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Art Therapy as a 'Transitional Phenomenon'
with Special Emphasis on
the Treatment of Psychosis
Exemplified in a Case Study

Cosmina Ionescu-Vaccarino

A Thesis
in
The Department
of
Art Education and Art Therapy

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

August 1985

• Cosmina Ionescu-Vaccarino, 1985

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ISBN 0-315-30617-3

ABSTRACT

Art Therapy as a Transitional Phenomenon, with Special Emphasis on the Treatment of Psychosis, Exemplified in a Case Study

Cosmina Ionescu-Vaccarino

The concept of art therapy as a transitional phenomenon, especially in relation to the treatment of psychosis was investigated. Transitional phenomena, a Winnicottian concept, refer to acts of symbolic attachment (usually seen in infancy) which function to alleviate the anxiety experienced in the absence of the nurturing figure. The major issue of the psychotic phenomenon which is probably the defective relationship of the individual's inner reality with external reality is often considered a developmental failure. It is suggested that the art therapy situation can sometimes function as a transitional phenomenon and provide a neutral "intermediate" zone between fantasy and reality where the psychotic's overwhelming inner reality (fantasy) and outer reality can meet and interact safely. Also as encouragement to play, as framing of fantasy, and most importantly as creative act, art therapy may be a way to bridge two realities. And in the case of the psychotic individual, art therapy may provide the opportunity to experience a reparatory process of affective growth which may have been missed developmentally. A case study of a manic-depressive patient is presented to illustrate these ideas. This thesis sees the art therapeutic process as a creative act and views the art making and relating to one's own art as transitional phenomena which contain the healing ingredients specific to art therapy.

ACKNOWLEDGEMENTS

I would like to gratefully acknowledge the following people:

My thesis advisor, Dr. Pierre Gregoire for his patient and encouraging support and for his beautifully "humanistic" outlook on life and on art therapy;

Professor Michael Edwards for his insightful, inspiring and sensitive teachings throughout my graduate studies;

Dr. Nicolai Buruiana for being so supportive of explorations and a true friend;

Professor Julia Byers for setting up a model as such a strong and dedicated art therapist;

My husband Franco, for his enthusiastic and loving intellectual and emotional input, vital in the making of this thesis.

My parents who, through their love and creativity have helped me grow into myself, an art therapist to be.

My parents-in-law and brother-in-law for being so caring.

Motto:

"Once there was an old man whose name was NahoKoboni. He was troubled in his mind because he had no daughter.... Being a witch-doctor, he therefore carved himself a daughter out of a plum tree...."

A fairy tale of the Guiana Indians (Gombrich, 1972)

FOREWORD

At the beginning of an internship the clinical world seems dissociated from theoretical precepts and the intern's fantasies about art therapy seem to be split from its realities. Slowly though, the art therapy intern starts realizing that patients are somehow finding the art therapeutic experience rewarding and necessary. The intern thus becomes more confident and continues to give everything in terms of empathy while trying to apply newly learned concepts, but some basic questions continue to tantalize her (him): how does art therapy really work? What functions are the art the art therapist performing? In the field of psychotherapy, as in any human studies field, one has to go along through the pains of developing a working and always reworkable theory which has to suit one's own philosophy as well as to take into consideration the history and the future of the field.

Since art therapy as a profession was baptized only about 40 years ago, the individual search of the intern is echoing the collective efforts of art therapy professionals who are attempting to form a solid theoretical body for their profession. Consequently, this study participates in the general efforts of a growing profession to define itself.

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INTRODUCTION

Art therapy is a therapeutic modality which is based on the idea that spontaneous graphic expression contains meaning, of both personal and universal value. The personal symbolism found in an image is thought to reflect aspects of the psychic world of the individual at a particular time and these aspects are explored in subsequent images as well as through verbalization. In other words, during an art therapy session the patient is encouraged to make images and to discuss them. With time, personal themes tend to develop in the art, the therapy thus following a path set by the thoughts and feelings of the patient, as expressed by him both graphically and verbally. According to the needs of the patient and to his own therapeutic 'style', the therapist will choose how directive to be. One can say though that the whole art therapeutic process is based on the creative resources of the individual patient.

Art therapy has been successfully used with a large variety of populations in terms of pathology and age. Most of the art therapy literature, i.e. the literature produced by 'art therapists', originated in the U.S.A., where art therapy clearly defined itself as a profession. These contributions, which can mainly be placed inside a Freudian

or post-Freudian framework, constitute a good basis for any study in the field, but the exploration of new theoretical avenues is a vital need for the art therapy profession. Especially with regard to the issue of psychosis, it seems that many questions have been left untouched.

The present study will take a look at some of the questions concerning the treatment of psychotic individuals through art therapy.

Psychotic Art

The creativity of the psychotic person had been attracting the attention of psychiatrists and the general public for a long time before the beginnings of art therapy as a profession. Numerous collections of "psychiatric art" and systematic studies of this art have been published by psychiatrists, like Max Simon (1876, 1888), Cesare Lambroso (1880) and Hans Prinzhorn (1922/1972). The latter saw schizophrenic art as "eruptions of a universal human creative urge which counteracts the disease's autistic tendencies toward isolation"; the psychotic patient was thus seen as "obscurely" attempting to communicate with the outside world through his art. This art seems to have always fascinated mental health professionals and the general public alike, probably because it offers such a unique and picturesque glimpse into his inner world. More

recently another psychiatrist interested in creativity, S. Arieti (1979), sensitively described his perception of the art of the psychotic patient:

"When the pain is so intense that it no longer has access to the level of the consciousness, when the thoughts are so dispersed that they are no longer understood by fellow men, when the most vital contacts with the world are cut off, even then the spirit of man does not succumb, and the urge to create may persist."

It is this basic creativity that art therapists try to cultivate in their patients and it is the belief in its healing power which motivates them.

Psychosis

Throughout this thesis the term psychosis will refer in general to all known forms of psychoses (DSM III). Using a psychodynamic vocabulary, one could summarize the "common denominators" of the psychotic process, i.e. the principal characteristics encountered in all types of psychotic disorders, as such (Frosch, 1983):

- basic anxiety (often qualified as "fear of disintegration")
- self-object dedifferentiation
- dominance of the primary process in all psychic operations
- regressive defences
- impairment of ego functions, especially reality

testing.

It seems though that one could reduce all these criteria to one major and very general psychotic characteristic; as M. Klein (1930) writes:

"If one studies the diagnostic criteria of the psychiatrists, ... in essence they mostly centre on one special point, namely the relationship to reality".

Or, as D.W. Winnicott (1958) states:

"It is especially in the work with a psychotic population that we find that ... this essential lack of true relation to external reality is almost the whole thing".

The relationship between inner and outer reality¹ is a major psychological issue, which shows its importance when studying any behavior, pathological or non-pathological, and is so poignant in the case of the psychotic.

Art Therapy Models and the Issue of the Relationship between Inner and Outer Reality

In the art therapy literature the issue of the interaction between inner and outer reality inherent to any psyche has often been dealt with rather "classically", i.e.

¹The term -- outer (or external reality) -- will refer to the totality of existing material objects. It is the objective, shared reality.

On the other hand -- inner reality (fantasy) -- will refer to psychic reality, the subjective, personal world of thoughts and feelings of an individual.

in Freudian terms. What does one find on this topic in the Freudian theory? At the risk of oversimplifying, Freud and his followers can be viewed as having emphasized the antagonism between nature and culture or between inner and outer reality. For instance, Freud (1924) describes psychosis as a "disturbance in the relation between the ego and its environment (outer world)". In this perspective then, what does art become and what role does art therapy have? Art could be considered here as an escape from reality maybe, and a safety-valve for an overwhelming defence system. E. Krämer (1971), for example, opts for sublimation as the ideal role for art in therapy. Or perhaps the art can bring the person into a state of lowered defences, making the therapeutic intervention easier. M. Naumburg's model (1953, 1966) makes the art an adjunctive tool within the context of Freudian therapy; putting an emphasis on diagnosis and interpretation, the art therapist works with the defence system of the patient, trying to achieve a higher level of sophistication of these defences. What makes art therapy different from other forms of psychotherapy in this view, is the fact that the patient's defences are weaker in visual expression than in verbal expression. These approaches have been successfully used by Freudian-oriented art therapists, but the art in these views seems to have a second-class role.

A psychoanalytic alternative to Freudian thinking which is of interest to art therapists is the "object relations" view, in which fantasy is raised to the rank of "constant and unavoidable accompaniment of real experiences, constantly interacting with them" (Segal, 1968). M. Klein (1930) sees the whole internal life as being organized around fantasies of good and bad objects and their projection-introjection interplay. Therapy therefore stresses present endopsychic elements as expressed in the fantasy life of a patient, while traditional psychoanalysis directs its attention to more developmental and "historical" factors. It seems that the art component in art therapy would find in the object relations perspective a more comfortable framework than in the early psychoanalytic view.

Taking a step away now from psychoanalytic thinking, one can find in the literature an art therapy approach inspired by gestalt techniques. J. Rhyne is the major proponent of this approach. Here "fantasy" plays the main role in therapy; as J. Rhyne (1973) suggests, gestalt art therapy "uses fantasy to find reality." Here inner and outer reality are both acknowledged and therapeutically made to interact and "work for each other." Does this view offer a more balanced concept of inner and outer reality? Maybe. If one looks retrospectively at the evolution of ideas in psychology (Singer, 1978), there has been an increased

interest in imagery and fantasy in the last years, as an integral part of formal psychological research, after a long history of overemphasis on public or observable behavior. Psychotherapeutic approaches have followed a course similar to that of psychological research. Hence art therapy lives now in a more understanding world of psychology, and has gained increasing respect because of the increasing respect for "fantasy". Thus the major art therapy approaches mentioned above seem to place themselves into a natural historical sequence, being dependent on the evolution of the concept of "fantasy".

Art Therapy with Psychotic Patients

As has been reported, art therapy has been and continues to be successfully employed in the treatment of various forms of psychoses (Naumburg, 1953; Wadeson, 1980). It seems surprising that most of the art therapy approaches were inspired by early psychoanalysis and proved to be quite successful, since their source of inspiration, Freudian literature, mentions that psychosis is quasi-untreatable in analysis. This discrepancy must be due to a major difference between verbal psychoanalysis and art therapy, i.e. the art component.

It remains then to be seen how the therapeutic use of art, which is viewed by most psychodynamic writers as

sublimation, escape from external reality or regression in the service of the ego, be responsible for the tremendous task of helping the psychotic person be more in touch with external reality? How can a person experiencing a psychotic episode, or a person just recovering from one, be helped by a therapy which uses fantasy as its main tool? More specifically: how does art therapy help people who are engulfed in an inner reality of delusions as well as people who are fighting against new psychotic episodes with desperate rigidity and obsessive attachment to external reality? In both cases there is an imbalance in how the individual deals with inner and outer reality.

Amongst the approaches mentioned in the previous section, it is that of M. Naumburg (1953) which defines and refines ideas according to the needs of the psychotic population. The other art therapy writers have not delved into the theoretical issue of psychosis in a conclusive manner, even though they reported quite a few successful cases. It is a difficult task to remain within the confines of the psychoanalytic territory and deal with the non-dealt, i.e. with the topic of psychosis.

This thesis will use some psychoanalytic concepts and apply them to art therapy, but it will not necessarily stay on psychoanalytic grounds. In exploring the main question stated above, the present thesis is not trying to develop a

new art therapeutic approach, but is merely searching for an explanation: why does art therapy "work?" and how does it work in the case of psychosis?

J. Rhyne's statement that in art therapy one can use fantasy in order to find reality (Rhyne, 1973) marks an important moment in the history of art therapy. Rhyne's gestalt approach, though, does not devote a lot of attention to the psychotic population. Therefore it seems necessary to further elucidate her statement and create a model of art therapy which can incorporate it while applying it to psychosis as well. One can envisage the task of this thesis to be an exploration of a paradox then: how can a psychotic patient be more in touch with outer reality through the therapeutic use of inner reality?

To clarify a paradox, what better way than to use another paradox? The one defined by D.W. Winnicott (1953) in his concept of transitional objects and phenomena (TO&P) seems to provide a good starting point for the search of this study. Transitional objects (TO) are elements which are neither totally real nor totally illusory, but exist as double entities, both in inner and in outer reality. They were initially defined by Winnicott as the first "not-me possessions", e.g. the teddy bear, the blanket etc., objects which seem so magically important for the child. Transitional phenomena (TP) refer to the behavioral exchange

between the transitional object (T_o) and the individual or actions in which the behavior itself is a transitional phenomenon T_p , (e.g. the humming of the infant used to soothe the anxiety usually provoked by the absence of the nurturing figure). In this way, TO&P are also the first symbols used by a human being, representing the absent mother (or part-object; supposedly the breast).

The phenomena make the transition toward the stage where the infant will finally separate "me" from "not-me". In object-relations terms, TO&P represent part-object relations, leading the way to whole-object relations when the infant will clearly distinguish between inner reality and outer reality. The usefulness of the TO&P concept has been extended to the adult world (Kahne, 1967), and its relevance in therapy discussed (Murray, 1974). Since TO&P can be seen as a developmental stage (Deri, 1978) and psychosis as a failure in early development, it has been suggested (Grolnik and Barkin, eds., 1977) that psychotic patients have not experienced the stage of TO&P. Consequently one can wonder what kind of "reparatory" actions could art therapy be performing for a psychotic person. The concept of TO&P will be defined and its usefulness in art therapy with a psychotic population investigated. The issue of the interaction between inner and outer reality in psychosis and in art therapy will be

explored by using the concept of TO&P. The necessity of such a concept was suggested to the author by specific clinical issues, therefore an extensive case study will be included. If this study does not necessarily offer a new approach or technique to art therapy, it is because it hopes that some of its ideas will be able to transgress the term "therapeutic approach" and contribute to the basic understanding of a process. By speculating on the nature of the art therapeutic process and by identifying some of its characteristics which seem to be independent to a certain degree of therapeutic approaches or styles, one may be able to go beyond paradoxes.

PART A

History and Significance of TO&P.

a. Theoretical Importance of TO&P in the Normal Development of the Child.

Developmentally, as it has been previously suggested, the terms 'TO&P' have been used in reference to the infant who is in a phase of transition between self and object differentiation, on its way from symbiosis with the mother to 'separation-individuation'.

