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**LA THÈSE A ÉTÉ
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**A Study of Collage and Assemblage as a
Therapeutic Tool in Art Therapy**

Yvon Lamy

A Thesis

in

The Department

of

**Art Education and
Art Therapy**

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

March 1986

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ABSTRACT

A Study of Collage and Assemblage as a Therapeutic Tool in Art Therapy

Yvon Lamy

A brief retrospective on the history of collage retraces its origins and its development. Three concepts are singled out and their function serves to analyse a sampling of collages from different groups of patients undergoing art therapy. How these functions act as facilitators towards the goals of therapy is the focus of the analysis.

A literature review describes different approaches which are utilized by professionals in the clinical use of collage.

ACKNOWLEDGEMENT

I owe my choice of this research area to the art therapy workshops which stirred my interest in collage as a mode of expression. I began exploring collage with Professor Julia Byers in the introductory course in Art Therapy at Concordia University in Montréal and in the diploma program. Later with Professor Michael Edwards in the Master's program I gained new insights about working with paper using a tearing technique. As a thesis project guide Professor Edwards showed enthusiasm for my intention to do a research on collage.

Professor Byers, my thesis director, advised me to conduct a computer search on the topic with Mrs. Loren Singer, the librarian at Concordia University, who was also enthusiastic and helpful in finding reference material. Dr. Pierre Grégoire and Laurier Lacroix were asked to be my thesis advisors. Professor Laurier Lacroix had been my former instructor in Canadian Art History. I felt that he, as an historian would help me keep my speculations reasonably founded on historically acceptable data. Dr. Grégoire was already aware of my research and had heard a presentation which I gave in the preliminaries of my project and he shared my interest in collage. I thank these people for their advice and guidance on my readings.

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Mrs. Betty Girvan, who saw my collages at this exhibit invited me to participate in a collage workshop that she was organizing which was being given by Dr. Edith Wallace, a jungian analyst from New York. Mrs. Gunila MacFarlane whom I met at this workshop offered me Herta Wescher's book Collage, a most appropriate and valuable gift which proved to be of great assistance in my research. I sincerely thank all these resourceful persons.

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* Introduction

This thesis was initially motivated by personal explorations of collage as a process. Through a literature survey I found that many professionals used it in working in a therapeutic field: psychotherapists, social workers, psychologists, occupational therapists and of course, art therapists. I was interested in the historical development of this art process as well as its therapeutic use with various populations. In my internship as an art therapist I collected samples of collages from psychiatric and geriatric patients as well as from emotionally disturbed children and self-help groups. From some of these patients I selected examples of the use of the process.

The first goal of my study was to gain more knowledge about the roots of the process as well as the various concepts and functions related to collage making. The second goal was to investigate the use of the medium by various professionals and their therapeutic applications. The third was to look at some of the concepts and functions and their therapeutic implications using theoretical commentaries on the process as well as case study examples.

The case study examples were produced within brief periods of therapeutic interventions. They do not provide comprehensive case studies. They are used to exemplify some concepts of collage which are discussed through theoretical considerations.

The case examples show the use of only one of the collage making methods although the clinical reports discuss a few others. An exhaustive study of methods represented a far wider research extending the scope of the thesis beyond its goal.

The thesis is meant to be a reunion of historical data, concepts

which promote understanding of the collage making, practical examples which illustrate these concepts as well as an over view of the clinical use of the process by various professionals.

Chapter I

Concepts and Functions of Collage

A Brief History

What is the history of a process like collage? The question arises very naturally since a technique usually has a tradition which has been handed down. What is psychologically involved in the making of a collage? This second question is of interest to an art therapist. These two questions represent the focus of my study: retrieving the roots of the process and gaining insight into its dynamics by understanding its concepts and their functions.

Collage has made several significant marks in the history of art. It has been associated with primitive art and has continued to be utilised within folkloric forms of creations. It has entered the twentieth century through art movements such as cubism, dada and surrealism.

This art form has been associated with so-called primitive culture by Claude Levi-Strauss, a french ethnographer who travelled with André Breton to Martinique and is a prominent figure in the field of anthropology. Conceptually Levi-Strauss sees 'bricolage' the form of expression used by the primitives involving the assemblage often referred to as assemblage of odds and ends and reflecting mythical thinking (Levi-Strauss 1962, p.32) as the ancestor of collage. (Levi-Strauss, 1962, p.43).

Assemblages as a concept represents a widening of the notion of collage according to William Seitz (1961, p.6) who sees it as the incorporating of reality rather than its imitation. It is a metaphoric rather than imitative reference to the world.

Various ethnic and folkloric utilisations of collage are found. The Japanese made use of collages which they utilised as ornamental backgrounds

4

to write poems in the twelfth century. The Persians made collages from leather in the thirteenth century. The Mexicans made collages from feathers, shells, stones, seeds and even butterfly wings which were discovered after the territorial conquests. The byzantine masters pasted various materials such as gold leaf, brocade and precious stones to decorate icons (Wescher, 1968, p.7).

Herta Wescher (1968) in her history of collage provides many interesting informations on the process of pasting materials. In the eighteenth century pilgrims could buy reliquaries of the saints and other devotional objects made through a process of collage using parchment paper cut in delicate lace motifs by nuns. In the nineteenth century assemblages of materials were made for their sentimental or patriotic evocations, using objects which were mementos of people, places and events. The concept of cards was developed to express wishes using montages of pictures and other pasted materials to create the message and its symbolic depiction.

Conceptually these folkloric uses reflected the idea of using materials from the environment evocatively or decoratively rather than imitating reality to produce an image.

With the advent of the twentieth century, collage became an art form in its true sense through the interest which artists developed for its process. Four main conceptual streams were explored: the 'papier collé' of cubism, dada collages and assemblages, photomontage and surrealist collages and assemblages.

Cubism produced the notion of the 'tray'. This introduced a formal composition in front of the plane using the overlapping of materials replacing the concept of the window where pictorial space was obtained

of the plane using the overlapping of materials. (Janson, 1977, p.652)
 The materials used were also innovative including a variety of substances such as fabrics, cardboards but also discarded stuff from waste disposing sources in which elements were dirtied and weathered offering different color values for the palette of the artist.

Dada introduced another conceptual aspect which was the use of materials assembled for the unusual impression and feelings which they communicated. The bringing together of unrelated materials or objects produced unusual and shocking results. This was motivated by a need to launch an attack on traditional art and aesthetics which seemed oblivious to the troubling changes brought about by world wars and a rapidly changing society. One of the techniques which became popular was photomontage. Photographs were utilised to produce political and social comments often ironical using fusion and juxtaposition of different elements likely to achieve visual satires. William Rubin (n.d., p.16) explains how the dada movement sought ways of creating which were no longer relying on the notion of art. Herbert Read (1974, p.137) describes dada as an attempt to shake off the dead-weight of all ancient tradition social and artistic, rather than a positive attempt to create a new style in art.

Surrealism was conceptually based on an exploration of the unconscious. The collages and assemblages were the result of unguided processes where elements found themselves together and their content were seen as a way of leading to new meaning, new associations as visual poems having lyrical, philosophical and mythical aspects. These art produces were developed through the influence of freudian thoughts with its exploration of the world of dreams and the unconscious through techniques such as hypnosis.

Read (1974, p.47) sees it as primarily a poetic movement.

Collage enjoys ongoing popularity in contemporary art both for its formal and symbolic potential.

Through this brief historical survey, my interest was drawn to the investigation of specific concepts which appeared particularly valuable for the art therapist. These are discussed in this chapter following a definition of collage based on historical and theoretical aspects.

A Definition of Collage

A general definition of collage establishes that it is an art form which enjoys a distinct status amongst the various modes of expression due to its methods and its materials. Indeed the materials are often totally foreign to the usual art supplies. Many materials have gained a new status due to collage. Paper and cardboard have befriended fabrics and media materials such as magazines and newspapers. More unexpected additions have been 'found objects', 'objets trouvés', materials from daily living such as bus tickets, commercial wrappers, as well as cereals, sand, shells, pebbles and countless objects from hardware and scrapyards. Janet Allen in her book Collage defines: "Collage is a picture made by sticking all sorts of bits and pieces onto a background. The name comes from 'coller' which is a French work meaning to stick." (Allen 1980, p.6)

Curator Margaret Miller (Seitz 1961, p.6) wrote:

Collage cannot be defined adequately as merely a technique of cutting and pasting, for its significance lies not in its technical eccentricity but its relevance to the basic questions which have been raised by the twentieth century art on the nature of painting itself. Collage has been the means through which the artist incorporates reality in the picture without imitating it.

Collages are predominantly assembled rather than painted or drawn, modeled or carved, and their constituent elements entirely or in parts are usually preformed or manufactured material objects or fragments not intended as art materials.

Collage can be defined in several ways since it has links with various conceptual developments. Its primitive roots define it as a transposition of early 'bricolage' and associates it with ritual objects invested with magical powers. It is also conceived as a surrogate self invested with the concerns, conflicts and hopes of the person who makes it. Through its folkloric roots it is explored for its decorative aspect, such as mosaics of various pasted materials. It is also a process which is used to express feelings of sentimental and patriotic value by the incorporation of materials which evoke people, time, places and events. Collage acquires a new definition as it enters the twentieth century as a formal conception of the use of pictorial space with cubism. Through dada collage is a political and social media. Through the surrealist explorations it becomes a way to achieve visual poems depicting dreams and the irrational.

From the various definitions some concepts and functions emerge as having greater implications than others for therapy. They are the concept of ritual object and its magical healing use, the concept of myths and dreams and its relation to collage, the concept of the metaphor and associations. They suggest some functions: healing, allowing the emergence of unconscious material, diluting the fear of self-expression through the use of comparisons such as metaphors and the associative use of materials.

Elaboration of Three Concepts

(a) Magical Healing

Ritual objects used for ceremonial magic are found in Oceanian culture such as seen in their masks (fig.1). The Hawaiian God Ku is represented with a head made from feathers and teeth on a basketry frame. Other examples are found in African culture such as a fetish made of nails (fig.2) and associated with spiritual practices.

Through its roots in primitive bricolage as suggested by the writings of Levi-Strauss (1962, p.43), collage can be considered a ritual object. In our modern world such a concept could be considered outdated and no longer relevant to the goals of therapy. Placing an importance on magic for healing is not scientific. However, current writings (McNiff 1984) still address the power of primitive thinking and its influence on modern thinking.

Collage can be viewed firstly as an offspring of bricolage but also as an art. As an art form it is a source of energy.

