

Suicide and Art Therapy:
Exploring The Pictorial Expression of Features
Related to Suicidal Intent

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A Thesis
in
The Department
of
Art Therapy

Presented in Partial Fulfillment of the Requirements
For the Degree of Master of Arts
Concordia University
Montreal, Quebec, Canada

May, 1989

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Abstract

This study aims to identify and explore some of the features related to suicide intent in order to further understand the dynamics and various degrees of lethality of self-destructive tendencies as revealed through the art. The present study seeks to establish that depressive aspects appear throughout most of the artwork of acutely suicidal subjects.

The study focuses primarily on psychiatric patients' artwork and their relationship to suicidal ideation and acting-out through the exploration of five features: hopelessness, isolation, anger, aggression, and low self-esteem in persons who attempted suicide. In recent years, studies on the issue of hopelessness as a salient factor related to suicidal intent have been given particular attention. According to Beck, hopelessness is a significant factor in motivating attempted suicide. Six theoretical approaches to suicide - the psychoanalytic, sociological, psychodynamic, cognitive, archetypal, and 'cognitive-psychoanalytic' - are discussed.

This thesis suggests that the application of cognitive-psychoanalytical theory to art therapy is a valuable tool for dealing diagnostically with the suicidal person and crisis.

DEDICATION

*To the memory of my grandmother,
Clara Pascal Goodman (1897-1946),
and to those who suffered her loss.*

ACKNOWLEDGEMENTS

Special thanks must go to Dr. Pierre Gregoire, Peter Byrne, and Nancy Humber for their encouragement and guidance as well as to Liliane Aberman for her collaborative efforts in the study.

Grateful acknowledgements must also be extended to Dr. Emmanuel Hammer for having provided additional reference material.

Finally, I thank my friends, too numerous to mention, and my family for their endless patience and generous support which not only lessened the ordeal, but made the process of writing this thesis a challenging and rewarding experience.

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CHAPTER I

Introduction

The purpose of this study is to identify and understand the five features of hopelessness, isolation, anger, aggression, and low self-esteem as significantly related to suicidal intent in the artwork of psychiatric patients who attempted suicide, in the hope that this will contribute to the diagnosis and prevention of suicide.

The term 'suicidal intent' refers to an individual who has a genuine lethal intention to commit suicide. Intention, according to Shneidman (1970:41) involves the notion of motivation. Both conscious or unconscious motivation can contribute significantly to an individual's potential for self-destruction. According to Shneidman (cited in Freedman, Kaplan & Saddock, 1975:1744), lethality, refers to the "probability of that patient's committing suicide - not simply hurting or injuring or harming himself, but dying by his own hand."

While some practitioners may employ the use of a battery of psychological tests such as Beck's Self-Evaluative Test (Beck et al., 1975) to assess the

lethal intention to commit suicide, art therapy provides a window through which to explore unconscious or conscious motivation found through the artwork by examining a client's related fantasies, dreams, daydreams, thoughts, and feelings. This study proposes that, along with psychological tests, therapy which aims at facilitating the expression of unconscious and repressed material may provide an additional, visual communication of past, present, and future suicidal ideation. Someone who is unfamiliar with pictorial expression is more likely to reveal past, present, or future ideation through his/her artwork than someone who is familiar with the verbal language and is asked to communicate his/her suicidal intentions. This hypothesis, however, is not without its difficulties since some of the clients in art therapy are artists who are capable of disguising their real feelings and thoughts behind their technical ability. In determining whether a person has lethal intentions to commit suicide, Tabachnick and Farberow (cited in Farberow & Shneidman, 1961:66), state,

When these fantasies contain ideas of self-destruction, destruction of others, self-injury or injury, failure, worthlessness, hopelessness, rescue, rejuvenation, nirvana, paradise, and reincarnation, a higher degree of potentiality for self-destruction is present.

The findings of this study support this view: that it is not necessarily one feature that predicts a suicidal attempt but a combination of features.

Suicidal intent is further defined by Beck (1975:1147),

Suicidal intent was conceptualized in terms of the relative weight of the person's wish to live and his wish to die, his psychological deterrents against yielding to suicidal wishes, and the degree to which he has transformed his suicidal wishes into a concrete plan or actual act oriented to death.

Beck, a cognitive researcher, has tried to uncover the key feature motivating suicide; this would facilitate the classification of persons according to the perceived likelihood of their suicidal attempt. In a study by Beck et al. (1975), he devised what is known as Beck's Hopelessness Scale. By means of the client's self-evaluation, this scale measures hopelessness and suicidal intent. It is also designed to weigh the psychological deterrents which inhibit the acting-out of the suicidal wishes, "and the degree to which she/he has transformed his/her suicidal wishes into a concrete plan or actual act oriented to death" (1975:1147).

By targeting hopelessness as a feature most related to suicidal intent, Beck found that he was able to reduce suicidal behavior in patients. Hopelessness, according to

Beck, signifies the patient's distorted view that there are no alternatives to a despairing situation except suicide. This finding provides a logical explanation of why people attempt suicide and reinforces the significant role of hopelessness in motivating suicide. Through further examination of studies that oppose and criticize Beck's view, it is apparent that more than one feature is responsible for suicidal behavior. It seems more likely that a combination of features such as hopelessness and anger, or isolation and low self-esteem contributed to the suicidal scenario. This belief comes not only from the literature but from exploring the artwork of patients who have attempted suicide. A further discussion on hopelessness and suicidal intent is found on page (61).

Though Horney (1945) and Beck emphasize the strong relationship between suicide and hopelessness, current researchers claim that hopelessness is not necessarily the motivating criterion, but that other features may have greater or equal potential in motivating suicidal tendencies. Though Beck's definition of suicidal intent seems valid, the writer is aware that his conclusions are derived from his Hopelessness Scale which has received substantial criticism.

Data to show the reliability and validity of this measure of actual suicidal intent among those who made an attempt were presented in various studies by Beck and his colleagues (Beck et al., 1975). However, critics believe that since the Beck Hopelessness Scale is a self-evaluative test, the potentially suicidal patient may or may not divulge past, present, or future suicidal tendencies and intentions. Rather, there would be the inclination to 'reorganize' data to the point that the clinician might seriously be misled (Strosahl, Linehan & Chiles, 1984:465). Since Beck's is a verbal test, this difficulty may be overcome by non-verbal means. Here I rationalize the use of art therapy.

A brief introduction to the five criteria for their relevance to later chapters is required. Of the five, most attention is given to the feature of hopelessness, because most recent research on suicide discusses the issue of whether hopelessness plays a significant role in motivating suicide (Beck et al., 1975). The study takes the position that hopelessness is a vital criterion for identifying and understanding suicidal tendencies. While Beck provides a definition of hopelessness as negative expectations about the future derived from cognitive distortions, Horney, though supportive of Beck's

statement, goes further in explaining hopelessness from a psychodynamic point of view.

The feature of isolation also seems to have considerable impact on provoking suicidal behavior. Isolation has been mentioned and discussed by Hillman (1964); Horney (1965); Durkheim (1980); Wadeson (1980); and Hammer (1958).

The feature of anger is dealt with and its relevance to suicidal intent, however, to a lesser extent than other features.

The feature of aggression has been given considerable attention by both theorists, namely Freud (1957, Vol. 16), and by projective drawing researchers such as Hammer (1965), and Buck (1978), as well as by art therapists such as Wadeson (1980).

Both anger and aggression are mentioned in the literature in conjunction with suicidal thoughts and feelings, and separate definitions are warranted since their differences and similarities have a bearing on treatment.

The last feature to be explored is low self-esteem. There are several other features included in the dynamics of suicide such as the wish to be reborn and the wish for nirvana; however, these did not seem to receive sufficient

attention to warrant further examination in this particular study. However, as will be seen in the 'Research Findings', though the five features have been the central focus of this study from an objective perspective [form and content], additional features appear in the artwork derived from a clinical assessment of the artwork such as the feature of 'helplessness.'

Finally, though these five criteria have been studied separately, they are interdependent. This is understood from Horney's discussion on hopelessness and from the description of the 'depressive constellation'. For this reason, suicidal tendencies manifest themselves through a combination of features.

Apart from the five criteria, three psychological mental states leading to suicide may be quickly summarized. First, at the core of the characteristic 'cry for help', is the psychodynamic feature of the suicidal state of ambivalence. Generally, the 'cry for help' and the feelings of ambivalence occur almost simultaneously with the act of suicide. One of the myths about suicide is that a person who is suicidal is fully intent on killing him/herself. The fact is that most people are undecided about whether they wish to live or die. They gamble with their lives, entertaining the fantasy of

rescue and intervention. Almost no one attempts suicide without giving warning to others of how they are feeling, according to Shneidman (cited in Freedman et al., 1975).

The second suicidal state is that it tends to be of brief duration. A person is at his/her peak of self-destruction; that is, when lethality is highest, for only a short while during an acute suicidal crisis. The amount of time may vary from hours to days; the person is aided, calms down, or tragically dies.

The third state is that suicide is a dyadic event, when suicidal acting-out involves not only the person who attempts suicide but an important other as well, a finding confirmed by Shneidman (cited in Freedman et al., 1975: 1778). Important other usually refers to the survivor, i.e. parent/child or lover/lover.

Cognitive Psychoanalytic Art Therapy

Art therapy offers a rich variety of ways to interpret artwork for purposes of diagnosis, for example, the Freudian, Jungian, and cognitive perspectives. A fusion of the two main theories of this study - Freudian and cognitive - theories which at first seem contradictory and termed 'Cognitive Psychoanalysis' (Bieber, 1980), has been made to facilitate assessment according to classical

analysis from a cognitive viewpoint. In many ways Bieber's ideas on psychoanalysis parallel Freud's, such as the definition of psychoanalysis: (1) delineating and tracking down the genesis of irrational beliefs which tend to lead to neurotic fears, and (2) delineating the defenses and reparative mechanisms to resolve and work through the conflicts. Bieber's cognitive psychoanalytic perspective has particular relevance to this study because he provides a way of linking Freud's theory of neurosis and psychoanalysis with Beck's understanding of and emphasis on hopelessness. Beck's studies on hopelessness and suicide have led to the belief that a suicidal crisis may be relieved by identifying and understanding hopelessness, isolation, anger, aggression, and low self-esteem in terms of these states arising from cognitive distortions rooted in early childhood and later traumatic experiences in adolescence and even adulthood.

Whether or not the suicidal tendency has been brought on by early childhood or later trauma within the context of a suicidal crisis, an in-depth analysis investigating the root cause for the crisis may be unnecessary according to Werner, a cognitive theorist (1982). Beck as well as Werner make a valid point that since time plays a major factor in a crisis situation, understanding the causes,

i.e. original trauma, is too time-consuming. Moreover, if the cause occurs closer in time to the suicidal crisis and has been precipitated by external factors, i.e. recent death of a beloved parent or sibling, the lack of time to explore reasons for the suicidal crisis may not be an issue.

In the attempt to understand the relationship of patients' artwork and the five features, the following questions have been asked:

1. How are the five features pictorially expressed in the artwork of persons who have attempted suicide?
2. How often do the above-mentioned features figure prominently in the drawings [artwork] of individuals who attempted suicide?
3. How do these features figure qualitatively in the artwork?
4. How reliably can the art therapist identify the risk of suicidal intent in the artwork of persons who have attempted suicide?

As stated by Tuckman and Youngman (1968:1719),

Since the number of persons attempting suicide each year has been found to be about eight times the number of suicides, and this may be an underestimation, it would be impractical to hospitalize even those who attempted suicide, let alone those who threaten or otherwise give signs of suicidal intent, without overtaxing

present treatment resources. Even if the resources were adequate, it is questionable whether all persons who have made an attempt require hospitalization; rather, the task involves differentiating these persons according to their suicidal risk.

Apart from these difficulties, identifying the features of hopelessness, anger, aggression, isolation, and low self-esteem, and finding the extent to which each significantly relates to suicidal intent, will facilitate the task of differentiating individuals according to their suicidal risk. This task is accomplished through the investigator's perceptions of the artwork. Furthermore, by exploring these five features, a broader, perhaps deeper understanding of the elements and dynamics of suicide and suicidal intent may be gained which may later be applied to diagnosis and prevention of suicide.

The following chapter will discuss in depth several theoretical postulates including the rationale for 'Cognitive Psychoanalysis' in art therapy.

CHAPTER I I

Review of Literature

The study of suicide in the modern era began essentially with two mainstreams of thought: the psychoanalytic and the sociological, associated with the names of Freud (1856-1939) and Durkheim (1858-1917) respectively.

In general terms the development of our understanding of suicide begins with Freud's belief that self-destructive behavior occurs as a result of hostility towards another turned against the self (Freud, 1963:427).

Durkheim attributes suicide to external realities (1968) where he approaches suicide from a sociological perspective and describes three types of suicide: (1) egoistic, (2) altruistic, and (3) anomic, with (1) egoistic - where people are too alienated from society - being the most common.

Menninger's psychodynamic theories of suicide reinforce Freud's theory of retroflected rage in his description of suicide: (1) the wish to kill, (2) the wish to be killed, and possibly (3) the wish to die.

Freud's theory of retroflected hostility has in recent years been challenged by the cognitive school

including Beck and his colleagues. Beck states that suicide is precipitated by cognitive distortions where the person perceives him/herself, and his/her experiences and in life in a negative way, and expects negative future outcomes. Beck found hopelessness in depressed patients to be the link between depression and suicide, concluding that hopelessness is the salient factor determining suicidal behavior regardless of whether the diagnosis is depression or schizophrenia.

Hillman's theory stands apart from the previously mentioned theoretical postulates in terms of his more radical ideas on suicide. While acknowledging that factors of hopelessness and isolation play important roles in the context of suicidal ideation and the therapeutic process, he believes in the importance of the soul. In this respect, one could refer to him as a depth psychologist because he believes in going into the deeper meaning of human existence. Working through suicidal thoughts and feelings means that the soul must symbolically experience death in order to be reborn, thus avoiding actual death.

The cognitive theorists believe mainly in the self-determinism of the individual and that pathology [neurosis] is rooted in cognitive distortions. However,

through denial of the unconscious and emotional content of a conflict, cognitive theory becomes a reductionist way of thinking. Because of its superficial approach, in-depth and complex problems cannot hope to be resolved.

The last theory is a general one on which is based the position of this study with regard to the suicidal crisis and art therapy. It borrows the term 'Cognitive-Psychoanalysis' from Bieber in order to bridge the gap between the cognitive understanding of hopelessness by Beck, and classical psychoanalysis. Bieber compares cognitive psychoanalysis and classical psychoanalysis stating that both processes are 'cognitive'. However, whereas Bieber's approach is based on cognitive theory, with the exception of the sex drive, hunger, and other primary needs [instincts], Freud's is based on instinctual theory. In criticism of Freud's theory, Bieber separates cognition from the instincts while Freud believes that cognition develops out of the instincts. He saw it as a progression beginning with primary process thinking [dreaming, fantasies] and going on to the more complex secondary process thinking [memory, judgement]. Given this, Bieber may have underestimated the importance that Freud places on cognition. Lastly, while Freud recognizes the importance of affect and its intimate relationship

with cognition both in theory and psychoanalytic process, Bieber minimizes the value of affect. Though far more complex, Freud, in giving credence to instinctual drives and their relationship to cognition and affect, offers a more balanced view of the dynamics of the mind than Bieber. Apart from their theoretical differences, Bieber's cognitive psychoanalytic process appears to share in general the same mechanisms as Freudian analysis: (1) the attempt to recover the genesis of the trauma through free association, dreams and fantasies; (2) to help the client be aware of irrational beliefs which create fears leading to pathology; and (3) to delineate defense mechanisms which are maintaining the irrational beliefs.

The study proposes that 'Cognitive Psychoanalysis' is applicable to art therapy as a beneficial way of approaching the suicidal crisis and in foreseeing suicidal behavior. By regarding features of suicide such as hopelessness and isolation as cognitive distortions, the crisis or potential crisis may be averted. Subsequently, the patient can work on a more in-depth level on the conflicts leading up to the suicidal ideation and behavior.

The last part of this section deals with the applications of cognitive theory and the importance of

creative problem solving according to Carnes and Tabachnick.

Theoretical Perspectives on Suicide

Freud

A brief synopsis of Freud's earliest phase of the psychoanalytical theory beginning with the cathartic method (1893-1895) is important for understanding the rationale in referring to the term 'Cognitive Psychoanalysis' in the context of dealing with a potential or actual suicidal crisis (Bieber, 1980).

The following is intended to describe how cognition in Freud's view plays a vital part in the dynamics of the human mind, and to discuss its role in neurosis and in the psychoanalytic process.

From his observations of hysteria and obsessive-compulsive neurosis, Freud develops a theory of instincts consisting of drives: sex, hunger, and self-preservation. Neurosis according to Freud is derived mainly from the sexual instinct and is manifested due to a blocking on the part of the ego [normal control mechanism] which occurs as a result of too much external stimulation [trauma] or too much internal excitation. Normal excitations now operate like traumatic ones (Fenichel, 1945:18-19).

In 1886, the notion of cognition first makes its appearance in Freud's earliest exploration of instincts with regard to 'primary' and 'secondary process thinking'. (Freud, 1966, Vol. 1:232). He states that during infancy the instincts are satisfied by internal sensations independent of external stimuli. The infant has not yet learned to distinguish between itself and the outside world. This is 'primary narcissism' and is required for self-preservation. Cognition in its very primitive stage comes about when the infant begins to make its primary identification with other objects other than itself, i.e. mother, environment. It reacts to pleasurable and unpleasurable stimuli as a reflex. Fenichel (1945:36) states that reflexes are very much like perception.

One perceives by first changing one's body through the influence of the perceived object - and then taking cognizance of this bodily change. Many perceptions usually considered optic are really kinesthetic.

Even the infant is utilizing cognition on a primitive level: a hungry infant repeatedly having disturbed sleep is compelled to recognize the outside world. After experiencing satiation, the infant learns to master external stimuli in general. Fenichel (1945:37) states

The first reality is what one can swallow. Recognizing reality originally, means to judge [cognition] whether something helps to gain satisfaction [feeling or sensation of

pleasure] or whether it raises tensions, whether one should swallow it or spit it out. Taking into the mouth or spitting out is the basis for all perception.