(i) TO&P are a stage of development. As a stage in the development of the infant, TP are supposed to be experienced at various ages [Winnicott (1953) mentions from four to six to 12 months], and just before the stage of 'playing', in S. Deri's terms (Deri, 1977). The various developmental stages suggested by Deri are:

1. Dual union
2. Hallucinatory wish fulfillment
3. TO&P
4. Playing

These correspond without contradiction to other developmental schemes in the literature (Klein, 1971; Mahler, 1969; etc.). This stage is considered to occur only when the condition of 'good-enough mothering' is satisfied (Winnicott, 1953). This 'facilitating' or 'good-enough'

environment is characterized by a nurturing figure who adapts to the infant's needs, without causing more frustration than the baby can bear. Therefore this environment is characterized by moderate synchronicity between the baby's needs and their satisfaction by the others. If this condition is met the infant should be able to form attachments to objects other than himself on its way to increased independence. So in order for the baby to be able to substitute the wrapping blanket used by the mother to protect him when nursing, with the security blanket chosen by himself, he needs to have optimally experienced the previous stages, primarily the fusion (union) with the mothering figure and to have developed trust. It is only then that "the baby will be able to meet the mother in the T_0 " (Winnicott, 1969), a T_0 that he will have invented himself, in order to satisfy his own needs.

But not all object attachments are transitional. Winnicott has stated the conditions defining a T_0 or T_p :

- the child has to be attached to it more than to the mother, at times.
- it has to be chosen by the child.
- it must be non-me in part (not the thumb or other parts of the body).

It is considered that T_0 can be either animate or (human: mother, siblings, friends, etc.; non-humans: pets, etc.) or inanimate (teddy bears, blankets, and they are usually

referred to as "mouthed objects". One should also add that TO&P are as varied as individual personalities. TP usually refer to such attachments, but without them necessarily being related to a particular object. TP can include repetitive activities such as babbling, words, tunes, caressing, mannerisms, or inner activities, like dreaming or fantasizing (Greenacre, 1953).

Once TP are experienced, the baby is thought to be ready to distinguish between fantasy and reality. TO&P become deattached and 'forgotten' (Winnicott, 1953), the child being now able to use objects in his play, which in his mind, definitely belong to outer reality, not being confused with his fantasies; they are not transitional any more. Winnicott (1953) thinks that this hypothetical normal child will be able to experience as an adult art and religion for instance, or any activities involving his power of symbolization.

(ii.) TO&P are the first symbols used by a human being.

It has been suggested by Winnicott and his followers that the T_0 can serve as a powerful defence against the anxiety arising from the threat of separation and abandonment. One can often observe the baby's clinging to a T_0 especially before falling asleep, when the anxiety provoked by a detachment from reality is increased. The T_0 are considered to arise from the threat of loss (of the mother for example)

which is such an important concept in psychoanalytic thinking. The child creates the T_0 in order to ensure his own survival after the object loss; the T_0 is supposed to represent for the baby the reunion with the mothering figure, taking place in the absence of the latter. Thus it is an object and it is also a symbol, being the presence of an absence.

(iii.) TO&P are thus a bridge between fantasy and reality. The development of a transitional or 'intermediate area of experience' in which TP are experienced (Winnicott, 1953) is the bridge that the infant is building for himself from pure subjectivity into objective, shared reality. This 'bridge' which takes the child from a stage of confusion between 'me' and 'non-me' to a stage of separation between 'me' and 'non-me', is thus a bridge between fantasy and reality.

It is considered that the capacity to create a T_0 becomes the capacity to symbolize and that it is in the 'intermediate area of experience' that one can healthily balance inner and outer reality. It is in art, it is assumed (Winnicott, 1953) or in any symbolic or play situation that an adult will be able to recapture the special blend of fantasy and reality specific to the TO&P. There the object or phenomenon belongs to both the realm of outside reality and to the realm of inner reality as an

illusion.

b. Hypothetical Role of TO&P in Psychopathology and Particularly in Psychosis

It has been found that the concept of TO&P was useful in the understanding of normal adult behavior and also of psychopathology (Grolnik & Barkin, 1977). Since TP are considered to play a role in the normal development of the child, it can be implied that the failure to experience them in a normal way, could lead to "fetishism, lying, stealing, addictions, ... loss of affectionate feeling, etc." (Winnicott, 1953). Psychosis is an extreme example of a developmental failure in this view.

Clinically it has been observed (Kahne, 1967) that adults sometimes develop habits or object attachments which have all the characteristics of TO&P. Kahne (1967) describes three different cases of adults, diagnostically different, who developed TP. He points out that such phenomena are encountered in different pathologies, independently of the levels of functioning or the levels of development that psychoanalysts assign to the various psychopathologies. He concluded that "the existence of TP cannot be regarded as an index of the severity of psychic pathology" (Kahne, 1967). And it has been further stated that TO&P could be seen as "any object or habit that a person of any age may use to span the gap between any developmental stage and the one following by carrying the

illusion of the previous stage with him until he is ready to stand unaided in the next" (Murray, 1974). Thus for a psychotic patient one could hope to see such transitional attachments form and lead the way to a higher level of development.

c. Therapy and Therapist as TP

TO&P being seen as natural developmental processes whose absence or deviant use can lead to various psychopathological problems, it has been suggested that therapeutic situations can function as TP, having thus a reparatory action (Winnicott, 1971). In the literature (Winnicott, 1971; Murray, 1974) one can also find the idea that the therapist may play the role of T_0 for the patient, "existing for the patient in an intermediate area between fact and fantasy" (Murray, 1974). "The therapist is incorporated in illusion, retaining part of his external identity, and at the same time, he is invested with properties from the patient's subjective needs and experiences", adds Murray (1974). In addition to satisfying the criteria of definition of T_0 stated by Winnicott (1953) the 'good-enough therapist' can play the role of the 'good-enough mother', suggests Murray. The 'good-enough mother' was defined by Winnicott as a person who initially satisfies almost all of the baby's needs, so that the latter develops a "basic trust in the world", empowered with this initial

illusion of omnipotence. Thereafter the 'good-enough mother' gradually lessens her total adaptation as the baby's frustration tolerance grows and thus the child, being slowly disillusioned about his omnipotence, will make the transition from what psychoanalysts call pleasure principle to reality principle. It is during this transition period that the baby needs the power for creating illusion, power that he should have normally acquired in his first period of development, if the mothering was 'good enough'. In this same way Winnicott (1971), Murray (1974), and others suggest that the patient can use the therapist as a T_0 which will be decathected at the end of therapy, making termination and separation necessary and non-traumatic. In addition to his transitional role, the therapist has in this view the opportunity to play the role of 'good-enough mother' and from this position he can direct the course of therapy.

Others (Greenson, 1977) suggest that the therapist can evolve during successful therapy from a 'symbiotic self object' (which in Mahler's view occurs in the second stage of development of the infant, and represents an undifferentiated self-object state) to a T_0 to a 'real person' in the eyes of the patient. He thus repeats the idea expressed by many writers that T_0 & P can be seen as a stage, not only in the normal development of the child but also during the course of an individual's therapy, where the

patient is seen as undergoing developmental restructuring. Hence at some point during therapy it is thought that both the therapeutic session and the therapist can become TO&P for the patient, on his way to increased 'individuation'.

PART B

Transitional Nature of the Art Therapy Experience - a metaphor -

One should be cautious about stretching Winnicott's original thoughts to excessive lengths and some warn us about the risk (Flew, 1977). On the other hand, one should perhaps be cautious about overreducing the concept. Within a restricted context, e.g. the infant's developmental scheme, TO&P could become just a name given to an observable fact; they could be referring strictly to the teddy bear, the blanket, or the humming of the baby. Such crippling acts could transform any idea into a dead end. And some of the psychoanalysts sympathetic to the notion of TO&P have applied it in such a restricted way that it became uninteresting (Flew, 1977). Furthermore, isolated facts are not very practical for the practitioners of psychotherapy. In this field concepts are the basic tools for functioning. And in reality TO&P could never be considered mere observable facts, since they were developed as concepts and their factual significance was never seen independently of their theoretical implications. In addition, most of the extended meanings which they have received throughout the years from various writers seem to have led to a more

integrated view not only of child development, but of creativity and of symbol formation. Even fields like anthropology or sociology have benefitted from these psychoanalytic ideas, thus demonstrating their flexibility (Grolnick & Barkin, 1977).

These extensions and applications of the initial idea were possible because TO&P are an open concept, a metaphor and not a mere fact. In the field of psychotherapy one writer (Grolnick & Barkin, 1977) suggested that TP should be seen as representing 'the ambience' between the child and the mother, or between the patient and the therapist. It is as metaphors that the art therapist can find TO&P promising. Envisaging art therapy as a T_p does not mean confining it to a restricted role. Moreover, as metaphor, the notion of TP can only be enhanced by the exploration of parallel metaphors. Consequently, this paper will take a further look at art therapy and explore the questions previously proposed through other metaphors. The method is common for all art therapy approaches, which make the search for alternative metaphors their constant preoccupation.

Metaphors within Metaphors

a. Art Therapy as Play

For children and adults alike the art therapy session is an opportunity to 'let loose' and follow their

imagination and the demands of their inner worlds. The white paper, the plasticine, and all other materials are ready to be shaped, to be played with, to be 'turned into something'. For children, the process has magic qualities and this seems also true for the psychotic. For the person exhibiting psychotic symptoms though, it can be postulated that the "potential space" between him and the environment, space where play is thought to occur (Winnicott, 1971) does not exist. In other words, the psychotic individual, due to the lack of separation felt between inside and outside, is thought not to be able to play. The fact that he usually is found to be quite responsive to the art, media, does not mean that he is playful.

Developmentally, play is supposed to occur as a final stage (Deri, 1977), after the normal child has completed the task of differentiating inside/outside, as it was mentioned previously in the paper. At that stage play involves the use of external objects, in a hallucination-free state, in order to express inner reality. For the psychotic then, teaching him to play should eventually be a main therapeutic goal.

For everybody, the opportunity to make things, to create, allows for a certain 'formless experience' (Winnicott, 1971) to happen. For many, the inhibitions that verbalization brings forth disappear when dialoguing with

their art and verbalization is often stimulated by the mere presence of the art. One could add and agree with M. Naumburg (1966) that indeed one's defences are significantly lower in the visual mode of expression when compared to verbalization. Image-making taps on a part of our inner world more rarely used than verbalization - visual imagery. In this formless experience which in therapy is "a search for the self" (Winnicott, 1971), nonsense and chaos have their place and they can be beneficial in themselves, without always needing an interpretation, or a search for meaning. Hillman (1977) advocates this approach as well, which in art therapy would mean: let the image speak for itself, trust the power of symbolism and the natural benefits of playing with symbols without interpreting.

b. Art Therapy as Framing of Fantasy

The notion of framing is important in any type of psychotherapy; e.g. framing in terms of time, or space, or framing of the session by the limits and rules imposed by the therapist, etc. In art therapy, this notion finds even more applications. A small fragment of the person's inner reality becomes concrete, becomes a part of outer reality with each brush stroke or pencil mark; it becomes framed in time and space, easy to share with others. To use framing in a more common way, one can say that each image that is considered finished by the patient is framed by its paper

limits. It is thus framed both in inner and outer reality.

For the psychotic, framing takes also other dimensions. First of all, and this is crucial in the first part of the therapy, the framing of fantasy provides validation of its existence and value. The art therapist offers the psychotic a means of expression which seems so natural for most cases. Making images when the psychotic's inner world is itself formed in great part of images (i.e. in dreams, in daydreaming or even in visual hallucinations), appears to be a way of reading the psychotic's inner world that is at least appealing to common sense. In psychoanalytic jargon it can be added that the facility to create in the psychotic which has been often observed by art therapists may come from:

- a lack of defences
- lack of an observing ego
- richness of fantasy material
- appropriateness of graphic media to their state of imagery.

During the therapeutic process this facility may diminish slowly as an 'observing ego' is hopefully forming and a sophistication of defences occurs. Often this is accompanied by a sophistication of the symbolism in images and their increased complexity. In this writer's experience the images of the psychotic can be described as going from

raw to more processed, or from chaotic to more ordered as therapy advances.

In the first phase of treatment, framing can play another important role for the psychotic: that of containment. Since the fantasy material can be so often overwhelming for the patient, framing (the fact that this material is concretised and the patient is able to look at it), seems to be an important factor in the healing process. The piece of paper for two-dimensional work, or the board for three-dimensional work provide thus a very well defined frame, physically separate from the patient and able to contain his/her inner turmoil. It has been observed (Wadeson, 1980) that obeying the simplest outside restrictions like the limits of the paper may be a difficult task for a psychotic individual. Therefore it seems that containment should be a priority in the therapy of such an individual.

c. The Art Therapeutic Event as Creation (and TP)

When reflecting on one's clinical memories and looking at each case separately, one can certainly distinguish various stages in the treatment of an individual; their division into beginning, middle and final (termination) is widely accepted. One could also conceive of the whole art therapeutic experience with one patient as being an act of creation. And the psychic area in which creativity lies is

that intermediate zone where TP occur, in between inner and outer reality. As creation or T_p the art therapy situation involves the creativity of both patient and therapist, their willingness to create something new. They are able to play with 'materials' such as: a given human structure to be restructured (that of the patient), art materials, emotions, thoughts, therapeutic techniques, etc. This network of interaction forms a triangle (Figure a); while in verbal psychotherapy the interactions are linear between patient and therapist, in art therapy the art often becomes a center of attention and thus transforms the one-to-one relationship into a triangular one (Edwards, 1982). The products of this creative process are a complex relationship between patient and therapist, between the patient and his/her own art and also between the therapist and the patient's art. The other products are the images, a patient whose psychic structure has been modified and also a therapist who has been changed, because the creative process alters creators, creations and materials. And a human relationship, be it therapeutic, cannot fail to change both individuals involved.

If one agrees to conceive of the art therapeutic event as a creation, it is important to distinguish its various components. Since time will be the frame of reference, (i.e. art therapy will be analyzed as a function of time)

this paper is going to define these components of the art therapy experience as 'moments'. The term 'moment of creation' is being suggested here because the art therapeutic event may be envisaged timewise as one session or as the entire treatment of an individual. In both cases these moments apply, but their duration, or order of appearance may vary.

