekend if I do not stop bringing up his sexual problems. He further expresses hostility and resistance in the subsequent two sessions by arriving late, drawing at a slow pace and with very cheerful colors that are quite opposite to his feelings. Adrian's drawing entitled *The House of Galvanized Crystal Reflection* essentially demonstrates however, that the therapeutic alliance really charges him with libidinal energy, which is epitomized by the transformation of the dark barge in figure 7 into a lighting bolt of sexual and antagonistic energy (figure 11).

After four months of art therapy Adrian appears to reveal a typical narcissistic personality structure as described by Kernberg (1976). He seems to repress and/or dissociate any *bad* self-representations with a "false self", devalues significant object representations, develops a grandiose sense of self and has problems of autonomy and conflicts surrounding self/object differentiation. His early parental environment failures seem to have lead "to a 'freezing' of the traumatic situation, a developmental arrest if you will, which is then reactivated in the therapeutic relationship" as early symptoms and difficulties of a pre-oedipal nature crop up (Modell in Rothstein, 1985, p. 87).

At the beginning of the following session I announce I must cancel the next appointment. Adrian at first does not want to create a drawing since I will not be

here next time, but after some reflection announces he will make one like he used to with markers (figure 12). He begins with a starlike figure in the upper right hand corner of the drawing which is created from a combination of *organic* and *geometric drawing repertoires*. To the left of it he introduces a figurative drawing system in a 'clown-face' with a startled look which may be a reference to Adrian's reaction to my cancelation news. In the centre a 'serious' person with an empty gaze that is sketched abutting the star motif and is possibly a reference to the absent mirroring object-mother my news evokes. Adrian calls the star a medieval torture machine, a ball of spikes that is hurled at an opponent in war. The crashing weapon appears to embody his contempt for me in the transference and acts as a defense against experiencing any feelings of loss, for an object of contempt is not an object worthy of guilt, but an object meriting attack (Klein, 1940). Adrian's use of organic imagery appears to reflect his fragmentary experiences as opposed to the apparent building blocks in the geometric forms, and the degree of balance or integration of his drawing repertoires seems an important indicator of where Adrian is at emotionally at any given time.

Adrian does not present himself for his next appointment which is perhaps a retaliation to my depriving him of empathic resonance, which constitutes a *loss* since there was nobody there to give him mirroring. In other words, "the absence of satisfaction is felt as a persecution by a bad object" (Segal in Rothstein, 1985, p. 36). Adrian's subsequent drawing contains many transference overtones relating to our missed appointments (figure 13). He makes two arrows that seem to unconsciously

echo the two sessions that we did not meet. He wants to continue drawing them, possibly indicating that we could go on not meeting, but chooses to make a circle instead that becomes an unfinished Christmas wreath with scribbly lines. Adrian is thinking about the holiday period and draws a skeletal tree with red seeds (ornaments). He makes a larger red seed in the shape of a heart and tells me that turns black because the love goes out of it, just as I will for Christmas vacation (i.e., a good breast turns bad). Adrian's drawing becomes a condensation of ideas and feelings relating to the missed sessions and the anticipated holiday separation.

Adrian seems to be exploring his feelings of loss when the therapeutic empathic resonance is taken away. It appears as if he is like a seed in suspension, he cannot grow and is useless, or he becomes a clown. His self/object feelings become confused as he projects his negative feelings on the bad breast (i.e., therapist) which are then reintegrated as clown feelings and of not being handsome. For example, underneath the indifferent mother-object in figure 12 is an ugly monstrosity who is getting old and wrinkled. Adrian remarks, "I could never meet anyone looking like this" and draws a vagina on the lower right, leaving an empty space "where my penis is suppose to be". Adrian's self-reproaches are really reproaches against the loved object-mother which seem to get shifted on to his own fragile ego and translate into feelings of not being attractive enough to love (Freud, 1953).

Adrian reverts back to separating out his drawing repertoires in the two subsequent sessions as he reacts with manic defenses to his depressive feelings over

our separation. In session 23 he believes he is going to stop associating with the program and no longer needs art therapy any more because he is not sick. His drawing contains free floating plants that are falling into a whirlpool which is a blue sun-bug in the middle (figure 14). In the last session before the holiday break his organic drawing repertoire crystallizes as he changes drawing instruments and uses a lead pencil and ruler to draw what appears to be the arrows from figure 13 in a scene of war between two suns (figure 15). He repeats his initial presentation: A display of fragmentation which coalesces into two opposing sides (figure 5). When the tip of his pencil breaks he utters, "What she did not respond? I lost my erection." Adrian colors the geometric shapes as he explains how he relieved himself last night at the erotic movie house. He said he made love with the moon and his semen fell from the sky like stars. Minutes before he leaving, Adrian confesses that he really does not need anyone, because he can do it better by himself. He retreats into an omnipotent fantasy where he can make love to himself better than anyone else, and avoids experiencing disturbing feelings connected with our impending separation. His splitting war theme seems to protect his ideal-self from contamination by his projected bad self-representations as the good sun wins this battle over termination.

Following the holiday break of three weeks Adrian creates a drawing image that appears to characterize his poor sense of knowing his own feelings but that will become a significant "transitional object" (figure 16) (Winnicott, 1971). He draws with a lead pencil and ruler, in a combination of cubist-like and figurative systems, a large triangle with a displeased face and a smiling oval clown mask. He wants to

fill in the background with colored pencil, but realizes it would take too long, thus he accepts my suggestion to use orange gouache instead and presents a flexible attitude. In the following session he fills the geometric faces with coloring pencils and talks about the fond times he had with his mother; they would stay up late at night watching television or she would read and he write poetry. When he colors the oval mask in purple he says she is the only love of his life and is the only woman for him, but then admits that she was a very dark woman who was always talking about death. When I reflect that his static drawing system seems to integrate his rational shell (reading and writing) with perhaps his pessimistic feelings of not having a happy mother (purple clown mask), Adrian picks up a thick felt marker and explores the white spaces in his drawing. He states I am wrong and that his drawing is really happy. His freehand organic drawing repertoire adds a festive mood to the picture, however it also denies his feelings of disappointment and confusion concerning his depressed mother.

In spite of the apparent defensive reaction Adrian has to figure 16, it is a significant turning point in our therapeutic work. In the following session Adrian comes in with a picture he says is the last drawing he did with the previous art therapy intern (figure 17). It is rolled up and he does not show it to me until the final 5 minutes of the session, rather, he spends most of the time with his arms crossed over his chest talking about his appetite and food - what he likes to eat, what restaurants he goes to, etc. Then quite spontaneously he asks me what I think of him, my opinion of him so far in art therapy. Responding to his desire for reflection

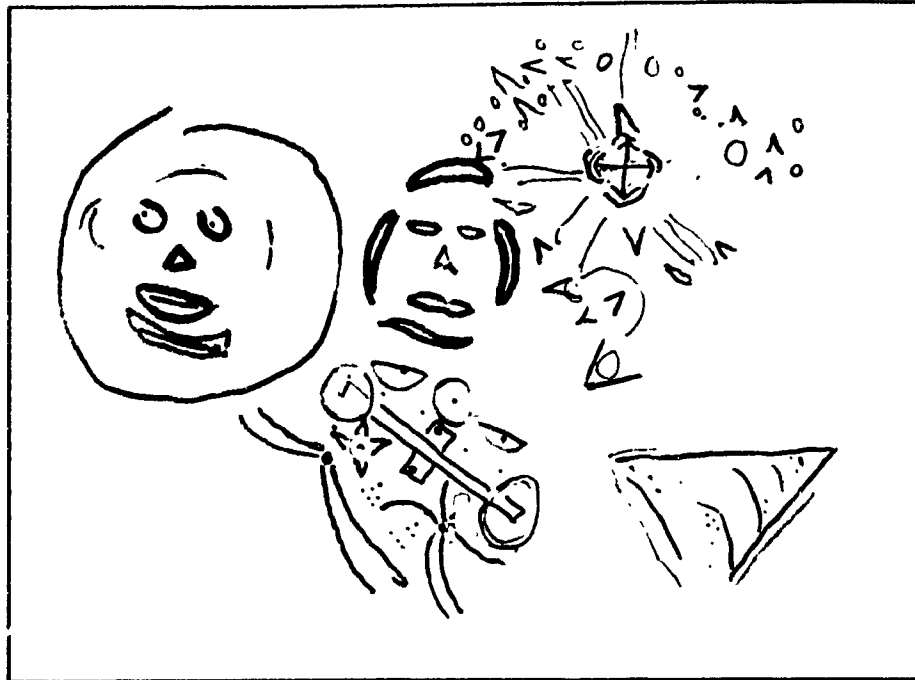


Figure 12/Session 20 *Adrian's contempt* (enhanced image) ¹⁹

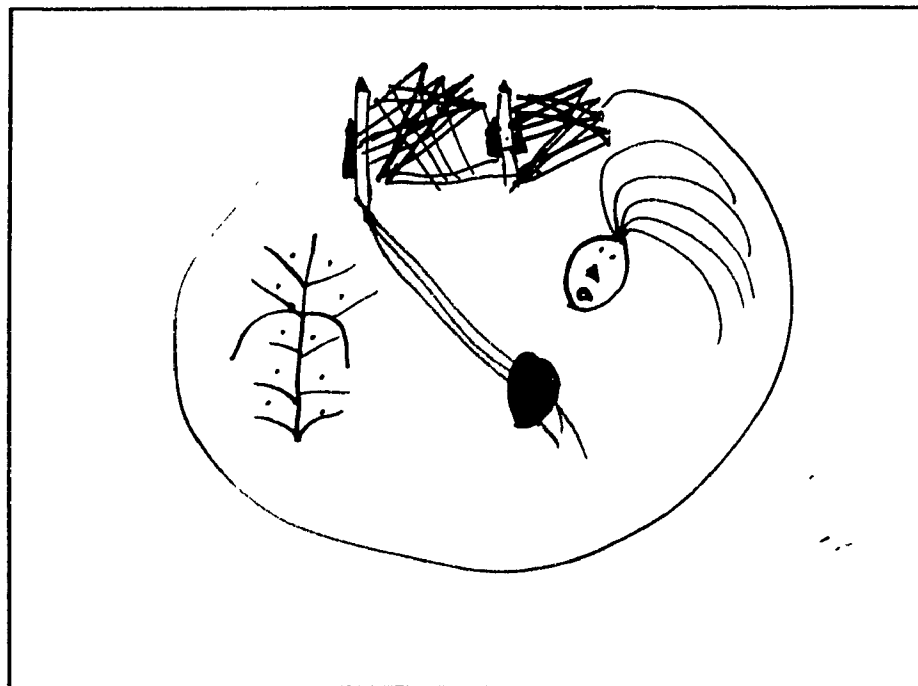


Figure 13/Session 22 *Good breast turns bad*



Figure 14/Session 23 *Whirlpool and sun-bug*

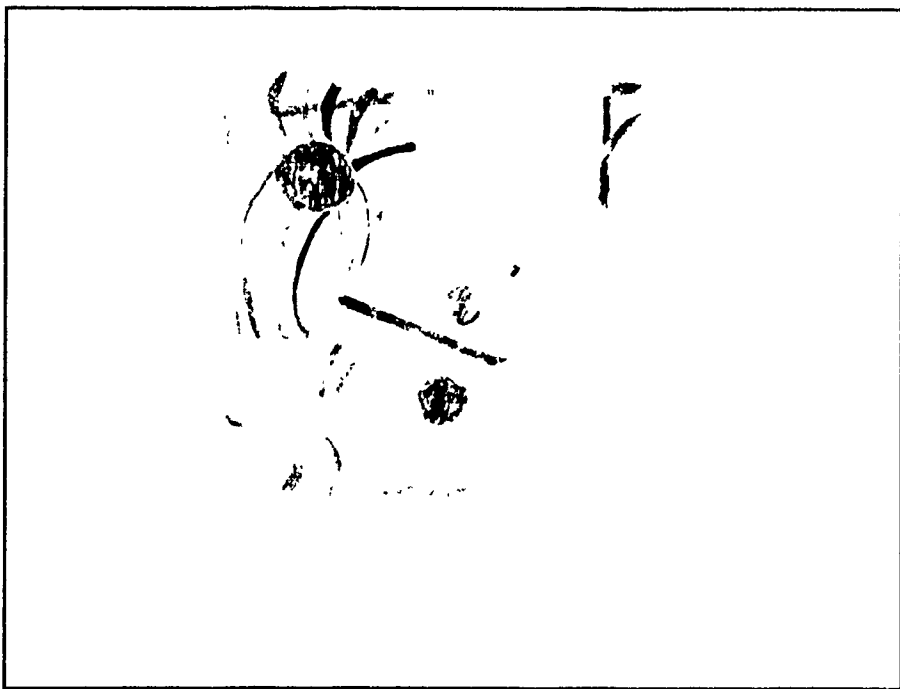


Figure 15/Session 24 *"The war of the good and bad suns"*



Figure 16/Sessions 25 & 26 *Geometric faces and undeveloped parts* (enhanced image)