Judgement in the full sense of the term only really begins with the development of the ego or self in contrast to the id which has only a very archaic perception of the external world as described above. At this earlier stage - id - the infant is at the mercy of its sensations which can be feelings of anxiety and helplessness. With the arrival of the ego, the infant learns to tame the affect and to anticipate danger and to fight or avoid it (Fenichel, 1945:43). The child learns to judge reality, to tolerate anxiety, to know when to love and fear before he/she learns speech. However, with the development of language, i.e. symbolic language, the child is able to make

more precise the anticipation by trial actions. This anticipation of action now becomes thinking proper and consolidates consciousness finally. Of course, there already had existed a consciousness without words, which can be observed later in regressive states as 'preconscious fantasy thinking' [daydreams]. Schilder has shown that every single thought formulation has gone through a prior wordless state (Fenichel, 1945:46).

The more archaic or primitive type of thinking [primary process] can resurface in adults who are tired, asleep, intoxicated, or psychotic. Irrational fears and

anxieties otherwise termed 'emotional thinking' appear when persons regress due to an ego that is too weak, or lack the confidence in their ability to master an unpleasant reality (Fenichel, 1945:47). Objective judgement [secondary process] becomes impaired and unorganized allowing the emotions to rule. Hence we have wishful thinking or fearful misconceptions. This type of thinking is found, for example, in dreams which strive for discharge and is separate from logic. According to Fenichel (1945:47),

it is thinking nevertheless, because it consists of imaginations according to which later actions are performed, and it is done with reduced energy. It is carried out more through pictorial, concrete images, whereas the secondary process is based more on words.

In art therapy, we see both primary and secondary process thinking at work in the artwork. The 'symbolic linkage' between the two is known as 'sublimation', "between some primitive need and another more complex cluster of ideas and actions" (Kramer, 1979:84).

Freud's cathartic method also describes the function of both cognition and affect in the psychoanalytic process. Though he emphasizes the importance of the patient recovering the affect from the traumatic experience, he knows that this alone would not dispel the symptoms of the neurosis, i.e. anxiety. Once having

recovered the affect, it is necessary to delineate the irrational fears and the defense mechanisms which helped to maintain the fears (Freud, 1957, Vol. 14:10, 144). Freud gives credence to both affect and cognition rather than the common belief by cognists that he favors affect only.

As early as 1886, Freud was aware of suicidal impulses through observing patients who suffered from depression. At this time, he was also aware of several of the dynamics of suicide: (1) hostile impulses towards parents [a wish that they should die], (2) guilt over these death wishes, (3) identification with the loss of a parent manifested as 'mourning' (Freud, Vol. 1, 1966:254-255).

By 1905 Freud recognized that suicide represented a "communication, attention-getter, cry for help, method of revenge, and a partial identification..." He observed that the suicidal person perceived the recipient of the plea for caring as hurtful (Litman cited in Shneidman et al., 1970:570-582).

In his paper on 'Narcissism' in 1914, Freud reopened the issue of the death wish. By this time he had interpreted suicide as being the result of aggression turned inward (Freud, Vol. 16, 1957:427). He noticed this

in the melancholic who identified with the introjected beloved object, otherwise known as 'narcissistic identification'. Since the melancholic feels abandoned he/she aims his/her aggression and vengefulness at this object [i.e. person] which is like his/her own ego. "A melancholic's propensity to suicide is also made more intelligible if we consider that the patient's embitterment strikes with a single blow at his own ego and at the loved and hated object " (Freud, Vol. 16, 1963:427). The melancholic who sought suicide was reacting to frustration in satisfying the instinctual drives. The main feature of melancholia is loss of self-esteem. An example of cognition being inherently involved in Freud's theory and practice is that he believes that when a person loses self-respect, he or she must have a good reason for it (Freud, 1962:247). Still on suicide, Freud (1962:252) claims that

The analysis of melancholia now shows that the ego can kill itself only if, owing to the return of the object cathexis, it can treat itself as an object - if it is able to direct against itself the hostility which relates to an object and which represents the ego's original reaction to objects in the external world.

According to Hendin (cited in Farberow & Shneidman, 1961:182) Freud's observation of depressed patients leads him to the conclusion that suicide must be the ultimate

consequence of depression, which he defines as rage toward someone else turned inward. In the Freudian perspective, there is no suicide without the wish to kill someone else.

By 1920 Freud added to his already existing motives for suicide - the death instinct. He developed the theory of the death instinct to explain why people require pain, punishment, degradation, and humiliation as prerequisites for sexual pleasure. He argued that there might be an instinctual drive toward death. Freud postulated the concept of the death wish because nothing else seemed to explain masochism and suicide.

To summarize, Freud's explanation of instincts and their relation to primary and secondary process thinking demonstrates the role cognition plays in the formation of normal mental development and neurosis. He describes neurosis as a frustration or conflict between internal [instinctual] needs and external [environmental] influences. Neurotic anxiety becomes manifest in the misperception of one's reality, due to an earlier trauma.

Freud's explanation of psychoanalysis also demonstrates the importance he places on both affect and cognition: that it is not enough to recover the affect for that experience alone is not synonymous with change. One must understand the reasons and defense mechanisms that

maintain the neurotic fears and be willing to make the necessary changes in thinking and behavior to more effectively combat neurotic fear and behavior.

By 1920, Freud had written a great deal about suicide. To recapitulate, he saw it as a form of communication, an attention-getter, and a cry for help; it involved a loss of self-esteem, hostility towards someone else turned inward due to loss of instinctual [sexual] gratification, guilt feelings for wishing someone dead, partial identification with an important other such as a suicidal parent, an escape from humiliation, and a connection to the death instinct and sexuality. "Sadism and masochism were obviously the deepest roots of suicide" (Litman cited in Sheidman et al., 1970:570-582).

Durkheim

From a sociological point of view, Durkheim describes three types of suicide: (1) The most common form is egoistic suicide, where persons feel alienated and isolated from society, i.e. have too few ties with the community; (2) altruistic suicide, where people are too bound to duty in the society and lack individualism, hence, are more prone to self-destruction. If society expects them to die for a cause, they will comply because

otherwise they face punishment by the community; (3) anomie suicide, where society has lost its hold on the regulation of people's behavior, e.g. the decline of religious belief and relaxation of professional and marital codes. Hendin, a sociologist, interprets Durkheim's way of thinking when he describes suicide as a 'barometer of social tension' (Shneidman et al., 1970:128).

Egoistic suicide deserves particular attention due to it being the most common form of suicide, according to Durkheim. Egoistic suicide occurs when there is excessive individualism advocated by a society which says one is master of one's own destiny. One could apply this definition to today's society which places a tremendous emphasis on the individual. It is this individualism that fuels the propensity for suicide since it becomes a personal choice.

Since Durkheim believes that the collective force is one of the best obstacles to suicide, its "weakening involves a development of suicide" (Durkheim, 1952:209). When a society is strongly integrated, it holds individuals under its control, provides them with a service and forbids them to willfully dispose of themselves. Conversely, in such a society the person

feels mutual support and loves the society of which he/she is a part.

Durkheim writes that those who are not threatened by suicide are children below the age of fifteen and the elderly. Children because they are protected by their family and have not begun to seek the meaning of life, and the elderly because they no longer desire or need to seek its importance and in many ways are like the child (Durkheim, 1952:211). Therefore, adults, according to Durkheim, remain the most likely candidates for suicide because they do seek the meaning of life. In our present society, the elderly have been known to have suicidal ideation, to attempt or commit suicide for reasons such as poor health, loss of family, friends, and a productive way of life, factors which can contribute to a sense of isolation and alienation. As for children, suicide is a rare occurrence below the age of fifteen. When it does take place, influencing factors are in all probability the increase of separation, divorce, conflicts with parent(s), and lack of communication, all of which contribute to feelings of isolation and alienation. There are other possibly less obvious causes for child suicide even in families where there is no divorce, e.g. substance abuse,

and physical abuse. However, those are issues which go beyond the boundaries of this study.

In summary, the description of egoistic suicide in some ways seems closely related to anomic suicide defined as society's no longer being able to regulate people's behavior as evidenced in the decline in religious belief and observance of marital code, i.e. divorce. It seems that whether suicide is egoistic or anomic suicide, the state of isolation and alienation are basic causes in both. In egoistic suicide, it is the society that allowed the individual freedom to choose whether or not to be isolated, while in anomic suicide the individual did not have a choice - he/she had to fend for him/herself because the society had lessened its hold on the individual and the family. Furthermore, it seems in today's society, that suicide can occur in any age group.

Menninger

Menninger's psychodynamic theories appear in Man Against Himself where Menninger explores Freud's theory on retroflected rage and argues that there is evidence to support his own hypothesis that there are at least two elements of suicide, the wish to kill, the wish to be killed, and possibly a third, the wish to die (Shneidman

et al., 1970:7). He explains that "murdering or being murdered entails the factor of violence, while dying relates to a surrender of one's life and happiness" (Menninger, 1938:335).

The wish to kill is derived from primary aggressiveness. It appears in those individuals who turn against themselves the hostility which was originally directed towards someone else. This hypothesis is consistent with Freud's theory of depression and suicide which he says originates from retroflected hostility against an important other. The dynamics of such a suicide wish are possible when the person identifies or introjects the important other and rather than kill the other for fear of retaliation or because the love is too great, kills him/herself. This type of suicide is exemplified in active, deliberate attempts.

The wish to be killed may be defined as the "passive search for a method of committing suicide without accepting the responsibility for it..." (Menninger, 1957:51). An example might be someone who knows he or she has a bad heart and engages in rigorous activity in the hope of provoking a heart attack. Unconsciously, the person wishes to suffer due to the guilt derived from his/her murderous wishes towards others.

The wish to die may be characterized by faulty suicide attempts. The person thinks that they can actually kill themselves without dying, as though they are only going away, perhaps to a future life. Although these individuals harbour pessimistic attitudes, they seem unable to kill themselves.

Freud, in his theory of the death instinct, was the first exponent of the wish to kill and the wish to be killed. The existence of these two elements has been demonstrated as a fact according to Menninger (1957:79), while the 'wish to die' remains only a hypothesis.

In summary, in the wish to kill and the wish to be killed, Menninger implies that the first is motivated by a conscious, intended wish to commit suicide, while the second is unconsciously motivated. In the latter case, the suicide is motivated by unconscious intent. By 1901 Freud was aware of unconscious or 'half intentioned suicide' - 'self-destruction with an unconscious intention' (Freud, Vol. 6, 1960:180). He was also aware of 'conscious intention' - suicide that 'chooses its time, means, and opportunity (1960:181). Freud (1960:181) adds that

...unconscious intention should wait for a precipitating occasion which can take over a part of the causation and, by engaging the subject's defense forces, can liberate the intention from their pressure.

The implied notion of conscious and unconscious intended suicide in Menninger's theory of suicide and Freud's direct use of the terms raises many valid questions about the types of suicide that can be committed, questions which clearly cannot be answered in this study.

Menninger's definition of the wish to kill and the wish to be killed also attempts to exemplify the dynamics of the death instinct first postulated by Freud.

Hillman

James Hillman is a depth psychologist who believes in going deeper into universal inner meanings expressed by the "archetypal speech of mythical tellings..." (Hillman, 1964:65). His ideas are archetypal owing allegiance to Jung's investigation into the archetypal nature of fundamental patterns for viewing the world. These patterns or root metaphors are "half-conscious attitudes rooted in the structure of the psyche itself" (Hillman, 1964:24). According to Hillman all fields of endeavor have root metaphors, and for the analyst who assumes that with any suicidal person his/her behavior has a "meaningful 'inside' ... by getting inside the problem he will be able to understand its meaning" (Hillman, 1964:41), the root metaphor is the soul. Hillman adds

that like all ultimate symbols the soul resists definition. However, he says that the soul is characterized by three things: (1) a deepening of events into experience, (2) its profound relationship with death, and (3) dream, image, and fantasy (Hillman, 1975). Directionally, the soul according to Hillman travels downwards into inner depths while the spirit travels upwards towards spirituality.

Hillman describes how the definition of the soul has altered throughout history. From earliest times before the Christian era, there was a threefold division between mind, psyche, and spirit. The second position represented the place of the soul: "A world of imagination, passion, fantasy, reflection, that is neither physical and material on the one hand, nor spiritual and abstract on the other, yet bound to them both" (Hillman, 1975:68). With the advent of Christianity however, this threefold division collapses into two and psyche [soul] and spirit are hardly differentiated. The spirit is stressed in terms of miracles, prophecy, and visions, but the New Testament barely refers to dreams. Spirit is seen as superior while the soul is inferior and debased because of its intimate connection with death and emotions. Christianity's aim therefore was to harness the soul by disciplining its wild

and earthy nature in the attempt to transcend it which in essence is the Christian notion of spirituality. Hillman also regards the soul as "... vulnerable and suffers; it is passive and remembers... Soul is imagination... whereas spirit chooses the better part and seeks to make all one" (Hillman, 1975:69).

Hillman's perspective on the soul is fundamental to his understanding of the suicidal person. Basic to treatment is comprehending empathically the 'soul history' once having established the 'case history'. Soul history refers to dreams, myths, experiences, emotions, fantasies, and images not otherwise reported in the case history (Hillman, 1964).

Hillman departs from the psychoanalytic, psychodynamic, sociological, and cognitive approaches to suicide. According to Litman (cited in Shneidman et al., 1970:638) what distinguishes Hillman's views is his total opposition to the notion of a social matrix and the trend toward scientific studies of suicide. He speaks for the 'soul' when he refers to the importance of the person's "symbolically experiencing death." In other words, death must be psychologically experienced in order to "make way for transformation" which is what the soul wants. According to Hillman, "A suicide impulse is a

transformation drive" (1964:68). He goes on to say that where there is no hope, transformation begins. Ultimately, through empathically allowing the patient to symbolically experience death, e.g. losses, the patient will discover feelings of hope as conflicts become resolved, hope being defined as a feeling that what is wanted will occur (Websters, 1967). There is a difference between the therapist having faith in the patient and therapeutic alliance and the therapist maintaining a hopeful attitude. According to Hillman, a hopeful attitude on the part of the therapist can have a negative effect or influence on the patient. This attitude places expectations and demands on the patient who already strongly feels she/he is a burden to others. Suicidal persons often commit altruistic suicide in order to lighten the load of others. Furthermore, expectation and desire takes away from the moment thereby invalidating the person as they are in the present (Hillman, 1964).

He identifies hopelessness and the element of isolation as major factors in suicidal feelings, thoughts, and behavior. The development of a trusting relationship between therapist and patient depends to a large extent upon letting the patient know he or she is not alone as

well as upon acknowledging the feelings of hopelessness being experienced.

In summary, Hillman's analysis of suicide and the soul provides a definition of depth psychology in its true meaning. The claim that psychology often ignores the symbolic experience of the soul at the expense of learning the case history and curing the patient in the medical sense, i.e. suicide prevention, is valid. Hillman is also aware of the significance of hopelessness in suicidal preoccupations and of isolation. However, a word of caution is needed for anyone who wishes to encourage the patient to "symbolically experience death" - to look directly over the precipice - if he/she lacks Hillman's expertise on suicide.

Beck

Alongside the psychoanalytical, psychodynamic, archetypal, and sociological theories of suicide, is Beck's cognitive explanation of suicidal motivation.

Cognitive theory takes a humanistic approach which emphasizes the qualities of people and their capacity to direct their lives by use of thought, creativity, and strength of will. Following the theories of Alfred Adler, the belief in the self-determinism of the individual is

known as the 'third force'. According to Ansbacher (cited in Werner, 1928:33-34)

Today, the entire movement of humanistic and existential psychology and psychotherapy is founded on this 'third force'; namely, the self-determination of the individual, as opposed to the other two determining forces: Freud's psychogenetic determinism and the environmental determinism of behaviorism. While Adler was far from denying the value of biological or environmental determinants, he believed that the person is not passively shaped by them but 'uses' them in accordance with his style of life.

Cognitive therapists believe that they merge to some degree with existential psychotherapy which according to Werner is a "philosophy which is rooted in personal experience" (Werner, 1982:365). According to Werner, existentialists and cognists share a humanistic approach to the client thus explaining the relationship between the cognists and existential psychologist. The relationship is also explained in that similar to cognitive theory, the existential therapist believes that in order to grow, the client must learn to experience disillusionment in the effort to develop a more realistic and healthier outlook on oneself and life.

Cognitive therapy also utilizes learning theory techniques insofar as they help a person to alter or change strong conditioned behavior in the event that the client's actions are beyond their cognitive control -

actions which are self-defeatist, or destructive to oneself or others (Werner, 1982).

Cognitive therapy in theory is viewed apart from the innate psychoanalytic explanations for psychopathology. Cognitists such as Werner and Beck do not believe in the unconscious or in the importance of underlying causes. In addition they believe that thought precedes emotions and that everything we experience in life can be explained in terms of cognition. Cognitists do not take the position of either the Freudian theory of innate determinants or Durkheim's environmental determinants but operate rather from the stance of how one perceives oneself and the environment. It is one's perceptions then which form the basis of a person's attitudes and opinions about oneself and life. A person's concepts whether rational or irrational are derived from "his or her experiences: from the attitudes and opinions communicated to him or her by others, and from his or her identifications" (Beck, 1967:275).

In a study on hopelessness and suicidal behavior with depressed patients (1975:1147) Beck finds

... two themes occur in the historical survey of suicide; namely, the concepts that hopelessness is the catalytic agent and that 'impaired reason' plays an important role in most cases of hopelessness and, consequently, in suicidal behavior.

Beck's main discussion revolves around the notion that the behavior of the suicidal person stems from certain cognitive distortions where the person perceives him/herself, his experiences, and life situations in a negative way and anticipates future negative outcomes (Beck et al., 1975:1147).

Not until Beck's research on suicide with depressed persons was undertaken did the feature of hopelessness take on greater importance than depression as a precursor to suicidal behavior. He found that hopelessness was the link between depression and suicidal intent. In other words, depression alone, especially if it is a mild case, does not necessarily lead to suicide unless the person also believes his/her situation is hopeless. Hopelessness, however, is taken as an indicator of depression and potentiality for suicide (see p. 61).

In recent years, Beck's research findings have been the subject of increasing investigation. Research evidence (Schotte and Clum, 1982; Wetzel, Margulies, Davies and Karam, 1980) has established the validity of the Beck Hopelessness Scale according to Holden, Mazmanian, and Mendonca (1985:366), as a measure of pessimism or negative expectations about the future.

To summarize, cognitive theory makes several important points: The first is the self-determinism of the individual in creating and directing his or her own life. The second, in order to grow, the individual must learn to face reality by relinquishing misperceptions about him/herself and the external world. Thirdly, at times, certain behavior which is self-defeatist and destructive to oneself and others, i.e. obsessive/compulsive disorders [drug abuse, alcoholism], requires behavioral techniques to reduce such behavior.