First moment of creation: Exploration. At the beginning of therapy, or at the beginning of a session, the patient may be hesitating or may refuse to use the art materials. Due to resistance or just an unfamiliarity with both the materials and the therapist, this period is well known to psychotherapists. It is a period in which trust (of materials, therapist, etc.) develops. Certainly individual variations are huge.

Second moment of creation: Fusion. Art therapy becomes a TP.

Fusion could refer to what M. Naumburg (1966) calls 'narcissistic identification' with one's own image; she suggests that the patient goes through this identification process as much as the artist does. Clinically one can observe during the therapy of one patient this moment of fusion of the patient with his/her own creations. After possible moments of hesitation to make and familiarization with the art materials, after an initial period of mistrust

of the therapist and of the process of art therapy, period which was called here 'exploration', the patient slowly gets very involved with the image-making process. In the case of the psychotic, the initial period of hesitation may be almost absent, the patient immediately and 'naturally' responding to the appeal of the visual language.

There may still be a mistrust of the therapist, but this relationship is usually facilitated by the art.

In verbal psychotherapy the transference-countertransference situation involves projection - identification mechanisms similar to the ones present during the fusion between patient and his/her art in art therapy. A parallel process of fusion may sometimes form between patient and therapist, where the therapist starts becoming a T_0 for the patient. For the purpose of this thesis though, 'fusion' will refer to a phase of the transitional attachment of the patient to the art.

This 'fusion' or the very deep involvement of the patient with the art and the strong process of identification ensuing, has been observed by this therapist to occur naturally during the art therapeutic process. Catharsis is usually part of the 'fusion'. It is proposed here that not only the beginning of the transitional phenomenon occurs 'naturally' but that it is a very necessary step in a complex process in which the art is a

central element. Therefore this writer believes that fusion should be encouraged by the art therapist.

Concretely, in the case of the psychotic, as it has been mentioned, the process of fusion rarely needs to be stimulated by the therapist. The attitude of the latter is crucial though; the art therapist should be promoting the image-making process and giving it value and importance, so that this feeling can be transmitted to the patient. Again, this is considered so central because, in this therapists's view, most of the healing qualities of art therapy derive from the image-making process.

The idea of encouraging the psychotic's identification to his/her art which often contains overwhelming and pathologic fantasy material may seem counterintuitive. One has to consider though the fact that if healing value is to be conferred to the art, the patient must experience it intensely before looking at it in a more analytical manner. If the patient can thus learn to understand the power of the image and learn to trust it, he/she will have learned to trust a part of him/herself and his/her own creative force.

In addition to the attitude of respect and enthusiasm toward the creative process already discussed, how else can the therapist stimulate the fusion, if necessary? The answer lies in the therapeutic relationship which should suggest approaches suited to each individual patient. For

some, large paper, big brushes and easy graphic warm-up exercises could be found stimulating. For others, it could be small paper and involvement with small details. The fusion as described here parallels the period of maximum attachment of the infant to his teddy bear. One could describe such a phase in any TP.

At the end of each image or even in the middle of the making of an image, after each session, or at termination, fusion can make place for the next phase of creativity: separation. This occurs through an intermediary phenomenon which this paper will call 'DISTANCING'. It refers simply to the fact that after the strong involvement and identification of the patient with the image, stepping back and looking at the image from a new perspective should occur. For the fine arts student stepping back and forth while making an art product is part of a routine. The aim of the student is of aesthetic order while the goal of the patient in art therapy should be increased insight. Distancing can be produced mainly by verbalization; with the help of the art therapist the patient can discuss and analyze his/her pictures with an increasing awareness of personal symbolism. For the psychotic, distancing is a crucial therapeutic process which can help in physically separating and defining inner and outer. In addition to verbalization, distancing can simply be stimulated by

working on an easel and by hanging the work up for discussion.

Third moment of creation: Separation (of creator from creation). This can be (a) separation of patient from an image, or a series of images; or (b) separation of patient and therapist from the therapeutic situation (termination).

Following distancing one would expect a conclusion to the whole process. It appears that this conclusion is maximum distancing, i.e. separation. After a strong identification with the image, the patient should slowly gain awareness of what the image represents for him/her. Consequently the image will become in the patient's mind a separate entity, with an identity of its own; from subjective (one with the subject) the image is thus slowly objectified (it becomes an object, separate from the subject).

For the psychotic the evolution of his/her own creativity in art therapy starting with the fusion is easy since the fusion usually represents the stage at which the psychotic patient is, i.e. a stage of con-fusion between me/non-me or between subject and object. Image-making can then lead the patient into the distancing process, in which the con-fusion between subject and object starts to be clarified and the last step in image-making and in therapy is the total detachment of subject from object or of inner

reality from outer reality. The object loses in the eyes of the patient (subject) its subjective qualities and becomes just an object to be analysed, interpreted. In this way, from one image to the next there can be change (evolution) based not solely on the art-making process but also on the conscious efforts of the patient, because he/she can objectify and thus also modify the image.

Concretely, the art therapist can encourage the various moments of separation by keeping the art within the therapeutic setting and not allowing the patient to take it home. The separation of patient and therapist (both 'creators') from the therapeutic situation (their collective 'creation') is well-known to be difficult, like the end of any human relationship. It is a crucial time in the therapeutic process, for which it is necessary to provide enough time and energy. The art therapist should encourage the patient to slowly withdraw the libido (or decalect) which he invested in the art and in the therapist, by introjecting it. This process should be gradual. And if these transitional phenomena were fully experienced during therapy, termination may occur a bit in the way a child would just "forget" about the objects in which he had initially invested so much, i.e. the patient would let go and detach him (her)self from the art therapy situation.

It has been suggested here that art therapy can be seen, as play, as framing of fantasy or as a composite moment of creation. These metaphors can be useful in the understanding of the initial metaphor: art therapy as a T_p. (cf. fig. b)

PART C

Case Study

Due to its striving toward a conceptual integration of clinical observations, this paper could not avoid a few generalizations like that of the term 'psychosis' for instance. Since the questions which stimulated the writing of this thesis came from the clinical experience of the writer, it is safe to think that the answers probably are also to be found in the study of clinical material. Therefore the following pages will turn away from the generalization toward the specific. Due to space considerations only one case will be studied, but this will allow us a closer look at the different phases of treatment. For this purpose a patient of the writer, who was followed in art therapy for a prolonged period of time, was chosen.

F.: A Case of Manic-Depressive Psychosis

"Case study" is a poor title for a rich and exciting experience in the lives of both therapist and patient, and for a relationship which lasted one and a half years. It always seems difficult to dissect and summarize a therapeutic relationship. One does it, though in the hope that it may lead to a better understanding of the human psyche and of its pathology and, in this case, of art

therapy as well.

This thesis will present the story of F. in art therapy; the emphasis will be placed mainly on the development of her graphic symbolism and the patient's references to it, while the therapeutic relationship will be mentioned but not stressed in an equal measure. This thesis will thus attempt to underline the art component of art therapy. F. is a thirty-six year-old woman labeled as manic-depressive, with an additional history of drug and alcohol dependence. According to psychiatric labeling, manic-depression is an affective psychosis. Although mislabeling is frequent between schizophrenia and manic-depression, there are differences; two important ones are that manic-depressives do not deteriorate mentally, whilst schizophrenics do, and related to it is the fact that manic-depressives can be functional between psychotic episodes (Frosch, 1983). It is well known that amongst these are included highly creative and successful people.

Manic-depressive psychosis is of special relevance in the present thesis. Pertaining to the issue of the relationship between inner and outer reality, manic-depressive psychosis is quite complex and presents some interesting features. The manic-depressive individual is seen as denying inner reality and flying to external reality during the manic phase, whilst he/she is caught in the

opposite process during the depressive phase (Winnicott, 1958). According to M. Klein (1935) the denial of psychic reality, which is one of the earliest forms of defence, is directed against the anxiety provoked by the introjection of bad objects and is the basis of the most severe psychoses. From this object relations perspective one other characteristic of mania is the "hunger for objects" (Klein, 1935) which comes from the initial introjection of good objects and in which the ego incorporates the objects, but denies that it feels any concern for it. It will be interesting to keep these ideas in mind while following the evolution of F. in art therapy. How is she going to relate to inner and outer reality throughout the different phases of her pathology? If manic-depression can be a result of the failure of working through the infantile depressive position (Klein, Heimann et al., 1952), or in Winnicottian terms, if development is arrested before the stage of TO&P, then how can art therapy be reparatory? And what role will the various objects to be introjected play?

One can imagine a major task of art therapy in this case to be the increasing capacity of the ego to acknowledge both inner and outer reality and their distinction. And the other major task of art therapy with manic-depressive individual should be the therapeutic use and clarification of objectal relationships.

A. Short Case History

Who is F.? She is a fragile looking person, with huge, brown eyes, who wears glasses except in times of acute depression. The removal of her glasses at such times seems to signal her interruption of contact with the outside. She is a woman who has a degree in Child Education, has worked as a kindergarten teacher and later as a secretary. Due to her numerous hospitalizations (in 1972, 1978, 1979, 1982) she has been out of the job market for the last years, living on welfare. Her only family is her father, who has been living a stable homosexual relationship for the past twenty years; he stayed in contact with his only daughter, and helped her when in financial need, but did not get involved emotionally in her struggles. F. describes their relationship as an "intellectual" one, with no expression of feelings. The father is well educated, has a Ph.D. in science, he is now retired, and has been in contact with the hospital in F.'s last hospitalizations, giving the staff some important information about the patient's history. Most of the following facts come from this source. F.'s mother was mentally ill and she committed suicide when her daughter was five years old. The patient does not remember her mother. At that time the father started expressing his homosexuality and not being able to take care of the child, he placed her in a foster family and later in a religious

school as an intern. As an adolescent, F. started manifesting "bizarre behaviors": repeated nightmares and a "disturbing attitude toward her schoolmates". She was consequently forced to leave the school.

In terms of studies, she seemed to prefer maternal and domestic fields such as child care and culinary arts. In her twenties she has spent a lot of time travelling, especially in countries where drugs were more readily available. Her history of drug and alcohol addiction started in her late teens and lasted until her last stay in the hospital, time when she stopped drug taking, and drinking.

Individual and group art therapy with this patient started in her previous hospitalization, in conjunction with verbal psychotherapy and chemotherapy. F. was in the hospital for six months at first, discharged, and rehospitalized after one month. The last hospitalization lasted only two months, after which continued progress was noticed during the nine months in the outpatient clinic. As an outpatient, F. was followed by a psychiatrist, a social worker, and the art therapist. For the first three months of this period she also was seen by a psychologist, but due to the prolonged absence of the psychologist and the responsiveness of the patient to art therapy, the latter became the main form of psychotherapy.

During the weekly art therapy sessions F. became a prolific image maker and her art became an important tool for communication. This case study will attempt to follow the development of her imagery and describe the various phases that therapist and patient have seen and lived. From this point on, the unfolding of this patient's symbolism will constitute the main ingredient of the present study. Her verbalization during art therapy, her own comments about the images are also very important and they represent the most significant source for the interpretation of the imagery.

B. Story of the Art Therapeutic Process

Part 1: "The Case"

Phase 1 - Acute Depression; Undifferentiated Imagery - EXPLORATION

F. is in an acute depressive state. Trembling, continually on the verge of crying, her voice is almost inaudible and her answers monosyllabic. On the ward, the staff feels helpless and hopeless. Electroshock therapy is envisaged since she does not respond to any other kind of therapy attempted. This is the moment when art therapy starts. The first session is quite promising despite the repetitive "I can't" being the only words uttered by F. While saying "I can't" and wanting to leave the room. F.

stays. She can't draw but she can't leave either, not being able to decide. Thus, slowly F. picks up a watercolor pencil and timidly puts a few marks on the piece of paper in front of her. In this hesitant manner the first images are born (figs. 1,2). F. considers them unfinished and worthless: "They are no good, ...like everything I do".

The main characteristic of these first images is probably the empty space. H. Wadeson (1980) found this to be a general feature of depressive art. The colors used seem surprisingly soft and pleasant, completely lacking the darkness and gloominess mentioned by Wadeson in the same book.

In the following sessions, F. would agree to come but would not be able to use the art materials at all, and would hardly talk. The therapist was satisfied at that time with her willingness to attend the sessions, even if her participation was almost inexistant, because it was the only activity for which F. made the effort of leaving her bed, and because the time she was staying in a session was progressively increasing: from fifteen minutes it had reached thirty minutes in three weeks. The attitude of the therapist was one of acceptance and support. Trying to act as much as possible as "a primary maternal agent" (Wadeson, 1980) or "good enough mother", the therapist did not ask more questions than the patient could answer, and mainly her

role was to let the patient know that she was there and that she cared.

Art therapy becomes a TP for F.-FUSION

After a few sessions, the patient started to paint with force, covering the whole surface of the paper with superposed layers of paint, applied violently. Images in (fig. 3.4,5) are only a small sample of her work during this period. The huge vertical strokes are the result of a lot of fast movements in front of the easel, and represent F.'s only activities on the ward at that time. Although very involved in the art making and obviously enjoying her own movements and the colors, F. would not allow herself to see any meaning in the images. She continued to reject the finished product. The therapist could see a change in the patient: through the art F. was expressing very strong feelings, anger, guilt, violence, that she was unable to express in any other mode. A definite dialogue was established between herself and the images; she would get angry at her paintings, talk to them, react to them (usually with hate). All this was so different from her general apathy. And the dialogue with her own art stimulated the communication with the art therapist during the sessions, therefore it was expected that she would start expressing herself outside art therapy as well. Despite the fact that

the patient could now express some of her anger and frustration, she was still in a very depressed state. Statements like "nothing makes sense", or "it's not worth living", would often be her only words addressed to the therapist during a session, interspersed with periods of crying and sobbing. In addition psychotic symptoms were apparent in the way she was relating to the art; F. was either personifying the image by talking to it as if it were alive, or was so intensely involved in the action of painting that she would actually become part of it, i.e. believe for a while that she was a character in the painting. One could say the during those moments F. did not clearly differentiate between herself and the art, between me and non-me. The picture in (fig. 6) was made in such a way. The following session, F. did not recognize it is hers; she was seriously upset at the thought that somebody had modified it, making it uglier than before. The whole session was disrupted by this paranoid obsession.