Shaun McNiff (1984) wrote that the energies of art and healing are closely related and often identical. He promotes the idea that the art experience should be viewed as a primary rather than as an adjunctive mode of therapy. He refers to the influence of healing rituals in indigenous cultures and the influence it had on the twentieth century thought on the subject of universal forms of healing. He discusses symbolic correspondence as a way to involve a relationship between inner and outer experience leading to a transformation. Native healing often referred to as magical healing according to Frazer which McNiff quotes (1984), is based on correspondence where the similar is cured by the similar. Creative energy in all cultures engages and transforms pain,

conflict and disorder.

Evan Maurer (1974, p.47) in his thesis dissertation, "In Quest of the Myth", quotes Freud who used the term 'omnipotence of thought' to describe the primitive belief. He reports that Freud discovered that he could use the concept of homeopathic magic to assist in children and in neurotics.

The use of this concept was found to be active in the making of art. Maurer quotes Freud from Totem and Taboo:

Only in art does it still happen that a man who is consumed by desires performs something resembling the accomplishment of those desires and that what he does in play produces emotional affects - thanks to artistic illusion - just as though it were something real. People speak with justice of the 'magic of art' and compare artists with magicians. But the comparison is perhaps more significant than it claims to be. There can be no doubt that art did not begin as art for art's sake. It worked originally in the service of impulses which are for the most part extinct today. And among them we may suspect the presence of many magical purposes (Maurer 1974, p.48).

The notion of magic and the primitive forms of art were valued by the artists of the twentieth century. The primitive forms of sculptures inspired the cubists; the notion of magic fascinated the surrealists. Art according to Claude Levi-Strauss (Wentinck 1978, p.27) was restricted to being pretty marks on the wall for occasional aesthetic emotions after having been the most important aspect of metaphysical forces. Louis Aragon (1965, p.29) expressed the need felt by artists for a return to the magic aspect of art.

The use of art for its magical aspect was restored in the exploration of the twentieth century artists. Collage according to Aragon (1965, p.29) brought the true meaning of pictorial expression preventing a purely narcissistic process an art for art's sake.

According to Maurer (1974, p.47), Freud had explored omnipotence of thought and magical thinking in his homeopathic magic, and quoted Frazer's definition of the phenomenon: "Men mistook the order of their ideas for the order of nature, and hence imagined that the control which they have, or seem to have over their thoughts, permitted them to exercise a corresponding control over things."

The kind of personal investment which patients make in assembling pictures, sometimes objects, in art therapy exemplifies the process of collage based on this early form of expression. The motive of this activity is healing, that is the search for a cure which is equally rooted in the primitive use of art more specifically 'bricolage'. Whether the patient demonstrates magical thinking in performing this act is not as clear, however one could venture to say that in a way it is an attempt to gain a sense of control over one's universe on a surrogate level which is not unlike the primitive ritual of creating a symbolic object to address issues and concerns in a ritual involving art. The patient engages in some personal act of entering into a dialogue with healing forces whether personal or of a spiritual nature. It is a special space where total commitment to the process is encouraged to achieve insights and to regenerate one's self.

A fetish is usually an object to which a magical and beneficial power is attributed. The making of a collage involves the use of materials which can be the symbol of one's concerns and inclinations through

assigned values. It can include 'stuff from one's life', personal objects such as pictures, mementos. These materials invested with feelings mobilize affect and favor the emergence of emotions, allow the greater awareness of desires and inner conflicts. The symbolization of conflicts and desires constitutes a context for insights, a clear view of the self, of its own organization and organizing processes and helps, according to Eric Olson (1976, p.120) regain and assess the vitality of the self. It also acts as a healing process if we accept that the expression of a conflict is healing using Freud's notion of like curing like.

In the process of collage, objects invested with feelings are used or materials become invested with feelings through given themes of exploration which act as a frame to encourage a process of transformation. The frame also includes the group and the presence of the therapist which create a supportive atmosphere to lower resistances and help the patient deal with personal issues. The use of this process dilutes the fear of self-disclosure and the involvement in an art process releases energies through emotions which emerge. These emotions as they reach consciousness can be integrated as part of the process of transformation.

The function of healing through art still has its importance and the process of collage is historically linked to this dimension of art. Modern artists continue to use a variety of materials which can be said to be invested with feelings and they use them to give meaning to their art. Art therapists are naturally likely to be interested in such concepts since the focus of their work is healing.

A study of collage is particularly interesting to the therapist since so many of the concepts related to the process are directly related

to the therapeutic goals even if the therapeutic goal is not exclusive to the collage method.

(b) Dreams and Myths

The concept of collage has been associated with the construction of dreams and myths. Because of the importance which has been attached to the interpretation of dreams in therapy, this becomes an important concept to examine. Both Freud and Jung attributed great power to dreams to provide insights. Dreams are psychic phenomena which produce images and representations. This activity is not controlled by the will and the psychoanalytic theory explores the content of dreams among psychological processes to understand conscious and unconscious life to treat mental problems particularly neurosis.

Myths are representations of facts or personages which are real but distorted or amplified through collective imagination and traditions. They are the expression of ideas through practical stories. They can be seen as legends, fables and lies as they are the produce of the mind. Both myths and dreams are free from the restrictions of conventional reality. Their random organization suggested this association with this process.

Chadwick (1981, p.10) described how myths were based on symbols emerging from dreams in primitive societies. He quotes Karl Abrams (1981, p.12) who said that myth is a fragment of the repressed life of the infantile psyche of the race and contains in disguised form the wishes of the childhood of the race. The fact that art is related to myths and dreams in the producing of symbolic imagery establishes an important dimension of its potential for therapy. Investigating this implication constitutes an important factor of the therapeutical strategy when art is used.

Charles Wentick (1978, p.9) expressed that the artists of the twentieth century sought an art which is not a copy but the result of a spiritual need. Levi-Strauss described the modern art as superficial aestheticism and Whitney Chadwick saw André Breton's objective as the attempt to provide an appropriate 'collective myth' for the twentieth century. The creation of the surrealist was never a quest for an idiosyncratic personal iconography but the search for a collectively understood means of conveying knowledge, according to him.

From their readings of Freud, the surrealists were quick to realize that automatism, dream and myth all shared common characteristics: Condensation or displacement of the senses of time and space, a similar symbolism. Freud had viewed dreams as the residues of daily activities, myth as the collective heritage of centuries. For him the two modes of unconscious thought shared a symbolism that derived from this common origin in his childhood, whether individual or collective (Chadwick 1981, p.10).

Exploring the phenomenon of dreams which had been a focus since the beginning of art expression was probably felt to be the aspect most easily understood by all people. It allowed for the exploration of all fantasies in pictorial expression.

Chadwick brought out the relation between collage and dreams quite significantly since the process itself was compared with the process of dreams and the creation of myths.

In both dreams and myths, the rules which apply to normal behavior patterns are suspended both are to some extent irrational and both use dislocations of normal associations and connections. The dream with its bizarre combinations of subjects, places and activities

pre-figure the structure of myth and both dreams and myth although deriving originally from the objects and events of the real world are not linked to reality (Chadwick 1981, p.10).

Chadwick (1981, p.21) gives an example of the process of collage in the making of myths. The dislocations are first manifested physically and derive from the collage technique through which man and sphynx become a single creature.

In collage the incidence of using objects and events of the real world but using dislocations of normal associations and connections is part of the process of creating new meaning. Both the dada artists and the surrealists made these new connections based on different purposes. While the dadaist used their combinations to make conscious satirical comments, the surrealists explored unusual connections resulting from an often unguided process to derive new meaning. Even in the unguided process manifest and latent content of the pictorial results could be explored as unconscious messages.

A new approach to the collage process was developed by the surrealists which was part of automatism. It consisted of a less rational process interpreted in various ways as random combination of elements. This is exemplified by Poème Objet (fig.3) by André Breton, where objects are mounted to embody the dream content of a poem (Wescher 1968, p.217).

Chadwick adds that exploring the phenomenon of dreams which had been a focus since the beginning of art expression was probably felt to be half-way between a reality which frustrates wishes and the wish-fulfillment world of the imagination, a region in which as it were, primitive man's striving for omnipotence are still in full force.

The wish-fulfillment was applied towards political ends with dada

and the artists combined pictures to address social issues. Artist Max Ernst's work exemplified by Oedipus Rex (fig.4) is described as imagery depending essentially on oniric imagery of a very personal content. It was Max Ernst who gave collage an artistic significance according to Herta Wescher (1981, p.163), "ranging far beyond anything anyone before him had even imagined."

This is because in assembling his pictorial components into unforeseen and unexpected combination he draws away from them whatever they possess in the way of directness, of their own clear and simple nature and thereby throws open the doors of art to the irrational. According to Ernst (Wescher 1968, p.163) himself this was the noblest conquest that collage had made.

The information provided by Ernst's works are of an autobiographical nature. Oedipus Rex (fig.4) is a painting which uses irrational scales of the elements depicted which were influenced by a collage method according to Rubin (n.d., p.126). It was derived from an earlier collage, The Inventor (Rubin n.d., p.126). Evan Maurer (1974, p.22) described it as Ernst's major work which was based on Freud's Totem and Taboo and the symbolic description of the relation with the parents and the primal wishes of the children. Making references to quotes from Ernst's writings, Maurer describes how the symbolism used evokes the sexual fantasies related to the oedipal phase. In 1941 Ernst produced a work entitled Totem and Taboo (Maurer 1974, p.229) where he depicts birds which can be seen as corollary to the painting Oedipus Rex produced in 1921 and the use of the bird symbol reoccurs in many of his works.

In Ernst's autobiography, we learn how the artist found his favourite bird (a pink cocatoes) dead on the same morning that his father

announced the birth of his sister Lori. He fainted from the perturbation. His imagination linked these events which was followed by mystical crises and by hysterical moods alternating with deep depression and euphoria. A strange confusion entered his mind about birds and humans (Rubin, n.d., p.182).

Ernst's example served to identify the way the collage process through dislocations and the use of fusion of unrelated elements in reality can allow effectively the expression of the content of the mind in a process similar to dreams and myth. The relevance for a process which allows this latitude of pictorial expression is particularly valuable to provide an unrestricted use of symbols or images of personal significance to depict one's inner world. This process is based on the associative use of materials, i.e. the evocative power of found images to represent as a surrogate fragment of reality, events on one's life, feelings, thoughts and values.

The implications of these connections between myth, dreams and collage provide an interesting terrain for self-exploration through the process. Patients are the method of self-expression to illustrate their concerns both on a conscious and unconscious level. Most of the time it is used in a manner similar to the dada statements since few patients will make unguided or unintended composites of pictures. However some do work in this latter manner preferring to use their material with no conscious awareness of the eventual result, allowing spontaneous choices to take place and reserving an exploration of meaning as a final step.