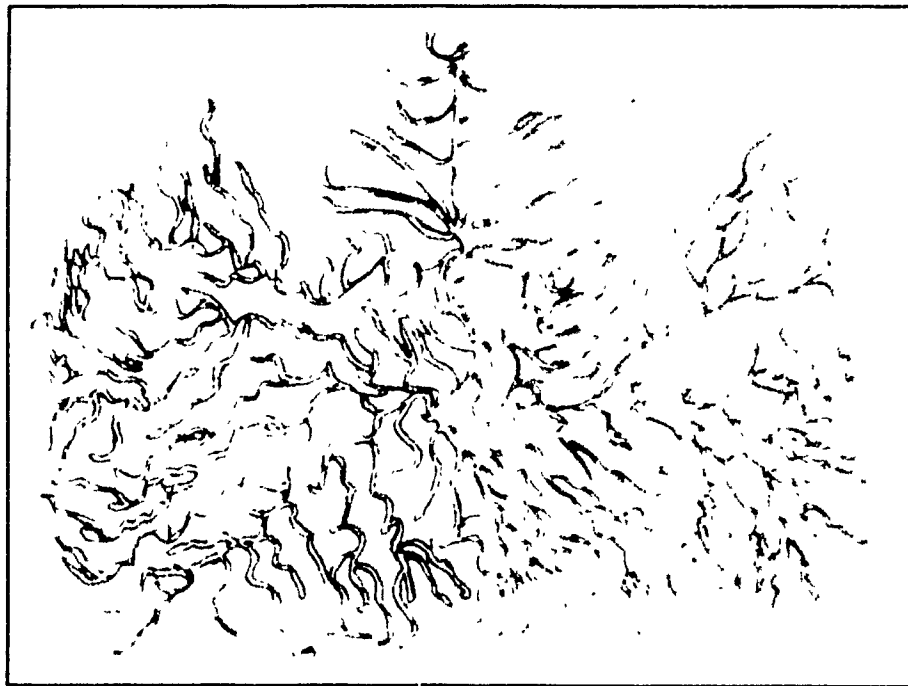


Figure 17/Session 27 *Organic drawing created with previous art therapist*

I pull out the previous session's drawing (figure 16) and ask him to describe what he sees. Adrian replies that he notices a lot of confusion and undeveloped parts - a remarkable insight. Which parts are undeveloped? The small green face in the red triangle and the eye behind the clown. I indicate that perhaps it is the child inside, puzzled and afraid to come out. Adrian then un-rolls his drawing (figure 17) and states, "That is how I use to draw. Its different do you not think?". He appears more accepting of a different reflection or reading of his image; one that is not as flattering as the one built on beautiful colors and shapes in the geometric structure, but one that mirrors his more hidden and obscure self in the linear organic drawing.

"True self"

Adrian's opening onto the more archaic parts of his personality permeates the core of the art therapy sessions. As he oscillates between simple and complex psychic states, one perceives the evolution of some of his drawing strategies, as well as the growing number of drawing repertoires at his command. Adrian's multifarious mingling of objective and subjective realities in the therapeutic space include a greater circulation of drawing repertoires too. In the ensuing session Adrian appears to renew his attempts at avoiding his feelings of confusion and pain in the transference by manically immersing himself into a world of sexual fantasy. He describes his fantastic masturbation experience at the movie house the night before which numbed his legs and shot up to his brain. He quickly sketches a long snaky line across the paper and fills it in red while relating to his intense excitement (figure 18). He then reverts to colored pencils and hesitantly draws a faint naked male

figure on the bottom left of the page that looks rather infant-like and is the second time he tries to make an anatomically realistic drawing (see figure 12). He wants to make a female on top making love, but does not know how to so he draws one in black on the side. He then correlates the realistic drawing system with a pair of robotic faces drawn in a cubist-like repertoire at the top of the page. The unnaturalistic pair remind me of his object relation feelings in art therapy: the castrated clown/monster and the indifferent skeletal object-mother. He impulsively adds red male genitalia to the black figure after completing the skull-like face, thereby transforming the sexual identity of the woman and suggesting that he sees women as 'incomplete males'. Adrian's manic mood noticeably subsides as his usual defense mechanisms, the lively sexual fantasies (linear organic ejaculation) and the death-like state (geometric faces) are perhaps not potent enough to escape making contact with his anger and distress concerning his sexual identity confusion portrayed in the naturalistic human figures.

Adrian spends most of the following session angrily talking about how he is going to quit art therapy because I make him go to the erotic movie house to relieve himself. I do not care if he degrades himself and do not appreciate him for his intelligence, writing skills and good looks. He is underestimated by the world who does not treat him with respect, but spy and criticize instead. I invite Adrian to put on paper how he feels, but he responds that he does not need art. "I want to be loved. I need love and I just cannot go out and ask for it. Why do you not love me?" he asks. Adrian seems to be asking his object-mother in the transference why

she did not take joy in that fact that he exists and love what he is. He picks up a red marker and makes a schematic drawing of himself (figure 19). This is what he is when the love and supports (and defenses) are taken away. Nothing! Adrian *healthily* attends to his narcissistic solitude and with a lead pencil he reinforces the circle and writes on his picture that he is a 'miscarriage'. Until this session he has used words as a verbal and intellectual screen, but here they appear to unfold into a new and vigorous drawing repertoire that embodies an aspect of his 'true self' and is an exceptional breakthrough. Yet, the drawing also shows that Adrian is consumed with *harmful* persecutory anxiety as he feels he is being attacked by the object-mother for not being good enough, and is a good example of the way in which an image can contain both healthy and pathological parts simultaneously.

Adrian cancels the next session only to show up unexpectedly and perhaps test my ability to survive his attack. He says he is in love, however it is not with me but with his case worker, who is a young woman worthy of himself and will appreciate him. "All love and desire is directed to the ideal object which the infant wants to introject, possess, and identify with" (Segal in Rothstein, 1985, p. 36), and the excessive pain associated to his unfavourable early life situation re-enacted in the therapeutic alliance is split-off. "The withholding breast is denigrated by contempt. It is of no use anyway and ... not worth striving for", hence Adrian replaces me with a good and ever-giving mother-object (Lambert, 1981, p. 213). He creates a solitary self portrait with an interesting linear-organic drawing repertoire that produces a muscular structure he once saw in a medical dictionary (figure 20). Glancing back

at Adrian's former climactic reaction to feelings of persecution by the bad breast/object-mother (figures 4 and 14), I perceive an evolution of same drawing repertoire. Whereas Adrian's previous responses appear to be futile and impotent (figure 4), and ambiguous and groundless (figures 14), he seems to endure the present persecutory attack with more biological structure and protection. Perhaps Adrian remains a little more intact because he perceives his object-mirror's survival, and as Segal (in Rothstein, 1985) writes, the patient can introject not the bad projected anger, but something good. His projection is modified by the art therapist's containment and modification of the experience, which may be responsible for diluting his feelings of futility and fragmentation.

Adrian admits in the subsequent appointment that he has been very bitter lately which makes it difficult to make friends. I reflect that a sense of missing trust in a person can sometimes be experienced as an absence of love and can create a lot of anxiety and anger, therefore making it difficult to forge friendships. Adrian does not know what kind of picture to make and toys with the idea of doing the same drawing as the last session, but expresses that it would not be the same because he is different for having created it. Instead, he makes a rather whimsical drawing that relates his love of music and poetry writing. He would like to bring his intellect and emotions together, portrayed by the red heart blending with the music bar. In an unconscious way Adrian does carry over elements of his previous drawing as he duplicates its gathered linear quality (figure 20) and conceives of things in a looser in spirit (figure 21). The mixture of language and drawing looks more playful and

seems to correspond with his less caustic attitude toward himself (versus figure 19).

Adrian perceives me as a good listening object-mother in the next session that will help him with a problem of getting along with a woman where he lives, and possibly tries to ameliorate the transference by deflecting it onto another situation. He deals with strong feelings of persecution in the following four sessions associated to a woman's criticism that his nose makes too much noise when he breaths. When he thinks someone's anger is propelled at him undeservingly he becomes a victim of a dark threatening cloud that pours cold rain and hot blades of anger from a red sun that burns (figure 22). His linear drawing system becomes tautological with his mounting anxiety and his geometric self portrait alludes to his desire to dissociate his anger. I reflect to him that I have difficulty separating out where the angry and bad feelings are originating from in opposition to his story that is clear. Are they coming from the large blue cloud or the burning square on the bottom which looks more menacing? Adrian increases the length of the lines attacking the figure to reinforce the sun's tyranny. Notwithstanding, I am not fully swayed and Adrian announces that he will make another drawing in the next art therapy session.

Adrian begins his new picture using the geometric drawing repertoire as in the last session, however as he immerses himself in the artistic process and seems to become unaware of my presence, the picture evolves into an unpredictable sensory exploration of a humanoid figure (figure 23). Adrian takes the whole session to execute it and upon completion looks exhausted. After a moment of rest I invite him to free-associate on his image. At first he wants to make a clown with triangle eyes,

but the drawing keeps growing and now reminds him of a monster that is scary, diseased, and on fire. I compare the drawing to the muscle portrait (figure 20) and state it looks as if the skin and fibrous sustenance are gone and we are peering into the monster's tortured soul. Adrian agrees and declares he likes the drawing's sophistication and will put it in his room when art therapy is over. Adrian seems to pin point the justifiable bad and angry feeling emerging from the "true self".

As might be expected Adrian arrives in the following appointment quite anxious. He has many doubts about the future, whether he will return to school and improve his education (i.e., stay in therapy and identify with his student art therapist). He talks for most of the session and for the first time breaks the therapeutic frame by going to have a cigarette. Upon his return he quickly sketches a diagram that comes to him while he is smoking (figure 24). "Who am I?" he asks, drawing a vertical line that splits the world in two: himself and the others. Arrows indicate the others' input since his needs take precedence and they should be more giving so that he may know himself better. Adrian's denotative repertoire is vacuous and void of feeling, nevertheless it seems to accurately describe his precarious, if not unconscious, decision to tolerate and work through his ambivalent feelings concerning his "true self". Adrian again portrays 'two parts' in his imagery, going back to the 'location' of his task, returning for repair or re-assembly, but each time on a new level.