In this quasi-autistic state, in which F. was almost nonverbal, any cognitive or intellectual approach seemed fruitless. Since the only activity in which the patient would indulge was painting, the art therapist felt that such primary satisfactions as rhythm, i.e., the movement of her own hand on a piece of paper and the sheer enjoyment of color would be the only tools that could fight the

depression efficiently. At that time her ego seemed too weak and too vaguely defined to be able to contain the meaning she was looking for. Therefore the therapist's approach was mainly supportive, using positive reinforcement for the patient's actions, holding her hand at times in addition to the verbal support. The long term goals were to help the building of a stronger ego. The successful (because accepted by the therapist, and because of the natural pleasure that this patient seemed to derive from the art making) manipulation of art materials in an enjoyable manner was the main ingredient of the therapy at that point. Hopefully this was going to lead to a strong, transitional attachment of F. to her images. Later only the strengthening of the ego was going to be fostered by encouraging the patient to interpret her images, thus promoting analytical skills and some perspective toward her own acts.

Paintings (in fig.3 - 6) were done on an easel, with big brushes, to encourage the patient's total involvement in the art making. At the same time though the easel provides a physical distance between patient and art; one feels physically separate from the easel and maybe for the psychotic it can help separating fantasy from reality, in addition to helping the cathartic process mentioned above. At this stage catharsis seemed to be important; the patient

was totally immersed in the activity of painting, her body participating as much as her mind. And the fact that she painted a series of abstract works in the same linear style seemed to play an important role in the patient's life. The repetition appeared to provide security and the large productivity was maybe giving her a sense of mastery and achievement. The therapist found out in a later session that F. had made it almost a ritual. to paint her walls as soon as she would be discharged from one of her many stays in the hospital. Perhaps, feeling an upcoming recovery from the depression, she had performed this ritual symbolically. It is interesting to note that after her discharge she did not paint her walls! One element that was beneficial in the therapeutic process with this patient, was her very strong attachment to the graphic mode of expression. One had to wonder now when F. would be ready for increased insight in her therapy.

Phase 2 - Hypomania - Explosive Appearance of Symbols in the Art

DISTANCING AND FUSION - THE TO BECOME PARTLY DECATHECTED

After two months of art therapy, F. finally started to participate in the group sessions which were offered to all psychiatric patients. The group was co-led by the author and another art therapist. Patients were encouraged but not obliged to participate. F.'s participation was progressive.

At first she would come in the room where the group was meeting, watch for a few minutes from the door, then go away. Later she would come in, sit down, be silent throughout the session, unable to participate in the art-making, but would not leave the room. Finally, consistent with her behavior in the individual sessions as well as her general behavior, F. became a leader in the art therapy group. From one day to the next her voice went from hardly audible to loud and she could be heard laughing. In the group she was more than friendly, forcing her caring onto everybody. The image in (fig. 7) is a good representation of her art during that period. It was done in the group, while she was talking about how good she felt and about how much she liked everybody.

At the same time her attitude toward her art changed radically: she just "loved" every image she was making. Image in (fig. 8) was given to me by F. as a gift. It is one of the many gift-pictures which she made for patients and staff in the hospital. She was enjoying her hyper-generosity and was looking for recognition as "the artist" on the ward, recognition that she received and that seemed to give her a lot of self-confidence. It is important to notice that the drawings intended as gifts were made outside the art therapy sessions and are very different from the ones made during therapy. They have brighter colors, are

more decorative, and are made on small paper with oil pastels; F. reserving the big paper and the paints for a different purpose, apparently. The gift-drawings (e.g. fig. 8) seem to be ways of getting acceptance and love from the others, of relating to others. Also, her giving may represent her need to receive. Gifts for the others would thus be symbolic of gifts for herself. Perhaps art therapy had already taught her that one can communicate through art. Here, one can say that F. saw the gift-images as an object which she could use. But there was a danger of misusing the art; F. appeared to still use during this period a sort of magical thinking and art had for her some magical properties. It was the golden key to the heart of the others, at other times it was a way of living and believing her own fairy tales. On the other hand, F. was able to gain more insight and there were moments when she would be able to step back and discuss some of the fairy tales. The images start losing their transitional properties for F., at moments her being able to relate to them as separate objects, belonging to outer reality.

Of major significance during this period is the appearance of the fairy tales and of symbols that gain importance from one image to the next. Images in (figs. 9,10,11) are the ones made during therapy and do not belong to the category of gift-drawings. F. started using

figurative art the way a child would use drawing, by creating stories along with each image, and by acting out some of these stories. While drawing or painting, F. would talk continually, often to herself, describing the images. Her speech was very fast, often seemingly incoherent, sometimes interrupted by a nervous laughter. Dialogue with the therapist around the images was easy, since she liked answering the therapist's questions and getting involved more deeply in the stories. It was a marvelous explosion of her personal symbolism and a rewarding experience for both patient and therapist. There was a problem though: F. swung from the depths of her depression to the peak of her manic phase. Although apparently positive, talking about discharge and the many activities she was ready for, F. was scared. In individual therapy she would have moments of sadness in which she would talk about her incredible fear of being discharged. She was afraid she could not cope, afraid she would again lose herself in the activities related to her previous depressions (alcohol, drugs, promiscuity, loneliness, etc.).

Her images are very full, she has difficulty in framing, i.e., the paint often goes over the edges of the paper. She keeps adding elements, even superimposing them, until she covers up the original drawing (e.g. fig. 9). Not shown here is a series of abstract drawings in which the

spiral was the main element. Even in the painting represented here, curves are an important ingredient. All these elements are described by Wadeson as main traits of manic art (Wadeson, 1980).

How could one help F. in those moments? In the view of this therapist, she needed most of all to get rid of the chaos and make some sense out of her fears and confusion so that her fears could be soothed. She needed to feel that she could find in herself the force to cope and avoid depression. That seemed like a huge task though. Her ego was still too weak. She lacked genuine self-confidence. One could hope that what Perry (Arieti & Chrzanowsky, 1975) terms "the archetypal invasion" in psychotic patients, i.e., the explosion of unconscious material, or of her inner reality which was so overwhelming to F. could be contained and framed in the art. Thus framed and viewed from the "outside", her inner reality could start making sense to F., leading her to gain insight and come out of the confusion.

Figure (12) represents her efforts to draw something on the theme "Inside-Outside" suggested by the therapist. Since containment was the major goal in her therapy at this point, an image on this theme was meant to assess where the patient was in terms of understanding the balance between inner and outer reality. Unfortunately, Figure (12) is a confused and scary picture. There are no boundaries. In

describing the objects represented F. was quite confused as to their belonging to the inside or the outside. The experience seemed frustrating for the patient; unsatisfied, she tore the drawing apart and left.

In the other drawings of this series, the appearance of a variety of animals is very important. there is a cat (fig. 10), a mouse (fig. 10), ducks dancing (fig. 11), a snake (fig. 12) and an awkward looking bird (fig. 13). In addition there are babies (fig. 9,10) and food (fig. 10). It is critical to remember these elements and follow them in later drawings. The stories related to these images as described by the patient seem to be quite incoherent. All images are charged with affect and images (fig. 12) and (fig. 13) were quite upsetting for F. Figure (13) is "a pass-around drawing";¹ F.'s neighbor had drawn the waves, he passed it to F., who added "a bird water-skiing", and who also murmured to herself: "oh, hurry, the children are going to drown!" Other patients then added the sun and the rest of the details in the drawing. This image is described in more detail than others because of the fears expressed in

¹ a pass-around drawing: in a group situation each individual starts a free drawing; after a few minutes this drawing is passed on to the next person in the group who continues it for the same amount of time and so on until everyone receives their original picture. modified by the group. At this point each individual adds the finishing touches to the picture in front of him/her.

it, i.e., feeling of instability (a bird on water-skis) and fears of drowning (maybe a fear of her own overwhelming inner world in turmoil?).

There are some attempts at directing F. to focus on more concrete, practical issues: e.g. what she would do once out of the hospital? how does she intend to spend her days and organize herself? how will she go about looking for a job? All this was discussed, but when asked to draw on these themes she was not able to transform them into one of her "stories". Thus even if calmer by this time and able to discuss things in a more concrete way than at the beginning of the session, F. was not ready to be discharged. She was still overwhelmed by her own psyche, she was still fighting the same invisible monsters as in her depressive phase. Only this time they were disguised differently.

Despite all this, F. was discharged mainly because of hospital policies (it was not a chronic facility). She continued to see her psychologist and psychiatrist as an outpatient. The art therapist was on holidays immediately after the discharge. Upon her return, the patient was hospitalized again and already facing a new discharge.

Phase 3 - Trying to Face the Outside World but then Running
Away From it: Rehospitalization - Clarification
of Symbols and Issues

Her premature discharge seemed to precipitate a new psychotic episode. It was not depression but mania. While struggling with loneliness and addiction, the fears she had before leaving became very real. While trying to develop relationships, she was forced to face her own problems in the people around her. These problems made her stay within herself, not being able to reach out for help or answer to the needs of others. It was in this milieu that F. was raped, resulting in the raising of issues concerning her sexual identity.

Figures (14 - 19) were made during verbal psychotherapy in the hospital with F.'s psychologist, during the art therapist's vacation. The psychologist wanted to continue the graphic mode of communication begun during art therapy, and asked the patient to "draw her feelings". The drawings were done spontaneously. The images were not discussed like in art therapy, but were meant only as parallel activities to the verbal psychotherapy (as described by both the patient and psychologist). The art therapist was therefore not aware of the details of the sessions.

Figure (14) is about the rape. the feeling of vulnerability and anger, all of which were later described

to the art therapist by the patient. The next figure (15) F. describes as a Nazi mask. Again, it seems to deal with violence. The cat appearing in the right hand corner is noteworthy; it will become F.'s signature and main symbol. Figure (16) seems to be dealing with sexual issues. In the other figures animals are present again.

The changes in style are obvious: the image is contained, well defined and placed in the center of the page. Also, the focus is usually on one or more objects. Progress in terms of the containment goals set earlier seems to have been achieved. One should, however, keep in mind the change of medium from paints to felt pens and also the change in therapists. Markers had been used by the patient before but usually paints were preferred. The art therapist felt that in phase 1 paints were more appropriate. In phase 2 when free choice was given to the patient, paints were chosen. During phases 1 and 2, most limitations seemed to be very frustrating for the patient; if the limitation of choice in terms of medium would have been possible, a controllable medium like markers would have been desirable in phase 2. During that phase, when the therapist thought that structure was needed, restrictions were imposed in terms of paper size (much smaller than in phase 1); in addition there was increased directivity in general.

Phase 4 - F. as an Out-Patient - Maturation of Symbols -
Termination

INCREASING DISTANCING AND SEPARATION (TO EVENTUALLY BECOME
DECATHECTED)

At this point F. was showing a better level of functioning than after the first discharge discussed in this study. She was still displaying some "psychotic symptoms" at times: illogical thinking as seen in the incoherence of her speech. and was also quite 'manic' in some of the sessions" i.e., F. was unusually elated, her speech was very fast. her movements brisk and uncontrolled. Nevertheless these symptoms seemed to appear only in short episodes, and not as a continuous process. And even during the times when she was displaying these symptoms, if the therapist would ask her specific, concrete questions, the patient was able to distinguish fantasy from reality.

The first session after a three month break in the art therapy, break during which the art therapist got married, and the marriage of the therapist, the patient was angry. Although the anger would not be expressed directly at the beginning, F. was more aloof than usual. talking less and being verbally more aggressive toward the therapist. Confronted with the issue of the marriage, F. would not answer directly, but would be very curious about the therapist's husband. about the relationship between the

therapist and husband, etc. Figure (20) is a gift for the art therapist; it is a "Japanese house" which was made with force and determination. It displays strong colors and lines, and a lot of the other objects represented are in pairs. The house though is separating each element from its pair. While drawing, F. commented "Oh, the house looks like it's burning!" The therapist sees the whole session as bringing about issues concerning the therapeutic alliance. Feeling their relationship endangered by this marriage, symbolically, F. tries to separate the newly-wed couple. There are feelings of anger, jealousy and fear. Certainly the discussion was extended to the patient's feelings about marriage in general, about her relationships at that time and her idea of home. The fear of remaining "an old maid" was mentioned by F. as well as her difficulty in relating to others.

In the next session figure (21) did not elicit many comments from the patient, its sexual connotations being quite obvious. Its title is simply "Abstract". Not being able to verbalize on this theme, and feeling sad and overwhelmed by the issues developed in the previous sessions, F. expressed the need of "being like a child". Therefore she used the art during the rest of the session as a refuge, or a safe place to store her very own fairy tales. The story in figure (22) is about a cat looking for a way

out. The cat is wandering in an underground labyrinth. F. drew the parallel between herself and the cat and felt that the cat was not in an impossible situation, because at least the underground place was a good hiding spot for a while, until he (she) could be ready to go out.

The next session sees the emergence of other characters (fig. 23), a witch who is carrying a load or who might be pregnant. F. identifies during the session with each of the symbols, i.e. the load, the foetus, the witch, etc. F. is concerned with magic, and is fantasizing about her own possible powers as a witch. Also fantasies concerning her wanting to be a baby as well as a mother at different times are discussed, i.e., her dependence versus independence. Her dependency toward this therapist as well as the other mental health professionals were mentioned, and relationships outside of the hospital were encouraged by the therapist.

In the following session F. was agitated, talking obsessively about her fantasy lover, a character already encountered in previous sessions. F. describes having hallucinations about him, both visual and auditory. Figure (24) represents a sun in the upper left corner; initially the sun came out as a scary character with huge, staring eyes, a typical indication of hallucinatory or delusional symptoms. F. reacted negatively to it, and felt the need to

cover it up with black paint, in order to escape its gaze. The drawing depicts a boat, immobile in the stomach of a dolphin. Around the boat there is ice. While describing this image F. became quite upset. The therapist suggested then that she modify the picture in a way that would make her feel better. She therefore turned the paper upside down and drew a parachute that was able to lift the boat away. This made her feel better, and was also a sign of progress in her therapy; it was the first time that she was so determined to improve herself and the environment; it was the first time that she succeeded in empowering herself, and believing that she could change something. A discussion followed about the feelings of the dolphin, about why he was feeling stuck, isolated in a sea of ice. The patient talked also about the boat and its possible meanings: maybe F.'s hallucination or maybe her pathology, which she felt, were stopping her from being herself. F. was able to discuss her feelings with a lot of insight. Ambiguity, a term she liked, also was characterizing, she thought, the way she felt about her own hallucinations: she enjoyed them and she dreaded them.