These pictorial composites are also the occasion to create unusual juxtapositions where sizes and scales are used with the widest expression of personal fantasies. Certain elements appearing in dramatically

disproportionate importance as others seem to be miniaturized and secondary describing both conscious and unconscious significance of the subject matter of content. This freedom of exploration offers rich material for insights at many levels of meaning which can help the patient sort out, both the chosen material, its relative significance in the whole of the composition, its placement, its prominent or inferior role. Many patients add commentaries to clarify and qualify their process which is a first step in addressing the material and its content.

James Hillman (1979, p.127) described collage as a forming of residual things, destroying the original sense at the same time shaping into a new context, a fusion into new entities. These new entities constitute the patient's personal myths which inform the therapist and can help the patient gain insight on his own process of transformation.

In relation with the traditional dream analysis Eric Olson (1976, p.184) sees the similarity that takes place in the collage in the mode of daydream. The elements retain their everyday associations and connections. What collage permits is a reassembling of these elements rather than their total transformation according to the dictates of feelings as would take place in dreams. Collage is then seen as a kind of boundary of actuality and virtuality. This is precisely its power in exhibiting the imagination at work.

(c) Metaphors and Associations

These two processes are in the service of self-expression. Metaphors allow the use of comparisons, analogies while associations represent the train of thought connections between ideas.

Pour peu qu'on ait de chaleur dans l'esprit on a besoin de

métaphores et d'expressions figurées pour se faire entendre

(J. J. Rousseau, La Nouvelle Heloise, Tome 2, p.16).

Associations represent the attraction of thoughts, the evocative aspect and the links between thoughts. According to Seitz (1961, p.13) the relation between primitive 'bricolage' and assemblage is based on the fact that both are metaphorical rather than imitative processes. This associative or metaphorical function is exemplified by an 'assemblage' of objects by artist William Freddie, Portrait of My Father (fig.5). Wescher (1968, p.236) describes it as an example of the use of heterogeneous everyday or sentimental objects have some reference to the life of that person. The objects are placed in two horizontal rows one above the other. The first object on the top left is a tiny doll (an allusion to the yet unborn stage) the last at the bottom right is a heavy door chain whose bolt is drawn when human existence ends.

There are many examples of the metaphorical use of collage such as the pictorial exploration of Max Ernst already mentioned and those of Kurt Schwitters, Carlo Carra, Raoul Hausman and contemporary artist Robert Rauschenberg. However they use very sophisticated techniques which are not reflected in the works of most patients. The important implication for therapy is the notion of assigning personal meaning and values to materials. This is where patients find ground for self-expression and when the process becomes instrumental to facilitate this goal.

By returning to the primitive roots of art the characteristic which provided its originality were rediscovered. Instead of using art as an exercise in perception and illusion capturing the values of colors, the fine details of the environment using the retinal sensitivity to achieve

penetrating imitations of reality, they used it also for its power to evoke through associations. Using one symbol to evoke a reality other than the pure object seen produced a different kind of iconography. This practice has been found in different periods of history. The symbolism however is not necessarily identified, in certain cases it appears as a riddle where elements are brought together and create an ominous effect. Paintings by De Chirico or Magritte produce this strange atmosphere making it impossible to appreciate the rendering of forms and their aesthetic treatment but compel us to wonder about the possible meaning.

This freedom in the use of pictorial content is encouraged in therapy where the emphasis is placed on the utilization of material which best evokes the patient's feelings. Unrelated elements are often significantly combined and are not unlike the surrealist imagery described and less stereotyped in their depiction of reality.

The incorporation of reality instead of its imitation widens the language of expression and provides suggestive reference sources. The process of spontaneous juxtaposition serves the purpose of non-verbal free associations which provide insights into the conscious and unconscious connections around conflicts. Through metaphors, new values are assigned to found materials whether images or objects to satisfy one's expressive needs to translate feelings or thoughts. By lessening the threat of self-disclosing through the use of metaphorical configurations, the patient can address issues and problems within the metaphors.

The associative process stimulates memories which aid the patient not only on the sensory level but also on a thinking level to reconnect with forgotten sequences of events, their interrelationships with people, feelings and thoughts. This constitutes resources in the service of

verbal sharing with the therapist to clarify some of the difficulties experienced.

Associations supply informations about the patient. In order to do this work of analysis Jung identified four ways of investigating the unconscious: the associative method to detect complexes, the symptom analysis using hypnosis to trace a shock, a psychic injury or a trauma, anamnesis analysis or a reconstruction of historical development of the neurosis and the analysis of the unconscious (once the conscious material has been exhausted) through dream analysis.

Jung used an associative method of a hundred stimulus words selected on the basis of different criteria which are called out to the subject, who must reply to each one with a 'reaction word', the very first word that occurs to her or him hearing the stimulus word. This served a diagnostic purpose. Instead of free association he used amplification, a process by which the dream content is broadened and enriched with the help of analogous images.

Archetypes which Jung described as self-portraits of the instincts are usually expressed in a metaphorical way. They are a representation of the collective unconscious and recur in all mythologies; fairy tales, religious traditions and mysteries. They represent human potentialities of the human psyche. They are the unfailing causes of neurotic and even psychotic disorders, behaving exactly like neglected or maltreated physical organs or organic functional systems. (Jacobi 1973, pp.39-50) Jungian psychological guidance aims insight into the archetypes which are active in a person.

Through the links which has been established between the dream process and collage, It is possible to deduct that images can be used as

association material for the purpose of detecting complexes, traumas and archetypes or portrait of the instincts. A whole study could be devoted to examining how patients use the process towards this goal. This thesis does not provide a wide coverage of this aspect but it does present some case material in the last section which reflect this use of the process.

Chapter II

Literature Review of Clinical Use of Collage

Introduction

The history of the clinical use of collage is not so clear. I conducted a computer search to find as many examples of professionals using the process and came up with fairly updated articles which do not give that information. Art therapists who have been active have likely been influenced by the practices in art which were popular in the thirties particularly photomontage with its abrasive use of pictures from media material. The examples which were available were very similar to those visual statements of dada but in the service of therapy.

In order to present the clinical reports according to some structure I selected four aspects of therapy based on theoretical writings on the goals of therapy. The articles presented focus on these four aspects: the adaptiveness of collage for different populations, the patient-therapist relationship, the providing of insights, the resolution of conflicts.

Adaptiveness of the Process

In order to give a rapid portrait of the different populations discussed in the reports. I set up a list of professionals, the populations and their specific needs, the year of the report.

This list is meant to demonstrate that collage is used with a fairly wide range of patients by a variety of professionals.

<u>Professional</u>	<u>Population</u>	<u>Type of Needs</u>	<u>Year</u>
Arthur Yanoff Art Educator	Adolescents	Emotional problems	1973
Eric Olson Clinical Psychologist	Adults	Emotional therapy	1979

<u>Professional</u>	<u>Population</u>	<u>Type of Needs</u>	<u>Year</u>
Irene Dewdney Art Therapist	Geriatrics	Stimulation of Low-functioning	1975
Barbara Weber Art Therapist	Geriatrics	Community groups	1981
Virginia Niswander Art Therapist	Geriatrics	Stimulation	1982
Edith Wallace Art Therapist	Adults	Self-actualizing	1980
James Moriarty Art Therapist	Psychiatric	Mental problems Schizophrenics	1973
Donald Lucas	Groups	Interpersonal Relationships	1974
Helen Landgarten Art Therapist	Groups and Individuals	Emotional help Stimulation of low- functioning	1981
Penny Dachinger and Elinor Ulman Art Therapists	Adults	Emotional problems	1975
Robert Assagioli Psychiatrist	Adults	Emotional problems	1977

Building a Patient-Therapist Relationship

The clinical reports on the use of collage made many references to the transference aspect. This indicated that the therapists attach great importance to the relationship in their therapeutic goals. The use of art introduces an important element since it transforms this relationship and acts as a bridge between the patient and the therapist.

This part of the study examines the effect of the use of art on the transference feelings according to Freud and Jung and other therapists who have expressed views on the subject.

Freud did not use art in his therapeutic approach, there is no reference to his having done so in the materials which I have examined. However, in terms of the transference aspects his study of Leonardo describes how he saw the artist engaged in a process of expression concerning his early parental experience. He is quoted by Fraiberg (1956) to have seen art as associated with the play of children which allows the satisfying of instinctual wishes. The expression is seen as a substitute gratification i.e. a sublimation due to a need to renounce instinctual satisfaction. This suggests that for the artist the process of art is used as a transference expression but is not necessarily clarified.

Jung who used art as an important aspect of therapy did not deny the early parental relationship but saw it as part of the living process of the patient that could represent one of many factors which could be elucidated in broadening one's consciousness. Certain shocks or traumas could be explored in relation to early childhood through the reconstitution of the historical development of the neurosis. The role of the therapist was to accompany the patient in this search. The use of art could be a tool to unearth those conflicts from one's consciousness in the form of complexes.

Art therapist Margaret Naumburg (Levick 1975, p.204) expressed her views on transference:

The transference relation in art therapy is considerably modified by the introduction of spontaneous images by the patient, by means of free associations, he begins to

understand more clearly the original objectification of his conflicts, which may have begun in his earliest family relationships.

Edith Kramer and Ulinor Ulman describe art therapy as offering an alternative to the analytic relationship through the therapeutic alliance. (Ulman 1981, p.5) Edith Kramer saw the role of the art therapist in terms of relationship as one which works at helping the patient to express conflicts and sees the value of the art process as the one which will channel and transform the conflicts. While Margaret Naumburg saw the art process as a way to resolve the transference feelings by permitting the patient to recognize both the conscious and the unconscious and to help in interpreting the products.

Art therapist Arthur Robbins (1981, p.50) expressed that in art therapy, transference is not necessarily the hub of the treatment as it is in analysis although one should be aware of it to make appropriate treatment interventions.

According to art therapist Helen Landgarten (1981, p.11) transference is facilitated by presenting unstructured media in a bonded but free situation encouraging the individual to find and express his own imagery. She feels that the role of the art therapist provides the gratification of many transference wishes. One is the "feeding" through supplies of art materials. The presence of art offers a way to reduce the pressure to act out impulses by investing in the creative experience.

Most of the clinical reports emphasize that many patients whether psychiatric, geriatric or others found it easy to deal with their difficulties when using collage. When in groups they did not experience excessive transference feelings. They were less dependent on the

therapist and tended to communicate with other patients which diluted the transference. It was also pointed out that the low skill requirements of the process facilitated involvement and that participants seemed to feel gratified by the results and were autonomous in expressing themselves through art.

In general the art was used as a way to create a bridge between the patient and the therapist as well as with the other participants in the groups. It appeared that the process provided a safe space for personal fantasies and instinctual wishes and that it did not remain a solitary process but frequently served as a way to encourage the sharing of one's living process both with the therapist and the group.