In our next meeting, however, a manic Adrian returns and decides that he will not go back to school and this is our last art therapy session. His encounter with the monster inside (true self) seems to dangerously threaten his bearing and he is

unwilling to risk losing his foremost survival strategy - his intellect. "If the bad self and object are felt to be much stronger than the ideal one, integration is felt as the destruction of the little good one possesses" (Segal in Rothstein, 1985, p. 39). He believes he is not smart enough to compete in school, so instead of failing he would rather not try. Seeing that it is the last session I suggest we look at all his drawings simultaneously, with the hope that he will sense his significant progress, for "narcissistic patients need slowly to develop a sense of values and attitudes associated with mastery and competence" (Robbins, 1987, p. 51). Our discussion centres on how he is taking on the delicate and hazardous challenge of balancing his positive features like his intelligence and negative feelings related to being a miscarriage/monster, in order that one does not consume the other. Adrian seems to perceive his art work as giving him firm affirmation (i.e., consistent mirroring) and direction, therefore he decides to stay and brings a drawing to the next session as a form of reparation for having thought about quitting art therapy (figure 25).

Being in a reconciliatory mood Adrian insists that he wants to understand and improve his present situation. He creates a small, tight knit breast-like image, with a small infant at its centre. It appears as if he makes an exemplary persecutory breast, with paranoid eyes and a ridged cubic structure of defenses holding in the chaos (figure 26). Adrian acknowledges that it seems as if the hurt baby is trapped and cannot get out. This petit drawing is an embryonic indication that he is suffused in "what Freud calls the death instinct, which threatens the infant from within" and which has been "partly projected on to the bad object and partly converted into

aggression against it" in the previous sessions (Segal in Rothstein, 1985, p. 36).

In the succeeding session Adrian has a second drawing he has executed at home in coloring pencils that he makes darker with the felt markers from my office (figure 27). The drawing reminds him of the ugliness of the monster (figure 23), especially the eyes and the muscular man (figure 20) who is now trying to get over the fence. The saturated colors also compare to the intensity of the previous drawing and perhaps to an unconscious desire to reside a little longer in his "true self". Possibly the good enough experiences in the "potential space" of art therapy strengthens his ego which in turn diminishes the power of the bad objects and makes Adrian less prone to project them outwards.

Notwithstanding Adrian's observable progress, his negative early life experiences still abide and overshadow his attitudes to everyday events. After seeing a delivery man bring me lunch at my office a couple hours prior to our next appointment, Adrian is angry and critical of me. "Art therapy is not a restaurant and I am not a *client* in your restaurant!", he shouts, projecting his own hungry needs and possible envy that I may have some of my own. Adrian believes he was untrue to himself last week and he is not ugly, but young and exciting to women. Does he feel more authentic today, expressing his anger and disappointment at me? He does not know and is annoyed by my inquiry. With a lead pencil he furiously draws a game of tic-tac-toe (figure 28). Recalcitrant, he plays by himself (as the 'naught') and wins. His message: I am hungry and needy, but in my rage I need nothing and nobody. The infant that has not been fed or seen at the level of primary narcissism breaks

through the weak ego-boundaries in a rage that seems out of proportion to the situation (Kohut, 1972). The impoverished self rejects any overtures of affirmation, as a schematic and frail geometric drawing structure just barely contains the forces of the angry ravenous self, which appear to multiply under the increased power of the bad object. He also reinstates his manic attitude in the following session as a defense against his feelings of rage and hunger: he sings, uses a geometric repertoire and bright colors in the process of boarding up the triangular needy monster inside of the cold robotic object-mother (figure 29). The good feelings triumph in another war to balance his opposing emotions, as in figure 15.

The little infant in Adrian, still aspiring to be seen, loved and accepted screams out his painful state again in the ensuing art therapy meeting with a drawing titled *I am in the clouds of my sky striped in red* (figure 30). It is significant to point out that the stripes in the sky are *his* and contain anger which is directed up at the clouds above. The red color referred to in the title does not appear in the drawing and may relate to Adrian's ambivalence towards his newly owned anger. This is a very different attitude in comparison to figure 22 where his projected anger is confused with it coming down from the clouds. The cry from the abandoned child is slightly altered in that the pain is also felt, not split-off and object differentiation seems to occur, which is an important developmental step for Adrian who tends to blur self/object relatedness. After quickly scribbling his drawing Adrian crumples it up and throws it in the garbage, an intuitive gesture since it may be, at that moment for Adrian, the rightful place to contain a miscarriage and an attacked, ruined object-

mother. However, I pick the drawing out of the trash and hold Adrian's distress cry without rejecting it or collapsing in its anxiety, which contrasts with the action in his image where his fantasized attacks seem to destroy the large blue cloud and break the object-mother into the bits.

Adrian appears to spend the following three sessions mobilizing manic defenses to protect his fragile ego from utter despair as "it takes a long time for the ego to acquire sufficient strength to feel confidence in its reparative capacities" (Segal, 1975, p. 82). He reverts to his colorful geometric drawing repertoire and debates the use of coming to art therapy, since he is always talking about himself and I never reveal anything about me. Adrian creates a robot with cut wires of communication and no mouth after he protests he will no longer speak (figure 31) and a sperm-like figure alluding to all the private material he has entrusted in me (figure 32). He flirts with the idea that he is not really ill and that the personnel of the community program should not call him a client because it is not respectful but degrading. Adrian's feelings of contempt surrounding the lunch incident unconsciously reappear in his conversation, illustrating that if reparative activities cannot be carried out, ever-renewed attacks continue to prevail, even while the overdue and slow introjection of accepting ideal objects strengthens the ego and promotes its growth in the therapeutic process (Segal, 1975).

Termination

Adrian revives his idea about returning to school in the meeting that I announce the date art therapy will terminate. He knows it will be difficult and

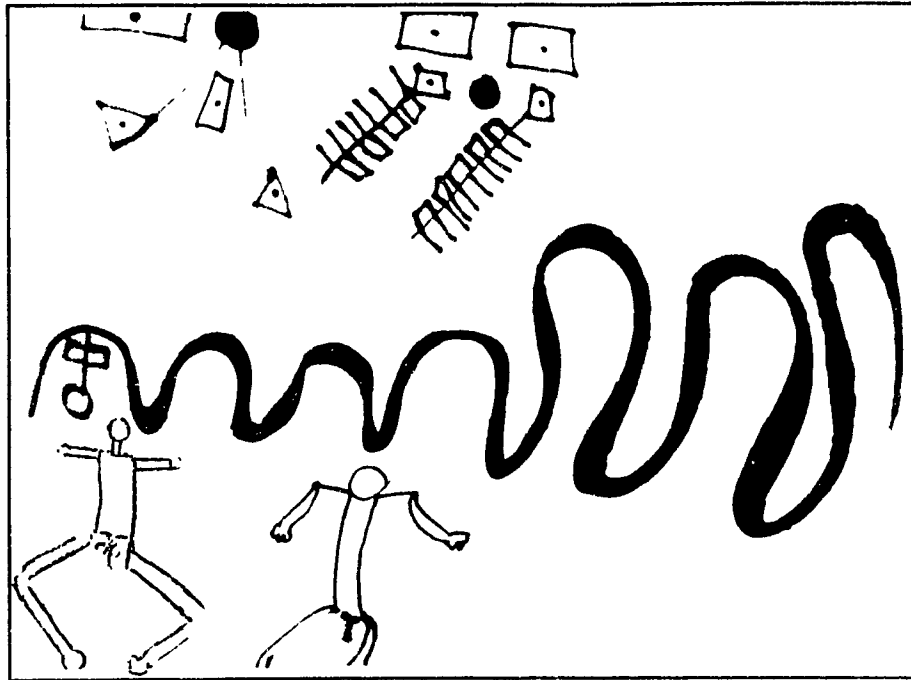


Figure 18/Session 28 *Adrian's world of sexual fantasy*
(enhanced image)

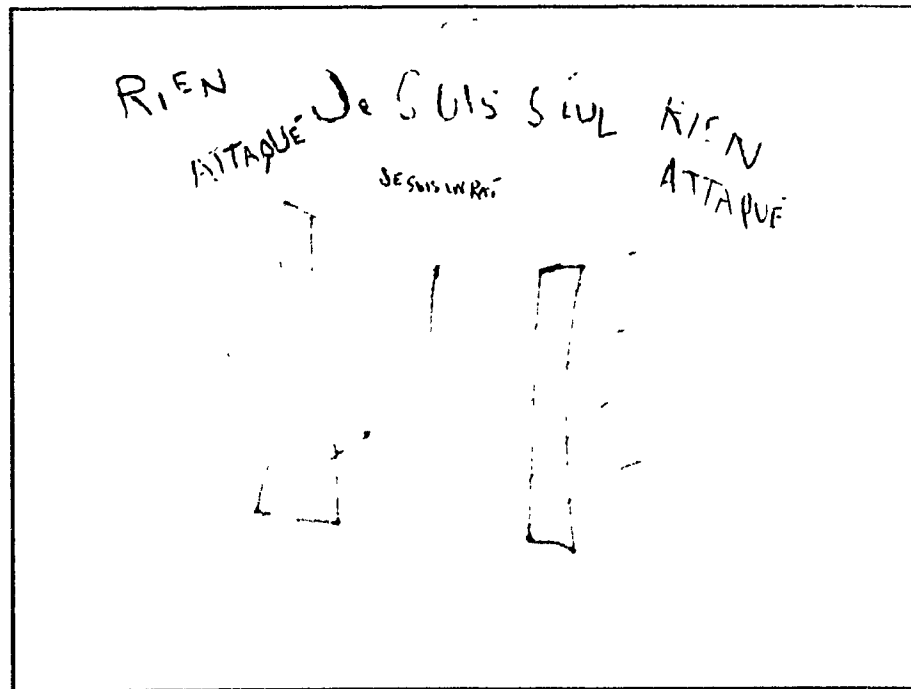


Figure 19/Session 29 *"The miscarriage"* (enhanced image)

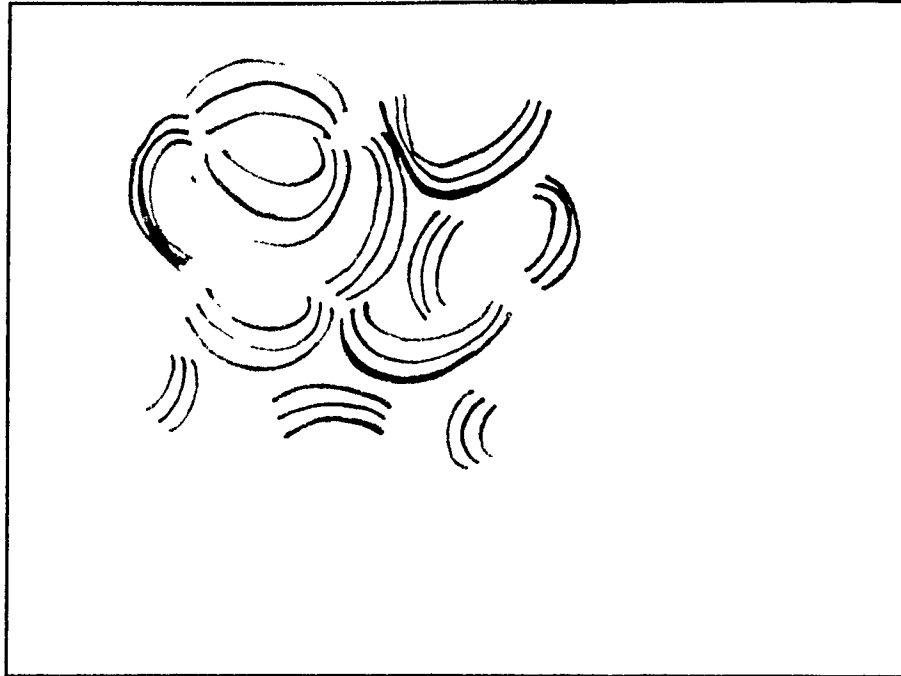


Figure 20/Session 30 "A muscular self portrait"