Cognitive theory makes several statements which seem to lack validity. They claim that psychoanalysis places little or no value on the cognitive theory or process. Statements have already been given on the way in which Freudian theory and practice view cognition, thus demonstrating the importance placed on cognition and its relationship to affect and instinct. Cognitive theory is limited in certain profound ways. In general, it postulates that the psychological well-being of people depends primarily on cognition. It states that there is no unconscious, posing the danger of providing superficial treatment without ever addressing the deepest conflicts that create pathology and suffering. Therapy is a dynamic process involving not only cognition, but affect as well

as instincts, a process which seems to be ignored by cognitive theorists.

In spite of the apparent misconceptions held by cognists about psychoanalysis, Beck's studies on suicide and hopelessness have contributed to the understanding that feelings such as hopelessness are cognitive distortions. Beck's findings also provide the notion that not all depressives go on to commit suicide unless they are also feeling hopeless, thus reinforcing the statement that hopelessness may be taken as an indicator of depression and potential suicidality. Additional states such as isolation, anger, aggression, and low self-esteem along with several others mentioned previously potentiate suicide. Furthermore, although his interpretation of hopelessness is somewhat limited and excludes other features dynamically apart from suicide, Beck offers a constructive perspective with which to deal with the threat of suicide.

Cognitive Psychoanalysis

Cognitive psychoanalysis is included in this study to provide a link between psychoanalysis and cognitive therapy. Beck's findings on hopelessness and suicide seemed to validate a cognitive art therapy approach to

suicide. The emphasis on helping the client to uncover self-defeatist attitudes such as hopelessness appeared appropriate to the suicidal crisis and to exploring the potential for suicide. Though Beck's theory has serious limitations as previously discussed, he made the valid suggestion that the emphasis on targeting and uncovering pessimistic and distorted thoughts could prove not only less time consuming, but may help to alleviate those feelings such as hopelessness, isolation, anger, aggression, and low self-esteem. Within the context of a suicidal dilemma, given the urgency of the situation, in-depth analysis would not be beneficial. However, it became apparent that there were serious limitations to cognitive theory and the value of a more psychoanalytic/psychodynamic approach was perceived.

In the attempt to bridge the gap between psychoanalysis and cognitive therapy Bieber's notion of 'cognitive psychoanalysis' incorporates Beck's idea of delineating and uncovering distorted thoughts in a suicidal situation. The benefit of Bieber's theory in contrast to Beck's is that he gives credence to the concept of the unconscious and of psychodynamics.

As previously discussed in the section on Freud, Bieber's theory is limited in that it considers cognition

as the primary mental state with affect delegated to a secondary position. Furthermore, he seems to believe that Freud's theory puts cognition in the service of affect, i.e. the use of dreams, and free association to recover the affect.

Bieber appears to agree with Freud about the idea of a cognitive process. According to Bieber, any therapy that aims at delineating irrational fears through exploring the genesis of such fears, and then delineating the defensive and reparative mechanisms maintaining the fears [neurosis] in order to resolve them, is engaging the psychoanalytic process (Bieber, 1980). The difference between Bieber and Freud lies in that for Freud, irrational beliefs had their origin in childhood, whereas Bieber does not limit his interpretations of adult psychopathology to a "regression to childhood organization or as a need to gratify infantile longings" (Bieber, 1980:XI-XV). Bieber discounts Freud's theory of the 'oral phase' saying that Freud uses adult sexuality as a model and that 'sucking as erotic' has too many loopholes. In reference to the 'anal phase' Bieber partly agrees that there is a sexual explanation, but it is also representative of a power struggle between parent and child. He does believe that childhood traumas develop in

part out of an unresolved 'oedipal complex' - love and attraction for the opposite parent. Though Bieber admits that Freud knew a great deal about childhood dynamics, he believes that everything became reduced to sexuality so that the significance of sexuality itself became lost to analysts, therapists, and scientists. He prefers to explain many of these dynamics in terms of, i.e.; needs of children, influence of hostile detached parents, authority, rejection, sibling rivalry, dependency, competitive behavior in general, and lack of warmth and affection (Bieber, 1980:343).

Bieber's cognitive psychoanalytical theory offers a framework from which art therapists can approach psychopathology and more specifically the suicidal person. It not only provides practical methods of dealing with a suicidal crisis but asks the question - why does the individual feel hopeless, and what thoughts or systems of beliefs are maintaining the feelings of hopelessness, isolation, anger, aggression, and low self-esteem? Though Bieber's theory as well as the foundations of art therapy are founded on Freudian psychoanalytic principles, cognitive psychoanalytically oriented art therapy, need not be limited to Freudian interpretation. This thesis is attempting to demonstrate that cognitive psychoanalysis is

an important tool for dealing with the suicidal person and crisis. However, through interpretation - the artwork, dreams, and so on can take on several meanings. The process of art therapy also includes the importance of creativity as well as the potential to reshape one's life. Freud's notion of creativity was more biologically determined since the goals of therapy were to help the client to develop healthy, normal sexual and emotional relationships leading to procreation (Hillman, 1964:161). Hillman adds that creativity "can be intangible in the form of a good life, a beautiful act, or in other virtues of the soul such as freedom and openness, style and tact, humor, kindness." This notion of creativity is further discussed in the next section.

To summarize, cognitive psychoanalysis has been found by the author to provide the rationale for emphasizing the importance of cognitive and psychoanalytic/psychodynamic theory, the purpose of which is to present the art therapist with an additional perspective when working with suicidal patients. Seen separately, the psychoanalytic and the cognitive approach appeared to have their limitations. Cognitive theory tends to be superficial due to its denial of the unconscious and the lack of importance it places on affect. However, through focusing on self-defeatist

attitudes such as hopelessness, isolation, anger, aggression, and low self-esteem, these feelings may be alleviated within the context of a potential or actual suicidal crisis. Psychoanalysis, on the other hand, does not seem to be suited to such a situation since it tends to be too time consuming, as it does require an in-depth analysis of one's past [early childhood]. Though in-depth analysis may not be appropriate during this time, psychoanalysis recognizes the importance of the expression of emotions and the seeking out of unconscious motivations which may have contributed to a suicidal behavior. Furthermore, psychoanalysis works psychodynamically to uncover unconscious suicidal preoccupations and contends that neurotic fears arise from cognitive distortions and irrational fears.

Art therapy, seen within the context of a cognitive psychoanalytic modality, attempts to integrate the valuable aspects of both psychoanalysis and cognitive therapy with regard to identifying and understanding the suicidal person through imagery.

Tabachnick and the 'Creative Suicidal Crisis'

The relationship between imagination and problem solving in the framework of art therapy and the suicidal

person may be explained by Tabachnick in his article entitled 'Creative Suicidal Crisis' (1973:258). In it he attempts to relate creativity and suicide. First he defines suicidal thoughts and feelings as "symbolic expressions of despair." Just as suicidal thoughts and plans may exist in situations where there is loss of a loved one, hopelessness, or an attempt to get attention, not all suicidal states result in suicide or suicide attempts. Such thoughts may symbolically mean that the person is tired of life or elements of it and wishes to leave it. In order to understand this state of being and how it can be therapeutically worked through, Tabachnick (1973:255) finds a parallel situation in artists where there may be an accompanying theme:

I will develop something new in my life, a new life style, new insight, or project, which will replace the old or be added to it. This will make my life more tolerable and meaningful.

Tabachnick uses artistic production as an example of the way in which artists try to resolve suicidal feelings and thoughts through creativity and through allowing themselves to experience symbolically these thoughts without actually acting on them. At the same time the artist allows the possibility for finding or solving new ways of living while leaving despairing or tiresome

patterns behind. This example may incorporate or be related to not only Hillman's notion of symbolically experiencing death in order to avoid concrete death, but also to Casey's (cited in Tabachnick, 1973) belief in the possibility for problem-solving towards a cognitive oriented art therapy approach.

Tabachnick further defines the relationship between creativity and problem solving in his definition of creativity: "Creativity refers to the capacity to devise a new technique, a new concept" (1973:258). He explains that there are two types of creativity as observed in (1) the creative artist who devises new techniques which have a cultural-social purpose, i.e. the scientist, teacher, and (2) a person who devises something new for him/herself, i.e. a passive person learns to become assertive.

The second type of creativity can be found according to Tabachnick in the 'Creative Suicidal Crisis'. This form of suicidal crisis is distinguished from the more typical suicidal situation where the person thinks life has nothing left to offer him/her and he/she feels dead. Tabachnick says that this suicidal state is usually temporary and is characterized by the 'cry for help' and by hopelessness. He continues to explain that these

typical suicidal crises result from a loss of an object which may be returned - a person, or an unresolved dispute. At other times the loss may be more permanent - e.g. a death. In this case the therapist must find ways of helping the patient to replace the loss with an equivalent object.

The more uncommon cases of suicidal preoccupations involve the creative crisis where it is not a question of replacing the lost object or resolving a conflict since the object may no longer exist or no longer has validity. The crisis itself "acts as a convincing message that something has been radically wrong with the previous way of life" (1973:262). Like the suicidal artist who shuts him/herself off from the world, "a world which is seen as a cold and unfulfilling parent image" (1973:263) in order to discover new ways of living and new goals, so may the suicidal person in a clinical setting, i.e. in art therapy, turn to art in the attempt to gain insight and develop different modes of adaptation. In either case, both the suicidal artist and art therapy client are involved in the process of problem solving.

The issue of creativity and problem solving begs the question as to why certain artists finally do attempt and commit suicide, while authors such as Herman Melville seem

able to work through their suicidal thoughts* (Tabachnick, 1973). Naturally, the same question can be asked about the suicidal person who, though actively engaged in art therapy, still attempts or goes on to commit suicide. This question is a crucial one and one which goes beyond the boundaries of this thesis.

To summarize, the concept of the 'Creative Suicidal Crisis' attempts to draw a parallel between the way in which suicidal artists try to resolve their suicidal dilemmas and to show how certain clinical suicidal patients deal with their self-destructive tendencies. What the suicidal artist and patient have in common appears to be their desire to turn away from a cold and unloving society as well as their need to change and to develop new ways of living. At the core of each of these people is the need to alter aspects of their personalities which are

*It is postulated that some partial understanding of this phenomenon may be found in the case of Sylvia Plath who was a noted poet and whose writings dealt extensively with her feelings and thoughts of suicide. After she committed suicide, an intimate friend, Alvarez, author of The Savage God, explained that in her writings Plath had continually sought deeper meanings of life and wished to explore unknown territories, i.e. death. Apparently this exploration of death was all-consuming. It is hypothesized that in her search, death lost its symbolic meaning and became too real to deal with. This might confirm Hillman's and Tabachnick's theory, that suicidal preoccupations are more symbolic of a cry for help, requiring that death be symbolically experienced in order to avoid actual death. Sylvia Plath's case may then represent a suicidal individual for whom death became too real.

causing them so much suffering. Tabachnick believes that the patient who is having a creative suicidal crisis is uncommon compared to those patients who attempt suicide in the hope of regaining a lost object or resolving a conflict. Tabachnick's explanation of the relationship between creativity and suicide seems valid. However, any suicidal person who wishes to regain a lost object or resolve a conflict must inevitably search within him/herself for the causes of the desperate reaction to such situations. Any self-defeatist, self-destructive act requires that persons take a serious inventory of their character - feelings, thoughts, and attitudes - which brought them to the point of contemplating or attempting suicide. In the last analysis, such thoughts and actions necessitate a change in one's lifestyle or pattern of living and interactions with others. Any of these suicidal persons may then benefit from the problem solving activity inherent in the creative process of art therapy.

The Role of Cognitive Analytical Art Therapy

In the helping professions, suicide ranks first or second among the most difficult treatment situations. The art therapist working with a potentially suicidal individual may find that the emotion-filled moment of a

crisis can provoke feelings of helplessness in her/himself as well as in the patient. This sense of helplessness can be transmitted to the patient; in turn, the patient can experience an unwanted sense of hopelessness about his/her situation. According to Farberow (cited in Shneidman et al., 1970:632), feelings of helplessness on the part of the staff at one particular hospital are believed to have contributed to the pessimistic attitudes of the patients. These attitudes apparently resulted in an epidemic rise in the number of suicides and attempted suicides. This situation demonstrates how the emotional tone of the health care professional, i.e. art therapist, may have serious implications on the attitudes and well-being of the patient. Faith in the client's capacity and willingness to grow is therefore a necessary part of any therapeutic modality. Horney (1945:P186) supports the notion that the therapist must have faith even if the patient feels hopeless

[An attitude of hopelessness] is of course fatal to an analyst, for no matter how good the technique or how brave the effort, the patient senses that the analyst has really given up. The same holds true outside the analytical situation. Nobody can be a constructively helpful friend or mate who does not believe in the possibility of the companion's fulfilling his own potentialities.

The art therapy modality offers a rich variety of approaches when dealing with clients, from the Freudian to the Jungian perspectives. In addressing the suicidal crisis or potential for suicide, the cognitive psychoanalytic approach also appears to offer a beneficial way of working with persons who feel hopeless, isolated... and suicidal. Through art therapy, the art provides a window into the unconscious thoughts and feelings of the client and may help to validate the existence of suicidal preoccupations which might otherwise go undetected if, for example, the clinician relied primarily on the Beck Hopelessness Scale. Cognitive psychoanalysis when applied to art therapy also provides a pathway towards understanding the unconscious suicidal motivation as well as having a cathartic purpose for the client.

Another purpose of cognitive psychoanalytic art therapy is to affirm the belief in the self-determinism of the individual and the conviction that creativity is a way of problem solving and of widening one's perceptions of oneself and the environment.

Carnes, a cognitive art therapist presents some of the aspects of a cognitive oriented approach. Though her view is limited [like Beck and Werner, she believes in the primacy of cognition], her position has mainly to do with

changing and expanding the patient's perceptions which create fears and frustrations. She excludes, however, the importance of discovering and understanding the reasons behind these self-defeating perceptions. Whether she utilizes a psychodynamic approach to cognitive art therapy remains to be seen since it is not discussed in her article "Toward a Cognitive Theory of Art Therapy." In spite of these limitations, certain concepts are postulated which may appear valuable to the cognitive psychoanalytic art therapist:

- (1) "An individual is free to choose between alternatives available in the environment, but is limited by his or her construct system or system of beliefs" (Carnes, 1985:70).
- (2) There is the possibility for problem solving.

In response to the first statement, she bases her work on the ideas of Kelly, a psychologist who developed the theory of personal constructs or personality theory, who views the world according to a construct system and notes that people are able to "represent the environment, not merely respond to it." Kelly suggests that cognitive therapy could help a person to understand his or her own personal construct system in relation to the concrete world: by doing so, the person in question might explore

ways in which to change, develop and enlarge his or her system (Carnes, 1985:70). In terms of the second claim - the dynamic possibility for problem solving,

The possibilising activity of imagination in the art opens up an experimental domain that would not otherwise have been available either to the artist or to the spectator. This domain is one in which everything appears as purely possible... For in the art - whether in making or contemplating it - we do not only perceive or feel; we also imagine...

To summarize, the role of the cognitive psychoanalytical art therapist requires, first, faith in the therapeutic process but above all faith in the client. This approach combines not only psychoanalytical and cognitive perspectives, but includes the notion of creativity as a means of dynamic growth through expanding one's belief system while dispelling previous patterns of irrational fears and attitudes. This notion of creativity was also a part of Freud's psychology, where his ideas arose from a biological view and his goals for therapy were successful sexual and emotional relationships which would lead to potency and reproduction. As previously mentioned, Hillman (1964:161) explains that creativity can reach beyond this biological framework:

Because the seed of all natural process always shows itself physically, creativity is conceived as a reproductive act with a tangible result - a child, a book, a monument - that has a physical life going beyond the

life of its producer. Creativity, however, can be intangible in the form of a good life, or a beautiful act, or in other virtues of the soul such as freedom and openness, style and tact, humor, kindness.

Summary

From a theoretical perspective, two of the earliest theories on suicide were Freud's [innate] psychoanalytic notion of retroflected rage and the death instinct and Durkheim's sociological theory of suicide. It was Freud and Durkheim who first recognized various features contributing to suicidal behavior, though the most widely accepted explanation for suicide was Freud's notion of retroflected rage.

Menninger's psychodynamic theories on suicide develop to a greater degree Freud's theory on rage turned inward and the death instinct in his concepts: the wish to kill and the wish to be killed. In so doing, he also expounds on the notion of consciously and actively taking one's life [wish to kill] as opposed to unconsciously, passively dying by one's own hand [wish to be killed], a notion that was alluded to briefly in Freud's writings.

Hillman stands apart from the psychoanalytic, psychodynamic, sociological, and cognitive frameworks in terms of his total opposition to the concept of a social

matrix and the trend towards scientific studies of suicide. He speaks for the soul and its need to symbolically experience death in order to avoid actual death - suicide.

Within the last several decades the theory of retroflected rage as the only precursor to suicide has been challenged and changed, particularly by the cognitive school, which includes Beck, claiming that suicide precipitated by feelings of hopelessness. The finding that hopelessness plays a salient role in the dynamics of suicide has led to further research which challenges this notion saying that additional features are implicated such as anger towards and revenge against loved ones.

The general cognitive theories supported by Beck and Werner outline several basic principles: cognitive therapy is approached from a humanistic perspective emphasizing the self-determinism of the individual. In contrast to the innate and environmental determinants; cognitive therapy does not recognize the unconscious; cognitive therapy views all psychopathology and behavior as the result of cognition and not instinctual drives as claimed by the Freudian school.

A theory of cognitive psychoanalysis has been found as a link between two seemingly opposing ideologies:

psychoanalysis and cognitive theory. Bieber proposes that these two theories are not as contrasting as one might think. He claims that though psychoanalysis is based on the instinctual theory, it is a cognitive process. What Bieber seems to overlook is that in Freud's earliest theoretical writings, Freud stated that from the instincts, cognition developed in the form of primary and secondary process thinking and was closely connected to affectual responses. In terms of the therapeutic process, Freud placed a great deal of emphasis on the importance of affect in recovering the trauma, as well as an awareness that distorted thinking and irrational fears were responsible for creating and maintaining neurosis. Both Freud and Bieber appear to share similar therapeutic mechanisms: (1) recovery of the trauma; (2) delineation of irrational fears and thoughts creating the trauma; (3) delineation of defense mechanisms maintaining the distorted thoughts and fears. Cognitive psychoanalysis brings together the belief of the unconscious and psychodynamic principles as well as acknowledging the value of the cognitive idea that psychopathology results from misperceptions of ourselves and reality. This combination of elements has particular relevance when dealing with a suicidal person who may be experiencing

feelings and thoughts of hopelessness, anger, isolation, aggression, and low self-esteem as described in this study.