Most people in therapy, as was pointed out, have suffered from a sense of failure and often from rejection and cannot withstand additional feelings of inadequacy and therefore require a process which is relatively risk-free. Collage is safe and allows the patient to perceive the therapist as trustworthy, since the method reduces the anxiety.

The following clinical reports elaborate the previously expressed views on building a relationship between the patient and the therapist.

Censorship which is often a threatening aspect of the patient-therapist relationship was felt to be reduced when using collage (Yanoff, 1973). As art educator he sought ways to use art education as a form of therapy for adolescents. He found collage a way to overcome resistance, which was common in relation to conventional lessons in composition. He found that at the start of treatment this collage technique helps the therapist to create a bridge between his world and that of the child. The children were found to enter treatment already impaired, withdrawn, isolated from people. They almost certainly had experienced some defeat

in trying to communicate with 'censoring' adults. Yanoff found the collage autobiography using pictures from magazines a refreshing vehicle for introducing the children to him and he to them in a reasonably painless fashion. He encouraged them to explore their inner world, their joys and sorrows without fear of judgment.

Clinical psychologist Eric Olson believes that a context of trust and anonymity as well as a place to begin is all that is needed for a patient to self-disclose. Olson (1979, p.19) feels that people are motivated to tell their stories but need certain conditions which the collage method offers. He made use of magazines pre-arranged into ready to choose selections of different themes which made for easy scanning. The material was also chosen to provide a variety of themes which covered as many human events as possible, so as to meet different needs. His method included a series of interviews as a follow-up to the creative act. These interviews did not take place in an inconsistent manner. The first occurred no more than one hour after the making of the collage, the second, two days after, and a third, held a few days later lasted two and a half hours and included examining the patient's dreams in relation to the collage. (Olson 1976, p.176)

Recalling Helen Landgarten's use of art as a form of feeding to satisfy transference needs, and the fact that the patients engaged in the process so readily in most cases made me compare it to the silent approval of a good meal. To continue with the metaphor of the feeding, I feel it is appropriate to suggest that the method used by mothers who want to introduce their babies to a variety of foods can be applied to art. As they go from the familiar gradually blended to the unfamiliar, in the same way it is possible to introduce drawing and painting as a

Combined experience such as it is done in completion drawings. This was advocated by art therapist Irene Dewdney who worked with geriatrics and looked for ways of using art with people who conceived of it as a threatening experience.

In relation to the "feeding" aspect pointed out by Helen Landgarten it is interesting to consider Olson's reference to Gaston Bachelard who speaks of "image hunger". He develops the idea as a desire for stimulation of every kind and a hunger for becoming. He uses expressions such as savouring one's choices of images. In respect to transference Olson (1976, p.359) quotes Ernest Becker who identifies transference with universal hunger:

No wonder... that transference is a universal passion. It represents a natural attempt to be healed and to be whole, through the heroic self-expansion in the 'other'....People create the reality they need in order to cure themselves.

Olson does not equate collage to transference as it is not one's life project but more a 'virtualization' of it. Looking up the meaning of the word I came across a metaphor which said: "The oak is virtually within the acorn which is a beautiful metaphor of growth through self-expansion."

Irene Dewdney (1975, pp.126-136) an art therapist, stressed that the relationship with a patient should be developed by providing an organized setting so as not to add to the confusion of the patient. She found collage a way to pave the way to other art materials by first removing the threat of drawing or painting on a blank space. Using simple methods she overcame the fear of inadequacies experienced by the low-functioning which could encourage their trust in her.

The relationship to the therapist can be built through the use of the interests and the ethnic background of groups. Barbara Weber (1981) established her relationship with a group of elderly black women via a collage community mural, using the community as a theme. She offered fabrics as collage materials, and sewing, a skill they already possessed, as an assembling technique. She was able to involve some blind participants in the project because of its tactile aspect. Not only was the relationship built up with the therapist but social interaction soon developed. The group participation diluted the transference feeling (whether positive or negative) which supports the Jungian view of giving equal importance to other relationships and not only to the therapist (Jacobi 1973, p.68).

Reactivating memories is a helpful way to gain a person's interest and develop a relationship. Virginia Niswander (1982, pp.162-64) used pictures from the past which could evoke interests and familiar objects. She advocated an adapted level of activities for geriatrics, which draws from the environment for its materials, using actual reality itself.

Using a Jungian approach, analyst and art therapist Edith Wallace uses collage as a way to overcome resistance, more specifically ego resistance. She asks the participants in her workshops to try to leave the ego outside and become totally involved in a 'play' like activity while making several collages. She encourages them to meditate on their deepest aspirations in life. Everyone is asked to begin by using those colours which best express their present feelings. As they continue making more collages they can become aware of their attraction to other colours which indicate changes in their feelings. The process consists of tearing and pasting pieces of tissue paper without any conscious

attempt to create a design. The result is free and the shapes appear randomly. Dr. Wallace does not recommend her method with patients suffering from weak ego boundaries and disorientation as it is disorganized and could increase those feelings. A discussion usually follows the workshop.

Dr. Wallace supports the idea that the jungian aspects of the self are expressed through these images. The colours used and the symbols which appear are perceived as messages from the unconscious. Dr. Wallace entertains a relationship with the participants through a dialogue and she promotes the idea that participants should become in touch with their deeper self.

For those who are very regressed, building a relationship requires that the therapist be very nurturing and supportive. The role of the therapist who brings art material can be perceived as nurturing and caring, which helps to foster a sense of trust and decrease the feeling of isolation and hopelessness. Because collage is based on an abundance of materials of all nature, it can be perceived as a very tangible "giving" compared to drawing pencils and brushes and paint since gratification with them is obtained only after painful investments of skills and energies often beyond the strength and confidence of the low-functioning.

Receiving compliments for the art product, enhances self-esteem and facilitates relationships and trust. Because collage methods require few skills and can produce exciting results even by the mere selection of images pasted on a white page, participants can receive positive feedbacks from minimal efforts. This aspect was pointed out by James Moriarty (1973) who found that the process met with success with a group of schizophrenic

females. He found that the act of selecting pictures provided gratification and increased autonomy. Collage was used as a first step toward communication and it was found that it reduced the dependency of the patients. It provided enough structure to be supportive without having too much need for assistance.

These examples seem to support the positive role of collage as a facilitator in regards to patient-therapist relationships with an emphasis on the promotion of wider interpersonal communication. It represents an important contribution particularly in the initial stage of therapy with most patients and a more long-term facilitator with the low-functioning.

Identifying Problems and Gaining Insight

The therapeutic goal is certainly to help patients to clarify their difficulties and to find ways of coping with them. This can be interpreted differently according to different psychological models. This is illustrated by some theoretical views on the nature of conflicts and the contributions of art and particularly of collage as it is utilised to achieve this goal.

Freud saw art as a temporary substitute gratification through the agency of a creatively elaborated fantasy with its accompanying aesthetic pleasure. He saw art as a process similar to dreams containing condensation and displacement aspects in the service of sublimation. Displacement and sublimation were explained as ways of rechanneling one's needs.

Although Freud did not use art in his approach, he provided a strong rationale for using it since he attributed so much information to be contained in its products which the patient could use to gain insights

into conflicts.

Jung encouraged his patients to reproduce their inner images as they originally appeared. He attached as much importance to colour and design as to what the images represent. However the mere execution of the picture is not enough. Over and above that, an intellectual and emotional understanding is needed. They require to be not only rationally integrated with the conscious mind but morally assimilated (Jacobi 1973, p.99).

Jung found that spontaneous art was of genuine assistance to patients in expressing the mood of a dream or in active imagination.

Jung explained that an image (symbol) had meaning in two different areas of psychic functioning and since the symbols derive as much from the conscious as from the unconscious, it was able to unite them both. He saw access to the unconscious not through dreams but through the complex, architect of dreams and symptoms (Hochmeier 1969, p.33).

Jung's use of art was to provide the patient with a possibility of giving shape to her/himself through the active imagination. Active imagination drained off accessible, dynamically charged material, which might have tended to erupt. Jung compared it to the alchemical processes, an equivalent of the psychological process of active imagination (Hochmeier 1969, p.87).

According to Harm (1975, pp.189-193) Art Therapy applied to mental or psychological conditions provides the non-verbal means of communication and allows the surfacing of deeply unconscious traumas which give insight into symptoms. The use of art can be seen as a distancing factor through the metaphorical representation of difficulties rather than the more threatening verbal relations.

For those who do not use art to identify problems and do not support the need for interpretation, the resistance is fought in terms of the engagement in the creative process which in itself is the integrative experience where the problems are expressed and the energy which is dammed-up is allowed to be channeled into creativity.

Harm (1975, pp.189-193) explains that art therapy is still investigated for its efficacy in helping the retarded or impaired mind and that it is used with geriatric groups in a limited form most often as an occupational therapy. However clinical reports demonstrate that there is a definite effort to provide reintegrative functions by the use of art with geriatrics.

In respect to the use of the drawing or painting of images in therapy Margaret Naumburg, a Freudian oriented art therapist did not follow Freud's insistence that the images be expressed verbally. Some psychiatrists today support the use of images because many memories and fantasies are accessible in image representations and inexpressible in words. Furthermore part of the imagery is more self-disclosing than the patient realizes, which limits resistance in all its forms.

Whether all problems can be solved is the object of a debate. According to Feder (1981, p.50) neurosis is self-limiting and time alone will alleviate or cure most of them, psychosis is the least helped by psychotherapy and most schizophrenics are treated through drugs. It is suggested that the therapist's faith in his or her own method is a major factor in successful therapy; this faith being communicated to the patient.

In the expressive arts therapies according to Feder (1981, p.59) the psychotherapeutic distinctions are blurred, i.e. the resolution of

a problem involving the recognition of a problem. This blurring of distinctions is characterized by two major approaches of art therapy. One which is based on the use of art as therapy, using the creative process to reconcile conflicts and foster self-awareness and personal growth; the other using art as a vehicle for psychotherapy in which the product and the associative reference may be used in an effort to help the individual to find a more compatible relationship between his inner and outer worlds (Feder 1981, p.61).

Arthur Yanoff (1973) encouraged teenage patients to expose freely their inner world and their difficulties, but very gradually. Later they were encouraged to take more risks but their defences were left intact. They remained in control, free to refuse to go beyond what they were ready for. His paste-up autobiography method consisted of the cutting of pictures from a wide variety of magazines and pasting them separately and in combination. Participants were asked to write about what each page meant. He explained that he chose magazines to include material related to the problems of the adolescents so as to facilitate their expression through their choices.