In the following sessions. F. showed signs of improvement. Her conversation was more reality oriented, and she was experiencing better social relationships. Figures (28,29) reflect these sessions. Figure (28) is

reflective of the fact that F. feels the need for more defences, and thinks of protecting herself with the spikes around the object in the painting. The inside/outside distinction also is apparent.

At that time she missed two sessions for personal reasons. The therapist felt that it was a positive sign; F. seemed to slowly take her life into her own hands, away from the hospital. But this was not an easy process. Three weeks later, F. came to art therapy tired and depressed. Comments like "life is hell", "I am always going to be lonely", etc. accompanied figure (30). The attitude and drawing of the patient raised the question of an upcoming depression. This was discussed with the patient, and various strategies of fighting a new episode, which was so frightening to F., were envisaged. She did not put these on paper, feeling unable to do it, despite the suggestion of the therapist. The picture, made with markers represents a tree (self portrait?) in the middle of "hay". There is also a fire (the triangular shape), and there are two clouds, which may symbolize the therapeutic relationship, and the fears of the patient associated to its impending end. Indeed the art therapist, an intern at that hospital, was going to finish her work there in the next months. Termination of this case was to occur only when the therapist and the patient felt comfortable with the idea.

even if this necessitated a prolongation of the therapist's internship. The possibility of a new psychotic episode at this time in the therapeutic process was posing new problems, but there was also the possibility that the symptoms were a transient reaction to the termination.

An event which did not help clarify the issue was the absence of the patient in the following session. She was, though, as conscientious as usual in announcing her absence, a sign which showed that she was probably in a stable psychological situation, and that the breakdown had been avoided.

The image which emerged in the following session is a "marina" (fig. 30) which F. had in mind before coming to the session. The patient was feeling "good" that day; quite verbal, reality oriented, she describes her activities outside the hospital, which are now numerous, and talks about people she meets during those activities. All these make her feel better about herself. The main activity in which she is involved now is arts and crafts. She belongs to a workshop that focuses on the rehabilitation of ex-psychiatric patients through artistic activities that are valorified socially by being sold to the public. The center in question teaches different craft techniques and orients the members toward commercial art and crafts. F. is very proud of herself and devotes a lot of energy to this

activity which she had started about one month after her last discharge from the hospital. Since the patient was displaying "conjunctive feelings", as opposed to "disjunctive", i.e. social concerns. empathy toward others, etc., versus fear, anger, hate, etc., (Frösch, 1983) the therapist felt that this was a good indication that termination was an appropriate next step. In order to better assess these feelings, an H.T.P. (House Tree Person) test was administered (fig. 32). This was done for purposes of comparison with the first H.T.P. administered to F. by the art therapist at the end of the first phase, when the patient had started coming out of the depression (fig. 33). The test confirmed the idea that the patient was ready to be discharged.

Plasticine was used in the next session as a way to reduce the stress experienced by the patient at that time (fig. P1, P2); the high anxiety level was due to feelings about termination, as well as the daily obstacles F. was facing in simply trying to cope with reality as a lonely psychiatric patient in our society. The return to a playful mode seemed beneficial for the patient, as a safety valve when high levels of stress were reached. F. created in plasticine what she called "the children" - a pig, a kitten, a bird; she also made a magic boat for them to transport them back and forth from the island on which they were to

the continent. A spirit is watching over them at all times. All the children want to do on the island is to 'enjoy themselves' - play, eat, rest. F. sees the island as an enchanted place where her instincts can be free, even if her "spirit" is there and watching. The separation of instinctual from spiritual is characteristic of F. and her psychosis and one cannot expect it to disappear completely in such a short time. F. has led her life till then taking that separation for a fact; she has become a drug and alcohol addict because of it, she has become promiscuous despite her religiousness because of it. And finally the cycle of manic "rushes" which bring her instinctual liberation and then lead her into a deep suffering of the spirit. the depressions. are also caused by the same dichotomy. The therapist feels that slowly F. had achieved an increased bridging of the gap between conscious and unconscious, between instinctual and spiritual and certainly between inside and outside, through the art. A separation line was still very visible; in the plasticine work the gap was between the continent and the island, or between the animals-children and the spirit, in the "marina" (fig. 31) the line was between the icy waters and the warm waters.. In the latter the boats were still being locked in the ice, but one could hope for the spring to come and let the boats float, thus making the line of separation disappear. One

has to recall that at the beginning the images of this patient did not show any kind of limit, often the paint going over the edges of the paper. Containment and separation of one entity from another had been the initial goals, and they seem to have been achieved. Could one hope for more? There were still about two months of art therapy to come.

Figures (34 to 37) are testimonies of those sessions. F. continued to represent animals. Figure (34) is an example of that, in which one can also notice the division in the middle of the page as another sign of the demarcation mentioned above. There is often a division between opposites in her drawings during this period: masculine/feminine, instinctual/spiritual, beautiful/ugly, sunny/rainy, etc. This dichotomy is still a remnant of psychotic thinking: i.e. the good/bad splitting of objects. But the awakening of symbolism in her images has helped F. display her struggles more clearly to herself and to the therapist.

Figure (37) represents F.'s room; at the suggestion of the therapist F. drew the objects in her room, in order to help her focus on her daily life and its realities. It appeared that most of the symbols represented in her imagery have also a concrete existence in reality. This is an interesting fact pointing again to F.'s having experienced

art as a T_p in which objects would seem to belong to both inner and outer reality. F. has surrounded herself with objects that had or have acquired vital importance in her psychological life. The cat is very much alive in her room, now as a poster, a few months before as a live pet, which she lost later. The other animals are also present, as ashtrays, or decorations, and also babies are present in pictures. A loaf of bread is on the table, which shows maybe that F. is willing now to take care of herself. The session is very pleasant and intimate, the therapist feels like she was invited in F.'s house. Finally the patient decided to disclose a "secret" which she has not been able to share before with the therapist. F. told the therapist that she would like to bring to the next session her "books". The "books" are collage booklets that she made with pictures from "Playboy" and "Penthouse" magazines. F. did not want to share these before because she did not want to talk about sex, and "did not want to arouse herself sexually", being scared of the notion of sin. The collages were made during her manic phase and forced into forgetfulness after that, when talking about sex became sinful in the eyes of the patient. During the manic phase, sex was on the contrary very much talked about, this being one of the dichotomies in F.'s behavior which was mentioned before. The therapist had tried to bring up the topic of

sex with the patient, but F. would often be very brief and uncomfortable about it, forcing the therapist to discuss it on a symbolic, non-threatening way. The occurrence of sexuality related images in F.'s art therapy had been very high. An important idea which was discussed during this session was her sexual ambiguity; and now choosing female nude bodies for her collages was certainly not accidental. F. commented that she did see those images from the eyes of a man, identifying with men when looking at them. She denied lesbian tendencies though. F. seems to be attracted to both men and women, being very unsure about the morality of such attractions. F. brought the "books" to the next session, and the discussion about her sexuality continued, F. seemed to finally be able to deal with it in a more open manner. Issues about the therapeutic relationship surfaced with F. confessing that she "used to be in love" with the therapist and have sexual fantasies about her. Figure (38) reflects this discussion. F. tells the therapist about her different feelings at different times during the therapy - need of being mothered and feeling like a baby in the beginning, later her attraction to the therapist and her anger at herself and the whole world when she felt like kissing the therapist, and instead ended up tearing her own drawings apart. Also F. commented on her jealousy after the therapist's marriage. This last event though seems to

have raised questions about her own life and relationships and her desire to have a family. It is interesting to note that F. probably used the cat as a symbol for her own sexual impulses. She used during this session the expression "mon matou" quite a few times when referring to her physical attraction to the therapist. The french expression refers to a male cat, and F. used it sexually.

The next images (fig. 39,40) were drawn from the imprint that figure (38) had left on the paper under it. This was interpreted and discussed with the patient as a sign on her part of not wanting to let go, of wanting to keep reprinting the sessions, the relationship.

Figure (41) is inspired from figure (31), which F. considered to be her most important one. The therapist suggested a modification of the first image which would depict better her current feelings and maybe the future. This was done during one of the "reviewing" sessions, when patient and therapist discussed the whole series of images made by F. in art therapy. Figure (41) takes the theme of the sailboats and transforms them into houses or pavillions, each having a different flag on it. Houses are more solid than boats, they are implanted in the ground. perhaps signs of F.'s increased solidity and her improved contact with reality. but why the flags? They seem to suggest estrangement, lack of communication because of the

differences of language. Maybe F. was afraid that by losing one important tie to the hospital and a relationship, she would feel more estranged in the outside world and would have to learn other languages than art therapy in order to survive. But the therapist also saw a desire to communicate in that picture, especially because F. mentioned that it might be an international fair. Also it may reflect fantasies about the therapist's departure for another country.

The final session was not easy for either patient or therapist despite the long preparation. F. brought a gift for the therapist, a ceramics container for fondues, an exact replica of a bowl which F. possessed herself (another expression of the desire to fight separation, by making copies of drawings and of other objects?). The therapist did not accept the gift, in order to force separation. There was also a discussion about F.'s plans for the future and her wish to get married was the main goal. In addition, there was sadness and an embrace with some tears.

[illegible]

B. Concluding Notes on the Case Study

The case of F. represents well a "typical patient", i.e. an individual with a unique and extremely complex history and symptomatology about whom it is difficult to generalize. This thesis has thus attempted to tell F.'s story during art therapy subjectively, as it was experienced by the therapist, the reader having to follow F.'s intricate journey into herself, into her own graphic symbolism. In order though to clarify the therapeutic direction at various points in time, therapeutic progress was categorized (table p. 64) into:

- ° Evolution of Pathology
- ° Evolution of the Art Therapeutic Process
- ° Evolution of Graphic Symbolism
("Characteristics of Images")
- ° Evolution of the relationship between patient and art
("Attitude of Patient toward Images")

The categorizing may also help to look at various individual cases and different pathologies from one integrating perspective. Here, the evolution of the art therapeutic process was also seen theoretically as the development of a T_p .

This perspective helped this writer better understand F.'s struggles and her relationship to external reality, therefore being better able to help the patient. Within the

'evolution of the art therapeutic process' the division into various moments of creation is not arbitrary; it has been experienced clinically by this therapist. But the rule is here, like with all clinical results, that individual variability occurs. Also, one has to wonder whether the same therapeutic process could be observed in short term cases.

DISCUSSION

This thesis was designed to examine the nature of the art therapy process, especially in the treatment of psychosis. The relevance of the concept of TO&P in art therapy was investigated.

Focusing mainly on the relationship of the individual with external reality (or the rapport between inner and outer reality), this thesis proposes that the art therapy situation can function as a T_p . Thus it can enable the patient to experience a genuinely creative act and an attachment of a kind reminiscent of the baby's first symbolic attachment to a teddy bear or to his own humming when falling asleep. This T_p is thought to take place in the intermediate area of experience, in between fantasy and reality. This area is a sort of psychological buffer zone between the individual and the environment, where cultural experience (i.e. art, religion or other symbolic acts) is thought to be located (Winnicott, 1971). There are three poles in the art therapy situation: the patient, the art, and the therapist with their resulting interactions (cf. fig. a). For the patient, the art can often become a T_o and sometimes the therapist may play this same role (cf. fig. b) as well as that of "good-enough mother", or other roles

created by the specific dynamics of the therapeutic relationship. This thesis focusses mainly on the TP within the triangle, i.e. the transitional attachments developed by the patient toward the art or/and toward the therapist. It would be interesting to continue this study by looking at the other kinds of interaction in the art therapy situation. One should further define the role of the therapist within this "transitional model" of art therapy. In psychoanalytic terms one may want to review the notion of transference and counter-transference in this light.

For the psychotic individual, who developmentally is thought to have missed the stage of TO&P, the art therapist can provide a safe and trusting environment conducive to the experiencing of such TP. In this atmosphere the psychotic person can be encouraged first to explore (the art materials, the situation, etc.) later to "enter" the images he/she creates, and identify with them in a 'fusion' process. Then, gradually, through a process of 'distancing' the individual can start gaining insight and be ready to finally 'separate' from both the art and the therapist. During this process the TO are first cathected, and feelings are displaced from life situations onto the images and the therapist. With time, however, these displacements are taken back into real life situations and the TO decathected.

As a result, inner reality has been re-structured. And

during this process of re-structuring in art therapy, the psychotic person is viewed as going through a very involving creative act. The goal of this act would be affective growth, potentially acting as a developmental force, which can take the person from a stage in which "me" and "not me" are not well differentiated ("hallucinatory wish-fulfillment") to a stage in which they are ("separation-individuation" or "playing").

In addition to the initial metaphors of art therapy as a T_p and creative act this thesis also suggested other parallel metaphors in order to further explore the art therapeutic process. It was proposed that art therapy can also function as encouragement to play. Play being defined as an action in which objects from external reality are manipulated by inner reality in a hallucination-free state, and thus given symbolic meaning (Winnicott, 1971). The term 'encouragement' to play was used because, before genuinely being able to experience playing, one must go through the stage of TO&P. Therefore art therapy is viewed here possibly as teaching the psychotic person how to play, in a general sense.

It was also suggested that art therapy can be seen as framing of fantasy. Framing is defined as a process which "marks off an area within which what is perceived has to be taken symbolically, while what is outside the frame is taken

literally" (Milner, 1979). Therefore this thesis sees the task of containment or framing as crucial for the psychotic person who needs to better differentiate inner and outer, by "framing" his/her fantasy.

One could probably go on and add other metaphors which would further help define the art therapy process or processes, and this thesis sees such a preoccupation as a continuing task for our profession. The idea of art therapy as T_p , englobes the concepts of art therapy as a creative act, encouragement to play and framing of fantasy. As such, art therapy is meant as an open invitation to other minds in search of understanding.