The role of art therapy is discussed from the point of view of a cognitive psychoanalytic approach in the context of suicidality. The study suggests that art therapy could benefit from the elements described in cognitive psychoanalysis. In addition, the notion of creativity as a means of problem solving is particularly pertinent when addressing the suicidal crisis and suicidal persons in general.

CHAPTER III

Special Topics Related to Suicide

Due to the extensive debate surrounding the separate yet related factors of depression and hopelessness as cited in the Literature Review, and their prominent appearance in the artwork studied, an in-depth discussion is warranted on how depression and hopelessness are dynamically related to suicidal intent.

Depression and Suicidal Intent

Depression may be understood according to what psychoanalytic theory calls the 'depressive constellation' (Robertson, 1979:341).

Briefly, depression is caused by feelings of the loss of an object or person which results in a profound decrease in the patient's self-esteem (Fenichel, 1945:106). Hendin (1956:267-282) explains that following the loss, persons then blame themselves and feel worthless, and that any effort is pointless, which results in illusions and hopes being given up. With loss of hope, the person experiences deprivation because objects such as the love of the important other are perceived to be denied. Then, he/she must blame someone. Aggression is

then directed at persons believed to be the frustrators withholding the goods. This suggests that "Neurotic depressions are desperate attempts to force an object to give the vitally necessary supplies... " (Fenichel, 1945:389). Under such extreme frustration, the person feels isolated and abandoned. The anger which was meant to be directed at the frustrator "is retroflected and depression is the picture" (Hendin cited in Farberow and Shneidman, 1961:184).

In terms of suicide the suicidal person's "loss of self-esteem is so complete that any hope of regaining it is abandoned" (Fenichel, 1945:400).

According to Freud, turning against the self was characteristic of melancholia where the person experiences loss of the self, i.e. loss of self-esteem, as compared to mourning which is loss of external objects. This type of neurosis, melancholia, occurs when the person introjects the external object and takes in everything that is satisfying about the external object, i.e. mother. What is perceived as unsatisfying is rejected and projected outward. Consequently when the self or ego develops a profound hatred for a parent or spouse for example, he or she is also hating the negative or hateful aspects of him/herself which are being denied and projected outward.

This is the melancholic state and can lead to suicide.

Freud (Vol. 14, 1957:252) states that

The analysis of melancholia now shows that the ego can kill itself only if, owing to the return of the object cathexis, it can treat itself as an object - if it is able to direct against itself the hostility which relates to an object and which represents the ego's original reaction to objects in the external world.

The relationship between the depressive constellation and the potential for suicide is further discussed by Litman. According to Litman within each of us exists a potential for suicide. Without healthy identifications, defense mechanisms, and constructive ways of life, anyone could be susceptible to a suicidal crisis. Litman writes: "At such times, one feels helpless, hopeless, and abandoned, and may or may not be aware of inexpressible, aggressive tension." These feelings of helplessness, hopelessness, fear of abandonment and aggression are thus a part of the 'depressive constellation' (Litman, 1979).

Several studies argue the question of whether depression by itself is a useful predictor of potential suicide. Depression is often present in persons who have attempted and committed suicide but not sufficiently apparent to warrant the claim that depression is the only precursor of suicide. Some researchers believe that "suicidality and depression have emerged as independent

factors in depression research" (Pacykel, Wessman, Prusof, and Tonk (1971) cited in Leonard, 1974:8). Along the same lines others say that the psychodynamics of suicide are simply not congruent with the psychodynamics of depression (Farberow and Shneidman, 1961). Just as the person who is non-depressed may go on to commit suicide, so may depressed persons not be potentially suicidal.

Though Shneidman (cited in Freedman et al., 1975:813) is of the opinion that depression contributes to one third of all suicides, he adds that depression is not the single or even most important clue for suicide. Farberow, too, says that each individual carries within him or herself the potential for self-destruction, that the dynamics which affect a suicidal person to some degree are present in the average person. However, when two or more of these dynamics exist with great strength, the lethal potentiality increases. Tabachnick and Farberow (cited in Farberow and Shneidman, 1961:66) suggest that

depression, particularly when accompanied by anxiety, tension and agitation, hostility and guilt... and dependency needs, particularly if they have been frustrated or threatened to any considerable degree

must be taken by the therapist as critical conjunctions.

On the issue of depression and suicidal behavior, Beck warns that in spite of the association between

depression and suicidal intent, persons in the helping profession cannot arrive at a clear agreement about the presence or meaning of both. Workers were unable to explain why some depressives never committed suicide, while in some cases non-depressives did commit suicide (Beck et al., 1975:1149). The problem in determining the relationship between depression and suicidal behavior is taken further in recent studies on the usefulness of Beck's self-evaluative test (see pp. 1-4). This means that "clinicians are advised to interpret self-reported estimates of hopelessness and depression scores cautiously in formulating a suicide risk assessment" (Strosahl, et al., 1984:456). However, in spite of the limitations of Beck's test, his findings indicate that what makes a depressive person suicidal is the additional feeling or belief in the hopelessness of the situation. In effect, Beck is saying that the presence of hopelessness seems to be a valid indication that depression exists.

Hopelessness and Suicidal Intent

According to Shneidman et al. (1970:434),

If an individual feels helpless, he is certainly frightened, although he may fight for some control or safety, but if he feels hopeless, then the heart is out of him, and life is a burden, and he is only a spectator to a dreary life that does not involve him.

And, according to Horney (1945), to say that someone is hopeless means not only that she feels she is unable to escape from or solve her problems, but that she has lost faith in herself. When this happens, Horney observes that certain dynamics are at work in the individual. In the attempt to fight these feelings of hopelessness in herself, the person has learned to live vicariously through others in order to derive some meaning from her life. In doing this, because she feels hopeless, "[she is] bitterly envious, [she] devaluates others, frustrates others resulting in discontentment" (1945:204). Living vicariously through others means being envious, devaluating, and frustrating others in order to feel superior and boost one's self-esteem. Feeling unconsciously that she is beyond repair and forgiveness, the hopelessness becomes more ingrained and "she develops the recklessness of a person who has nothing to lose... Any direct attempt to make her constructive [criticisms] is doomed to futility and betrays ignorance of this condition" (1945:204). This is why Horney stresses that the feeling of hopelessness must be confronted before the therapy can move forward. Since Horney believes that hopelessness contributes to sadistic trends, by noticing

such feelings as envy and the need to devalue others, the therapist may be better equipped to identify this condition.

Horney goes on to say that suicidal thoughts stem from pervasive pessimism. "People who feel hopeless are preoccupied with foreseeing or foretelling the future in a pessimistic way" (1945:181). She goes deeper in her analysis of hopelessness than Beck when she states that it is the "ultimate product of unresolved conflicts, with its deepest root in the despair of ever being wholehearted and undivided..." What might drive a person to feel hopeless is the patient's unconscious belief that they can never measure up to their delusional image of themselves and how they relate to others because they have an idealized self-image. The source of the idealized image stems from deep insecurities and pain the person incurred in childhood and in later life, and which he/she was unable to confront. In order to survive, the person was compelled to find a pseudo solution. This would serve as a defense mechanism rather than an attempt to resolve the pain, which led to the creation of the idealized self.

In the attempt to predict suicidal acting-out, Beck et al. (1975) found in their study on depressives that hopelessness is the key factor in motivating an attempted

suicide, even when depression is ruled out. These findings have been confirmed by Kasdin, French, Unis, Esveldt-Dawson and Sherick (1983), and Wetzel et al. (1980) (cited in Holden et al., 1985). Though Beck's Hopelessness Scale has also been validated by Petrie and Chamberlain (1983), it has its limitations as previously discussed. Apart from this, Beck's (1974:1148) observations lead him to believe that

Hopelessness inflates the correlation between suicidal intent and depression just as much for schizophrenics as it does for depressives. Thus irrespective of diagnosis, the construct of hopelessness [or negative expectations about the future] appears to be a primary feature of suicide intent.

Another study by Schote and Clum (1982:64) suggests that "hopelessness becomes an increasingly salient factor in predicting suicidal intent, relative to depression, as the level of intent increases." Beck et al. (1975:1149) conclude that hopelessness is the best predictor of suicide, and by focusing on hopelessness:

The clinician is more likely to 'get a hold' of the situation by targeting in on the patient's hopelessness rather than by dealing with its overt self-destructive acts. By focusing on reduction of a patient's hopelessness, the professional may also be able to alleviate suicidal crises more effectively than in the past.

Recent studies by Holden et al. (1985:366) cast doubts on the 1975 research by Beck that show a predictive

relationship between hopelessness and suicidal intent.

According to Holden et al. (1985:367),

Hopelessness was found to be largely unrelated to Suicidal Preparation... [which seems to suggest] intense levels of suicidal intention may have variables other than hopelessness [e.g., anger, revenge against a loved one, (Shneidman, 1980)] as antecedents.

The explanation for this supposed unrelatedness between hopelessness and suicidal preparation is that individuals who are planning their own demise may appear to be at peace with themselves (Poldinger, 1972:265). Poldinger generalizes and summarized the three stages of suicide. While acknowledging Poldinger's disregard of the important differences between attempters and completers, he suggests the following stages: The first stage is 'Consideration'; the second, 'Ambivalent Phase' and the 'Call for Help' accompanied by feelings of despair and hopelessness; and the third stage, the 'Decision' and 'Calm Before the Storm': where once the person has made the decision to commit suicide, he/she seems to feel at peace with him/herself (Poldinger, 1972:264-265).

In spite of these criticisms and limitations Horney's argument seems to support the belief in the importance of hopelessness when she asserts that hopelessness "is of value in dealing with special problems like depression and suicidal tendencies." She adds that by paying acute

attention to signs of hopelessness depression may be lifted if hopelessness is the source of the problem in motivating suicidal behavior. Like Beck, Horney describes hopelessness as a feeling of being trapped without alternative means of escape, "like a bird in a net with no apparent possibility of ever extricating oneself" (Horney, 1945:183).

Summary

Depression seems to remain the most debatable contributing factor of suicide. Some researchers seem at a loss when it comes to understanding the meaning and relationship between depression and suicide. Still others hold the opinion that depression does not always lead to suicide nor is it the only factor involved. Rather, suicide incorporates several factors, including depression. This is exemplified in the 'depressive constellation' which emphasizes the dynamics of the suicidal dilemma in terms of a combination of mental states such as those described in the 'criteria' (see p. 87). Depression is best indicated where hopelessness is found. However, it is believed that hopelessness will not be the only factor in motivating or even predicting suicide as claimed by Beck but rather a

combination of features including hopelessness will be visually expressed in a picture or series of artworks which is to be the topic of the next few chapters.

CHAPTER IV

Projective Drawing Techniques

The previous chapters have explored the theories of suicide and particular features related to suicide intent, emphasizing hopelessness due to the wide attention and criticism it has received regarding its role in the suicidal dilemma. The literature has dealt with the five features from an in-depth, cognitive psychoanalytic/psychodynamic perspective illustrating that hopelessness, isolation, anger, aggression and low self-esteem reflect deep and complex conflicts rooted in the unconscious, instincts, and cognitive distortions.

The purpose of this chapter is to examine from a more cognitive and objective point of view the way in which these features may be manifested pictorially and to demonstrate how these features can provide sign posts for the art therapist wishing to evaluate and predict the potential suicide.

More specifically, this chapter is attempting to demonstrate how projective techniques, especially projective drawings, incorporate the cognitive concepts of Beck. Projective drawings is a technique used to obtain from the client their 'schema' or how they perceive and

organize their personal concept of the world and themselves. When the clinician interprets these drawings, she is attempting to identify and understand the client's schema based on the formal aspects of the picture and on the content or symbolic content of an image (see p. 84). Beck along with other innovators of cognitive therapy have also chosen "schemas to represent enduring cognitive patterns that have developed from an individual's interactions with the environment." Schemas are defined as "abstract and generalizable rules regarding regularities in relationships among internal representation of events" (Rush and Giles, 1982 cited in Confer, 1987:17-18). Furthermore, Beck found in his studies on depressed and suicidal patients that their conceptualization of the world - schemas - consisted of faulty information which when processed applied to the self, the world, and the future (Confer, 1987:57). Thus, the ability to identify and understand the misconceptions inherent in the suicidal dilemma by way of projective drawing techniques is the specific focus of this chapter.

In addition, an examination of projective drawing concepts provides some reference points with which to locate and understand the criteria [features] from a formal - visual perspective, i.e. line, space, placement,

details, and in terms of the content - what a particular image represents or symbolizes.

Examples of how a picture can be interpreted according to form and content [objective assessment] are found in the projective techniques assessments of depression which help identify and explore depression in this study. In terms of form, according to Rorschach responses, depressed and potentially suicidal patients have a tendency to use black and/or darkly-shaded drawings (Freedman et al., 1975:746). Paucity of color and inability to complete pictures is another sign of depression (Hammer, 1958). In terms of content, Dax (cited in Brown, 1980:51) states that

In pathological depressive paintings, depression may be seen in: a heavy black sky; leafless or broken trees, which are often rootless, barren earth, deserted backgrounds devoid of houses, people or life; a burial or tomb; an abandoned lonely figure; roads without an end in sight; mountains blocking or an obstructing or fenced-in figure; a suffering facial expression; and even suicidal situations.

The difference between projective techniques and art therapy is that projective techniques are used for diagnostic purposes where the interpretation is given by the diagnostician: Art therapy on the other hand is a therapeutic process where the interpretation of the artwork is left primarily up to the patient. Art therapy

is an ongoing process that allows the person to gradually become aware of feelings, thoughts, and conflicts. This study proposes that what is learned about certain features of suicidal intent from theoretical, diagnostic and art therapy sources can be applied to giving a basis for identifying and comprehending suicidal behavior in art therapy. Art therapists wishing to know more about the pictorial representation of suicide and how to detect when a patient is suicidal may look to the examples and explanations of certain criteria explored in this study. Furthermore, the study explores features of suicidal intent not for the specific use of diagnosticians but rather in order to expand upon what art therapists and other clinicians have already noticed and discovered about the artwork of suicidal patients. Projective drawing concepts have been used as a reference point to further art therapy observations and explorations.

Projective drawing tests had their early origins in intelligence scales devised primarily by Florence Goodenough. She, along with other clinicians, realized that her tests were tapping personality traits, not just the intellectual capabilities of the child subjects (Hammer, 1958).

From Goodenough's discoveries arose John Buck's House-Tree-Person Test and Karen Machover's Figure Drawing Technique which was based on her experience with Goodenough's work on assessing children's intelligence levels. The ancient dicta "When an artist paints a portrait he paints two, himself and the sitter" and "The artist does not see things as they are but as he is" (Hammer, 1958:20) were given 20th century meaning.

The work of Buck, Hammer and other projective drawings theorists describes the essence of projective drawing techniques - "the subject's psychomotor activities are caught on paper" (Hammer, 1958:6). In addition, the subject's conscious and unconscious perception of him/herself determines the content of the picture - unconscious levels utilizing symbols which are explored through dreams, myths, fantasies, and so on offering glimpses of his/her inner world. The area of projective drawing interpretation is based on three concepts (Hammer, 1958:55):

- (a) There is a tendency in man to view the world in an anthropomorphic manner, in his own image.
- (b) The core of the anthropomorphic view of the environment is the mechanism of projection.
- (c) Distortions enter into the process of projection to the extent to which the projection has a defensive function; that is, the projection is in the services of ascribing to the outer world that which the subject denies in himself.

These concepts are true of the viewer and the maker. The maker projects him/herself into the view of the world while the viewer may also project what he/she thinks the picture is expressing. In the context of therapy and even diagnosis, projection on the part of the professional is termed 'countertransference' and is considered undesirable, unless worked through in therapy and supervision, so that the professional's personal unresolved conflicts may not interfere with the client's assessment and treatment. In terms of the maker, every perception, feeling, act, expression is encouraged and in some way bears the 'stamp of [the individual's] personality' (Hammer, 1958:5).

Projective drawings provide art therapists with tools to uncover conscious and unconscious perceptions, feelings and attitudes in the patient.

Projective drawings are also most useful when seen within the context of the entire projective battery, the case history, the clinical impression of the subject gained during interview, and all other available material. In order to attain gross accuracy, i.e. interpretation, emphasis is placed on the projective battery.

Projective Drawing Techniques and Suicide

Within the framework of projective drawings, the information available with regard to identifying the likelihood of a client's tendency to act-out suicidal feelings is far from extensive. Buck, Machover, and Hammer however provide some insights into identifying and understanding suicidal preoccupations through use of Buck's House-Tree-Person Technique. Perhaps in terms of how the person perceives him/herself, the Tree figure provides the best modality because it is "the least threatening of the Buck figures which nondirectly reflect a self-portrait" (Buck, 1978). According to Landisberg (cited in Hammer, 1958:618)

It is the tree, which seems to tap basic, long-standing feelings and self-attitudes, because of its relatively impersonal and neutral conscious connotations...

[The importance of the house and person is not to be denied, hence analysis of these features is mentioned in the examination of examples of artwork done by the three subjects of my research.]

The symbolic significance of a dead tree in the patient's drawing alerts the clinician to the likelihood that the patient may be feeling hopeless and perhaps suffering from some previous trauma. The image of a dead tree is most prevalent among the withdrawn schizophrenic,

depressed, and severely neurotic, who feel hopeless. In addition, trees dead from internal causes such as rotting represent more serious pathology than trees dead from external causes, such as lightning. Prognosis is generally more optimistic when damage is ascribed to external factors (Hammer, 1956:194).

Buck states that there is no conclusive evidence that the entirely dead tree represents greater problems than a partially dead tree. Buck (1970:138) conjectures:

Most commonly, the branches or the roots are regarded as the dead or dying part. Dead branches appear to express the subject's belief that his great frustration has been produced solely by extrapersonal factors within his environment. Dead roots, on the other hand, imply an intrapersonal imbalance or dissolution with the start of a serious loss with reality, the world.