Through the facilitation of self-disclosing and the opportunity to write about the material, he provided a space for insight and distancing without intervention which created an opening for sharing the material with the patient. Yanoff found that sexual preoccupations which some adolescents are too inhibited to discuss were often either consciously or unconsciously expressed through their pictorial selections.

Writing about the choices represent a first inner dialogue about one's personal concerns which can be less threatening than having to try to deal with feelings while facing the therapist. Two elements favor the

insights: the reduced threat of the transference relationship the time and space provided for a personal reflexion.

Donald Lucas (1974) used a method similar to Yanoff's to explore interpersonal relationships with a group which included both staff and patients in a hospital setting. He asked each participant to choose two symbols one positive and one negative. In order to provide insights he asked each person to explain his/her choices and utilized dramatization to have them express the feelings associated with a particular symbol. This method provides a distancing from having to talk about one's feelings directly. It allows the use of metaphors through body language, mime, sounds which can intensify the meaning both for the individual and the group who are sharing the expression. His goal was to establish better communications, exploring interpersonal feelings.

James Moriarty (1974) used collage for its very capacity to release self-disclosing information in the guise of metaphors. He worked with a group of female schizophrenic patients. Collage facilitated the expression of feelings and Moriarty found it to be effective to communicate what is difficult to verbalize. He also used magazines from which patients selected meaningful images to represent their concerns. Collage was found to be more structured and less threatening. He did not suggest free association nor the gaining of insights into the unconscious but rather encouraged the making of connections with the more conscious aspect and a communication with others.

Art therapist Helen Landgarten (1981) makes wide use of collage as a way to depict facts in one's life as well as one's fantasies about life. The process allows the patients to express their needs, their emotions and their experience of life. She used free association in the collage.

process as instrumental to uproot suppressed feelings. She found collage permitted a distancing effect, facilitating self-expression. Besides the information provided she found the use of collage allowed psychiatric patients whose drawings were fragmented showing continued indications of conflicts and fixations at the scribbling level in which little sublimation and few integrative processes seemed to occur, to benefit from the structured aspect of this technique. It was found that assigned reality oriented themes were favored. Landgarten (Honig and Mileski Hones, 1962) emphasized that the process provides interaction and reaches the patient and operates a bridge between their condition and the external world.

Her method provides the condition which facilitates insights and her sensitivity to the requirement of different forms of expression emphasizes the awareness of the needs of the patient to allow the surfacing of information. Her report indicated that themes led to the integration with reality, reducing the sense of isolation and cutting-off, which imply some readjustments in the defence mechanisms erected between the patient and the world. The art experience acting as a surrogate world provided a space for the exploration of social feelings. Through gradual sorting out of 'likes and dislikes' the patient can achieve some social reintegration.

As the content of magazines is unpredictable the patient can through various aspects of reality and accept to be confronted with levels of implications. A word, a slogan, a picture can personalize issues in the most unexpected way and can at least bring together in a clearer way the concerns and issues. The use of a theme can permit the client to make a personal statement since a theme has unpredictable

implications for each patient.

Eric Olson who conducted a research in clinical psychology using collage developed a 'collage method'. He elaborated an interview technique and a related theory of the mind based on the use of this process. He believed that this method would bridge psychology and history, i.e. psychohistory, locating psychological processes in the concreteness of historical time and places.

He saw collage not as a projection but rather as a symbolization and 'virtualization'. He developed categories to analyse collages which to him had great powers to reveal the relationship and struggles of the self. To Olson the collage indicated tendencies and purposiveness which he outlined through diagrams on the collage.

People chose pictures about what is important to them and placed them in a configuration reflecting the way these related to one another. People used pictures and the composition they made to say things they wanted to say rather than as stimuli for projection. The collage revealed form but also helped to create it; diagnostic and therapeutic processes took place in tandem (Olson 1976, p.19).

Olson developed categories to analyse collages which to him had great powers to reveal the relationship and struggles of the self. He studied the process for three years considering his work still very exploratory. He decided that this process although common in popular culture and in informal psychological work had not been used systematically and evolved a method of outlining tendencies and purposiveness through diagrams, indicating directionality of the elements used, the clusters of particular elements and their meaning.

In his practice he provided for perusal, prior to the act of collaging, categories of areas of formative process, spheres of human activity, an inventory of primal human concerns (Olson 1976, pp.142-155). He also invited his clients to accumulate materials that reflected their personal interests, things they liked or disliked. This, he said, had to do with seeing the 'stuff of one's life' as a kind of incarnation of one's concerns and inclinations (Olson 1976, p.155).

In relation to influencing the provided images available for the patient, there are certainly some favorable aspects. However it can be limiting also. In my personal experience the most unexpected spontaneous choices were made which could not be planned. A tiny sentence from a long text when placed next to a picture which appeared particularly interesting sometimes became more important than the image itself. Patients seem to zoom in on these significant elements guided by their own inner needs to find what was appropriate to express their feelings. One client chose a certain phrase because she said she wanted to keep it as a reminder of her rationale for maintaining her present life values. It never entered the collage itself and was provided with a separate space and placed on the outer rim.

Olson explained his perception of the process:

the capacity of the collage method to produce such a feeling of unanticipated self-exposure derives from the two intertwining factors in the experience itself. The perceptual act, upon which the method rests are emotionally (and cognitively) richer than one is aware as one is working, combines with the impulse the method induces toward potentially healing self-disclosure (Olson 1976, p.160).

Olson's dissertation presents elaborate case studies which describe how the patient relates to the imagery and how this process is used to provide insights on significant events which affect or cause disturbances in one's feelings.

Most of the reports included elaborated case studies which indicate the use of the process to provide insights. However not all clinicians aim for the unearthing of unconscious material and feel content to help the patient sort out conscious concerns and feelings. Each aspect represents a level of inquiry, the scanning process, the selecting, the arranging, the written or verbal comments. Each process helps to sharpen one's perception of the issues addressed. Priorities become clearer and the sense of control over each aspect becomes more evident as the images are considered, discarded, recalled and finally the result gives some sense of satisfaction.

Edith Wallace who uses collage, follows her jungian model. In one article she discussed the encounter with one's shadow, through a collage experience:

A woman found her shadow in a most unexpected way in a collage done in her favorite colors....The collage turned out to look like a wallpaper of what might have been pink flowers and could have suited a nursery. The first unexpected thing was that she became unhappy to the point of tears and depressed for the rest of the evening. The depression did not lift the next morning until she decided to do a collage in colors she did not like - what she called "ugly browns" (and other such colors) the finished product made her extremely happy once more much to her surprise (Wallace

1980, p.223).

Dr. Wallace explained in the article how the colours that the patient loved turned out to be a sheen like her life where everything was pleasant and polite but without meaning or substance. The second collage without any conscious knowledge at first, gave her hope that her own depth still existed somewhere and could be tapped in spite of a conforming and superficial life. She pointed out how 'likes and dislikes', beautiful and ugly, seem to be criteria on a surface level only while on the level of meaning, that which we like and dislike is no criterion.

Dr. Wallace's contribution is valuable because she uses a transparent tissue paper, a material very difficult to control when moistened with glue. This characteristic of the material, according to her, allows for more unconscious surfacing of inner content since there are less consciously arresting aspects such as images and words. It is a process which is closer to painting and she manages to make people feel unthreatened by it by insisting they adopt a 'play' like attitude. As a jungian analyst she sees the art as a way to receive messages from the unconscious relating to one's living process.

Dr. Wallace's approach brings out an important perspective in the use of collage which was unique among the different reports and deserves special attention for those who share the jungian views in providing insight.

Based on these various aspects, there is strong evidence that patients do gain insights through the process and proof of this would require a ~~substantive~~ substantive compilation of case studies. Therapists are aiming for this goal rather clearly. The fact that they use the process and report on its merits attests to their faith in its ability to achieve

insight. This makes collage as a therapeutic tool worthy of being considered an adequate instrument.

The Diagnostic Use of Collage

Implicitly, many reports suggest that the material which results from collage has diagnostic use. However some reports make direct mention of the way the collages are measured.

Olson presented a system which was meant to measure the content. The categories, the use of similar magazines with each patient constituted one first gauge to analyse the patient's selections. The use of diagrams and notes within a multiple interviews system was another. He attached great importance to the assimilating process and used the interviews not only to help the patients achieve deeper insights about the content but also to provide them with more understanding about the inner goals expressed.

Arthur Yanoff (1973) looked for certain recurring details in order to formulate a diagnosis.

Pictures similar in form or subject that are used repeatedly are likely to indicate areas of disturbance and thus help to refine the diagnosis. Preoccupations with physical disabilities and deformities is sometimes manifested through pictorial elements running the gamut from stereotyped ideal of beauty to depiction of varying states of bodily impairment (Yanoff 1973).

Donald Lucas (1974) using dramatization of the pictures selected by patients and staff in sessions of exploration of interpersonal relationships, used psychodrama to make a diagnosis of the interpersonal problems as well as the individual difficulties.

Helen Landgarten used the collage to formulate a diagnosis and to assess the patient examining both the content and the formal

organization.

Jungian analyst Edith Wallace, looked at the symbolization and found that the visions dealt with the conjunction, mystical marriage, coming together of opposites and achievement of wholeness. These serve as a way to assess the transformative process as a diagnosis.

The allusions to diagnosis were brief in the reports but they implied that the process was also used for that function even though the modalities were not indicated.

The Resolution of Conflicts

The theoretical views on the nature of conflicts have corresponding views on their resolution. The use of art is seen by art therapists as having a particular role to play in this resolution.

In respect to images Jung explained how the mandalas are symbols of the self and are found in all cultures, represented as a circle or squares symbol of wholeness. Symbols which appear in consciousness provide keys to understanding the transformative process and its various phases (Jacobi 1973, p.136).

Jung uses art as a symbolic expression of the transformations of the self as a self-regulated mechanism. He only accompanies the patients into the exploration of this broadening of consciousness. Through amplification insights are provided to help the patient identify archetypes of the collective unconscious or his own personal complex (Hochmeier 1969, p.88).

Art therapist Edith Kramer (Fedex 1981, p.75) says that the act of creating an artistic product involves the channeling, the reduction, and the transformation, of aggression and potentially dangerous energies. It is an act of integration and synthesis which is performed by the ego wherein the peculiar fusion between reality and fantasy, between the

conscious and the unconscious, which we call art, is reached. She stresses the artistic value of the work as a sign of successful sublimation, the quality of the work becomes a measure (though not the only measure) of therapeutic success. She feels that the art therapist should never allow the process to degenerate in mere catharsis or to dissipate into play or fantasy. Using an analytical approach the art therapist should focus on growth rather than on understanding.