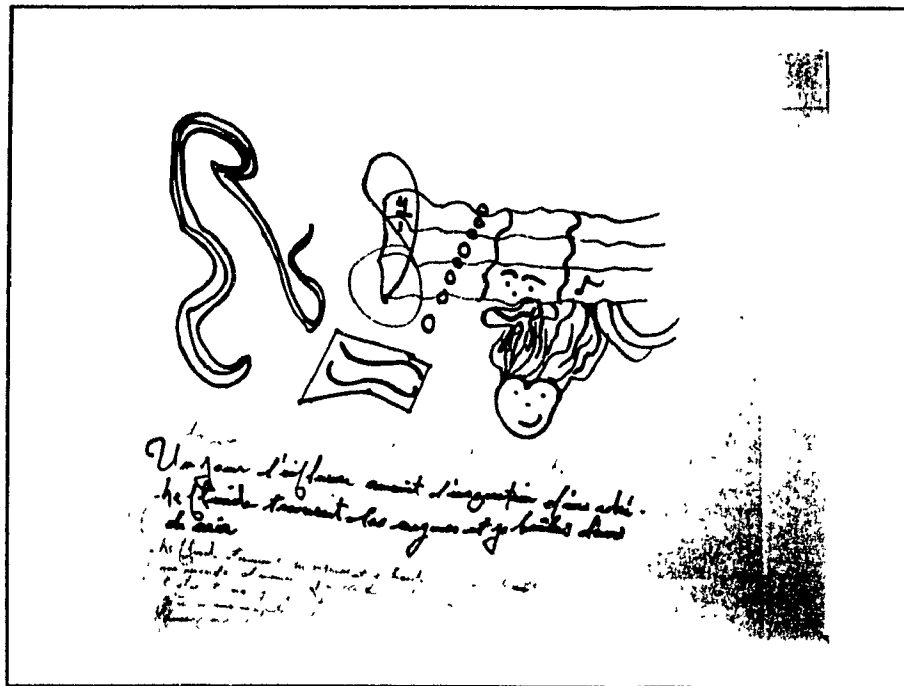


Figure 21/Session 31 *Adrian's love of music and poetry*

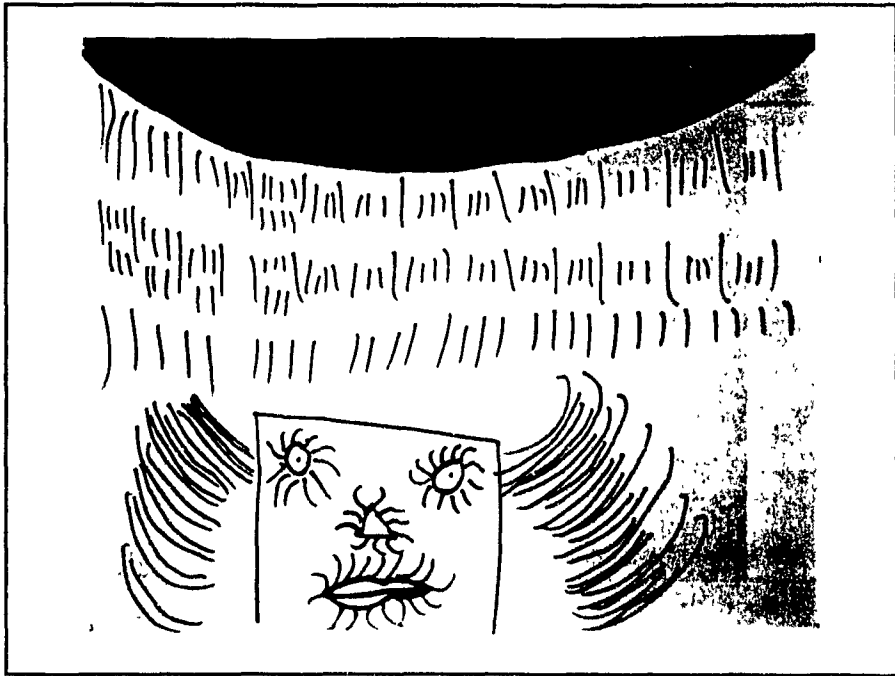


Figure 22/Session 32 *Persecutory feelings*

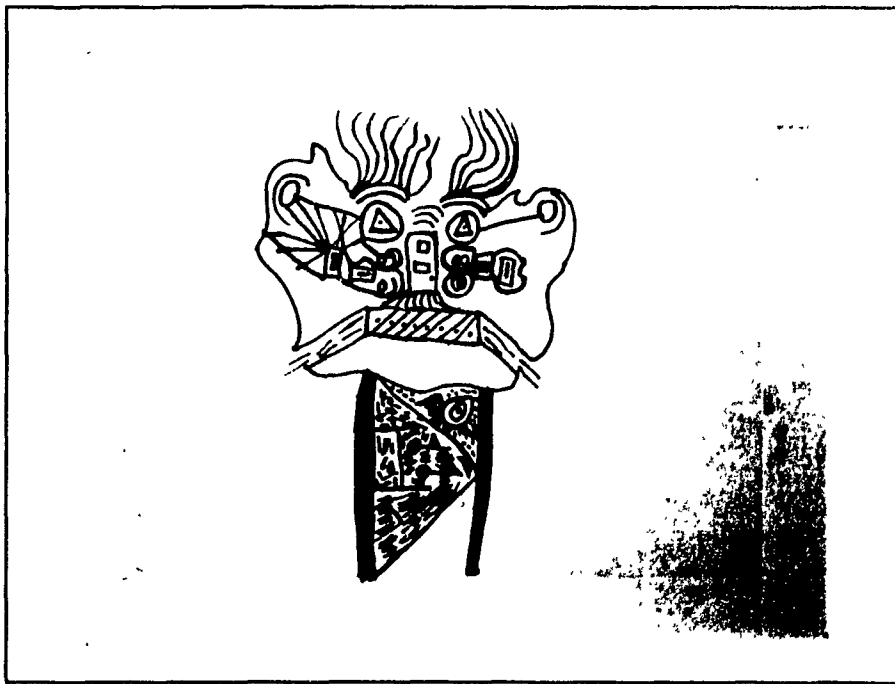


Figure 23/Session 33 *"The monster"*

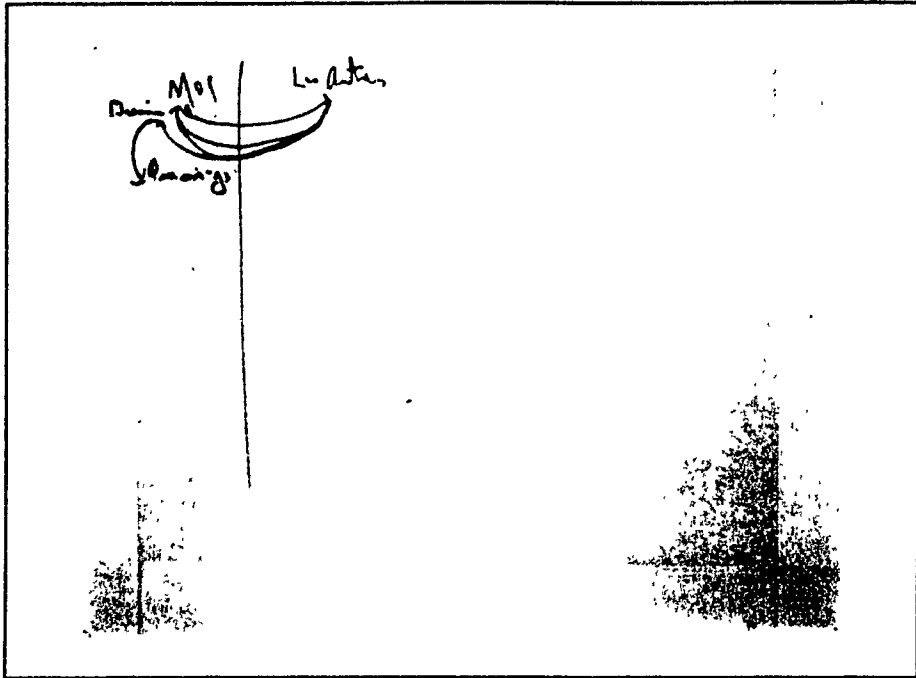


Figure 24/Session 34 *Working through ambivalent feelings*

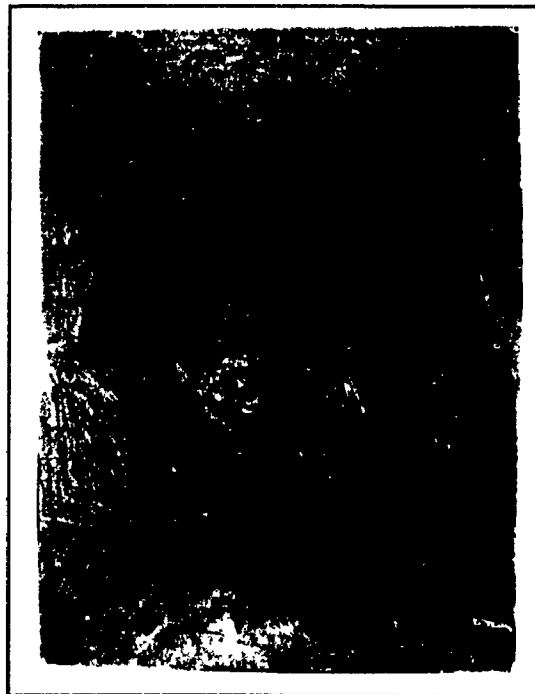


Figure 25/Session 36 *Reparatory feelings*

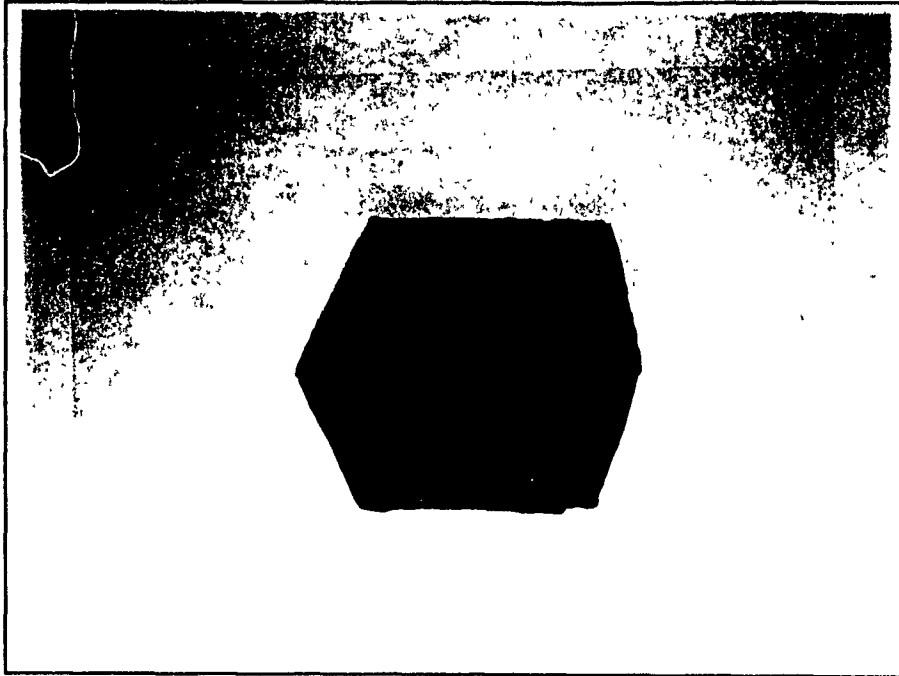


Figure 26/Session 36 *The persecutory breast* (enhanced image)