In the effort to identify suicidal intent, studies on projective drawing techniques with persons who act-out offer important clues. The potential to act-out in the environment, whether towards oneself or others, may be pictorially expressed according to "strong, open, and unsublimated expression of impulses breaking through to flood the page" (Hammer, 1956:318). The potential to act-out may be discerned by formal elements such as line quality, size, details and placement, while the type of potential acting-out may be disclosed more by the content

than the structure or form. Perhaps the most valuable concept offered by Hammer and which helps to identify features of suicidal intent refers to the importance of the part of the picture which is unsublimated, where the content is depicted in a raw, overt manner. Sublimation is defined in Freudian terms as a process whereby primitive, asocial behavior is transformed into 'socially productive' activities though not always 'socially acceptable', under the ego's control (Kramer, 1979:76). Hammer's reference to the term 'unsublimated' appears to describe primitive behavior which has not been transformed and which seeks "direct instinctual gratification" (Kramer, 1979:76). This direct expression is apparent through stylistic aspects, such as over-expansiveness of size of the drawing, line quality - too hard pressure from the pencil or crayon, details and placement of objects on the page, according to the clinician. The aspect of too hard pressure is best observed directly by the clinician. However, within the limitations of this study this aspect may be examined in terms of the density of the line, from faintly drawn lines to heavy thickly drawn marks. In general, when the picture is unsublimated, one may assume that the subject's defenses and control by the ego have begun to dissolve, allowing the repressed impulses to

break through so that acting-out on the page is given free reign (Hammer, 1965), indicating a potential to act-out in the environment. Each of these formal aspects bears closer examination.

Size

According to Hammer (1956), the size of the drawn object relative to the page may indicate or offer signs about the person's estimation of his/her self-esteem. It can present clues as to whether a person has an inflated perception of the self or feels worthless and insignificant. "Tiny drawings are presented by subjects with feelings of inadequacy and perhaps withdrawal tendencies" (Hammer, 1958:64). He also speaks about the size of the object which is too large for the page and tends to press out against the edge of the paper, suggesting the potential to act-out against the confines of the environment. This type of handling of space was frequently found in subjects who expressed aggressive patterns according to Hammer. Precker states that "It seems to us that small sizes are more significant for reduced aggression than are large ones for increased aggression" (1950:276). Precker (cited in Hammer, 1965:305) emphasizes that:

Exaggerated size may be considered as evidence of aggressiveness. Zimmerman and Garfinkle as well found that lack of restraint in the size of drawings correlated with aggressiveness and a tendency toward release of the aggressiveness into the environment.

McElhaney (1969:4) also refers to the size of the object, namely the figure which, when depicted as small and withdrawn, reflects the individual's feelings of low self-esteem and worthlessness.

Details

Hammer (1965) and Buck (1971) have found that inadequate detailing generally represents withdrawal tendencies and at times depression on the part of the individual. Inadequate detailing conveys a feeling of emptiness and reduced energy. According to Wadeson (1980), general impoverishment and emptiness is an indication of the presence of depression in the artwork. Excessive detailing on the other hand implies an "overconcern with what may be represented or symbolized by the detail in question... and indicates a compulsive need to structure the entire situation" (Buck, 1976:61-62). In the latter instance, the picture includes every minute aspect of the concept drawn. This tendency is for the most part found among the obsessive-compulsive population, incipient schizophrenics or early organics which includes

people suffering brain disfunctions as a result of, for example, alcohol abuse and brain tumors. The obsessive-compulsive type of neurotic individuals, be they children or adults, come from an uncertain, dangerous environment where, in order to maintain some semblance of stability, they have been forced to become rigid and highly controlled. Thus, the emotional accompaniment of excessive detailing is a sense of rigidity. Such people will draw very exact pictures, including every detail until the picture looks complete, i.e. a tree with a trunk, roots, branches and leaves, rigidly and carefully drawn. The 'too-perfect' performance tends to reflect someone who is desperately trying to hold themselves together against the threat of disorganization, i.e. psychosis.

Placement

According to Buck (1878:104), the higher the mid-point on the paper the more the individuals (a) seek satisfaction in the fantasy; (b) have goals which are relatively unattainable; (c) keep themselves aloof and relatively inaccessible. The further below the mid-point of the page, the more the person feels reality-bound, and may on occasion feel depressed with a negative attitude. Keeping to the outer edges of the paper indicates a need

for security, and lack of self-confidence. In addition, objects placed further to the left of the mid-point of the page,

the greater is the likelihood that the [subject] tends to behave impulsively and to seek immediate, frank, and emotional satisfaction of his needs and drives. From a temporal standpoint such a [subject] is overconcerned with the past. Conversely, the further the [objects are] to the right of the page's average midpoint, the more likely is the [subject] to exhibit stable, rigidly controlled behavior, to be willing to delay satisfaction of immediate needs and drives, to prefer intellectual to emotional satisfaction. Such a [subject] will be overconcerned about the future from a temporal standpoint (Buck, 1966:104).

Other authors in addition to Buck, namely Bolander (1977), Grunwald (cited in Bolander, 1977), and Koch (1958) support the theory that the left side of the page indicates the psychological past while the right side indicates the future. In spite of this common viewpoint, the authors vary in their description of objects placed to the right side and left side of the page as well as with objects placed above and below the midpoint.

Bolander, regards the left side as representative of the "mother, feminine, the past [in the sense of memories or of living in the past]." For example, a preference for placing the tree on the right side indicates a preoccupation with the "father, masculine principle, the

future [in the sense of anticipation]" (Bolander, 1977:69-72). These interpretations are based on what Bolander terms 'psychological time', a person's attitude toward the past and/or future. Grunwald shares a similar perspective with Bolander in terms of the left and right side of the page. The left is perceived by Grunwald as the mother, past, and introversion, while the right is the father, future, and extraversion.

With regard to objects placed above and below the midpoint, Bolander and Buck regard the upper part of the page as fantasy and the lower as reality. Grunwald's schema however, describes the upper part of the page as the "Spirit, The Transcendent, Godliness, the Conscious Mind", while the lower half refers to "Matter, Subconscious, Unconscious, Collective Unconscious" (Grunwald cited in Bolander, 1977:80).

Finally, Koch (1958) also ascribes the left to past, and the right to future. His overall interpretation of placement most resembles Grunwald's schema as compared to Buck's and Bolander's. For example, he associates the upper part of the page with spiritualism, and bottom section with materialism.

The factor of placement has particular relevance in identifying suicidal potentiality. Accepting the notion

that the left side refers to the past while the right side suggests future preoccupation, it is possible that an object such as a dead or decaying tree placed on the right side of the page might indicate a pessimistic or hopeless attitude. Conversely, a bright sun on the same side of the page may indicate a feeling of hopefulness and optimism about the future.

Line Quality [Pressure]

Buck has observed that heavy lines within an entire picture, may indicate a generalized tension. If made in the depiction of specific detail within a picture heavy lines may suggest "a fixation upon the object so drawn and/or hostility, suppressed or overt, against the detail drawn or what it symbolizes." On the other hand, when extremely faint lines are used throughout the picture(s), they are expressive of an overall feeling of inadequacy, fear of failure, accompanied by an inability to make decisions (Buck, 1966:123).

As with size, it was found that line quality is an indicator of the energy level of the individual. According to a study by Alschuler and Hattwich (cited in Hammer, 1965:309), children who drew with strong line

pressure showed more of a tendency towards assertiveness than other children.

Summary

The reliance on projective drawing issues such as size, detail, placement, and line quality [pressure] occurs in order to provide art therapists with additional reference points with which to identify and explore features related to suicidal intent. The interpretation of these issues as well as the interpretation of the following criteria must be regarded as limited. As Buck states, "interpretations given must be treated with extreme caution, never accepted as appropriate for a given case without careful consideration of other significant data in the case." For example, the aspect of placement as it refers to temporal dominance [past/future] as well as its implications for identifying suicidal intent may be contested by some readers. Apart from these limitations, it seems possible to locate suicidal preoccupations in an individual's artwork when content is either overtly or blatantly represented. Images of weapons, literal and overt depictions of death, hostility, and as well as anger, isolation, low self-esteem, and hopelessness, may signal to the art therapist a potential suicide.

In her work done with attempters and completers of the suicidal act, Wadeson (1975:75) has discovered that suicidal messages are sometimes expressed clearly in pictures when instruments or images of death are disclosed blatantly. At other times the message is disguised as seen in people who communicate little of their feelings who are withdrawn, e.g. the patient who draws abstract as opposed to realistic representations of death - the patient who draws loops, and who later hangs herself leaving the therapist to believe that the loops actually represented a rope symbolically expressing suicidal intent. With regard to the definition of symbolism, Jung (1967:4) states that

A word or an image is symbolic when it implies something more than its obvious and immediate meaning. It has a wider 'unconscious' aspect that is never precisely defined or fully explained, nor can one hope to define or explain it.

Jung goes on to say that symbols can also be manifested on a conscious level as seen in religious motifs.

In Chapter 6, Research Findings, the analysis describes symbols of death and suicide represented through familiar images, e.g. spiral and tombstone, which seem to be created on a conscious level because of their overtness. Whereas other symbols in the artwork seem to carry a more disguised personal and perhaps unconscious

message. Fortunately, many suicidal patients employ the former type of symbolism to express their suicidal ideation or intent and are thus able to alert the staff to their cry for help.

CHAPTER V

Methods of Research

Scope of the Study

The study will explore the artwork of three persons who have had persistent suicidal ruminations, who attempted suicide, and who, at some time prior to/or after the attempt, were seen by an art therapy intern.

The original intention was to have seven subjects in this study. Due to methodological difficulties, some of the subjects were unable to offer their consent to have their artwork reproduced, consequently the number of subjects was reduced to three. The focus of this study is on the means by which the therapist will be enabled to assess the presence of hopelessness, isolation, anger, aggression, and low self-esteem, as reflected in the client's imagery.

Research Procedures

In the effort to identify, explore and select artwork which exemplifies the five criteria, a collaborator was consulted who is a graduate art therapist with a degree from Concordia University. The writer and collaborator

will be referred to as 'viewers' with regard to the artwork.

This study attempts to find indicators of suicidal preoccupations through examples of the artwork and to explore these identifying features. Before identifying and exploring the five features in the artwork, a in-depth description of each criterion is required. The sources for compiling a description of the features are theoretical postulates found in the Literature Review and Projective Drawing theories. The criteria therefore, combine psychoanalytic and cognitive notions in terms of looking at the causes behind manifesting the feature of suicide and the actual pictorial representation of the feature.

Criteria

These are the features believed to be part of the drama of suicide: hopelessness, self-hatred, harmfulness to others, isolation, longing for rebirth, wish for nirvana, revenge, anger, hostility, shame, guilt, despair, frustrated dependency, boredom, low self-esteem, exhaustion, and morbidity. The study will attempt to explore five of these features in the context of pictorial content, namely: hopelessness; anger; aggression

[hostility]; isolation, and low self-esteem. It is important to note that though the study approaches these five items of suicidal intent separately, for the purpose of making a clear analysis of each, these features are to some extent interconnected. This is seen for example with low self-esteem, anger, aggression, fear of abandonment [isolation], and hopelessness, aspects which in part constitute the 'depressive constellation' as discussed on page 57.

The five features in general have been analyzed in terms of form and content. While content refers to subject matter and themes, form deals with the expressive elements or style of the artwork, such as; size, line quality [pressure], details, stroke, and placement.

Analysis of the artwork requires a focus on both content and form for locating and understanding suicidal intent. Certain features, however, are more easily observed through concentrating on the content because it is more directly expressed than what is communicated by the style of artwork. Conversely, when the content is not obvious to the viewer, that is, when the artwork is abstract, form becomes the focus for revealing the feature(s) of suicidal intent.

It has become apparent that certain features of suicidal intent are more easily identifiable through content analysis rather than form. Emphasis on content [subject matter/themes] takes into consideration details hinting at isolation, hopelessness, and low self-esteem. Emphasis on form as a more obvious communicator of suicidal intent is seen in the expression of aggression and anger, though bold gestures, and wide use of space. The feature of hopelessness, perhaps, offers the most balanced example of the interplay of form and content in all three cases.

A more detailed discussion of the relationship between form and content among the five criteria of suicide selected for this study constitutes the remainder of this section.

Hopelessness

Hopelessness is best observed in pictures where there is an obvious feeling of entrapment or inability to find an alternative way out of a despairing situation (Beck et al., 1975:1146). The figural representation of hopelessness has been described by Wadeson as one having the appearance of impoverishment. Pictures are less complete and emptier than those created by a patient at

the first sign of depression. The pictures appear to become more sparse as the patient's depression increases.

According to Wadeson (1975:82):

During increased depression less color is used, pictures become emptier, less effort is invested, pictures are less complete. This impoverishment reflects hopelessness and in some cases, physical retardation.

The problem with this claim is that Wadeson associates the aspect of emptiness and incompleteness with hopelessness, when these aspects could very well be more reflective of depression. As mentioned in the first chapter, Beck reports that not all depressive patients feel hopeless, just as not all people who feel hopeless are depressive. Furthermore, Buchalter-Katz (1985) in her study on the artwork of depressed patients found that a depressed person who expresses hopelessness will not always depict bleak empty pictures with paucity of color. She found the contrary to be true of depressed person's artwork. The content tended to be superficial, manifesting themes of happiness. The colors were often lively and the objects completed with an exactness which represented the person's apparent avoidance of dealing with their depression (Buchalter-Katz, 1985). Given this information, Wadeson's statement on hopelessness must be taken with caution, due to insufficient evidence.

A further reference to hopelessness is made by Wadeson; "Hopelessness is often the direct result of feelings of profound isolation" (1980:96). This important connection between hopelessness and isolation has been made by Hillman who found that a patient's feelings of hopelessness could best be dealt with when the analyst entered the other's world. In this way, the analyst could help to dispel the patient's feelings of isolation (Hillman, 1964). A description of the pictorial expression of isolation is found on page 98. Hopelessness is also seen in the image of the recurring spiral. According to Wadeson (1975:81):

In describing what the spiral meant, patients spoke of a whirlpool, turmoil, anxiety, the feeling that one's possibilities were narrowing - leading in turn to feelings of entrapped hopelessness. In each case the drawing of the spiral began with the largest circle and became progressively narrower.

Anger

Anger, by definition, is a feeling a person has when he or she has been hurt, irritated, or feels intense dislike for another person or object. Anger is closely related to aggression, since aggression may incorporate the acting-out of anger. In terms of art therapy representations anger and aggression possess similar

stylistic properties. In spite of their related qualities, this study distinguishes anger from aggressive hostility, suggesting that anger does not necessarily lead to violence or acting-out, while aggression usually involves anger to some degree. Aggression was viewed as the acting-out of anger according to several researchers, namely, Honig (1975), Wadson (1978), Hammer (1965), and McElhaney (1969).

The distinction between anger and aggression which is attempted here, is a distinction which this writer believes has important implications in the treatment of suicidal individuals (p. 147). These two features share similar stylistic elements, such as the use of hard, jagged and rigid lines, slashing marks, and expansiveness of space. In spite of their similarities, what appears to distinguish the pictorial expression of anger from images of aggression and hostility appears to be the degree to which these bold gestures are safely contained on the page, and the extent to which the picture expresses themes of violence and destruction.

Some research emphasizes the feature of aggression in their analysis of subjects' artwork, briefly referring to anger as a motivating factor (Machover, cited in McElhaney, 1969; Hammer, 1965). This apparent emphasis on

aggression by Machover and Hammer, is possibly due to the fact that their studies focused on the incidence of aggression and violence seen in their subjects. Sylvia Honig, an art therapist, is perhaps one of the few authors along with Wadeson to describe suicidal fantasies in the artwork of patients as being, i.e. aggressive, violent, and angry. Her study was based on artwork and suicidal behavior with adolescent boys (Honig, 1975). Wadeson also went into detailed descriptions of pictures depicting anger as well as aggression [harmful to others].

In terms of anger, Wadeson's studies (1978) describe that two of her subjects had expressed their anger using jagged lines, and lines radiating and expanding like spokes of a wheel onto the page. In each of these cases, the images tended to be contained within a circle. Anger is also perceived in drawings which appear very rigid and tense. According to Buck (1978) rigidity of form may indicate the person's strained efforts at maintaining control over the impulse to act-out.

One may then assume that drawings which are rigid as well as contained may reflect anger with the potential to act-out on the page or in the environment. In contrast to these seemingly angry pictures, Wadeson provides the description of aggression in a painting given by a boy who

describes his picture as an attempt to "annihilate the competition." His picture consisted of an expansive use of space and size of objects, slashing lines running off the edges of the page and weapons. These pictures seem to be devoid of any attempt to control or contain these blatantly angry feelings. Rather, this picture gave the sense of being explosive with the potential to act-out in the environment. [Alschuler and Hattwick (cited in Precker, 1950:277) further state that "children who worked all over the page in an uncontrolled manner were either immature, or were assertive and aggressive. Those whose work was controlled but not rigid, tended to be assertive, self-reliant, and to be more adaptive than the groups as a whole."] Furthermore, according to the Rorschach test, aggression is synonymous with hostility and 'explosions', blood and gore (Wadson, 1978). Paula Elkisch, a clinical psychologist, discusses the use of space in projective drawing tests, and says that expansiveness expressed through 'explosions' can convey "controlled aggressiveness, willfull and forceful activity..." (cited in Precker, 1950:279). Though both anger and aggression express the potential to act-out, there is an apparent difference between the two. Whereas angry drawings may express through their rigidity and containment eventual

acting-out on paper or in the environment, aggressive pictures express a more direct and immediate intent to act-out in the environment or towards oneself due to their 'explosive' quality as well as obvious images and forms of violence.

Aggression

Aggression is by definition the act of unprovoked hostility which can lead to a violent act towards a person or object and often stems from feelings of frustration and inferiority. Within the context of this study, aggression is seen as having negative connotations as demonstrated by the research of Hammer (1965), Machover (cited in McElhaney, 1969) and Honig (1975). Aggression, according to Freedman et al. (1975:813) is first,

a constellation of specific thoughts, feelings, and actions; second, it is mobilized in a person by an obstruction to a wish or need; and, third, its goal is to remove the obstruction in order to permit drive discharge... Not all the specific thoughts, feelings, and actions characteristic of aggression are manifest... For example, one may kill in cold blood without feelings of anger. One may consciously harbor angry thoughts and feelings and commit no overt act.

The more general definition of aggression includes the possibility for positive effects, such as self-assertion.

One way to detect hostility in artwork is by the blatant or implied images of violence. According to Machover (cited in McElhaney, 1969:5):

Hostility is probably the emotion easiest to project into drawings, this may be done by making frown lines, by drawing glaring eyes, jutting chin, bared teeth, sneering lips on the faces of the pictures or even by placing weapons in the hands of figures.

According to Precker (cited in Hammer, 1965:306) aggression is seen in vastness of size. He observes: "Exaggerated size seems evident of aggressiveness or motor release." Size is said to be expansive when the drawing presses out against the confines of the paper as one would against the environment (Hammer, 1965). Intense hostility is also apparent in the use of hard slashing lines and claw-like hands (McElhaney, 1969).