Kramer's position reflects Freud's concept of sublimation in which sexual energy and aggressive drives are transformed into socially acceptable forms. It involves the gratification of the artist's unconscious desires and wishes and the release of otherwise dammed-up tension, during the process of creating a work of art (Feder 1981, p.74).

Penny Dachinger and Elinor Ulman (1975) used collage to help patients work out mixed feelings about family issues, dependence, attachment, obsessions such as food, feelings about one's relationship with their children and showed that collages presented selections of images associated with personal issues, clarify the meaning of collage. The process was used in a cathartic way as an escape valve for emotions in a simple and direct manner providing a therapeutic experience to strengthen the ego.

Helen Landgarten (Feder 1981, p.105) used collage with a schizophrenic patient to help her express her anger. It took months for the patient to identify in a non-directed collage a memory of anger. After thirty-four months of art psychotherapy she was able to express her new sense of growth and her limitations. This example shows a case in which the time element is mentioned alluding to the long process of assimilation of insights, a condition which Freud had greatly emphasized.

James Moriarty (1973) using collage as an instrument encouraged the patients to speak, listen and interact socially, working out the difficulty of communicating as a group. He found that this process prevented the patients from wandering into autistic productions as they began to focus on the external world through the pictures of people, objects and needs of everyday life. He used the content story process as a metaphorical working through.

Dr. Robert Assagioli (Ratcliffe 1977, pp.29-32) as a freudian, adopted a holistic view and a humanistic perspective. In order to stimulate heuristic changes in the individual within an intervention treatment, he created a method based on the idea that art created by actual acknowledged artists has the power to elicit emotional reactions buried deep within the viewer who has no real connection with the artist. He provided 2000 postcards reproductions of Old Master art for selection. The patients did not repaste or use the material but responded to it. This approach could be related to Jung's word association method as a way of measuring emotional reactions and of speeding the process of transformation by confronting the patient with stimulation.

Dr. Edith Wallace (1980, pp.222-231) encouraged enacting a movement expressed in a collage to grasp a meaning through the body experience. She felt that in looking at the created work, we must look for meaning rather than mere diagnostic interpretations. The bridging from the unconscious level to perceive the unconscious content according to Dr. Wallace (1981, pp.181-187) requires a new kind of perception which takes time and includes living with the product, looking at it over a period of time, thereby allowing a message to surface. She warns against judgmental interpretations, just as she cautions the therapist to refrain

from consciously guiding the art process which can interfere with the unconscious. An exploration can begin from a feeling about the finished product which from no conscious knowledge at first, moves to deeper levels of meaning.

In my work with people, individually and in groups, I have always found that such interpretations effect a liberation. Simultaneously they lift the burden from a human shoulder and rend the curtain to disclose another more luminous world. And they make functioning in this world, our world, easier and more rewarding (Wallace 1980, p.223).

Dr. Wallace explained in this same article from which she was just quoted that the associations made by the patients are not necessarily represented as familiar symbols, and can be mythical. She said she was often impressed by how quickly the level of 'primordial images' can be reached even in just a week-end experience depending as she points out, on the quality of the production and the degree of disturbance in the individual be he a 'patient' or a 'searcher'.

Her contribution as a jungian analyst using collage helps to clarify the role assigned to the process as an instrument of insights and as a visual representation of the ongoing process of change within the individual.

Some therapists have contributed important information for those who are struggling with their most basic functions and need more than reflection on their conflicts but rather remotivation and reactivation of their whole being.

Helen Landgarten (Honig, Meleski, Hones 1982) identified various forms of diffusion which she tried to counteract using the collage

process. She recommended working with shapes to improve ego boundary diffusion, and the use of pictures to help those suffering from a diffusion of symbolization i.e. a difficulty to relate to symbols. In order to activate reality orientation particularly with the senile population, she introduced the making of calendars using pictures and making cards to celebrate special events. For those experiencing a deadening of emotions, referred to as affect diffusion, she suggested the use of pictures selected for their depiction of different moods and feelings and encouraged the participants to identify and project what the subjects in the pictures could be thinking, saying and feeling.

Irene Dewdney (1975, pp.126-136) used shapes to make arrangements which could then be painted, thus providing easy gratification for those who have very limited motor skills. She also used the picture completion method which revealed very surprising symbols. It consisted of adding a background to a picture pasted on a surface representing an animal, a person or an object. She felt that this process reduced the threat of drawing on a blank space. This has been repeatedly mentioned in this study but in the case of the low-functioning it becomes particularly significant. The process becomes focused on fostering self-esteem and confidence and providing some sources of gratification with minimal self-expression.

For those who are cut-off from the mainstream of life and suffer from lessened motor skills it is encouraging and interesting to remember the great artist Henri Matisse, who at his life's end was scarcely able any longer to manipulate a drawing pencil or a brush. Herta Wescher (1968, p.303) reports that he was recovering from a fatal surgical intervention, knowing he would never be totally mobile or carefree,

without some pain or insomnia, yet his convalescence did not prevent him from continuing his 'decoupages' of coloured papers.

Chapter III

Analysis of Collages from Case Material

Introduction

The research which was conducted in the first two chapters of this study provided elements of historicity and clinical views on the use of collage. Eric Olson who tried to provide his patients with a sense of time related issues coined the term 'psychohistoricity'. The first goal was to situate the process in time and then to explore its mechanics.

This part of the study introduces collages collected from patients which will be examined using the concepts and functions which have been discussed earlier. The collages are presented with verbal commentaries from the patients as well as case history details. The objective of this study is to verify how the concepts are used and how the collages reflect the goals of therapy.

Concepts and Functions

(a) Magical Healing

The brief history of collage in the first chapter provided a connection with the ancient healing practices. Shaun McNiff (1975) supported the healing power of creative energy. Through a few examples of collages I want to illustrate how patients show that they use the process for its healing aspect.

It is evident judging from the verbal commentaries of patients and observing their behavior in art therapy, that they are involved in an activity which is beyond pure artistic concerns. They are in a process of introspection. The emotions manifested while they engage in the creative process or during the sharing of their finished work show the intensity of their participation. These patients show that they use the

process as a symbolization of their life concerns and as a way of symbolizing the changes they want to bring about in their life conditions.

This activity produces a distancing from their life situation through representation of their conflicts. Patients often express the sense of relief which this distancing provides.

A young woman treated for paranoid fears and suicidal thoughts, used three pictures from magazines and a title (fig. 9). The elements were an apple, a girl's head, a full size picture of a young girl standing at a stop sign. The heading: "Laissez-vous chanter la pomme" was from an apple juice commercial. It served as a literary theme.

As the patient began to discuss her images, she explained that the words described her attempts to express her feelings to her daughter. It was her effort to communicate with her repeatedly and the rejection she faced each time. This patient suffered from guilt and was obsessed by her sense of failure as a mother. The girl represented her daughter. The choice was based on a resemblance. The other image shows how she saw her daughter, lonely and not knowing where to go.

Through this symbolical representation, the patient shows her grief and her intentions. The image suddenly began to act upon her as she saw her own self as the lonely teenage girl. She eventually broke into tears as she realized that it was her when she deserted her parent's home at the age of thirteen to escape an unbearable atmosphere. She also realized that she never had the affection of her own mother and declared that it was very difficult for her to show feelings she had never known.

This session ended in painful emotions but the patient said she

felt more relaxed, less guilty and that she felt she was going to be able to approach her daughter with less anxiety. She expressed how happy she was about having done the collage.

In a later session, the same patient made another collage (fig.10). Her process was very intricate. Technically it was more complex and contained several elements, large and small. The blue background she had chosen influenced her choice of images producing a cold and dramatic mood.

The patient shared the content which dealt with two main issues: her obsessive and compulsive buying of shoes and boots, her fear and hatred of hairdressers and scissors. The latter phobia was connected with traumatic scenes of violence which she had witnessed between her mother and her father as a child. These scenes always ended in her father pulling her mother's hair and her mother collecting the hair and keeping it as a reminder of those quarrels. In time the patient developed severe phobias and feelings of anger. She explained that she felt relieved by the expression of those feelings. This patient was also seen regularly by her psychiatrist who showed great interest in her pictorial representations of her feelings when individual patients were discussed in the weekly rounds at the hospital.

For twelve weeks I worked with a self-help group who met once a week in a community center to discuss and overcome depression.

One woman worked very rapidly pasting randomly without any pictorial composition of her images. She later shared the content of her collage (fig.13) with the group. It represented her way of coping with her husband's death and coming out of her deep feelings of depression which were accompanied by suicidal thoughts. The collage contained her

solitude, her attempts to find compensation for the loss, in travels, in collecting beautiful objects. The elements were placed on the paper as on a 'tray' and as 'bits of her life'.

These few examples serve to demonstrate that the collages were motivated by one concern, which was healing. The creative process was used to help them feel better. It was invested with powerful feelings using evocative elements and showed a process of self transformation through the 'magic of symbolization'.

(b) Dreams and Myths

The link established between dreams, myths and collage is based on qualities which are found in these different processes. The first aspect is that none of them are bound by conventional reality. The dreamer can give shape to any fantasies. The notions of time, speed and weight are altered. Events, people are displaced, changed, fused to suit the needs of the dreamer. Associations between usually unrelated elements are made without difficulties. This process of imagination provides the wish-fulfillment of desires which reality frustrates. Collages can be made with the same freedom to allow the expression of feelings and wish-fulfillment.

The apple in collage (fig.9) appears as an unrelated element. The head next to it, the standing figure does not have apparent connections. The image produces a feeling of strangeness and the viewer is confronted with a riddle. Collage 10 with its many elements such as arms, legs, scissors, creates an impression of disorganization. The image shows a freedom from conventional reality to achieve the expression of feelings and thoughts.

Other collages which are provided show the same liberties in the

depiction of time and space and suggest dream like spaces through the simultaneous presence of unrelated images.

In collage 10 the patient has used juxtaposition and fusion of elements through overlapping. There are disparities of sizes and dislocations as legs emerge from the bottom of the page. The character walking through in the upper left seems totally out of context.

Sentences appear in several places transforming the function of the background into a projection screen onto which anything could appear. These manipulations exploit the tremendous possibilities offered by the process. Many patients did not use as many devices however they were aware that there were no limitations as to what they could include as subject matter in their collages.

(c) Metaphors and Associations

In the process of depicting their feelings and thoughts through images, patients utilize tricks and techniques. The process is not necessarily conscious, since they perform spontaneously without intellectually decoding what their process involves. Among the devices used to express ideas, the most popular is the use of comparisons. It is a speedy way to describe a feeling which consists in using one reality to describe another. The use of expressions such as strong as a horse, tall as a tree or seeds of wisdom combine two elements to create a mental image. The incorporation of fragments of reality instead of its imitation is an effective way of delivering a message. The expression 'beautiful as a flower' is a fast way of describing the aesthetic quality of a person using an association.