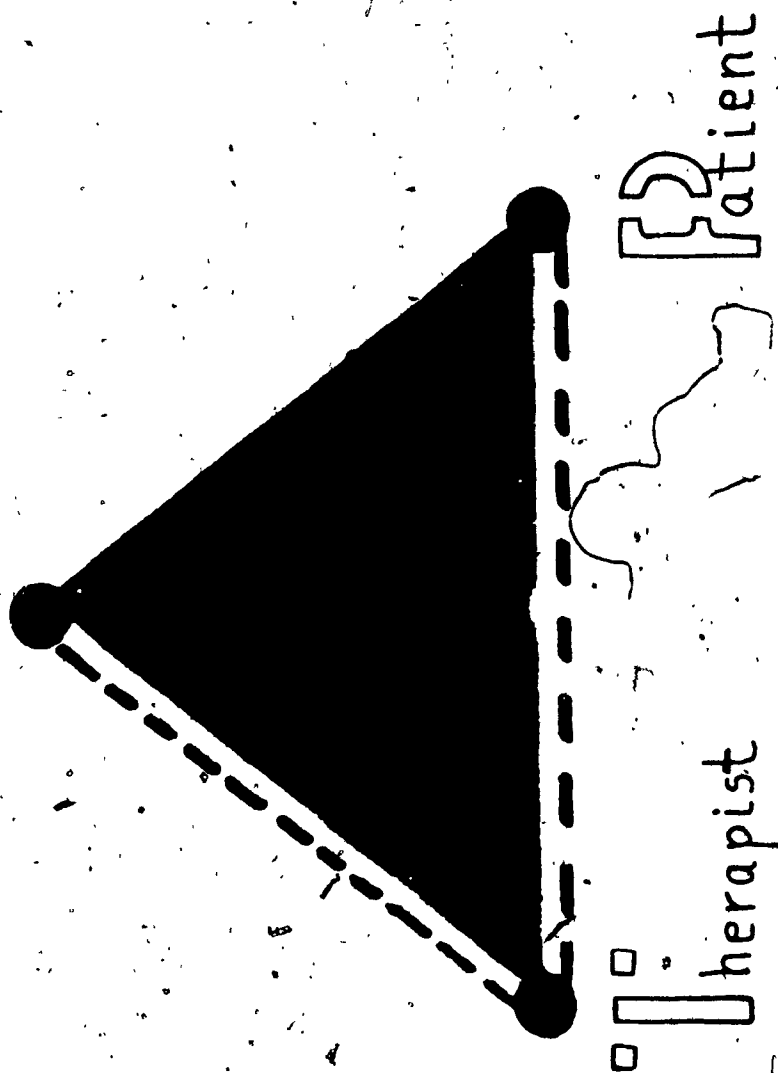
As already mentioned, the need for the theoretical search presented here arose from a variety of clinical situations. The case of F. was probably the most intriguing both in terms of graphic symbolism as well as in terms of the relationship of the patient to her own art and to the therapist. The experience of following the evolution of F. in art therapy was tremendously absorbing for the therapist who saw herself oscillating between the roles of 'good-enough mother', T_o , and sexual object for the patient. But if asked to choose the most powerful element of the art therapeutic process this writer would say immediately: the art part (i.e. the making as well as the amazing energy which went into F.'s relationship with her art). Later,

trying to describe the magic qualities which seemed to characterize F.'s experience in art therapy, the writer could not find a better explanation than the mechanism of TO&P.

It can be said that through clinical work in art therapy one cannot stop marvelling at the force of the major creative act in this type of psychotherapy: the art. Therefore this model gives the art the principal role. Sharing the fascination of many psychiatrists who left us precious collections of psychotic art (e.g. Simon, 1876, Prinzhorn, 1922/1972 etc.), this study believes that the spontaneous art of psychiatric patients is "an obscure attempt to communicate". Hence, along with the efforts of other art therapists, this thesis is an attempt to see, listen to and understand the psychotic's efforts. It studies the concept of TO&P in order to clarify the art therapeutic search for the self and the relentless struggle in which we all participate, of relating inner and outer realities.

FIGURES

Art.



Legend :

▲: T P

---: other interactions

fig. a

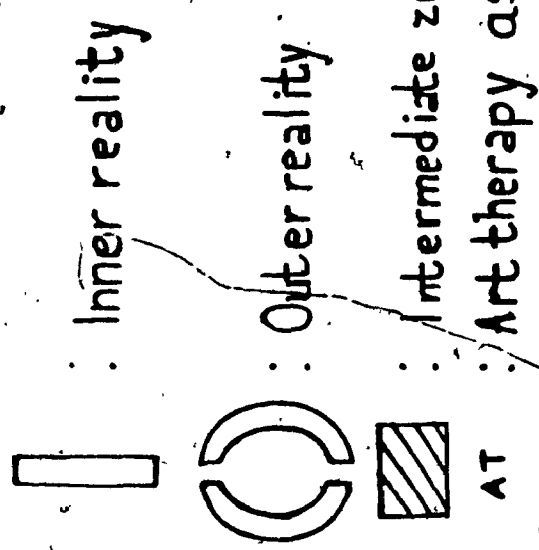
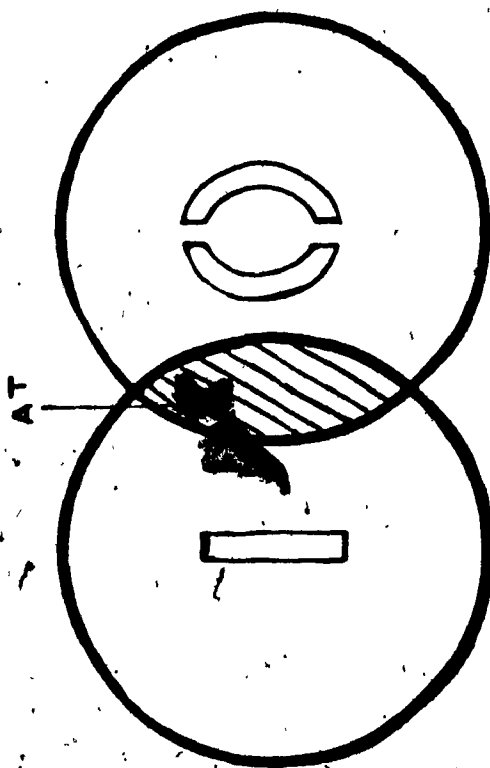
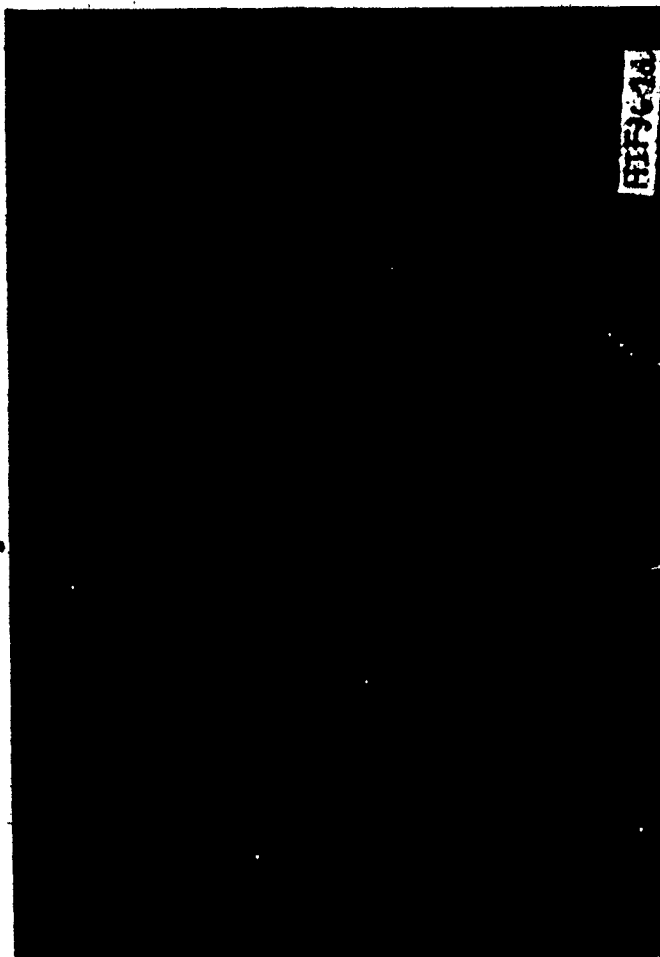


fig. b

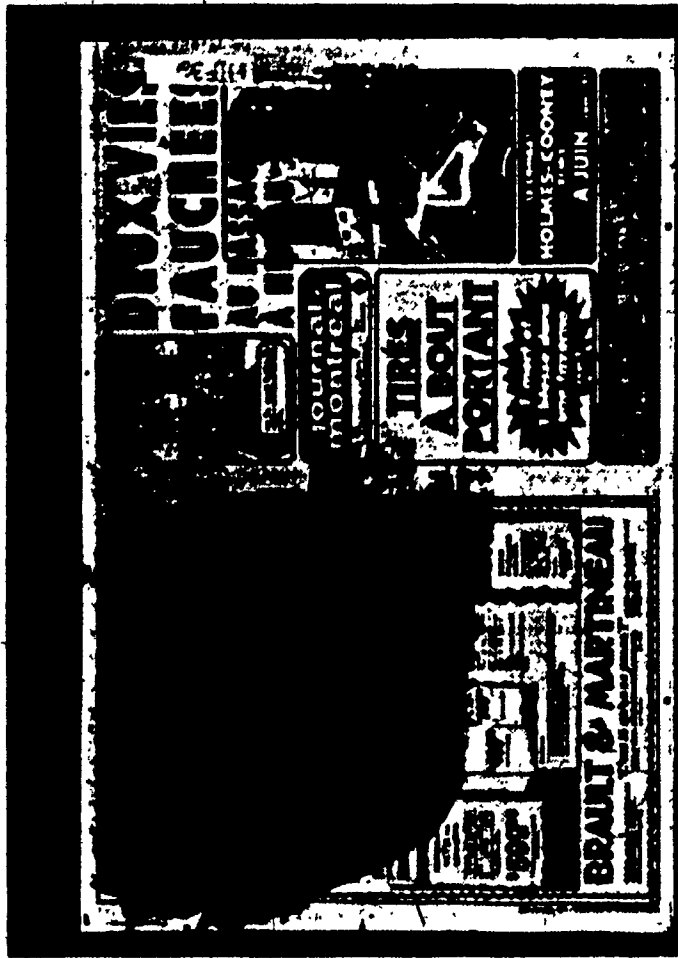


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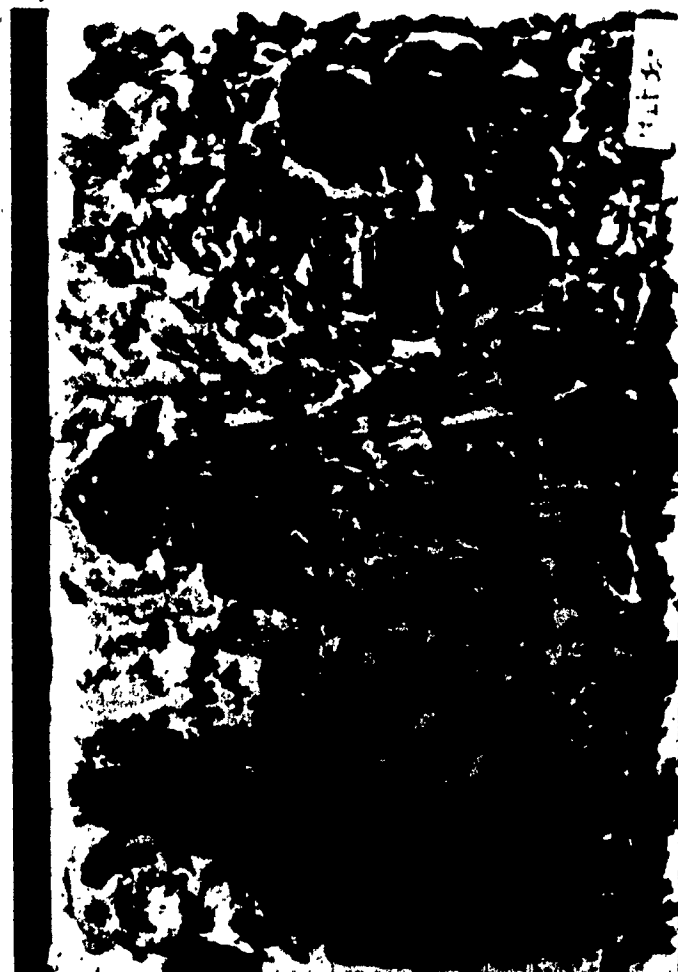


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12.



11.