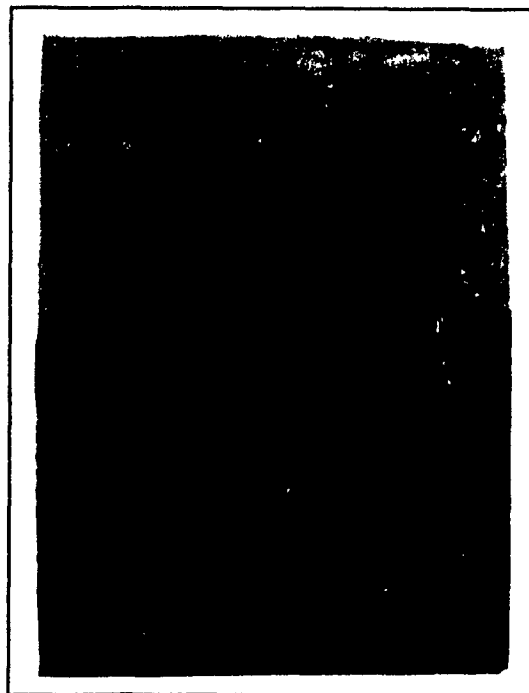


Figure 27/Session 37 *The monster reappears*

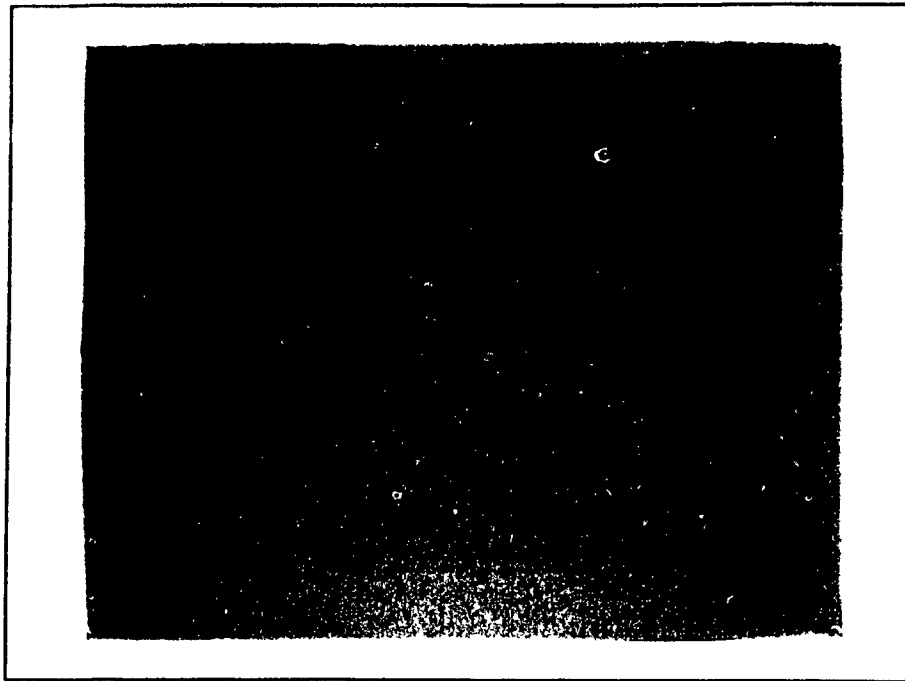


Figure 28/Session 38 *A game of solitary tic-tac-toe*

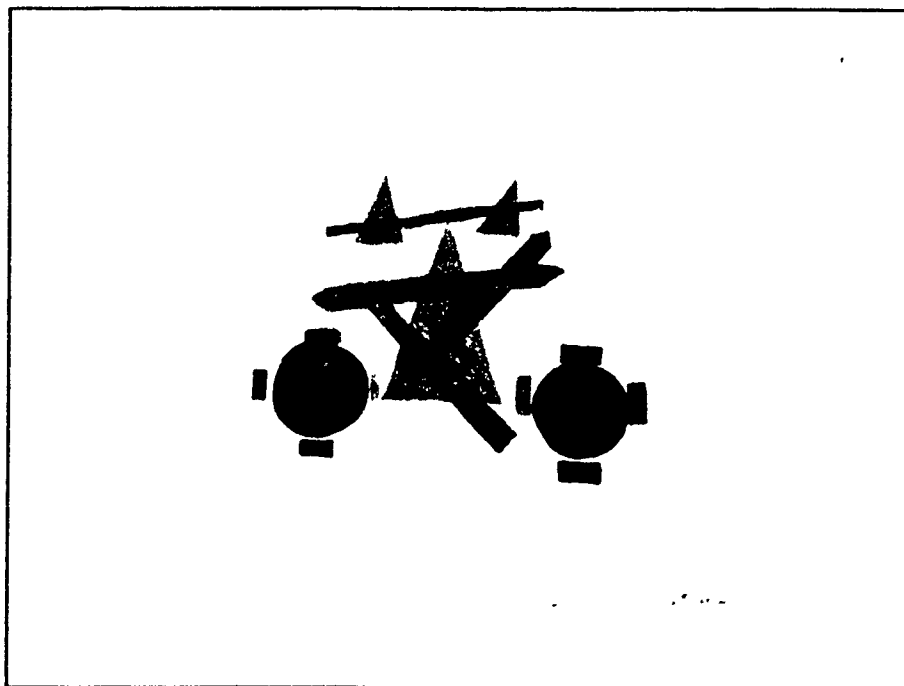


Figure 29/Session 39 *A Geometric monster*

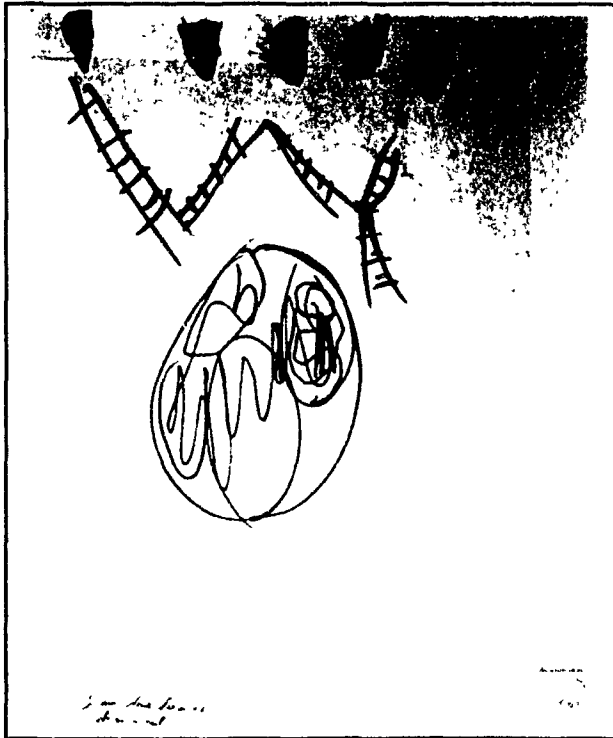


Figure 30/Session 40
*"I am in the clouds of my sky
striped in red"*

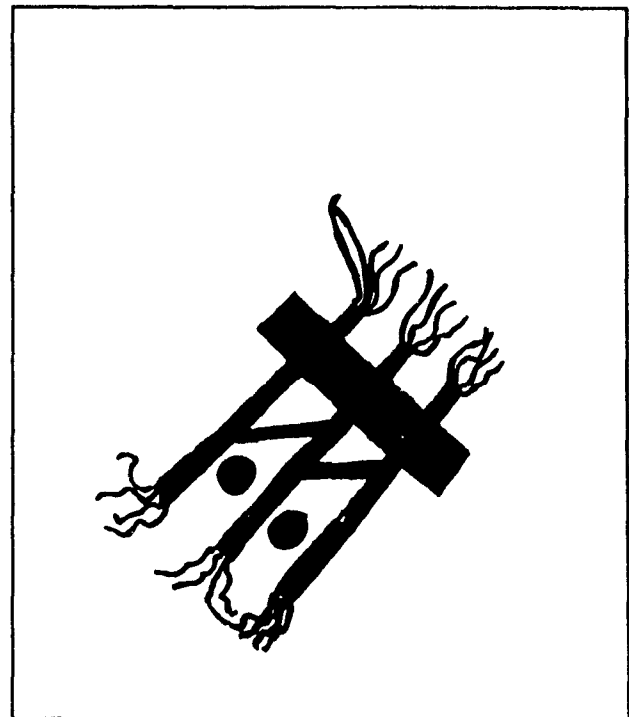


Figure 31/Session 41
The protesting robot

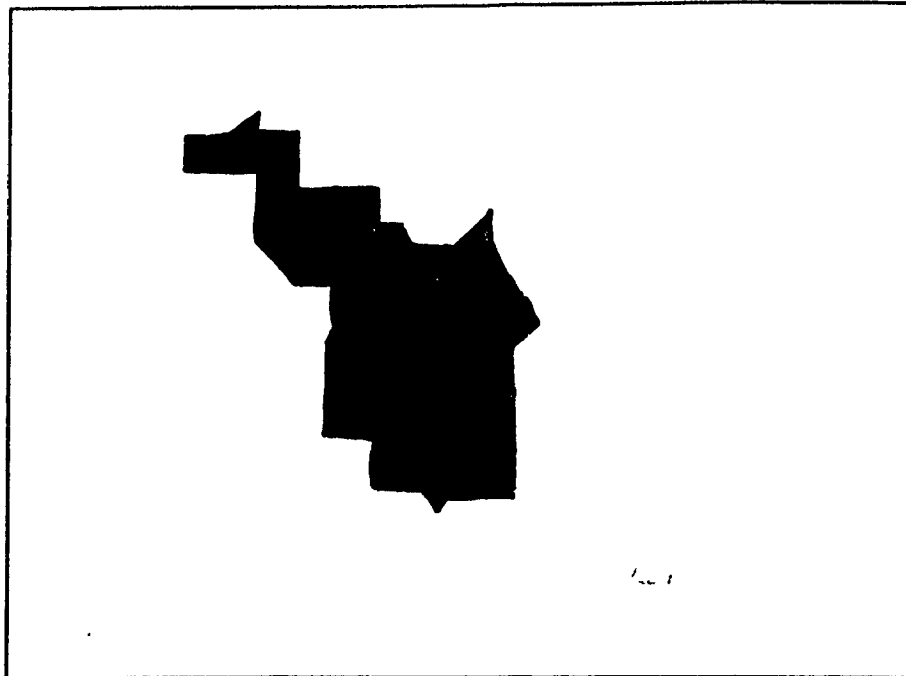


Figure 32/Sessions 42 & 43 *The geometric sperm*

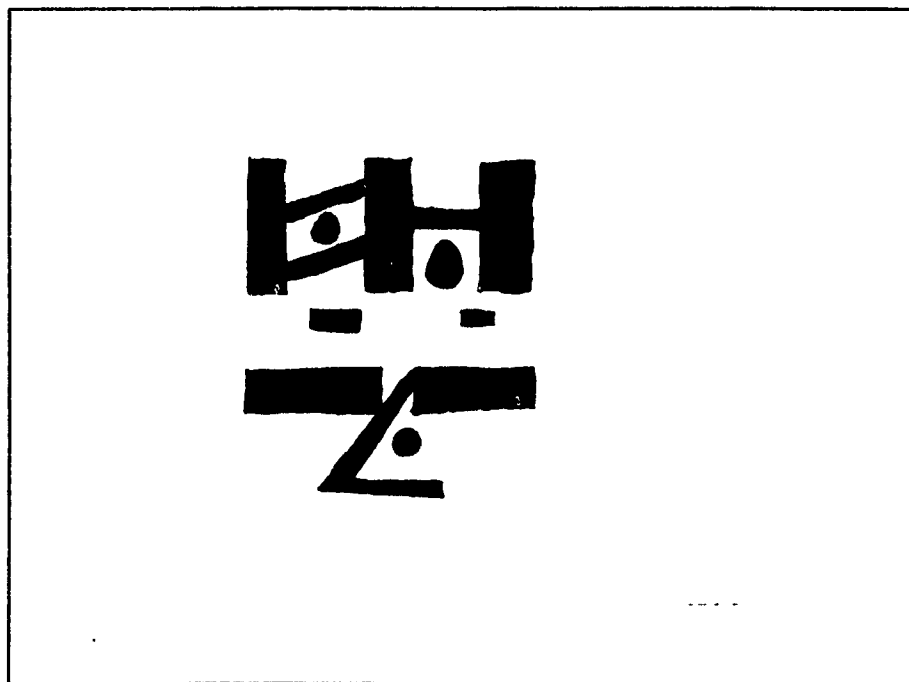


Figure 33/Session 44 *A lonely human face*

states: "I guess you found it hard at school in the beginning too. Its normal". He dwells on intellectual matters and perhaps is unconsciously identifying with the student in his therapist. More importantly he appears to have fewer grandiose notions about himself in this area, but more human and fallible thoughts instead. Adrian draws a lonely human face with his geometric repertoire. He identifies the two little marks under the eyes as bags from years of not enough sleep, which is not a very flattering perception from a narcissist and is significant in that Adrian misses his following appointment because he sleeps in.

Upon returning to art therapy he expounds on how so many people in the community program do not use the French language very well. He cites numerous examples of the way in which English terms are invading the grammar of every day speech. Adrian's case worker explains that he has been eavesdropping on conversations and correcting member's anglo assaults on his mother-tongue. Adrian gets flustered when I ask him to think about why he is not drawing but talking in this session. He defensively replies that he has no preconceived ideas and he does not want to draw at command. Whose command? Agitated he takes the thick black marker and aggressively draws what appears to be two short lines with a circle in the middle (figure 34). Adrian does not understand what it means, however it mysteriously returns in the next session's drawing (figure 35). The two lines turn into lungs dotted with sickness and cigarette smoke, his mother's cancer and the disease he will die from since he chain smokes too. The circle grows into an ugly black insect and is perhaps his miscarriage and monster abbreviated. Adrian's diseased self

emerges after its concealment throughout his drawing series in different guises, for example, as bugs (figures 3, 4, 35), a blemish (figure 7), a weapon (figure 12), suns (figures 5, 15, 36), a whirlpool (figure 14) and eyes (figures 22, 27). Is it possible that Adrian is avoiding the incorporation of his therapist's mother-tongue in the fear of introjecting further injurious feelings related to his early object relating? (The art therapy sessions were conducted in French, however since I attended an English school Adrian perceived me to be an Anglophone.) Perhaps Adrian's symbolic reaction to my departure suggests that identification with the object-mother at this time is too threatening because his ego has not been given ample time to grow enough to allow for a gradual integration of opposing feelings.

Adrian retreats into a world of goodness in the subsequent meeting. He says he has been sleeping better and reading a lot, and recently had a very nice pizza lunch with his case worker. He assures me that he will stop going to the erotic movie house because his mother would never approve of such behavior; he will purchase a theatre pass from a local repertory cinema instead and attend foreign and documentary films that are more educational. Adrian's creates a rather formal, mathematical drawing while talking, using a ruler to measure the dimension of the squares (figure 36). Even the coloring pencils add a dry feeling and lack of spontaneity to his the picture which he calls *An improved return to another time*. Perhaps Adrian's "intellectual persona" needs to reassure his object-mother of the cohesion of his psychic structure and his ability to shut down his sexual fantasy life in view of the pending termination of therapy. He seems to adjust to her values and

principles and presents a good, pious and pretty facade lacking much vitality.

Adrian requests to see his drawing in the next appointment and wants to add another element that is in his head - a sun. He tries to create a sun with the colored pencils but the rays are not the way he wants them, therefore, he tries another one only this time he changes media and draws it in black marker with red contours. The second one is more successful and assists Adrian to share his sad feelings about saying good bye to his parents when they died. At first he appears to undertake adapting the nice pastel colors from the geometric structure to the sun, however the marker's darker and stronger colors and his linear organic repertoire are more successful at allowing his difficult emotions surrounding termination to be expressed.