Patients use substitutes in their collages. They provide numerous ways of expressing thoughts and feelings vividly. Through associations

from the patient, the therapist receives a metaphorical translation of feelings and thoughts and can respond to their content through the metaphor reducing the threat of self-disclosure for the patient.

In the following tableau, examples of collages are given in which images have been assigned specific meaning by the patients.

<u>Collage No.</u>	<u>Image</u>	<u>Meaning Given by the Patient</u>
6	ebony sculpture	feeling like a nun
	Rod Steiger	male sexual symbol
	broken heart pendant	heartache after the loss of of a lover
	dancing feet	memories from Sri Lanka where she met this lover
9	apple	need to express love
	girl's head	resemblance to her daughter
	standing girl	feeling of solitude of the daughter
10	head and scissors	trauma around the subject of hair fear and anger
14	a foot	treatment against depression
	masks	deceit from people
	rope	feeling of snapping
	country scene	need for peace
	Televisions and sound systems	Urban noises
15	bottle on piano	consolation in solitude
	dress, slippers	after the ball, after happy moments, being deserted
16	the crowd	feeling alone
	the soldier	career in armed forces

<u>Collage No.</u>	<u>Image</u>	<u>Meaning Given by the Patient</u>
	woman with a black cat	patient's amusement at the feelings of superstitions around her
	man and book	patient seeing herself with the budgeting responsibility
	boxing	life is a struggle

These images and the meaning assigned to them represent the way patients use substitutions. Sometimes the image keeps its apparent meaning, it is incorporated because its content is part of the feelings and thoughts of the patients. At other times the image reminds the patient of another reality or conveys an aspect of that reality. These substitutions, inclusions, comparisons provide collage with a wide range of visual representations. They include the use of typographical material found in media which can bring further clarifications on the feelings and thoughts expressed in the picture selection.

Therapeutical Goals and Collage Samples

(a) Adaptiveness

The three concepts discussed: magical healing, dreams and myths, metaphors and associations were exemplified in the different collages utilised in this research. The therapeutic value of these concepts can be assessed by referring to the goals of therapy which were presented in the literature review in chapter two.

The various patients which were discussed showed that their process was oriented towards the expression of personal concerns and therefore they displayed an investment of feelings in their collage. They demonstrated that they could make use of the latitude of language which collage making offers both in terms of the irrational aspect of their compositions as well as the use of metaphors and associations. In this

sense the devices and characteristics of collage meet the expressive needs of most patients and provide them with the fluency needed to communicate their thoughts and feelings. The differences and commonalities amongst patients provides criteria to determine the adaptiveness of the process.

The two psychiatric patients which this study documents showed great disparities in artistic skills. Case 1, (Collage 6-7-8) presented herself as the "artist" at the outstart of the sessions insisting that she was following in the footsteps of her father, a trained artist. She produced colorful abstracts which had no meaning to her. Her initiative to use magazines to produce a few collages, provided a different type of self-expression which she addressed in a much more personal way. She explained her choices and their significance. She gradually shifted from painting to collages and each time she disclosed feelings more spontaneously.

The second patient (Case 2) was an accomplished artist and art teacher. She usually walked in the art therapy room with a magazine from which she had chosen a picture to reproduce. She also made drawings in which she dealt with personal issues. In one session she spontaneously decided to make a collage which revealed a totally different kind of subject matter addressing personal traumatic incidents in her life.

For both of these patients the process allowed a more direct expression of their concerns on a conscious level and a greater mobilization of affect.

The self-help group was invited to use collage on the first session. They were asked to use images to illustrate some of their concerns and

what they sought from the group encounters. Some of them were threatened but most of them felt enthusiastic and were very invested in the process. The dialogue which followed was revealing since many of the participants were not aware of the variety of conflicts experienced by their peers. The verbal discussions usually focused on marital problems and current frustrations while the collage allowed the expression of many areas of pain related to childhood, life values and fears. As the sessions cumulated many other types of art materials were introduced and a variety remained available. It was my observation that many continued to work with images adding colors, comments, tissue paper. The spontaneous attraction for collage could be explained by the fear of using art materials and experiencing feelings of inadequacy. It also could be explained by the satisfaction experienced by finding images which were representative of what they were trying to express.

A geriatric patient from a nursing home which I visited, had certain skills for drawing and painting. She repeatedly tended to use the same shapes, inverted bowls or open containers. She also produced landscapes. However the use of collage provided a lot of information about her life experience as a teacher, as the daughter of a minister, as a young girl, as a woman with a variety of likes and dislikes which her drawing did not express as directly. Her verbal commentaries were greatly increased through the process of collage. The time diffusion which she often showed seemed to be counteracted and her sense of orientation in time, events and feelings were improved.

Most patients made great efforts to be artistic and although some did not feel inadequate about using art materials, the concern for skills, a more narcissistic aspect, prevailed. When using art materials other than collage, patients did not feel as comfortable about sharing the

works produced. Many did not appear to experience gratification. Whether in individual or group sessions the participants kept their work more secret.

When using collage in individual sessions, the feedback was not so defensive. "I was never very good in art" or "I did not succeed in doing what I wanted". These comments were not made anymore. The focus was on the content, the personal meaning attached to the images used, how images related with one another and what they expressed.

The group sessions, the interaction was more spontaneous. People discussed what the images seemed to suggest, the mood, the situations which were depicted as the focal points.

The adaptiveness of the process was demonstrated by the popularity of the method of self-expression and the level of personal investment which everyone showed in the different settings and types of populations. I always felt that there had been an important breakthrough judging from the types of commentaries which followed the non-verbal expression. I do not suggest that the other art materials did not permit important symbolization of the self but I mainly recorded the kind of response to collage. It is possible that it made the access to some significant issues easier for me and I had a personal fondness in this form of expression explored in my art therapy training workshops.

(b) Patient-Therapist Relationship

The transference feelings were discussed in the literature review. In this part of the study, the emphasis was on reporting the relationship which was developed with patients through the use of collage.

Since the study discusses several individuals, it is appropriate to address the different situations. There are differences and

commonalities in the patient-therapist relationship due to age, forms of impairment and settings.

The psychiatric patient (Case 1) was as was mentioned earlier, very reserved about her personal issues at first. She gradually lowered her defences and shared some of her concerns but in a very enigmatic way. She would play with the colours and insisted that she had never discussed meaning with the preceding therapist. Even when the metaphor was used to share her images, she felt I was trying to read some meaning in her work. When she first used collage she produced an inventory of issues which came almost as a confession. She expressed present frustrations and anxiety related to past events and showed greater trust about self-disclosing through the images selected.

The patient tended to fluctuate back and forth from self-disclosing to making abstracts to which she did not want to attach meaning. Whenever the process of collage was used, she made direct references to her concerns and made it evident that she wanted to share them.

She expressed a great amount of emotions through the use of metaphors in some of her painting and drawings but the content usually overstepped the limits she wanted to keep on what she was willing to share. Her expressiveness with paint allowed the emergence of feelings through fable like scenes but she did not want to explore them. The images from magazines seemed to give her more control over the content of the material.

Patient (Case 2) who was a skilled artist produced very pleasant landscapes and seemed to wait for recognition of her skill. When she made her first collage she addressed issues about her relationship with her daughter. She cried when she realized that the collage was really about herself. The first collage seemed to transform our relationship,

or perhaps our relationship led to the collage self-disclosing. Whichever is true it was possible to focus on a process of therapy which was to allow her to express her deep concerns. The second collage was even more dramatic as it depicted painful traumas of her youth and described the objects of her paranoid obsessions about scissors. Following these collages she went back to drawing and painting but in a narrative way addressing other concerns such as marital difficulties. She used caricatures and written comments describing these sensitive issues.

It was clear that we were in closer contact in all the remaining sessions and I felt that the collage process had been catalytic in breaking through the initial tendency to use the art therapy as art only, as opposed to using it as a way to help identify and resolve inner conflicts.

In the community self-help group the relationship with the participants was less personal since we met as a group and there was less intimate sharing. However I received comments discretely from some of the participants on their perception of the power of the collage process to help personal feelings. One client confided that to choose an image (a nude woman) in a magazine had required a lot of courage because a few years earlier she could not have identified publicly with its content and felt that she had overcome that resistance to express her values and fantasies and her changing sense of self.

The commonalities observed in these different patients on the aspect of building a relationship through collage can be resumed as a demonstration of the effectiveness of ready-made images to evoke personal values. The process appeared to break through feelings which are

experienced when focusing on a blank page and having to draw or paint. Usually stereotypes appear and keep being repeated. The magazine pictures act as representatives, spokesmen for the person and help them express themselves. The images are found and recognized and in some cases clarify, remind the person of their concerns on various levels whereas the blank page leaves them puzzled as to where to begin. Many tend to settle for rudimentary representations which they remember from early drawing experiences.

The incorporation of images whether for their actual subject matter or their evocative aspect, facilitate self-disclosure and establish an easier communication around the content i.e. overt and latent content. The effect of the process is to increase the emotional involvement since the person is less concentrated on achieving aesthetically pleasing results but rather on the symbolic content, although a development of an aesthetic sense may be a by-product. The intensity of the symbolism affects the sharing level and makes it a magical moment whose goal is healing.

Through the collages there was increased interaction. On the other hand there were disparities in the group's reaction because some were quite willing to explore the non-verbal form of self-expression while others maintained some reticence to do so. However by the termination most of them were able to formulate very clearly the impact of the sessions.

The elderly patient from the senior residence revealed aspects of herself which allowed us to engage into richer and more significant conversations. We laughed and shared incidents which contributed to draw us closer as well as to draw the whole group together. I found her life recollections very interesting and she was obviously

emotionally stimulated by those memories. They stirred energy in her, and provided me with a sense of her reality, something which I was not able to perceive as clearly from her drawings of inverted cups and concentric lines.

(c) Identifying Problems and Gaining Insight

The technical devices used by the patients, the level of their emotional involvement in the process have been shown to be fairly consistent. The relationship with the therapist has also been shown to benefit from this process. Does the process help the patient to derive insights into the difficulties for which they seek therapy? The concepts of magical healing, dreams and myth as well as metaphors and associations served to address issues and the patients made verbal commentaries which indicated how they used the experience therapeutically.

In collage (fig.6) the client (Case 1) used a variety of symbols to express her anxiety about sexuality. A figure dressed in black referred to as the 'nun' which she identified as being herself and the rock star which represented her fantasies appeared as symbols. She used the symbol of a broken heart to describe her grief following the separation from her lover whom she had met in Sri Lanka. The oriental setting was depicted with an image of colourful skirts and feet of dancers. She talked about this man and shared her feelings of confusion about her femininity. She explained later that she had lost her mother at the age of four and had been brought up in boarding schools with nuns. She expressed that although she likes to draw close to her father she always fears that she might disturb him. She feels inadequate to interest him. She commented, about her lover: "He helped me to believe in love, I was such a tomboy before I met him."