Wadeson, in an article entitled "Suicide: Expression in Images" (1975:77), attempts to establish the term 'harmfulness to others' an aspect to aggression, as a feature of suicidal intent in the patient's artwork. Wadeson's effort to illustrate this 'theme', as she calls it, are lost in her confusing and misleading explanations from only two pictures. In one patient's work, the feature was expressed via the use of red and bar-like marks on the paper. She ascribes the red to represent gore, and the bars to a feeling of being held down, an

interpretation based on an explanation by the patient. Feelings associated with this picture by the patient were worthlessness, and of wanting to hurt others. Without the patient's statements, however, these aspects could have been interpreted as merely signs of anger and hopelessness. This example of aggressive 'harmfulness to others' is perhaps indicative of Wadeson's lack of precision, in terms of furthering the present exploration into this feature according to form and content. 'Harmfulness to others' may, then, best be interpreted according to the general description of aggression. For example, where there is unsublimated expression, raw and overt to the viewer.

Low Self-Esteem

Low self-esteem is associated with feelings of inferiority and worthlessness and is often depicted by small figures which appear to withdraw into the background of the picture and are withdrawn from other people (McElhaney, 1969). In a description of one of McElhaney's patients who completed the Human Figure Drawing Test, he writes (1969:60)

She feels so insignificant that she draws tiny figures that will hardly be noticed, and her attempt to withdraw her human figure drawings from other people's notice by making them so tiny they will scarcely be seen, is a reflection of her desire to withdraw literally

from contact with other people. Her self-concept, therefore, is that of an insignificant, relatively worthless individual.

A word of caution about this statement must be added in relation to the artwork of the three subjects considered here. Upon examining the artwork according to the criteria of low self-esteem, the writer believes that drawings representing small figures may also indicate fear rather than low self-esteem.

Isolation

Isolation is defined (Webster's dictionary, 1972) as the state of being alone, loneliness, and the unhappy feelings of being alone. Pictorially, this feature may be seen in drawings which depict persons as separate from a group or alone. In her study on suicide, Wadeson's examples of isolation in patient's artwork are more clear-cut than those of hopelessness. The images were direct and obvious expressions of feelings of severe isolation or abandonment. Isolation is also indicated, according to Wadeson, by depictions of a solitary person or of someone separate from a group of people (Wadeson, 1980). Hammer states that feelings of belonging are indicated by whether or not a person includes him/herself in the picture and if there are barriers present or absent between people, e.g.

trees, small doors and windows of a house. High walls may indicate inaccessibility while isolation may also be expressed in a group of people occupying separate spaces and planes on a page (Hammer, 1958).

The procedure for identifying and exploring the artwork of the three subjects according to the five criteria encompasses two approaches: (1) objective assessment of the content and formal aspects of the picture; and (2) "subjective clinical assessment" (Rubin, 1976). This term refers to obtaining a global and subjective impression of the artwork where there is no attempt to systematically control the way in which the viewer perceives the artwork. This approach is in contrast to the objective assessment which follows a set of criteria. While the subjective form of assessment is attained from a global impression, it is nevertheless useful as an adjunct to other more quantifiable measures such as the objective observation of form and content (Rubin, 1976).

More importantly, the use of subjective clinical assessment relies mainly on intuition. By definition, intuition as reason (Bunge, 1962:85-86) takes the form of a global vision which grasps "formally scattered items into a unified or harmonious whole, i.e. conceptual

system... i.e. we do not feel we understand an argument unless we grasp it as a whole." Apart from relying on intuition which perceives what is occurring in a particular situation, e.g. artwork, the subjective assessment also evokes feelings from the viewers as though they are participants in addition to being observers.

A further rationale for assessing the artwork subjectively using intuition relates to Becks cognitive theories on schemas (cited in Confer, 1987). The viewer and art therapist as well as the client can be limited by their own schemas which can then hamper or limit the capacity to observe and enlarge the client's concept of the world. In terms of assessment, Confer (1987:92) rationalizes the importance of intuition in psychotherapy as follows:

All therapists occasionally experience difficulty in conceptualizing a client's difficulties. From the wealth of background history, client observations, client verbalizations, and other sources, one sometimes gets a 'feel' [feel is used here in terms of thought] for what may be maintaining the symptoms, but cannot quite put into words. Like a picture that is out of focus, areas of contour and contrast are discriminated, but not enough to identify specifics which remain obscure and blurred.

By relying on a subjective assessment, the study is also stating the importance of one's instincts in the formulation of a global intuitive impression.

In contrast to subjective assessment, objective assessment explores the artwork and its relation to the five criteria in terms of the form and content of the picture.

A typical response to the form and content of a particular criteria would be (a) hopelessness identified through its content which represents a spiral, a familiar and common symbol for suicide (Wadeson, 1980); or (b) hopelessness identified through its form which depicts bar-like lines or horizontals and verticals (Wadeson, 1980).

The main purpose for implementing this double approach - objective [content/form] and subjective clinical assessment is to allow the viewer the opportunity to react to the artwork beyond the limitations of the five criteria. In doing so, the viewer is permitted to arrive at criteria otherwise not stated in the study. By implementing these two approaches, it is hypothesized that the validity of the criteria would be strengthened and maximized in cases where the relationship between subjective and objective are closest.

In using this double procedure, the study must take into account that when viewing the artwork, the viewer at times expressed difficulty in distinguishing between the

two procedures because that which one objectively observes in the content and form has an effect on one's subjective evaluation of the picture. This difficulty is also inherent in art therapy where the process of objectively and subjectively observing is not always clearly defined. This may be due to the fact that instinct and environment influence and are interdependent upon one another as described earlier in this study in relation to Freud's ideas on cognition (pp. 16 -20). In spite of the difficulties in clarifying the two approaches, the viewers have endeavored to make clear and well defined evaluations of the artwork.

There were six stages in the selection of the artwork during which it was studied on three separate occasions, each time exploring to greater depth and detail its relationship to the five criteria.

The stages were as follows:

- (1) Random selection of the artwork resulting in 31 pictures from three subjects. The artwork solicited from each of the three patients spans the duration of a few months to three years. Art therapy with the three patients was done by art therapy interns prior to the study. The artwork was made available for study by the psychologist who had supervised the

above mentioned art therapy interns. The only information that is known about the patients is that they all had persistent suicidal preoccupations and had attempted suicide.

The cases have been chosen following a random procedure without regard to age, sex, or clinical status. The random procedure was carried out by the major advisor of this study who was also responsible for the files on these patients. He was requested to choose from his files those persons who attempted suicide before, during, or after the artwork was made. The study will not refer to diagnosis, since it is believed by Beck (1875:1146) that

hopelessness increases the correlation between suicidal intent and depression just as much for schizophrenics as it does for depressives. Thus, irrespective of diagnosis, the construct of hopelessness [or negative expectations] appears to be a primary feature in suicidal intent.

- (2) The first viewing included the use of a chart to gain a skeletal objective evaluation of the 31 pictures (see Appendix). Each viewer filled out a chart which corresponded to each picture. A red check mark was indicated for those criteria which were found in the pictures according to content, and a green check mark for those criteria describing form. The five

criteria were listed on the chart, and beside each was a brief definition describing the features of suicidal intent, and next to that various descriptions of the criteria according to several theorists*. Following this the criteria was then sorted in terms of its relationship to content and form.

- (3) In the second viewing, viewers gave a subjective clinical assessment of the 31 pictures. This second viewing was to determine the effect of the content and formal aspects of the pictures on the viewer - the subjective response.
- (4) a. In the first selection the writer chose from one viewer's result where those pictures which indicated a direct and obvious correlation between the subjective and objective assessment of the criteria. A direct and obvious relationship refers to an exact or synonymous use of at least one of the terms commonly found in both procedures for the same picture.

* This chart is meant to provide examples rather than precise descriptions of the [features] criteria.

- b. The writer selected from the same viewer's results those pictures which indicated an indirect correlation between the two procedures where there was not a common use of terminology, the subjective and objective assessment nevertheless illustrating dynamically the suicidal dilemma and suggestive of the 'depressive constellation'.
 - c. Artwork which showed a weak or no relationship were also selected in order to exemplify where there may least exist the possibility of suicidal intention.
- (5) A second selection was made of the other viewer's observations in the same manner as indicated above.
- (6) The writer made a third selection according to the previous two selections, comparing the results and identifying those pictures where each viewer perceived the same picture similarly, whether according to:
- a. the most direct correlation between procedures [subjective/objective];
 - b. indirect correlation between procedures but nevertheless indicating the dynamics of suicide and the 'depressive constellation';

c. a weak or no relationship between the subjective and objective assessment.

(6) In the third viewing the examples chosen from the third selection were studied for the last time in order to allow the viewer to elaborate on her previous subjective and objective assessments, i.e. interpretation of the pictures. The writer emphasizes that these interpretations are limited due to certain information being unavailable and to the fact that there can be more than one meaning for a picture or image.

Finally, the aim of this selection process was to discern certain patterns in the artwork, e.g. the persistent appearance of hopelessness and isolation, according to a subjective assessment and objectively based assessment of the content and form in relation to the criteria, and to provide examples of already existing notions and assumptions about the dynamics of suicide.

Methodology: Assumptions and Limitations

Assumptions

The potentially suicidal person presents to the mental health professional the difficult task of identifying the risk of suicidal intent so that the client

may receive proper diagnosis and adequate treatment (Tuckman and Youngman, 1968:17). Shneidman (cited in Freedman et al., 1975:746) states, "Suicide readily demonstrates the methodological problems in predicting an act that itself is sometimes difficult to define."

In order to reduce the risk of suicide, Beck devised the Beck's Hopelessness Scale as a diagnostic tool. However, his studies have created extensive debate as to the limitations of the 'self-evaluative' test. Self-evaluative scales are verbal - where the person is more likely to be less direct or honest with the tester in order to give the most acceptable or what might appear the most appropriate answer. However, using this scale in conjunction with the art therapy modality may help to more reliably assess whether and to what extent a person may be harboring pessimistic attitudes such as hopelessness, and/or other features of suicide.

The study will be made on the assumption that more than one feature related to suicidal intent will likely be present in the artwork of the three subjects and/or in a single picture. Wadeson states that a given picture can have more than one meaning: "Assigning a given picture to a particular category is, of necessity, arbitrary in that

many of the pictures express more than one of the themes [e.g. hopelessness, isolation]... " (Wadeson, 1975:75).

Limitations

First, there is a paucity of theoretical and clinical material on suicide and features of suicide, in the area of projective drawings and art therapy, to support any conclusive findings in the artwork.

Secondly, since there are only three cases, any type of generalization is beyond the boundaries of this study. Yet, the study can help to strengthen some guidelines in the literature identifying suicidal intent in artwork and broaden the debate concerning understanding of the issue of suicide and suicidal intent.

Thirdly, in terms of the analysis of the artwork, there was the tendency to let the viewers' subjective clinical assessment be influenced by our observations [criteria - content/form] particularly in pictures where the messages seemed less overt. This occurrence appeared more frequently in the writer's subjective responses possibly because of her greater exposure to the criteria. For this reason, it was decided to present examples of pictures which were least affected by an awareness of the

criteria, pictures which were the least debatable due to the overtness of their meaning.

Fourthly, the issue of 'placement' may have a cultural bias since western countries tend to view things from left to right - past to the future as seen with regards to reading and writing and there is the question of people who are left-handed.

In addition, there is no information concerning when the suicide attempt was made. The patient may have attempted suicide months before the artwork was done, or attempted suicide months afterwards. It is reasonable to assume that the closer in time between the attempt and the artwork, the more reliably one can observe a relationship between the two. For example, a patient who depicts suicidal preoccupations in the artwork three months after the suicide attempt is still regarded as a potential suicide according to clinicians. However, the study refers to the personality trait of the suicide attempter as opposed to the immediate personality state, thus eliminating the factor of temporal considerations.

Finally, since the study is limited to exploration through a particular set of criteria, this naturally excludes a wider range of criteria, e.g. Jungian, aesthetic, as well as criteria such as the wish for

rebirth, and wish for nirvana. Furthermore, since the focus of the study is on the artwork, the findings and observations must be regarded as limited. The findings are framed in the context of information the paper did not discuss; namely, individual case studies, first-hand accounts of the therapeutic interaction, and a battery of projective tests which one could have more thoroughly explored in order to understand the artwork.

CHAPTER VI

Research Findings

For the purpose of obtaining a general view of the distribution of pictures according to the relationship between subjective and objective assessments and the criteria found in the artwork, the following estimates are given:

- (1) 18/31 pictures represent the most overt relationship between assessments and indicate dynamically suicidal wishes, where at least one feature of the five is commonly referred to by both viewers for the same figure;
- (2) 6/31 pictures indicate the least obvious relationships where there is a lack of common terminology yet constellations of features are apparent. Though a common feature is not referred to, the viewers' combined assessment suggests a constellation of suicidal features;
- (3) 5/31 pictures indicate that there was a weak or no relationship between the viewers subjective and objective assessments.

Out of the eighteen pictures which indicate the strongest relationship in terms of assessment, nine of

those have been chosen to exemplify the most reliable combined assessment. Of these, the findings further indicate that: hopelessness appears in six figures; isolation in four; anger in three; aggression in two, and low self-esteem in one.

In the investigation of the artwork, it has also become apparent that depression is a part of the picture in terms of: general impoverishment of the objects [i.e. figures], symbols of death, the presence of hopelessness, and a combination of features which constitute the 'depressive constellation'.

Another finding was made while in the process of exploring the artwork. In some cases, the picture took on different meanings each time it was viewed subjectively and objectively until the viewer arrived at an interpretation. This would suggest the importance of studying a picture repeatedly before making an interpretation. The reasons for the differing interpretations may be:

- (1) What the viewer first perceived when looking at the artwork from both subjective and objective analysis might have been partly affected by countertransference, that is, she may have been unconsciously projecting something on to the drawing

that was not there or she may have been unable to recognize consciously a particular feature in the artwork because of its conflicting nature. Or, as Kramer (1979) would state it, there may have been an unconscious, irrational, and distorted response to the artwork and client stemming from the therapist's own unresolved conflicts. However, when viewed again at another time, the viewer seemed able to react more objectively. This happened with a few pictures where she was unable at first to recognize anger until she became aware of the likelihood of a countertransference situation: the difficulty in recognizing her own anger.

- (2) Since it is likely that there are several meanings for a picture and/or object as emphasized by Wadeson, it may be difficult for an art therapist to become aware of these meanings all at once. Rather, interpretations may be gradually revealed over a period of time of studying the pictures and through being involved in the therapeutic process.

From the above findings one may conclude that in order that the meaning might be revealed in the artwork, much time and repeated viewings are required, as well as consideration of additional supportive material which,

unfortunately, this study does not encompass. Most important, also, is the awareness of the viewer's own countertransference.

The following pictures exemplify those relationships which are the most overt in terms of subjective and objective assessment and where the appearance of the criteria is strongest. Examples are also given of those pictures indicating the least relationship between the viewers' shared subjective/objective assessment of the pictures.

Subject 1, Figure 1

From the subjective clinical assessment, the symbol of the spiral evoked feelings and intuitions from both viewers of drowning - being sucked into a hole, no opportunity for escape, aloneness, isolation, fear, and depression. Among the first three, these were represented the most profoundly, hopelessness followed by feelings of fear and depression. Due to the particularly strong affective reaction, the viewers also felt as though they were participants. This may be due to the fact that the original artwork and image is large in size and tends to overwhelm the viewer. Additional subjective assessments include the perception of emptiness and anxiety believed

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SUBJECT 1



Figure 1

to be evoked by the seeming hollowness of the spiral and the anxiety which comes from fear of falling through or being sucked into the cavernous and endless hole.

From an observational perspective, in terms of content, hopelessness is exemplified by the spiral which is often symbolic of suicide where a person believes there are no alternative solutions to their problems, thus they perceive their future as becoming narrow and limited (Wadeson, 1980).

The overall assessment of this picture illustrates the overt expression of hopelessness. However, though the feature of isolation could not be traced to anything observational, the subjective perceptions of emptiness, aloneness, isolation, and depression may still be indicators of what exists in the artwork in spite of the limitations of the criteria and its descriptions in terms of content and form. Throughout the remainder of this analysis, it will be apparent that the subjective awareness usually elicits additional information about the artwork. Only in the occasional case does this perception contradict or bear no relationship to the observations (see Figure 22).

Figure 4

While one of the viewers' immediate subjective perception is one of hopelessness and depression, the other's is mingled with thoughts of helplessness and frustration. Shared perceptions include isolation and anger. The awareness of hopelessness and depression seems to arise from the discernment of the general impoverishment of the figure on the right - its faceless impoverished body, which is small and ungrounded. Feelings of frustration, helplessness, and sadness come from experiencing a sense of rigidly controlled anger and sadness expressed in the face on the left.

Observationally, isolation in terms of content is suggested by the split between the figures seen on separate levels of the page. Anger is noted in the hair resembling electric currents, the shoulders which appear tense, the fisted hands, and the frowning, somewhat sad mouth. In terms of form, anger is observed in the heavy, thick, and rigidly drawn lines.