Adrian creates the very last self portrait in art therapy in the succeeding appointment (figure 37). He quietly draws and is concerned that he will not have enough time to finish his drawing. He begins with a Japanese torii with a purple shadow and line that stretches across the forehead where lush vegetation grows like his presumed intellect. He adds many items he has referred to in past drawings like his tired eyes with bags underneath, wrinkled old skin and a nose in the shape of an inverted guitar with purple musical notes or smoke coming out. He makes reference to his angry outbursts with a viperous tongue, as well as to a diseased body and flaccid impotent phallus. It is a more humble and human portrait and essentially conveys the same quality of sadness that is felt in his drawing the day I announced the date of termination (figure 33).

Adrian is feeling tired in the following session and believes he is coming down

with a cold. He wanted to stay home but comes to the session seeing that there were so few left. He uses the hole in a roll of scotch tape to trace little circles all over the paper and a ruler to define geometric shapes which he sluggishly fills in with bright colors (figure 38). Adrian's artistic process is very robotic and seems to reflect his need for extra support to perform a drawing that he possibly does not want to do, in light of not wanting to be in art therapy. The final sessions culminate with Adrian progressively distancing himself from me as he prepares to de-cathect from the therapeutic process and be on his own once again. He describes his drawing as being balanced and calls it *Ethereal* because of its airy quality, which is perhaps an unconscious reference to his lungs that are weak with a cold and that oblige him to miss our following two meetings. Adrian's immune system seems to break down, perhaps a somatic reaction to my departure and may be an unconscious identification with the sick object-mother as his mother left him because of lung cancer.

Summary

The two final drawings of art therapy appear to sum up Adrian's experience of object-relating. In the first drawing he creates with his familiar organic drawing system a *magnet* on the left which is in the form of a *totem pole* (figure 39). There are numerous arrows drawn inward, much as they are in figure 24 and are not in figure 17 after his other art therapy intern leaves. The overshadowed child in Adrian is very much in need of being perceived and tended to, since it appears from his family history that he had distorted mirroring and perhaps none at all. One of Adrian's compensatory defence systems that helps him to feel good about himself is

his feelings of omnipotence and grandiosity which are alluded to in the totem pole image. However, the child that has not been seen, that has not introjected enough good objects, also defends himself through manic defenses. His bad feelings are projected out and on to the object-mother, whom he perceives to be persecuting like the *sun's whip* drawn to the right of the magnet and made up of eyes the color of the sun which is an equally omnipotent manner of functioning.

Unless Adrian has further art therapy he will not experience a limitation in the belief of his own omnipotence, therefore the vicious circle of manic defenses will continue. "Without the experience of maximum destructiveness" where the object-mother is not protected and survives the child's attacks, the child "never places the [symbolic object-mother] outside the area of omnipotent control" (Winnicott, 1971, p. 91). For Adrian to be able to introject good mothering experiences, requires that the symbolic mother in therapy not be within his own omnipotent control. The introjection of the good internal objects in art therapy would fortify the belief that good internal experiences could exist inside Adrian and strengthen his ego. If his ego were stronger it would be less prone to project its bad feeling outward, but would allow for a gradual integration of opposing feeling (love and hate) and the acceptance that the two can exist within himself and others.

However, for the time being, Adrian's object relating shall be one of a *struggle* to control omnipotently the original object of love, such as his final drawing suggests. *The rest of the warriors "after Julia"* is a battle field after a long fought war, where the spears and shields are scattered and confused on the ground (figure 40). Adrian's

organic linear drawing repertoire crystallizes into geometric shapes as his libido is left without an object-mother once again with termination.