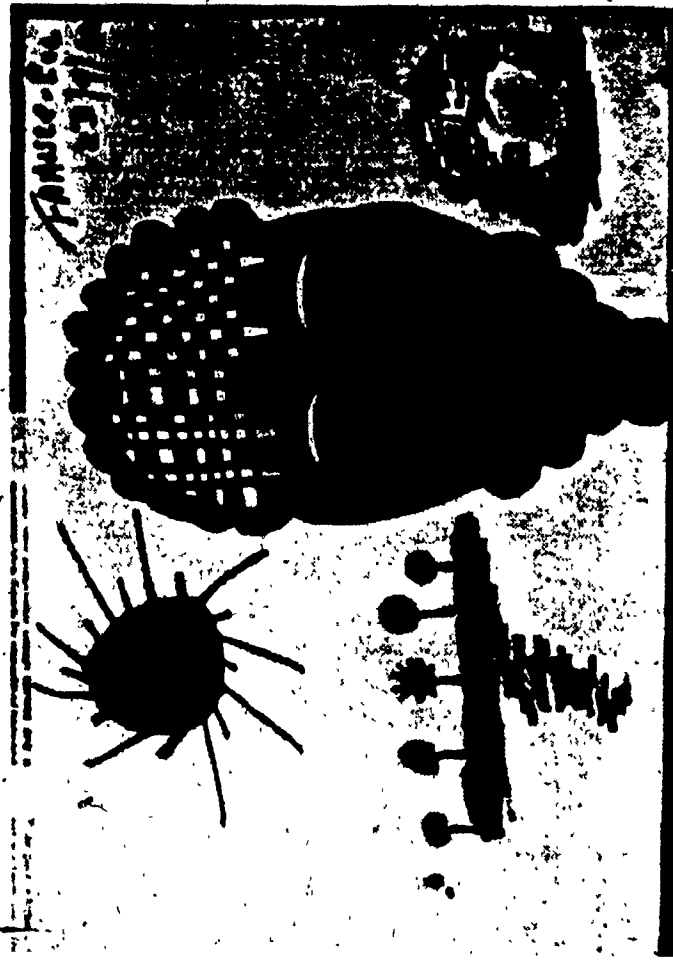


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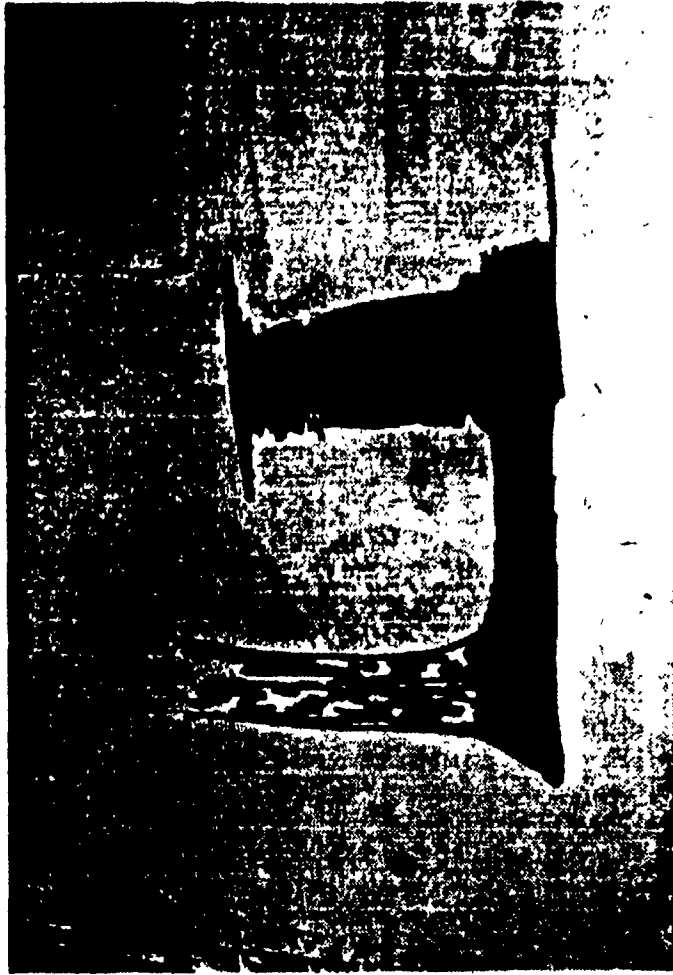


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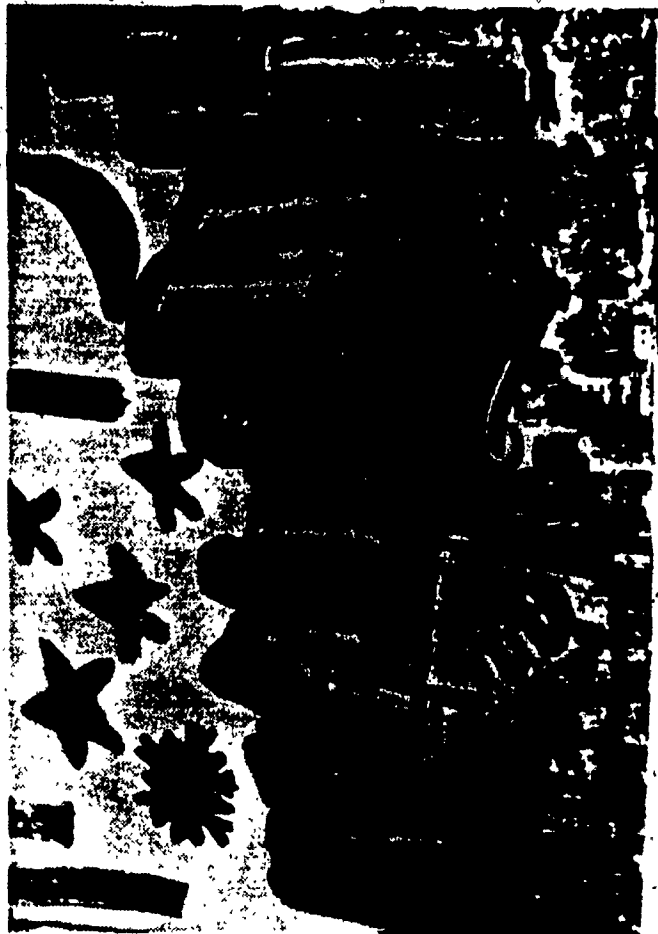




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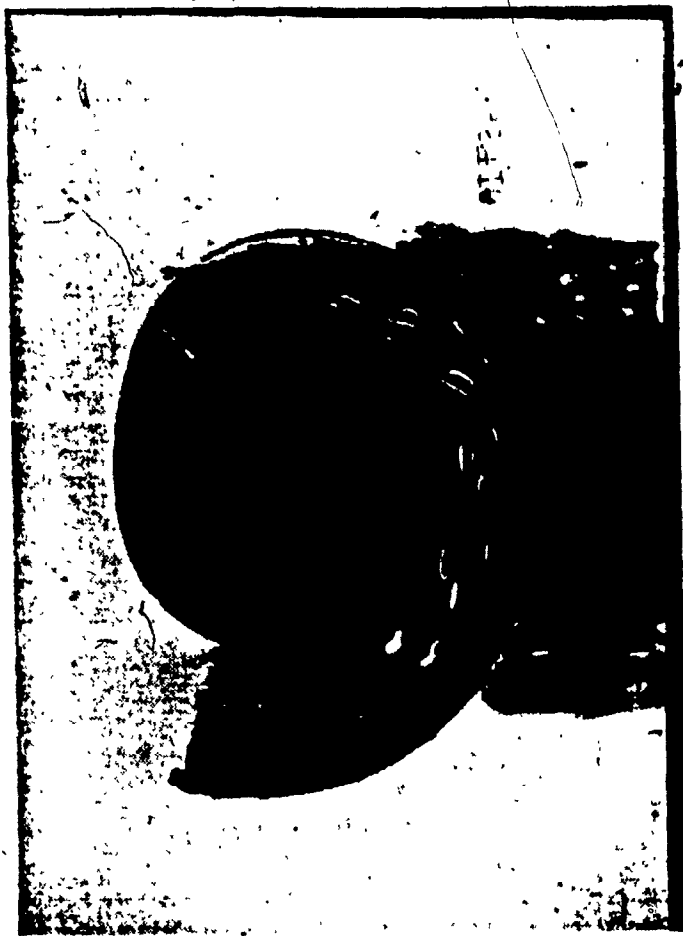
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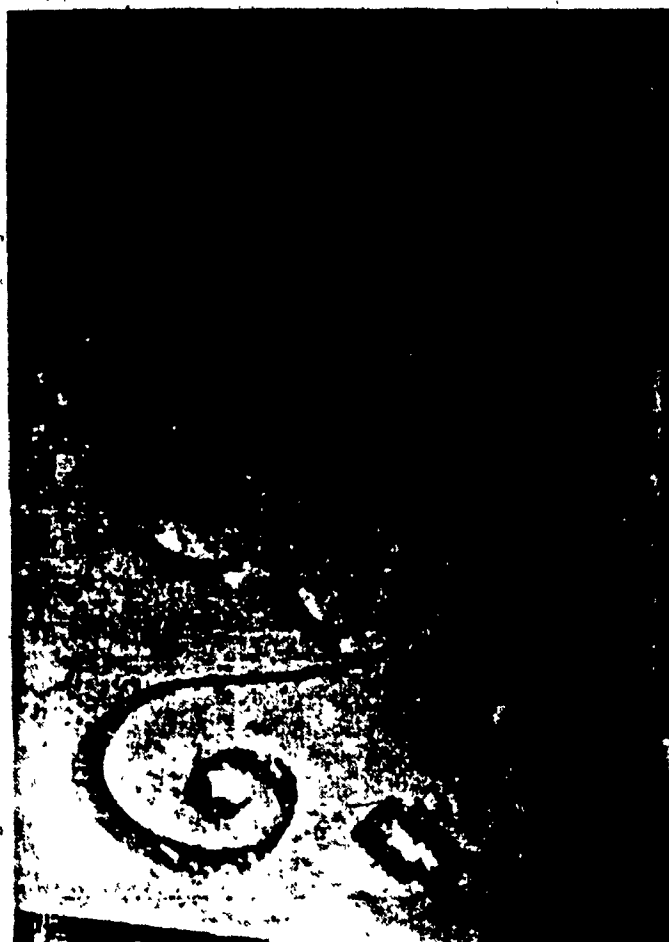


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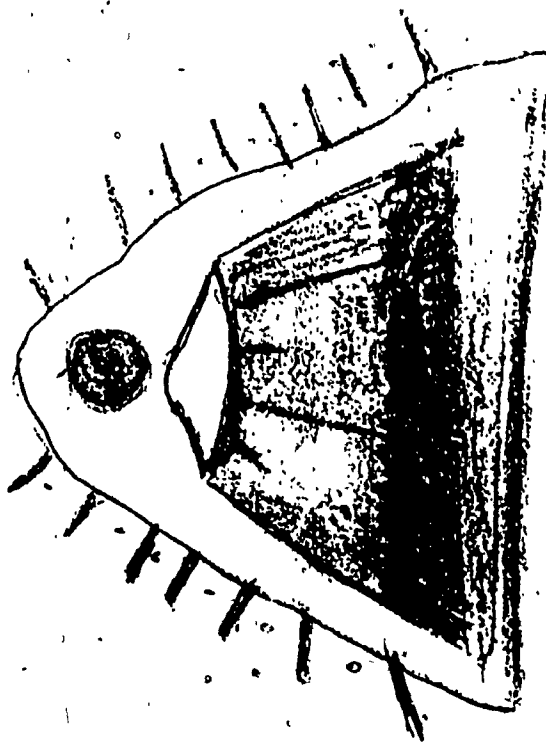


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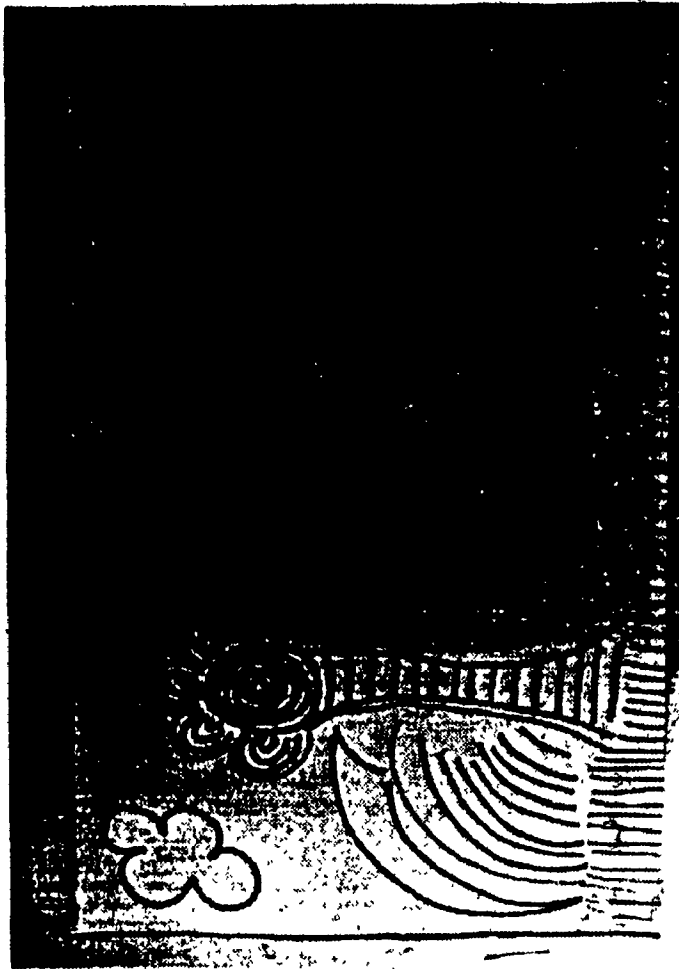


28.

(Original in paints - Reproduced by therapist.)