Though anger and isolation seem to be the dominant features in the picture according to both subjective and objective evaluations, there are also hints of a depressive constellation by virtue of hopelessness, depression, helplessness, and frustration intuited from

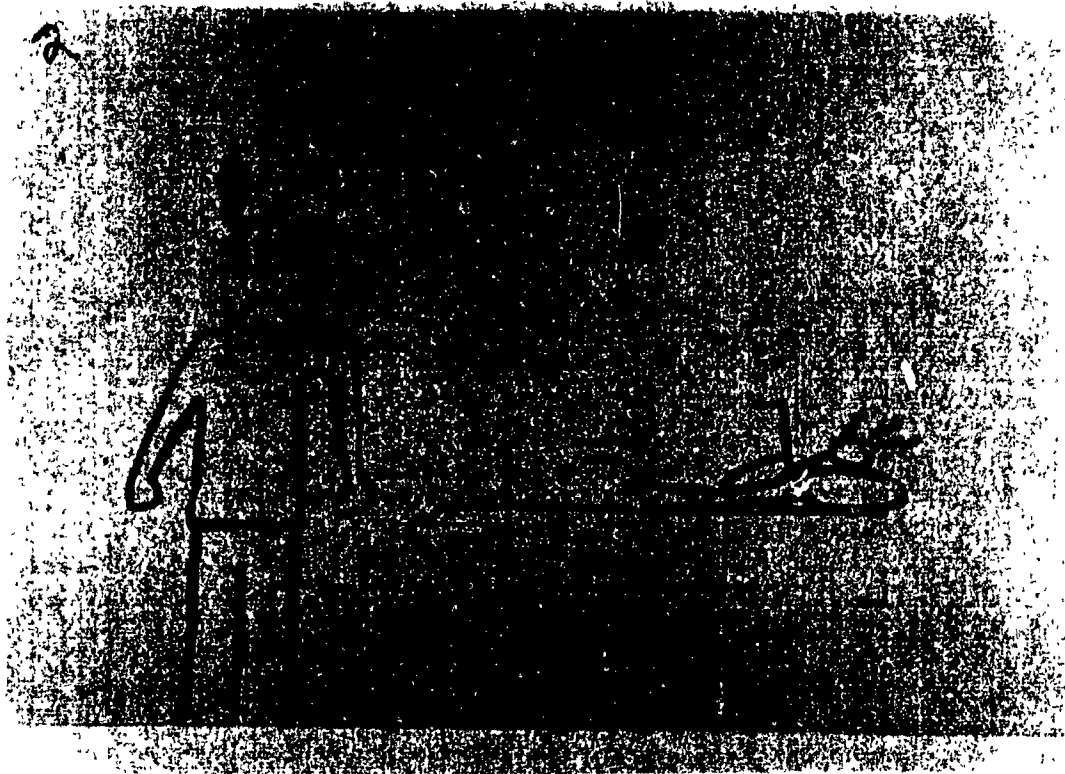


Figure 4

the subjective assessment. Though not included in the chart analysis of the artwork, hopelessness seems apparent in the placement of the figure lying down on the right side of the page possibly indicating a pessimistic future attitude. Whether this figure is sleeping, wounded, or dead, its overall impoverishment suggests hopelessness and even depression.

There are probably several ways to interpret this picture, but what one does get a sense of is that a story is being enacted. For example, one can postulate that both figures are symbolic aspects or states of mind of the same person: the one on the left, the angry, frustrated self; the one the right, the more helpless side of a person which has almost resigned him/herself to a negative future giving some indication of a life and struggle.

Figure 10

The common subjective assessment was one of oppression, and hopelessness [morbidly] while the combined subjective perception was one of confusion, unease, and isolation. Feelings and thoughts of hopelessness seem derived mainly from the impoverished, fragmented objects, as well as from the floating head and the foreboding morbid appearance of the house and sky

which seem to loom menacingly overhead. This fragmentation evoked strong feelings of isolation, confusion, and unease due to the apparent instability of the objects.

From an observational perspective, hopelessness was found in the content in terms of the tombstones and the axe-like house which stands precariously over the tombstones resembling and perhaps symbolic of people. Tombstones symbolically represent a morbid preoccupation with death, and thus hopelessness about one's future (Wadeson, 1980) and in this picture may be symbolic or representative of the deceased individual. Isolation is found in the tombstone including the one below the floating head since they are separated from one another. This separation is most apparent between the larger stone and the smaller ones beneath the house. The floating head also seems to suggest detachment since the body is missing while the stone below the head may also be perceived as symbolic of the detached torso.

In terms of form, isolation may be discerned by the way the objects on the page are fragmented and disconnected. Aggression is found in the roof which is sharply drawn with heavy, dark lines. Aggression is suggested in the roof that resembles a hatchet. However,

the threat of wielding such a weapon may be minimal since the handle appears too fragile and weak to lift. The roof may also be interpreted as precariously balanced on top of one wall that threatens to collapse above the tombstones. But as there is no sign of life, the danger again seems questionable.

In addition to the uncertainty of this picture regarding the extent to which it represents danger of self-destruction, there is a strong sense of anxiety and tension. This very uncertainty may be at the core of the anxiety and oppression subjectively felt and intuited by the viewers.

In spite of the ways of interpreting the relationship between the objects, the images themselves, i.e. tombstones must not be underestimated as potential indicators of suicide, images which overtly symbolize morbidity, hopelessness, isolation, and aggression. Not only do the above-mentioned features indicate suicidal dynamics, but the oppression and anxiety also felt to be a part of the picture seem to indicate the depression constellation. The heaviness found in the clouds which hang low over the objects and the general impoverishment and emptiness lend a sense of depression to the drawing. The overt appearance of hopelessness, i.e. tombstones,

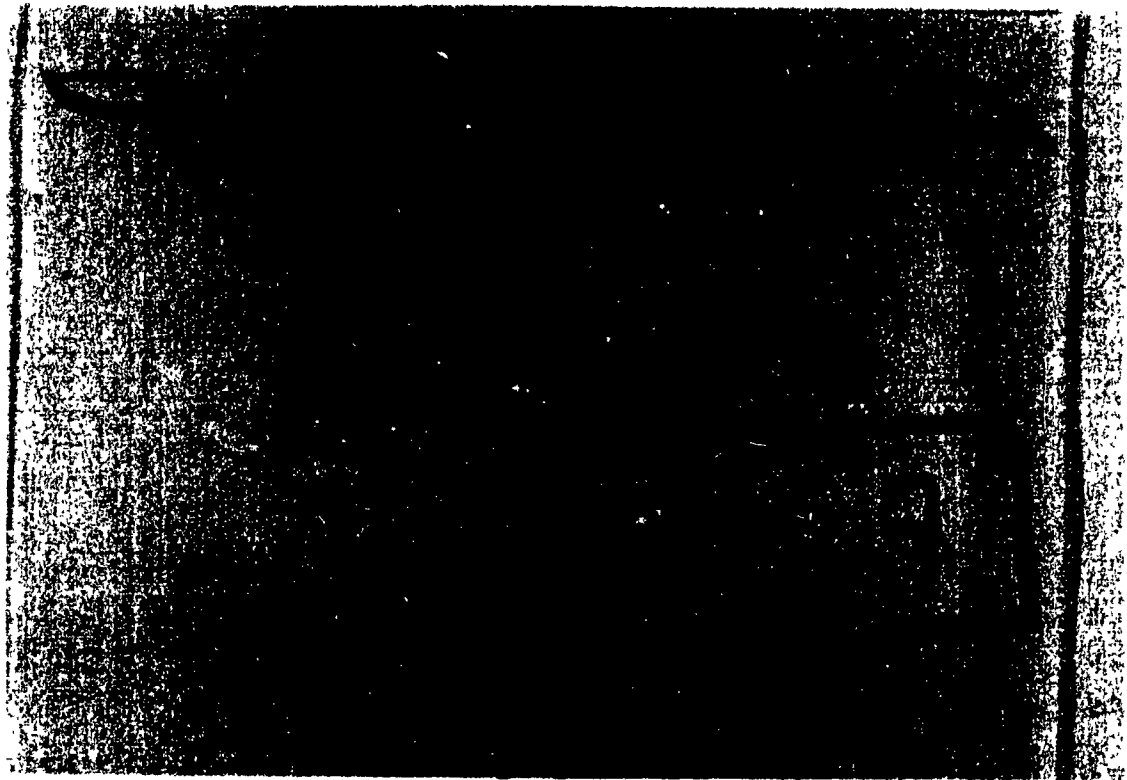


Figure 10

further indicates that depression is a part of the picture.

The following two pictures are viewed together because of their striking differences in spite of the fact that they were completed within only a few days of each other.

Figure 13

The common element found in the subjective assessment was one of morbidity and hopelessness. Additional perceptions included: repulsion, humiliation, foreboding, disturbance, anger, hostility, helplessness, frustration, low self-esteem, and isolation. Among these, the most dominant feelings and intuitions were of foreboding and anger bordering on aggression. It is interesting that one of the viewers experienced a strong perception of morbid aggression making it difficult for her to look at the artwork. This perception resurfaces in Figure 17 (see p. 130)

In terms of the content, hopelessness is identified and symbolized by the coffin-like object containing a person. The heavily shaded dark sun further emphasizes the ominous and depressed mood of this drawing along with the feeling that there is no escape for the boxed-in

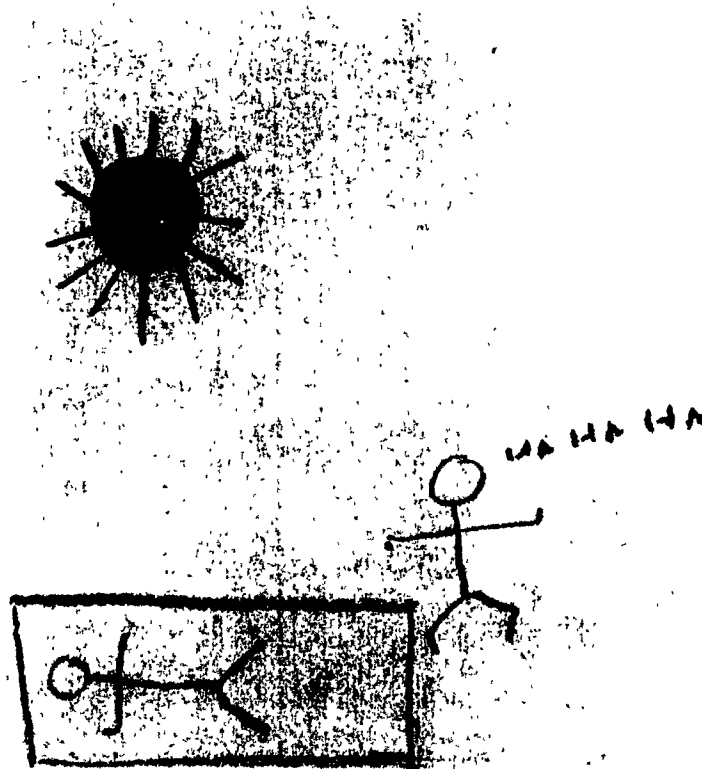


Figure 13

figure which appears not only impoverished but lifeless. Isolation is observed in the figure standing up in contrast to the one encased, not only because one is contained, but because of the ridicule displayed by the upright person towards the one lying down. The relationship between these two figures may be interpreted as a deliberate attempt on the part of the person on the right to alienate the person lying down. Low self-esteem is believed to be a part of the dynamics due to the facelessness of the figure while anger is perceived in the sharply controlled lines describing the objects, particularly that of the sun which radiates aggressively outward.

The features found to be common to both viewers are hopelessness, anger, and low self-esteem. Apart from these, the dynamics of suicide include isolation and aggression. Altogether, these features make up the depressive constellation as well as suggesting other mental states such as helplessness, foreboding, and humiliation.

Figure 14

In contrast to the active, almost aggressive and foreboding mood of the last picture, Figure 14 presents a

pastoreal scene, and somewhat static landscape. Subjectively, this picture is perceived as sad, hopeless, and lonely; however, the loneliness seems less bleak because the tombstone is less isolated from its natural surroundings. These surroundings along with the bright yellow sun and gently floating clouds appear to express a sad yet peaceful resignation to death. The calmness of this picture with its familiar symbol of death and hopelessness in addition to the absence of any struggle to live seems to express an obvious threat of suicide. It is also important to note that the supposed peacefulness of this picture, and the message that death brings peace, is deceptive not only to the person making the artwork, but to the viewer also who may find him/herself somewhat fooled by this contradictory picture.

Most apparent is that the environment is gentle, not menacing, which suggests an acceptance of death. Poldinger warns about this in his three stages of suicide, the third stage being the 'Calm before the Storm' (1972). The idea that the viewer almost feels seduced by the deceptively peaceful depiction of a death wish may indicate the strength in the patient's conviction of the benefits of suicide. In terms of content, hopelessness is symbolized



Figure 14

by the tombstone, which also suggest isolation because it stands alone.

From these observations, the common features according to both viewers' subjective and objective assessments are hopelessness and isolation.

Figure 15

[An example of least or no relationship to criteria.]

This picture is important in that it illustrates the way in which a person's attitude can fluctuate from being calmly resigned to death to wanting to struggle and live. This work also exemplifies how a person may be feeling depressed without expressing overt hopelessness. The question of whether the person is experiencing hopelessness is still debatable and depends on how one would interpret the words and the imagery.

From a subjective point of view, the viewers' perceptions were divided. While one intuited and experienced uncertainty about whether the picture represented hopefulness or hopelessness, the other viewer perceived the drawing to be depressed yet hopeful. Aside from this, both viewers sensed the presence of low self-esteem and isolation due to the small, isolated figure amidst an impoverished landscape. With regard to content,

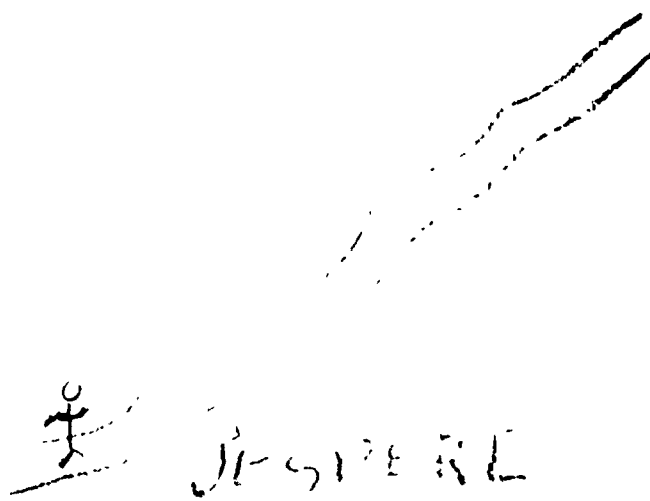


Figure 15

isolation was found in the small, vulnerable figure on the bottom left corner. Because the landscape and figure are so impoverished in appearance and the figure is placed on the lower half of the page, and because the road seems endless, depression is suggested. There is reason to suspect that the person believes that his situation is hopeless, however the poignant message "J'espere" makes a strong statement against such suspicions. Still, because both viewers' reactions were not consistent on this aspect of the picture, the attitude of this patient remains questionable.

Subject 2, Figure 17

The most dominant subjective perception to this picture shared by both viewers was one of morbid aggression. As in Figure 13, the viewers felt repelled by the imagery. Here, the imagery consisted of sadistic expression on the face of the floating head adding to the sense of death and morbidity.

The content reveals aggression as depicted in terms of the glaring eyes and bared teeth. The formal aspects indicate anger according to the controlled, thick lines and aggression with regard to the large size of the object - head - which seems to expand towards the edges of the page.

SUBJECT 2

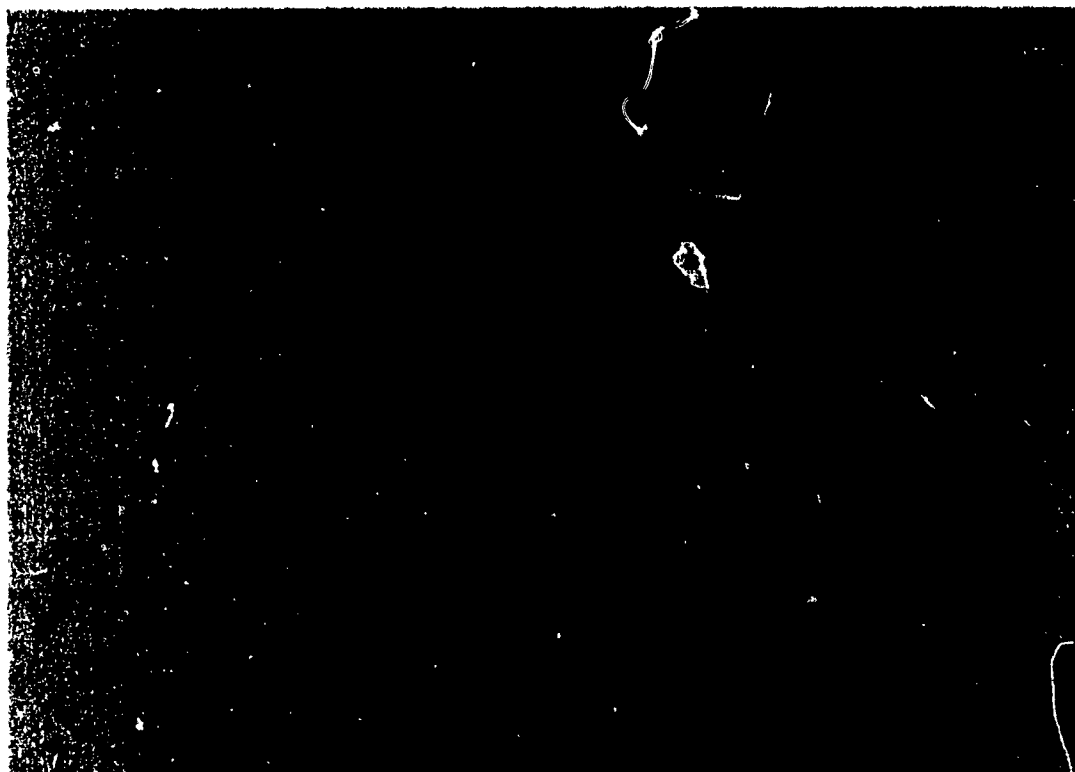


Figure 17

Figure 18

[Example of the least relationship to criteria.]

In contrast to the previous drawing done a month earlier, this picture shows striking differences in the mental state of the individual.

From a subjective analysis, the ambivalent state of hopelessness and hopefulness appears again as it had in Figure 15. While one viewer interpreted the sun as rising thus representing hopefulness, the other was aware of ambivalence being unable to distinguish whether the sun was rising or setting. What was commonly perceived was the absence of any threatening elements and isolation found in the last picture. Other observations included: vulnerability and sadness due particularly to the relationship between the tree and its surroundings which seem to overshadow it.

In terms of content, isolation is observed in the fragile tree which stands amidst natural surroundings. The setting is gentle and calm, yet there is something lonely and poignant in the way the tree stands precariously amidst the vastness of the space next to a house which appears to discourage accessibility. According to Jung's notion (1964) of symbolism, the tree represents psychic growth and the self.



Figure 18

The feature of low self-esteem is found in the tree once more with regard to its small size in comparison to the house. The tree also projects a sense of uncertainty by the way the trunk seems to waver.

In general, the common and most prevalent features are isolation and low self-esteem. However, their appearance does not necessarily mean that they belong to suicidal ideation, since it is difficult to determine whether hopelessness is a part of the picture. Though the picture suggests sadness it does not appear depressed or impoverished. This picture may best serve the purpose of illustrating the absence of overt suicidal dynamics and the depressive constellation while at the same time indicate the possibility of a more positive, hopeful, or even ambivalent attitude. However, that though there is no obvious display of suicidal dynamics, ambivalence itself is considered a suicidal mental state and is one of the three stages of suicide outlined by Poldinger (1972).

Figure 22

[Example of least or no relationship to criteria.]