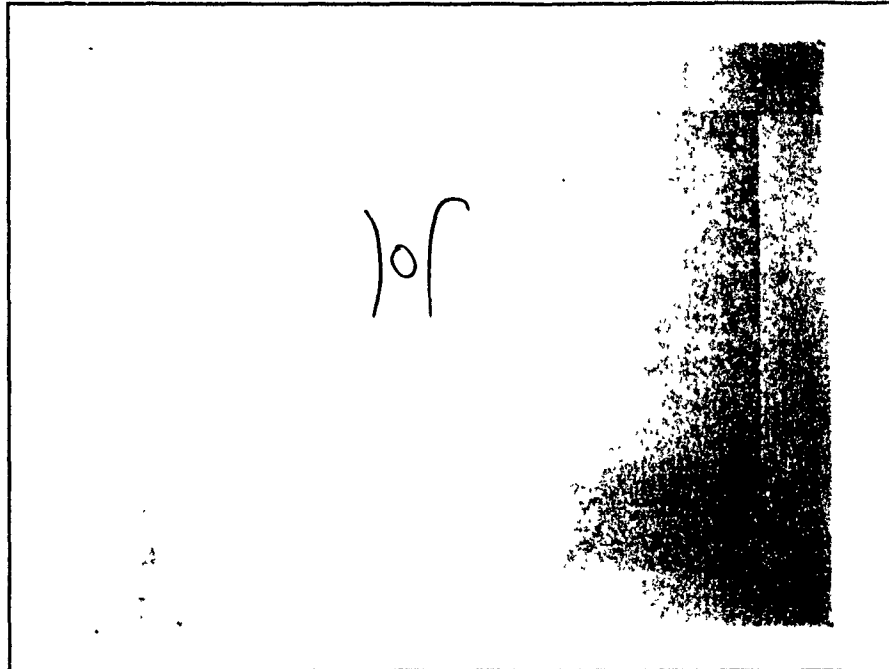


Figure 34/Session 46 *Anglo assaults*



Figure 35/Session 47 *"Cancerous lungs and an ugly black insect"*

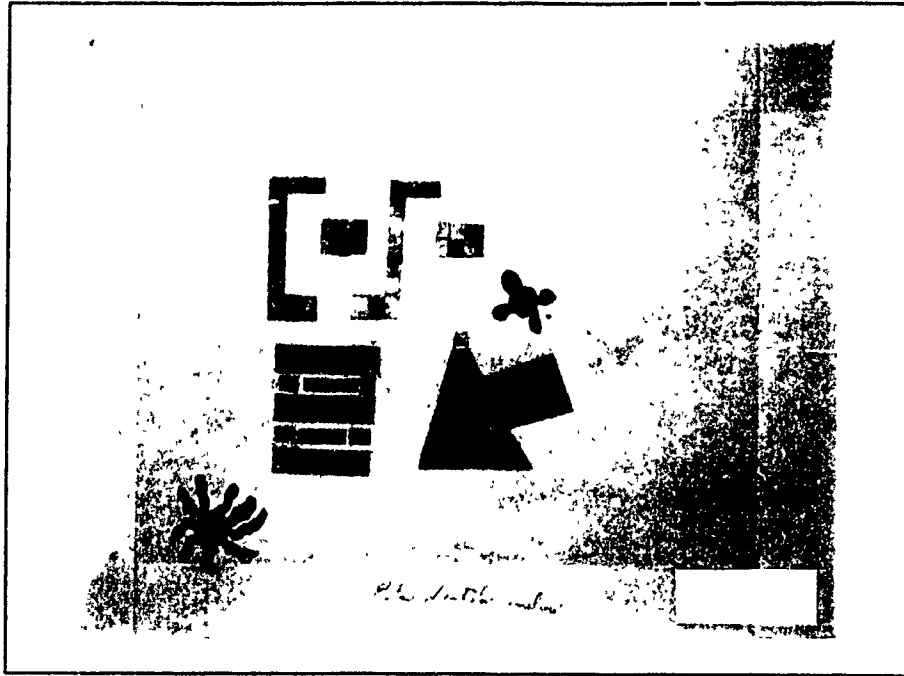


Figure 36/Sessions 48 & 49 *"An improved return to another time"*

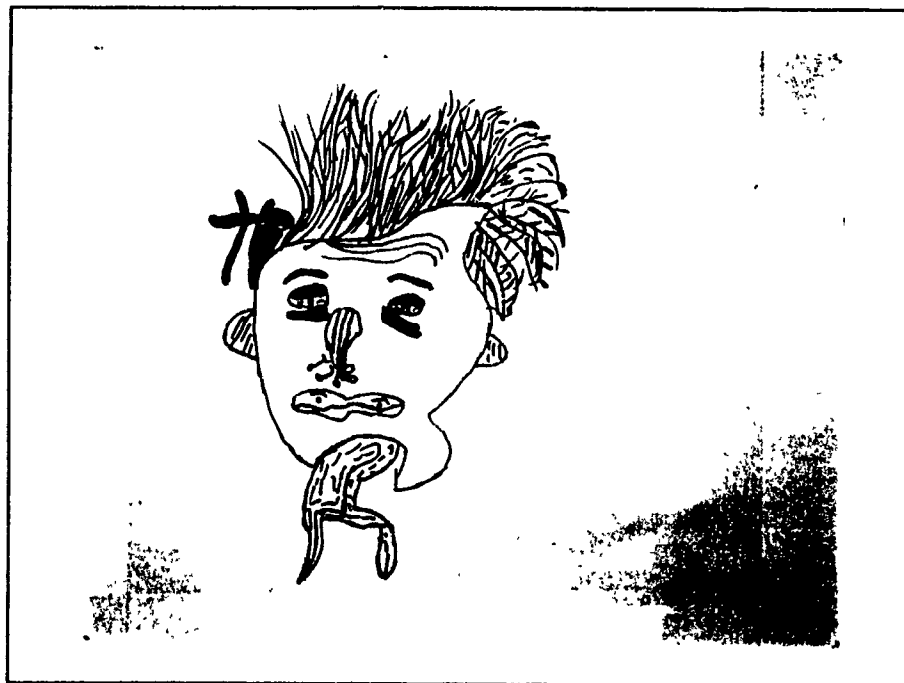


Figure 37/Session 50 *"Self portrait"*

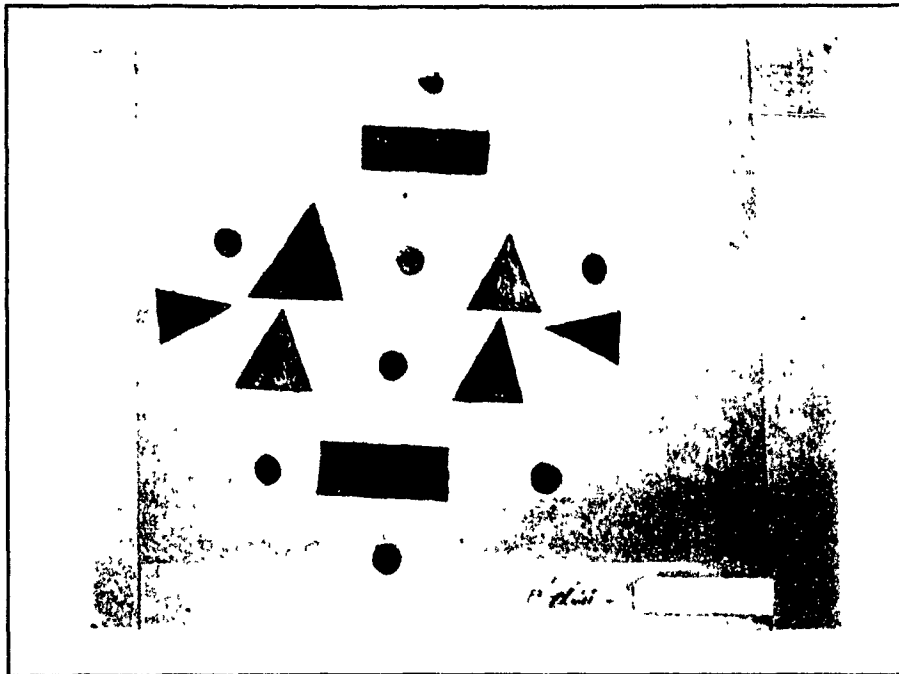


Figure 38/Session 51 "Ethereal"

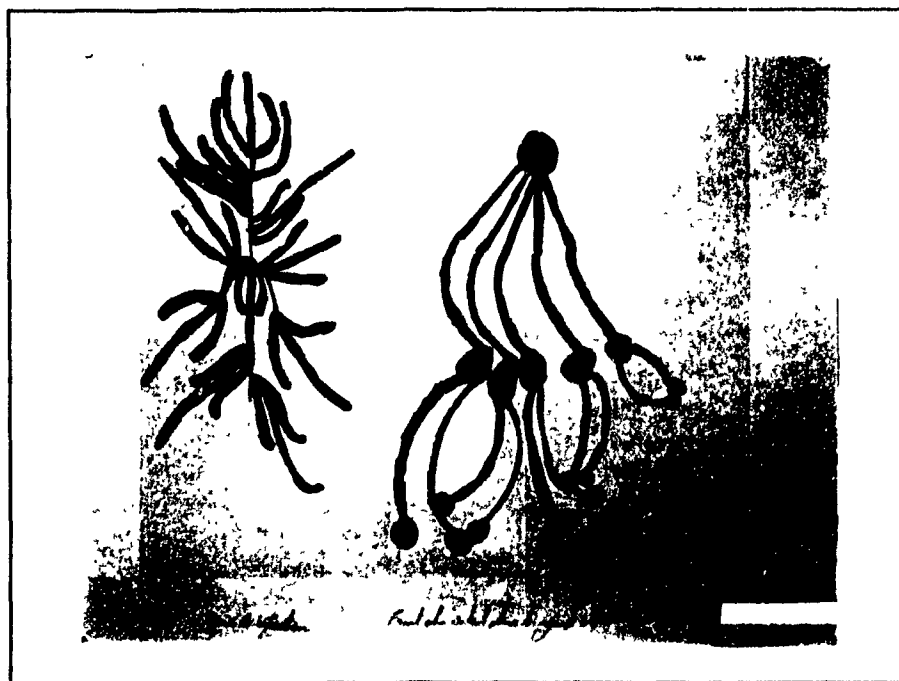


Figure 39/Session 54 "Magnet totem pole and the sun's whip"

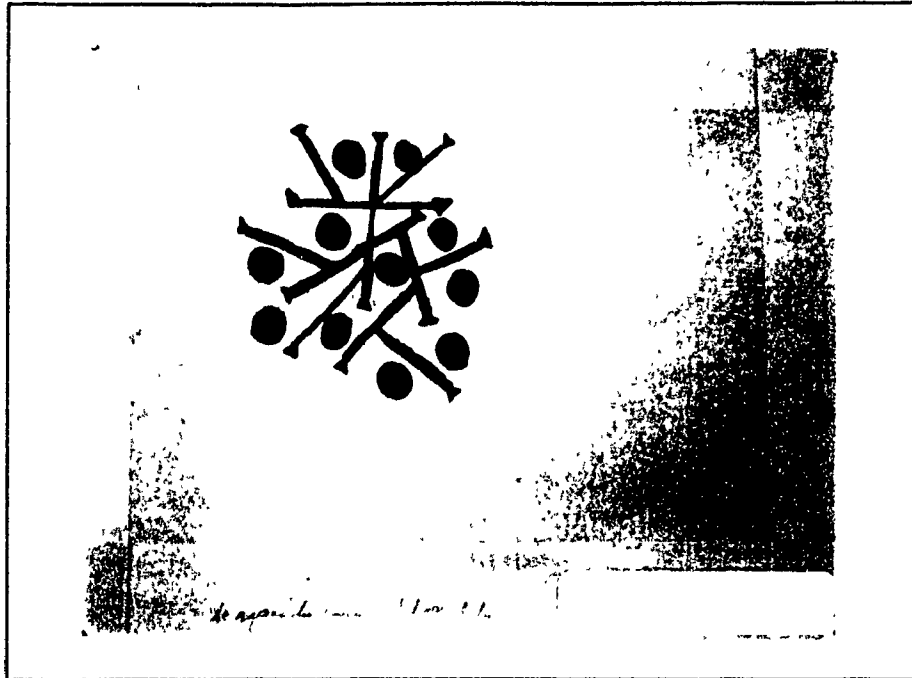


Figure 40/Session 55 *"The rest of the warriors
'after Julia'"*

CHAPTER SIX

Conclusion

In the introduction to this thesis reference was made to an occurrence where I incorporated art education theories of drawing development into my art therapy practice without intentionally referring to the art education literature. Recognizing this incident led me to hypothesize that an important number of North American art therapists approve of the art education theories and employ them in their theory and practice. In order to determine whether this hypothesis is true, I began my research with a summary-survey that outlines the major, and most accepted, theories of drawing development. From the discussion it was established that from the outset of investigation in the late 1800's, theories of drawing development have been essentially delineations of children's steady progress towards realistic picture representation - for example being able to attach a head to the shoulders of a body - or descriptions of superseding stages that end in volumetric, three-dimensional rendering.

The selective review of art therapy literature provided in the following chapter, confirms my initial supposition that many prominent art therapists do adopt and utilize the same linear sequence models of drawing development as art educators. The inquiry reveals that numerous published North American art therapists believe the acquisition of realism to be a *normal* endpoint in drawing and use it as a standard of measurement for charting their patient's progress from illness

to health. The chapter deliberates how such a method of interaction appears to be *limiting* for art therapy since it predisposes drawings to diagnostic reductionism, implicitly prohibiting patients from exercising the freedom of creative choice and appears to overlook the whole person in treatment, for the sake of conformity to a societal standard of normalcy in art.

In view of the above-mentioned limitations, speculation as to why the endpoint models of drawing development are so widely employed uncovers that they appear to be more adaptable and compatible with the Humanistic and Ego psychology perspectives that these art therapists adopt. These reality-based approaches to art therapy focus on objectifiable, factual and external objects seen in patient's drawings to the exclusion of fantasy material and 'unrealistic drawings'. Artistic regression is discouraged and its importance is discounted. Patients are encouraged to focus on the objective reality component of psychic material and to emphasize the present rather than address the imaginative substance of their drawings and the past as expressed in the current moment. While significant progress may be achieved through a reality-based approach to art therapy, the numerous restrictions and apparent disregard for the art therapist's inherent responsibility to ensure that there is an adequate frame to support unconscious and difficult material when it emerges, inspires a reexamination of the topic from within a different psychological framework. This framework does not view a patient's drawing as a cathartic release, from which the content may be seen to depict negative unconscious impulses. Nor is it only a form of occupational art activity, in which the creation of a drawing is a task to fulfil

feelings of achievement or where the mastery of a technique is its fundamental goal.