29



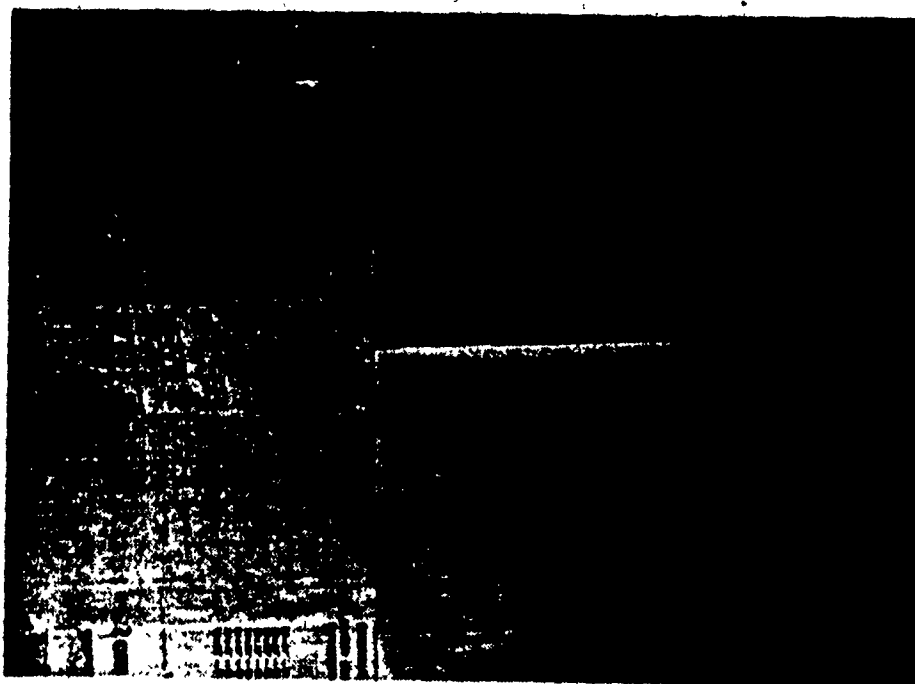
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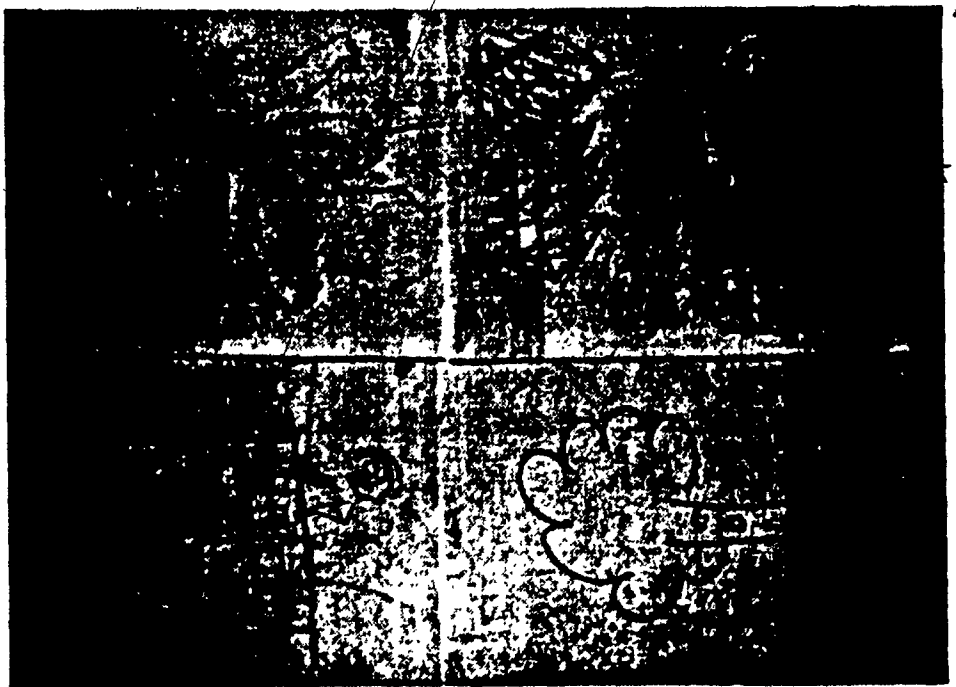
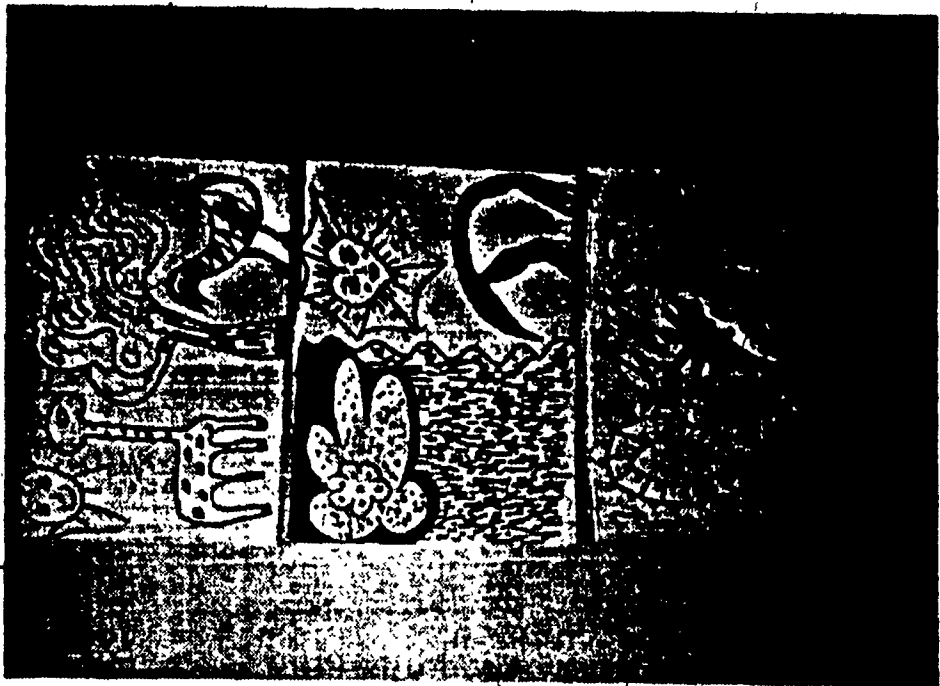


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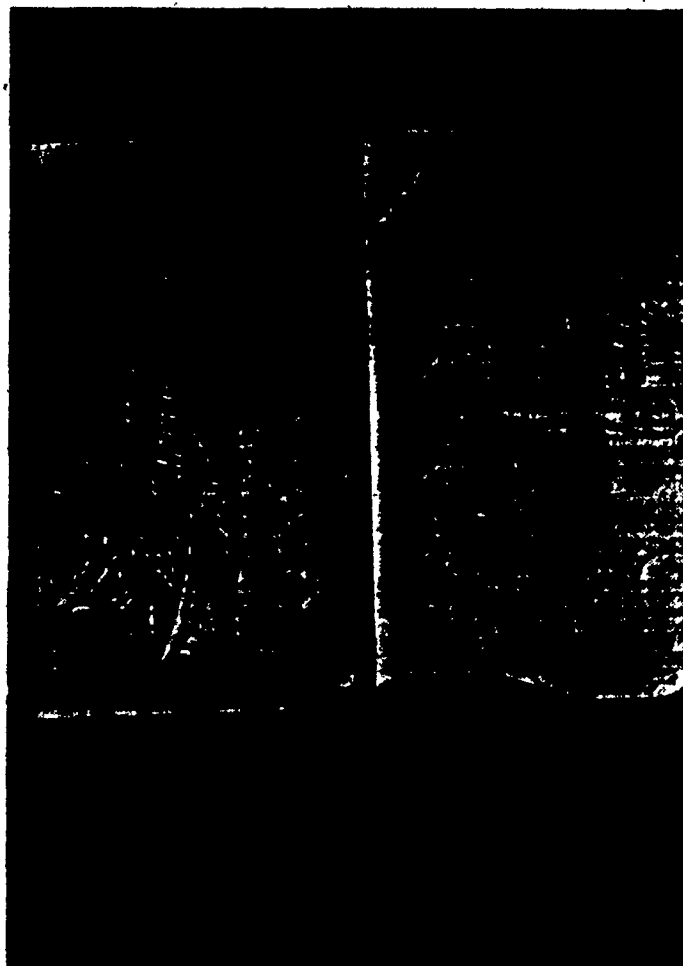


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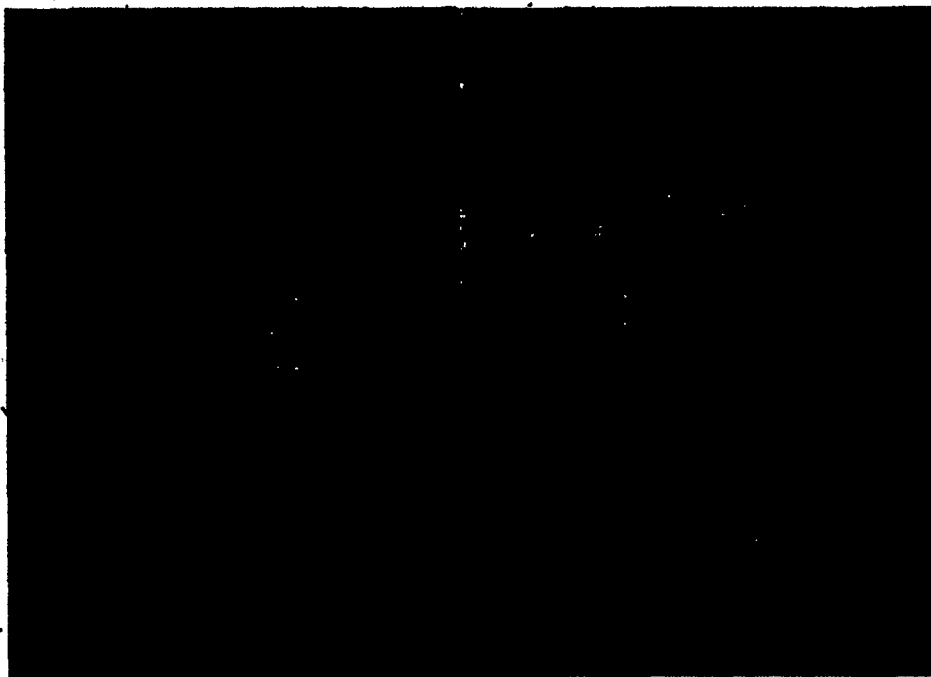


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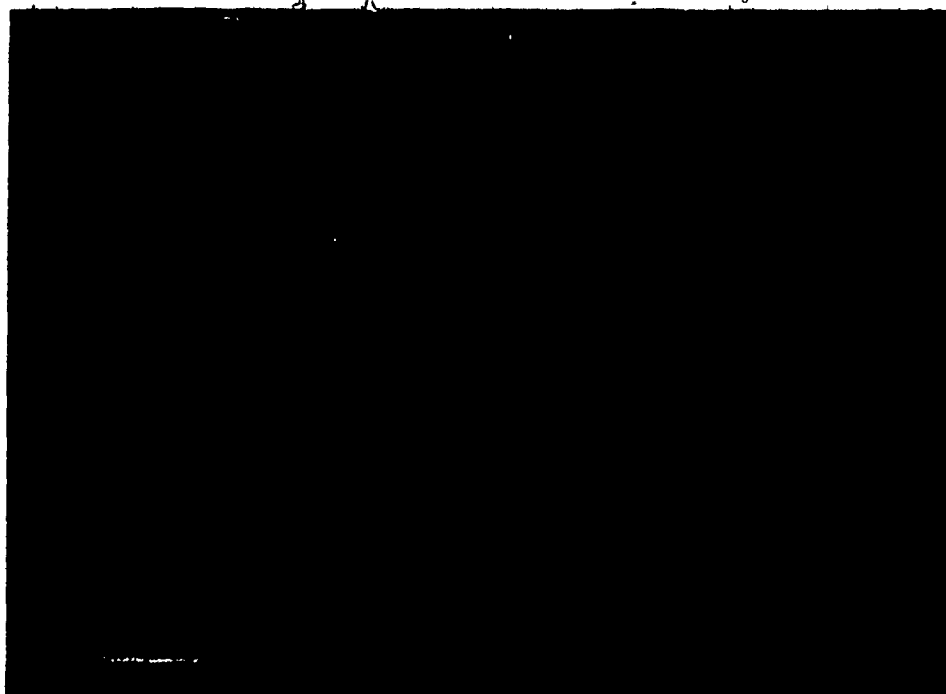




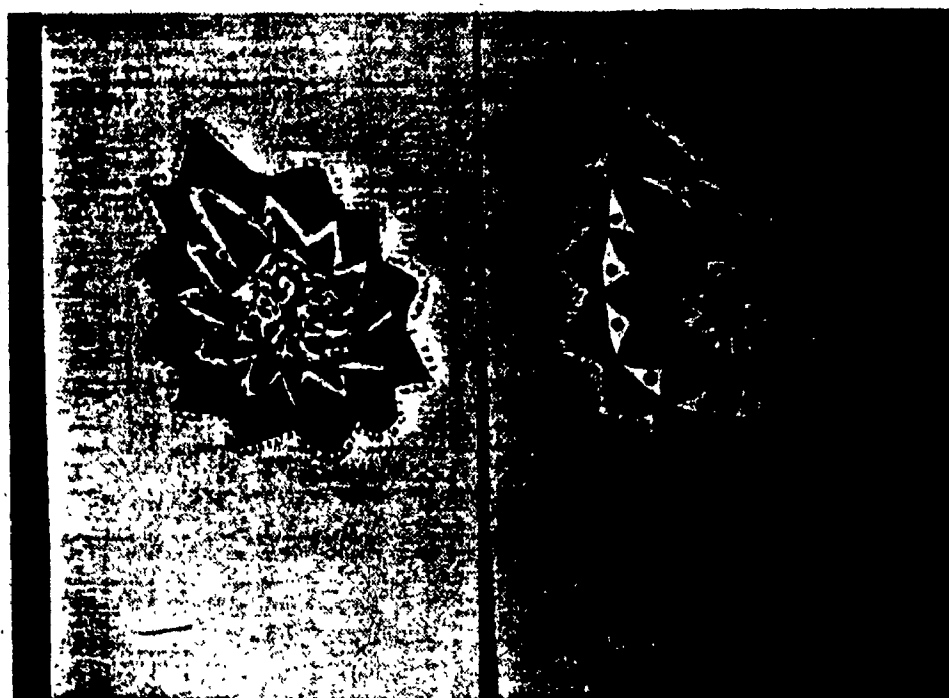
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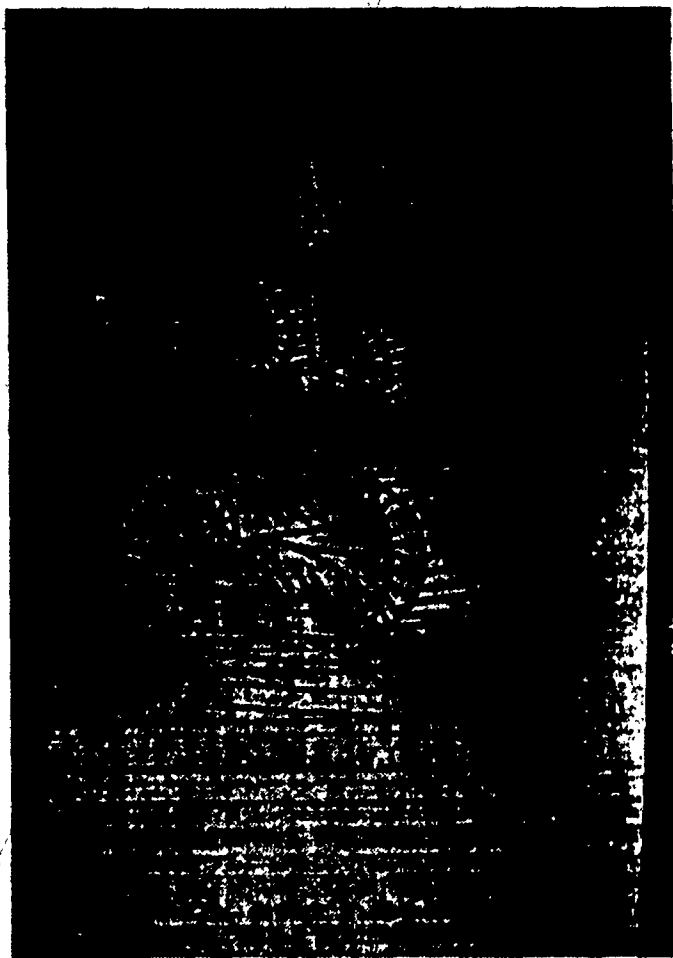
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