This picture demonstrates the lack of any indication of suicidal intent. One of the viewers' subjective assessment of the artwork was vague - a mixture of

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Figure 22

confusion and anger - while the other viewer neither experienced nor perceived any features or mental states from the picture.

From an observational perspective, while one viewer had a very vague response to the artwork, the other believed that if she had observations they would not fit the categories of this study.

Subject 3, Figure 26

Of the thirty-one pictures, this drawing represents qualitatively and quantitatively the most reliable consensus of the viewers' assessments of the artwork. This may account for the similar descriptions of the criteria from both subjective and objective perceptions. Furthermore, the artwork directly represents four out of the five features as well as indicating the dynamics of the suicidal dilemma.

The common subjective response to this drawing is that of hopelessness, isolation, anger, and low self-esteem. Hopelessness is intuited from the large, foreboding house which seems inaccessible providing little or no opportunity for either exit or entry except for the limited pathway. Anger is apparent from the dominant presence of the house, heavily drawn lines and sharp right

SUBJECT 3



Figure 26

angles, e.g. roof. Low self-esteem is perceived in the dwarfed size of the tree which seems to lean away from the house as though it feels threatened or intimidated. Isolation is sensed not only in the tree which stands apart from the house and bears few ties with the surroundings, but in the house which seems to bar access to and from its interior, therefore isolating would be inhabitants of the house from contact with the outside world.

Additional subjective responses from both viewers include: depression, anxiety and aggression, defensiveness and helplessness. Due to the general heaviness in the picture and tension brought on by heavy shading and controlled lines, depression along with anxiety, aggression and defensiveness were felt to be a part of the picture. Feelings of helplessness were elicited in terms of the tree and its vulnerable relationship to the house.

Common objective observations include all five criteria in terms of content and formal analysis. Hopelessness from the standpoint of content is found in the prison or cage-like house, barricaded windows and heavily drawn path leading downwards seemingly discouraging entry or exit to or from the house. In terms

of form, hopelessness is found in the way in which the house is drawn with straight vertical and horizontal lines.

Anger is another prominent feature, a formal perspective of which is indicated by heavy, sharply drawn lines and shapes as suggested by the roof. The rigid and contained quality of these aspects indicates a generalized tension which may border on aggression.

Isolation is most apparent in the content where the high, prison-like walls indicate inaccessibility. The tree when seen as a person or self-portrait expresses a separate and isolated existence within a foreboding atmosphere.

The last feature, low self-esteem is represented in the tree according to its content. Next to the house, its comparatively small stature seems unstable and insecure in the way the trunk leans precariously to the right, while the foliage appears to droop heavily downward evoking a sense of worthlessness similar to the way people who are bent over connote feelings of low self-esteem.

The blatant contrast of house and tree invokes the interpretation that the dwarfed tree [person] is intimidated by the threatening house. Since the house is usually representative of the family, one can hypothesize

that a conflict exists between the tree [person] and other family members.

Figure 30

The image of the house and landscape reappears with the same prison-like construction as Figure 26, only this time the picture seems less angry and more empty and isolated. The common subjective and objective assessment of both viewers is hopelessness and isolation. Subjectively, hopelessness and isolation are intuited from the empty, impoverished landscape and house which is more fortress-like and inaccessible than the house in Figure 30.

Other subjective responses include: sadness, depression, anxiety, and low self-esteem. The faintly drawn house seeming to withdraw into the background elicits feelings of low self-esteem and sadness while the overall impoverishment of the picture and erratic lines surrounding the house give way to the sense of depression and anxiety.

Hopelessness is indicated by the house which seems more like a fortress than a prison along with a morbid sense of a tomb. In terms of form, the lines of the house are drawn in horizontals and verticals representing

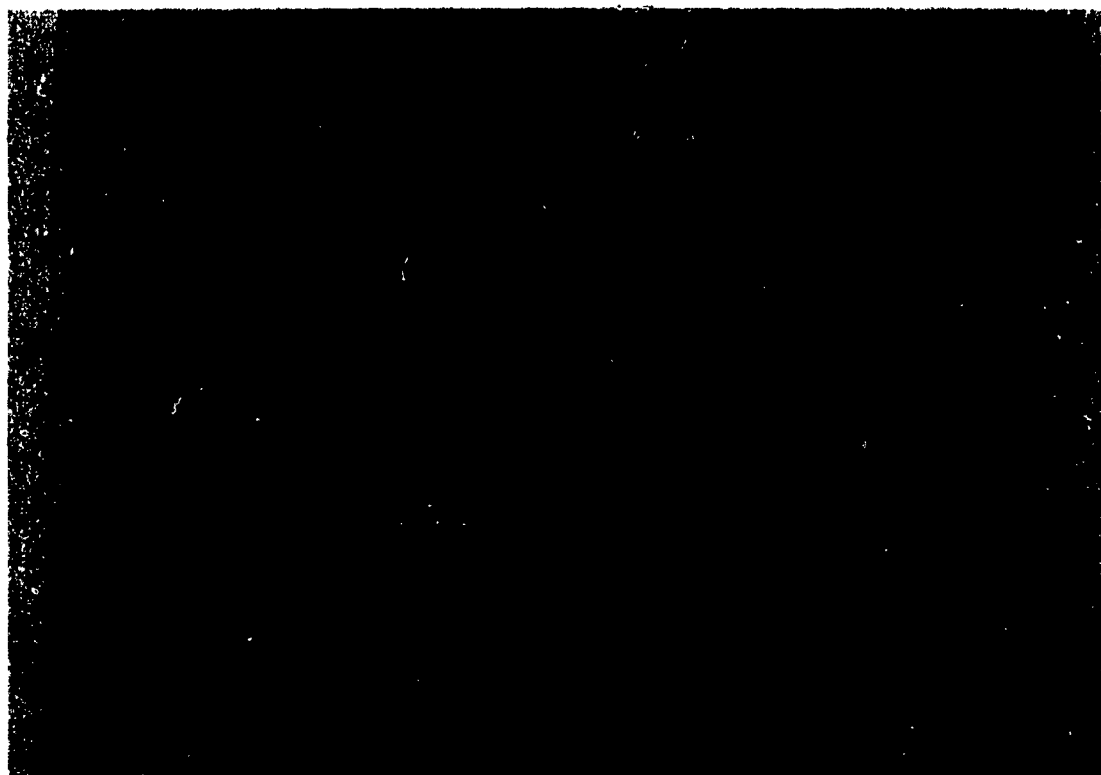


Figure 30

hopelessness. Isolation is apparent in the height of the walls and their seeming impenetrability. The empty spaces around the edges of the house contribute to the impression that the house is not only isolated in terms of accessibility to people but also separated from its environment.

Altogether, this drawing seems more hopeless and isolated than Figure 26 possibly due to the general emptiness and impoverishment found in the picture. For this reason, depression is considered part of the dynamics of the drawing and suicidal ideation.

Figure 31

The most common subjective and objective perception of this picture is aggression. Subjectively, aggression was perceived in the sharpness of the lines and heavily shaded holes where the heart is supposed to be as well as the 'explosive' aspect of the picture. It is interesting to note that this aggression seems to lack the intensity of aggressiveness found in Figure 17 whose imagery indicates more lethal intentions as suggested by the viewers' combined responses.

In contrast, Figure 31 depicts images which are dispersed and isolated from one another as well as a

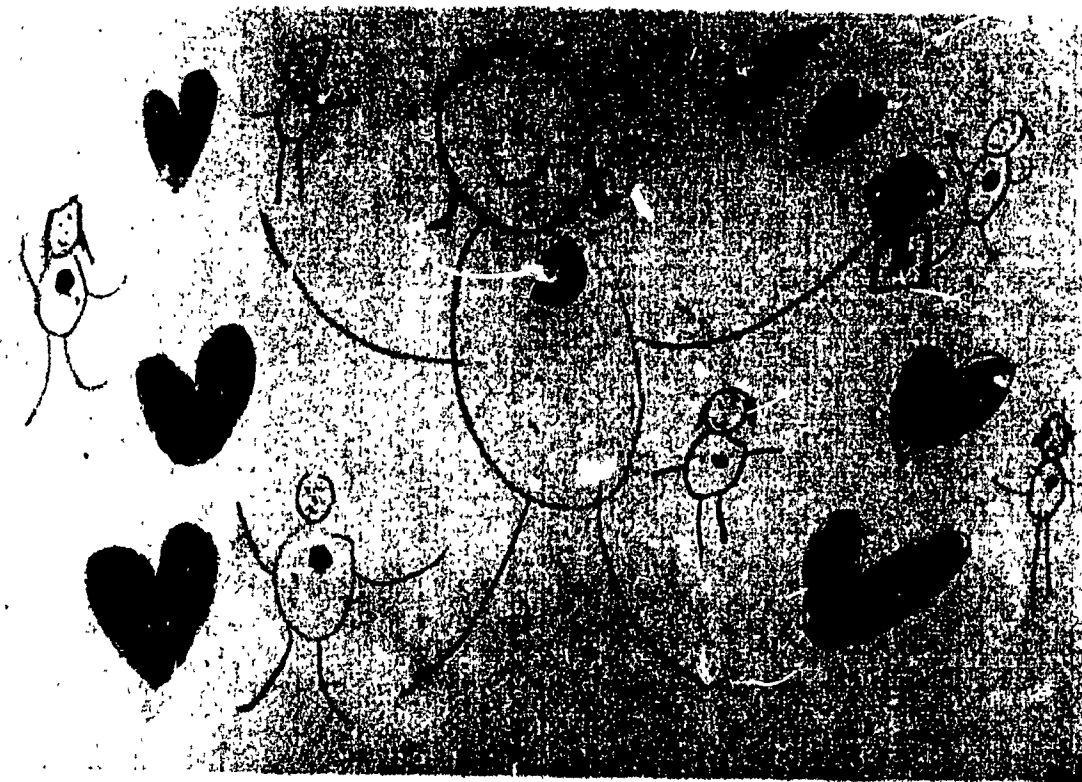


Figure 31

general impoverishment, thus diluting the intensity and severity of the aggression and the explosive quality of the picture. These indications of aggression of Figure 31 must not be minimized since they are dynamically involved with other features of suicidal ruminations and are a part of the depressive constellation in this particular artwork.

Other subjective views include: defensiveness, confusion, disturbance, depression, isolation, and morbidity. Both viewers experienced double messages from the picture. The first message was that the central figure [perhaps a self-portrait] was trying to be optimistic about her relationships to the smaller surrounding figures [possibly important others]. However, upon further study, this apparent optimism seemed superficial and was more of a defense against feelings of anger, aggression, and profound isolation, features of suicidal ideation. The subject may also be defending herself against feelings of depression which are indicated by the general impoverishment of the picture and figures.

Although both subjective and objective assessments represent a less direct response in terms of common and consistent use of terminology than found in other pictures, the drawing nevertheless, expresses a

constellation of features dynamically associated to suicidality and depression.

Aggression, the most direct shared response is indicated by the 'explosive quality' of the picture, sharp lines, expansive space, exaggerated size of object expanding toward the confines of the page and dark circular marks resembling bullet holes where the heart would be.

Isolation is identified in terms of content primarily from the central figures' relationship to the smaller objects and figures surrounding it. This is most apparent in the fact that none of the figures are touching and that as a group they occupy separate space and planes.

Lastly, low self-esteem is noted in the empty and impoverished quality of the figures and picture as a whole, factors which also suggest depressive aspects in the artwork. In addition, the figures are drawn with faint lines and for the most part are small and withdrawn except for the central figure. These observations combined with the empty and impoverished images contribute to the sense of worthlessness and low self-esteem.

CHAPTER VII

Conclusions and Implications

Conclusions

The study has found that although hopelessness has been identified as a salient factor related to suicidal intent, as claimed by Beck (1975), other features such as isolation, anger, aggression, and low self-esteem share importance in suicidal ideation, as was evident in the majority of the 31 pictures. In other words, suicidal potentiality may best be found in artwork which displays an overt constellation of features, including hopelessness. Though hopelessness is not the primary indicator of suicidal ideation, its presence appears in the majority of the artwork and contributes to identifying and understanding the depressive constellation.

Another feature which dominates much of the artwork used in the examples is isolation, a feature which Durkheim believed to account for the most common form of suicide, i.e. 'egoistic'.

Anger was the third most prominent feature found in the artwork, followed by aggression which interestingly played a minor role, contrary to the literature reviewed,

e.g. Freud, who states that suicide is the result of hostility turned inward.

The last feature indicated in the artwork was low self-esteem.

Other factors apart from the five major criteria are involved [it may be said 'inconclusively'] according to the subjective assessments: helplessness, humiliation, ambivalence, sadness, frustration, vulnerability, foreboding, emptiness, and anxiety.

During the course of research aimed at defining the criteria of this study, it became apparent that the recurring necessity to distinguish between aggression and anger is bound to have implications critical for treatment. For example, it is hypothesized that aggression might alert the art therapist to the acute despair of the client, since aggression implies the acting-out of self-destructive tendencies. In contrast, the expression of anger would indicate less lethal intentions. Were aggression to hint at violent acting-out, as intimated in Figure 17, other factors would have to be taken into account.

However, as stated by Menninger, not all suicides involve aggression or even anger. He reported three types of suicide: the person who wishes to kill, which involves

aggression and accusation; the person who wishes to be killed, involving submission and masochism; and the wish to die, involving hopelessness, despair, and fatigue. Since suicide may not even involve the feature of anger or aggression, Menninger's theory then readily exemplifies the complex problem of distinguishing among various degrees of lethality depicted in the artwork, as was noted in the beginning of this study.

In spite of the obvious importance of aggression, the study has found that hopelessness, isolation, and anger take precedence as shown in the examples. Low self-esteem appears the least number of times in the nine examples of artwork showing the most reliable shared responses to the artwork. This is perhaps evident in the fact that each subject attempted suicide. This also suggests that an overt expression of suicidal intent is not necessarily limited to aggressive aspects in the artwork, but can include overt images of hopelessness, isolation, anger and low self-esteem. It must be emphasized again that without composite information the conclusions offered in this study are best considered limited.

The study takes the position that a cognitive psychoanalytic approach to art therapy diagnosis would contribute additional support in identifying and

understanding the suicidal crisis or potential suicide. This position offers the client the benefit of expressing emotions within a cognitive process aimed at recovering the trauma, and delineating the distorted thoughts and defenses that maintain the distortions. It also provides the cognitive notion that by targeting those irrational and distorted thoughts such as hopelessness and isolation, the therapist may deflect the person's intent to commit suicide. Since Beck's scale for determining suicidal intent is limited because it is a verbal test, art therapy has an added advantage in the uncovering of suicidal preoccupations. This is due primarily to the patient's lack of familiarity with the art medium.

Incorporating cognitive psychoanalytic theory into an art therapy modality allows for the possibility of problem solving with regard to the suicidal dilemma through creativity.

Implications

The topic of suicide and suicidal intent is so vast that, touching all humanity in whom it ordinarily remains subdued, it reaches far beyond the boundaries of this study. In spite of these obvious limitations, and those inherent in the study itself, it is hoped that this

exploration of the artwork of persons who attempted suicide supports previous research findings.

Since this study has taken a somewhat reductionist approach to the topic of suicide, one hopes that other research may follow which will be more holistically inclined. Furthermore, though this study relies to a great extent on projective drawing in helping to identify and explore the criteria in the artwork of three subjects, there are other modes for locating and understanding suicidal intent in art. This may be done for example through interpreting patient's artwork from an artistic perspective involving the examination of artwork of artists who attempted and/or committed suicide.

This study has aimed at exploring and identifying some of the dynamically related features of suicidal intent in the attempt to understand state of mind as expressed in the artwork and to help clinicians reduce the risk of suicide.

Finally, it is hoped that this research has somehow touched and encouraged the reader to further explore and gain insight into the universal dilemma of suicide, not only as it relates to persons who attempt and/or succeed, but also to those who, closest to the victim, become equally affected by the tragedy.

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APPENDIX

SAMPLE

CRITERIA (Features)	DEFINITIONS	DESCRIPTIONS					FIGURE	
		Wadson	Buck	Machover	Hammer	McEhaney		
Hopelessness	<p>BECK</p> <ul style="list-style-type: none"> • Feeling of entrapment • Inability to seek alternate ways out of a despairing Situation 	<ul style="list-style-type: none"> • Recurring spiral • Bar-like lines • Straight horizontal & vertical lines • Prisons, cages • Symbols of death 					Elkisch	
Anger	<p>WEBSTER</p> <ul style="list-style-type: none"> • Feeling a person has when s/he feels hurt, irritated, or intense dislike for a person or object 	<ul style="list-style-type: none"> • Heavy, jagged lines radiating and extending within a confined circle • Controlled lines 	<ul style="list-style-type: none"> • Heavy, slashing lines may indicate generalized tension, i.e. anger, aggression 					
Aggression	<p>WEBSTER</p> <ul style="list-style-type: none"> • Act of unprovoked hostility—leading to a violent act • Aggression is often acting-out of anger 	<ul style="list-style-type: none"> • Heavy lines • Expansive space • Large size objects—expanding beyond or towards edges of page • Uncontrolled lines, weapons 	<p>Same as above</p>	<ul style="list-style-type: none"> • Blatant or implied images of violence, i.e. frown lines, glaring eyes, jutting chin, bared teeth, sneering lips, weapons in hands 	<ul style="list-style-type: none"> • Slashing lines, exaggerated size pressing out against the edge of page • Obvious images of aggression • Violence, i.e. weapons, blood 	<ul style="list-style-type: none"> • Hard slashing lines • Claw-like hands 	<ul style="list-style-type: none"> • Pictures have an 'explosive' quality 	
Low Self-Esteem	<p>WEBSTER</p> <ul style="list-style-type: none"> • Lack of pride in oneself—associated with feelings of inferiority and worthlessness 		<ul style="list-style-type: none"> • Extremely faint lines throughout the picture—indicate feelings of inadequacy • Fear of failure 				<ul style="list-style-type: none"> • Small figures and withdrawn reflect often feelings of low self-esteem • Worthlessness 	
Isolation	<p>WEBSTER</p> <ul style="list-style-type: none"> • State of being alone, loneliness • Unhappy feeling of being alone • To set oneself apart from others • (Hammer) Tendency to withdraw • To be inaccessible 	<ul style="list-style-type: none"> • Where a person is seen alone or separate from a group of people 			<ul style="list-style-type: none"> • Feelings of belonging—person excludes/includes him/herself in picture • Barriers between people, i.e. trees, small doors, windows • High walls—inaccessibility • People appear separate 			

Legend: — = Content () = Form ()