The thesis has proposed an alternative to the ego strengthening reality approach to art therapy. It speculates on a perspective where external and psychic reality exist simultaneously and an *imaginal ego* mediates between them, deciding which reality is present at any given time (Hillman, 1969). Within this context, the art therapist provides a "potential space" where patients create an imaginative world in which they can play and be found in, and perhaps re-establish contact with parts that were repressed while survival strategies dominated (Winnicott, 1971). The projected framework offers a means to institute contact with a vast array of psychic impressions and many levels of awareness. For example, the recreation of aspects of early mother-child relations is possible, is carried forward and worked through symbolically, even during moments of a patient's adult life, as is distinguished in the case study in Chapter Four.

The therapeutic method advocated in the third and fourth parts of the thesis is primarily based on object relations theorist Winnicott's ideas surrounding the process of *play* which he believes connects subjectivity and objectivity in a "third area" (1971, p. 109).

In the potential space between the baby and the mother there appears the creative playing that arises out of the relaxed state; it is here that there develops a use of symbols that stand at one and the same time for external world phenomena and for phenomena of the individual person (ibid, p. 109).

It is in this third realm in art therapy that art making and perceiving is *experienced* and where the self can be found. The multi-repe-toire theory of drawing

development allows for the *whole* self to be found by permitting formless, unconscious and split-off parts of the psyche to emerge, transform and re-integrate into the patient's personality. Since it is a flexible and nondiscursive model, drawing better *reflects* the creative impulses and cycles of alternating levels of ego functioning. It not only establishes and confirms the complexity and the richness of psychological growth, but that of drawing development as well, since it effectively multiplies the number of visual perspectives potentially available.

Implications for art therapy

Being able to differentiate between drawing expression that depicts health and/or illness is an important task for art therapists. At times we need to predict drawing behavior if we are going to help our patients; hence, part of the time will be spent looking at patients' art work objectively to ascertain how the emerging imagery builds on the previous drawing, or drawing series. However, since art therapists are also primarily concerned with the psychological function of art, some of the time is spent sharing in a patient's experience, entering into his or her emotional and psychological experience, and seeking the meanings of the experiences of others within their own feelings and emotions. In other words, sometimes art therapists must lay themselves open to the unknown, just as the patient must also to re-establish a dialogue with the aspects of their personality that are severed or have never grown due to overshadowing survival strategies.

As discussed previously the multi-repertoire theory combined with an object relations approach allows the drawing process in art therapy to bring together

divergent aspects of a patient's personality. This process has many implications for the art therapist's role, because it entails that he or she be prepared to be *flexible* and have an open-mind in spite of fears or doubts and receive the patient's unconscious projections in whatever form they materialize. Within this approach to art therapy the art therapist "must put over the point that everything is permissible, everything which the picture calls for, [and] every instinctive prompting in regard to the work should be followed" (Thomson, 1989, p. 63).

The art therapist's role is to establish an environment where any type of drawing can be invented, especially drawings that contain fantasy life and which can reflect inner realities which have never been felt or given an opportunity to live. The art therapist's function is not a directive one, but one that focuses more on encouraging the spontaneous and free growth of the drawing images in the therapeutic frame. The therapeutic process must be relaxed and opportunities for it may be bypassed if there are efforts to dictate premature meaning where "nonsense is" (Winnicott, 1971, p. 56). As the patient projects parts of him or her self on to the drawing, the art therapist accepts them as their own in an undifferentiated state of consciousness akin to Ehrezweig's "syncretistic vision" (1967). It is important that art therapists can experience this receptivity in order to "hold" and protect the pieces that patients give them. Thomson (1989) confirms that as art therapists accept all forms of drawing activity "... the trust built up between [themselves and the patient] allows that person to dwell in formlessness, allows her [or him] to toy with and follow her [or his] instinctive promptings" (p. 102). The environmental role here is

paramount since these experiences facilitate the process of discovering and accepting the difference between inner fantasy and outer fact.

The art therapist's free-floating attention (i.e., syncretistic vision) and holding of this material, which may be perceived to be dangerous and sometimes persecuting, eventually concludes with its reintroduction by the patient in more tolerable and palpable forms in many cases. The parts the patient takes back are "enriched by the accretions stemming from the other's independent personality" (Thomson, 1989, p. 105). However, if a patient tries too much to control the situation they will have a difficult time accepting that a drawing may contain more than they had consciously put into it, as can be discerned in Adrian's case (figure 16). Sometimes a patient can react defensively against the pieces that are full of self-hate, and insist on perceiving only what he or she has knowingly added to a drawing. There may be other meaningful elements in a drawing that were not deliberate, but reflect something of the independent nature of the unconscious, as well as the multifaceted aspects of the whole personality. It is important for the art therapist to hold the unwanted material in order to reflect to the patient that there is something *valuable* in the parts that feel like garbage. Therefore, when the art therapist gives it back, it has been transformed into something that is different - perhaps imbued with goodness - which may give hope for its future reintegration and wholeness.

Personal creative living according to Winnicott is a healthy, satisfactory state that has no reference to a finished product (i.e., realistic drawing), and "its unsatisfactoriness must be measured in terms of its being hidden, its lack of

enrichment through living experience" (1971, p. 68). One can see the beginnings of the creative process for Adrian, of an exchange between inner contradictions reflected in his drawings, as well as the re-integration of some of the split-off elements. Adrian's self-assumed negative feelings and the angry, aging, ugly and diseased part self that was cut off and repressed for his survival by his "compliant self", came alive in the therapeutic process and art work. It was extremely important for him to experience creativity in order to feel that life was worth living, in comparison to the compliance of his false persona.

In closing, this study has brought to my attention an area that seems to necessitate additional research. This area is the relationship between reality and fantasy as perceived in drawings in art therapy treatment. The *artistic process* with its emphasis on imagination and fantasy poses a serious challenge to art therapists trying to encompass actual and symbolic realities of patients' functioning in a means of working with patients. A comprehensive approach to drawings in art therapy would seem to require that consideration of both realities, concrete and imaginal, be equally fundamental in treatment, and therefore should be reflected in any method of inquiry in art therapy.

ENDNOTES

1. E. Cooke (1885) "Art Teaching and Child Nature", *London Journal of Education*, 10.

_____ (1886) "Our Art Teaching and Child Nature", *London Journal of Education*, 8.
2. Lukens delineated five sequential aspects of this development, namely: (1) spontaneous sounds and indiscriminate marks, (2) imitation of sound and form without meaning, (3) holophrases or singular and rudimentary pictures, (4) elaboration of language skills and differentiation of "picture-writing" to communicate thinking, and (5) technical proficiency at grammar and in drawing perspective and proportion.
3. Gablik broadly conceives of children's art as a major source of evidence of humankind's evolution: the recapitulation of humankind's evolution on earth goes through the same stages that children pass through on their way to maturity. The Wilsons (1977) theorize that children are influenced by outside sources such as popular media images and comic books, and emphasize the role of observation and imitation of other individual's drawing behavior in the development of drawing skills.
4. Cizek lived during the first stirrings of the Modern Art movement taking place in Vienna, and was certainly inspired by the masters of the German Bauhaus who were seen as the foundation of art instruction (Efland, 1989). Wilhem

Viola wrote "First came Cizek, and then followed the psychologists. This is important. Child Art is primarily Art. But it is good that psychology has proved what Cizek as an artist had intuitively said years before" (1942, p.13).

5. "Psychoanalytic theory suggests that representation is *the product* of unconscious material rising to the surface of consciousness where it can influence present perception and artistic representation" (Feldman, 1970, p.147).
6. Luquet's (1927) theory is one which clearly distinguishes children's drawings as essentially realistic. Each of his stages characterises a special dimension of realism: fortuitous, failed, intellectual and visual.
7. Topological rendering is the configuration of a surface including the graphic delineation in detail of the physical or natural features of an object or entity and its structural relationships.
8. In the decades preceding and following the late 1800's, the prevailing style of art in the Western world (Canada, United States and Europe) was Naturalism: a pictorial tradition four centuries old, inherited from the Renaissance, in which a work of art was created as a mirror bearing resemblance to nature. "Painting was compared to a window, and it claimed to show 'life itself,' a 'natural' vision, a literary reality." (Clay, 1978, p. 9). Humankind sought every kind of perspective device such as *camera obscura*, including in the end the photographic camera, to better render the effect of reality. It was within this dominant art aesthetic at the turn of the century,

that the first classifications of drawing development initially came into existence. However, even with the later growth of interest in Primitive Art from third world countries and appreciation of the characteristics of Modern Art, the early ideology that had been brought to the description of drawing development as a steady progress towards realistic rendering has continued to flourish (Gardner, 1980).

9. Piaget considers that the mental operations of the period are applied only to objects which are physically present.
10. *The Museum of Modern Art* is one of the first institutions to recognize the therapeutic value of the arts, holding *The Arts in Therapy* Exhibition in February of 1943. That same year, the Museum sponsored a study group on "Art in Therapy" with the intent of promoting individuals to "use art in the interests of wholesome emotional stability of students", and "as a basis for further study in preparation for becoming clinical specialists" (D'Amico, 1943, p. 10).
11. The concurrent inquiries into the art of psychiatric patients in European insane asylums by some far-reaching physicians is not reviewed due to the limited reach of this chapter. It is acknowledged however, that these investigations, the most famous of which is Hans Prinzhorn's *Artistry of the Mentally Ill*, helped establish the first criteria for distinguishing psychopathology in the art of the ill. That much of the literature asserts that the formal aspects of art in which *naturalistic* colors, forms, and subject matter

exemplify well-being, reinforces the theoretical conclusions put forth by American art educators as to what is the normal endpoint in drawing development.

12. The term aesthetic in this manuscript refers to "the objective design quality of a work of art, its lines, color, shape, and their relationships" (Madenfort, 1973, p. 7). Drawings are regarded for their external aesthetic criteria versus their internal aesthetic qualities of feeling and emotion.
13. David Henley earned a master's degree in art therapy under the tutelage of Edith Kramer at New York University. He refers to his practice as *art education-therapy*.
14. During the 1920's and 1930's work in the field of child analysis by three prominent child psycho-analysts - Anna Freud, Melanie Klein, and the paediatrician D.W. Winnicott - demonstrated how through *play* and *art-making*, children can externalize their thoughts and feelings and that these actions are equivalent to the verbal free associations of the adult.
15. These would include partial and even total deprivations of one kind or another in childhood or adulthood, narcissistic disturbances in early relationships to significant others, or suffering from a disease or a physical handicap, or even collective factors such as war and societal persecution.
16. "A symbol refers to something in the world. Denotation is a form of symbolization widely used both in and out of the arts: maps denote, names denote; and in the arts, *representational paintings denote*" (Winner & Gardner,

1980, p. 24, italics mine).

17. Gardner (in Eisner, 1976) sets forth a model of artistic development that involves qualitative rather than quantitative change. He believes that "the seven- or eight-year-old has the mental equipment to become an artist, and he [or she] need not pass through qualitatively different stages in order to participate fully in the artistic process" (p. 105). Rather, he or she will need a *lifetime* to deepen and develop their drawing systems and processes.
18. The patient's titles appear in quotation marks.
19. Some of the photographed artwork has been enhanced for reproductive clarity.

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APPENDIX

AUTHORIZATION FORM

I hereby give consent that my art therapy productions may be photographed, and used along with case material by Julia Olivier, for any of the following purposes:

1. Consultation with mental health professionals intended for the client's benefit;
2. On-going training of other mental health students or professionals;
3. Case presentations, thesis material, publication or presentation at professional conferences;
4. Educational purposes.

I understand that in all of the above mentioned purposes no reference will be made to my identity and confidentiality will be maintained.

Signature of Client

Date

Witness