This was her comment about the man she had been in love with and who had left her after three years. She began to say that they were communicating 'par la pensée' by telepathy.

In collage (fig.7) the same patient expressed her feeling of loneliness and her difficulties in making friends. She addressed domestic issues such as decorating her apartment, her need to go on a diet and get good books to prepare balanced meals. She was concerned with the need to find ways to have more company. In collage (fig.8) her expression included more universal symbols, images of nature such as a waterfall, a flock of sheep, along with their polarity, if I may say, glass and leather sofas. She used these images to discuss her ambivalence between the fascination which these elements have on her yet the sense of disturbance they produce on her. Her comments were that "the water which looks foamy and comfortable is probably terrifyingly noisy" and likewise that "the soft sheep must also make a lot of noise when in a flock". The inclusion of the glass and the leather sofas seemed to represent a very tamed aspect of nature.

Client 2 in collage (fig.9) expressed her concerns about her teenage daughter, her loneliness and lack of orientation in life. She accused herself of having failed her as a mother and being unable to express her feelings convincingly to her. "Laissez-vous chanter la pomme" was a phrase that referred to her attempts to express her affection for her daughter. The dew drops carefully collected were the symbols of her tears from the incapacity to reach her daughter. She was able to connect with her own sadness as a teenage girl who had to desert her own family because she could no longer bear the atmosphere which existed there.

In collage (fig.10) she made a dramatic representation of her compulsive attraction for shoes. She explained that she felt very guilty for spending great amounts of money on the purchase of shoes and boots. The same collage contained another aspect of her compulsion related to scissors. She revealed that each time she made the decision to have her hair cut, she experienced extreme feelings of revenge towards the hairdresser. This was coupled with a fear of scissors. She believed that this fear and aggressive impulse were both related to a traumatic scene which she witnessed several times during her childhood. Her father often fought with her mother and would pull her hair and her mother would collect her hair and display it to humiliate him. The sight of her mother's hair on her dresser would cause her painful feelings which she cannot forget.

In the community self-help group there were examples of conflicts which were clearly identified. Collage (fig.11) describes the use of animals as a way of avoiding a reference to people who are considered less sincere and dependable than the animals. In collage (fig.12) the client uses a horse as a symbol of warmth and closeness and expresses her difficulty to have warm contacts. In collage (fig.13) the client discusses her grief as a widow and the substitute forms of gratification she found; travels, collecting beautiful objects and jewelry. In collage (fig.14) the client recalls her sadness in childhood and discusses how her marriage is a difficult experience particularly the demands from her teenage children.

The geriatric client addressed areas of conflict which interestingly were also present in some of her drawings and paintings. The symbol which was persistent was a hat or the hat like shape. In collage (fig.17)

in an animal collage she was asked to include an element which she might have left behind had she travelled inside her image. The object she chose to include was a hat. When I inquired about her choice she hesitated a moment and said: "Dad was a minister, we always wore one. It could get pretty hot in the summer when we waited in the buggy as he visited his parishioners."

In collage (fig.18) the same client expressed dislikes and recalled her anger about an incident where she admonished a farmer who was cruel to his horse. This memory was recalled through a picture of a country scene depicting a horse. Another image selected expressed her dislike for the nursing career. "I could never have been a nurse, I preferred teaching."

From the different aspects of self-disclosure, it becomes clear that the various clients used the process to address significant issues in their life experience. These served to identify the conflicts for which therapy was sought or towards which it could be of benefit.

(d) Resolution of Conflicts

The resolution of conflicts according to Freud comes from repeated insights. The three populations discussed present different perspectives. The geriatric population was not approached with the purpose of bringing up conflicts but more to provide outlets for self-expression and life review, particularly to tap inner strengths and improve the sense of well-being and orientation in time. The community self-help group was visited for only twelve weeks and the emphasis was not on personal issues but an improvement in interaction and inter-communication through non-verbal methods. Even though many elements of self-disclosure were expressed there was no real pursuit of resolving conflicts of a personal

nature. The goal was to explore non-verbal techniques using art materials to provide various ways of expressing concerns and interests both personal and group related.

I found it more appropriate not to focus on personal insights. Many of the participants shared how they had learned through the experience but the implications were not necessarily shared in respect for each person's privacy of feelings.

It was easier to identify the process of resolution in the individual sessions which were not more numerous (I saw them for a period of three months, once a week). The fact that it was on a one to one basis facilitated the communication and the more personal sharing of issues.

Patient (Case 1) in a collage (fig.8) which she made in the end of the first half of our encounters showed her struggling with the reorganization of her life; dieting, finding ways to establish relationships. She was abandoning her dream to be an artist but considered practical decisions about teaching batik on a part-time basis, a skill she had learned to master through her involvement in ex-psychiatric activity programs at a day centre. I learned that she had carried out that wish and had not been rehospitalized since her last stay. She seemed to have used the collage process to role play her life projects, expressing her desire to break the pattern of her isolation.

Patient (Case 2) in her collage (fig.10) was not only expressing her compulsive behavior but having benefited from various treatment interventions in the hospital was also expressing her desire to operate changes in her outlook and behavior. "Le moment de changer" (Time to make changes) indicated that she was not totally immersed in her

conflicts but also able to distance herself from them. She was discharged from the hospital and upon termination she shared how the process of art therapy had helped her to clarify her difficulties.

Some of the collage making aspects which can provide information about the patients, include the noting of the way materials are gathered, arranged ripped or cut-out, pasted sloppily or with care. Part of the goal of therapy may consist in discussing of the process of the patient.

In the art therapy teachings which I have experienced, an emphasis was placed on developing self-awareness through the exploration of many media. The creation of shapes, the movement of lines in the personal selecting of colours provides a way to project graphically with freedom. Collage can be used in a more painterly way where it does not begin with ready made images (Wallace 1981, p. 222).

Although feeding with art materials can gratify transference needs (Landgarten 1981, p.11), providing ready made images could overfeed the patient if no other space was created for personal graphic expression. The distancing achieved through collage (Harms 1975, pp.189-193) could likewise become limited creating dependency for the same reason.

Photo-therapy which is a process where images or pictures are utilized (Walker 1982) does not rely only in the projective aspect but includes the actual taking of pictures as an important part of the process (Weiser 1975).

Professor Marie Revai in her teachings at Concordia University attached great importance to the quality of lines, omissions, distortions or obsessive uses of patterns in the pictorial compositions of her patients.

Collage which remains in my opinion a worthy tool for therapy,

needs to be used with an awareness of its potential but also its inhibiting aspects in the growth of the patient in developing self-expression.

(e) Limitations of Collage

Despite its inherent value as a therapeutic tool, collage has limitations in the way it can meet the fundamental goal of art therapy a move towards growth and integration.

In collage making the use of ready made material is utilized to address the external world and how it is experienced by the patient bringing up issues and concerns. Collage then makes reference to outside reality, however it does not necessarily allow the person to become in touch with inner feelings unless it is used creatively. The creative process according to Melanie Klein (1948, p.237) is one upon which the person's relation to the outside world and to reality is built through sublimation and fantasy.

This limitation could be found in any art form which made merely a reference to the external world by reproducing it as seen without any world of transformation to express one's own relation to it. However, most art forms have the advantage of providing an empty space which can be transformed while collage which uses much ready made materials, i.e. already transformed, allows an impact from the outside and does not offer the anxiety which an empty space suggests to be in touch with one's feelings (Klein 1948, p.233).

The patient can easily become dependent on the stimulation of collage materials and avoid developing his/her own creative process due to insufficient anxiety. Klein (1948, p.233) describes the need for sufficient anxiety to develop symbol formation.

The goal of therapy based on object-relation theory can however be met utilizing collage making if the therapist can encourage the patient to overcome his/her resistance to enter a creative process and go beyond the use of ready found materials to symbolize a relationship to reality.

Expanding on the methods of making a collage as a personal representation of reality could be the subject of a research in itself. Some of the ways this can be achieved have been mentioned in the clinical studies. The patient in the beginning could be guided to alter the collage material to symbolize his/her own feelings in relation to the content as a first step towards creating personal symbols. This can be done by adding drawings or painting to the collage. This has been described as completion drawing and interpreted as a transition and a spring board to symbol formation. For the patient it can be a place to begin growing into symbolization. The patient can also be asked to address his/her collage in a blank space using another medium requiring more personal investment and resulting from one's own creative process.

The limitations of collage making in which the material is already charged with the impact from the environment can be overcome by an awareness of the importance of the empty space and the danger of over-feeding with ready mades. With this awareness the process can be used to its best advantage as a therapeutic tool and not limit it to a process which could be arrested at the pure enjoyment of pictures or in which issues and concerns could be addressed but keep the person too distanced from one's inner feelings. By using the collage making process with an awareness of these aspects it is possible to introduce guidance which paves the way and gradually brings the patient to the empty space whether in drawing, painting or clay modelling which are receptive and

in which the transformation results entirely from one's creative process
and which begins by overcoming the anxiety experienced.

Conclusion

Initially the goal of this thesis was to research the historical development of collage making, its clinical use and to discuss the process of patients using collage during my internship as a training art therapist.

The historical research opened many perspectives for reflexion of interest for the clinical use of collage. However certain ideas appeared particularly interesting. They became key subjects which I was going to investigate: magic healing, the similitude between dreams, myths and collage, the use of metaphors and associations. These three themes provided boundaries to the research which offered too many areas of interest and this narrowing of the subject facilitated the analysis of the process.

The data on the clinical use of collage provided an over view of the various approaches of professionals, through a study of the goals of therapy in various psychological models a few goals were selected to organize the content of clinical reports. Collages from my patients were presented using those goals as criteria of evaluation of the process.

The research evolved towards becoming a study of principles rather than a scientific evaluation. The case studies did not present a detailed account of a therapeutic intervention but served as examples of the process of patients using collage in their therapy. There were no statistics, no comparative studies of media. The content of the thesis was a bringing together of practical informations and themes for reflection to stimulate interest on the process.

It would be interesting to pursue the collage research, through statistical surveys with professionals compiling results obtained through

collage. Most sources of reference brought out the strengths of the process but without statistics. I did not make a systematic utilization of collage and therefore could only report my observations of the way patients used it.

This research led me to feel that there was a need for more research of a scientific nature on the use of collage. Professionals who make use of the process could share their observations to develop a bank of information on its therapeutic value.

Eric Olson said that collage was a place to begin for the patient. It was also a place for me to begin reflecting on my understanding of art therapy.

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