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Towards Therapeutic Understanding

through Dreams, Art and Poetry

Shannon McMahon

A Thesis

in

The Department

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ABSTRACT

Towards Therapeutic Understanding

through Dreams, Art and Poetry

Shannon McMahon

The intent of this study is to examine the intuitive value of art therapist's dreams, art and poetry, as opportunities for gaining insight into possible client dynamics and the therapeutic relationship. Creative responses to be explored include: interactive art therapy, post-session response art and poetry, therapist's dreams and personal artwork. This study acknowledges and builds upon foundations established by Joanne Kielo on the therapeutic benefits of creating post-session response art, as compiled in her thesis entitled, "A Study of Art Therapists' Countertransference and Post-Session Imagery", (1988).

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Stuart McIntosh, M.A. Candidate

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Introduction

As revealed through their artwork, my art therapy
clients consciously and unconsciously express thoughts,
feelings, emotions...entire stories, using symbols to speak
the words that escape them. Therefore, I reason that if my
clients have no words to express all that they are inside,
how can I claim to know even a little of them, unless I can
meet and translate some of their visual language into my own
--through empathic creativity?

Arthur Robbins (1980, pp. 58), quite descriptively
speaks about the 'alchemical vessel' in which therapist and
client relate.

> Knowing the other...is rarely arrived at by logical
> step by step linear process thinking about someone.
> Rather, these insights emerge as a result of the
> impact of the other person on us, as though we as
> therapist or friend, act as a filter. To carry the
> analogy further, as a filter we are not an empty
> sieve, but filled with our own substance and it is
> through this substance, specifically our emotions and
> thoughts, that the other is filtered and discovered.

Through my own creative responding to my clients and
their artwork, I realize that I am much more than a witness
to my clients' creative processes--I am an active

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participant...we affect each other.

The intent of this thesis is therefore, to examine the intuitive potential of art therapist's dreams, art and poetry, as opportunities for gaining insight into possible client dynamics and the therapeutic relationship. This study explores and integrates creative responses including: interactive art therapy, post-session response art and poetry, therapist's dreams and personal artwork.

Chapter One

Remembering 'Artist' Origins.

Personal involvement and investment in art making varies
among art therapists. However, most art therapists agree
that beyond academic training requirements, extensive
experience in self-exploration and expression through
creative means, is required in order to be able to encourage
others to engage meaningfully in this process (Wadeson 1987,
McNiff 1986, Robbins 1987). This chapter focuses on art
therapists' integration of artist and therapist roles
including: artistic experience as the key to developing
empathy and understanding for the client's creative process,
art as learning (the integration of theory and experience),
and art as a means of strengthening self-awareness and
maintenance of health.

The creative process consists of the innovating powers
and energy of the primary process (the more unconscious part
of the psyche), and secondary process mechanisms (the ability
to reason and use logic). The tertiary process, as described
by Arieti (1976), is a "magical synthesis" of primary and
secondary process mechanisms integrated by the creative mind.
When this happens (for the artist, therapist and client), the

vision, issue or obstacle is confronted or "encountered"
(Malchiodi and Cattaneo, 1988).

According to Malchiodi and Cattaneo (1988), there are
similarities between the creative and therapeutic processes.
The tools of imagination and creativity allow for flexible
thinking and originality that are essential to both the work
of the artist and therapist.

> Creativity not only plays an important part in the
> making of visual art, but is the key to the development
> of a successful and productive therapeutic relationship
> with the client. Each therapeutic intervention and
> interaction is a creative act, one that arises from
> the art therapist's experiences not only with art and
> psychology, but also from personal experiences with
> the creative process (Malchiodi and Cattaneo, 1988,
> pp. 52).

Empathy for the experience and condition of clients can
be arrived at by creatively exploring one's own darker corners
of existence--emotions of fear, jealousy, anger and sadness.
In doing so, therapists recognize that their own feelings and
life experiences are not so foreign from those of their
clients. Also, reflection on one's own creative process--the
times of inspiration and productivity--and the times
'without'--teaches one to have patience and faith in the pace

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of the client's process; genuine support can then be offered (Robbins, 1988).

Training groups, that allow for creative expression encourage therapists to process their interactions with other group members; this can lead to insights into how one strengthens, inspires or obstructs group creativity with personal behavior. Essential also, is the knowledge and working comfort with a variety of art media; it enriches and widens the scope of the artist's (therapist/client) expressive abilities (McNiff, 1986).

Personal art making may also assist in the integration of intellectual, personal, and professional experiences. In training students, art therapists McNiff and Wadeson aim to "actively involve the personal psyche as a core element of professional identity", (McNiff, 1986, pp. 172). In the training programs that Wadeson directs, she requires students to synthesize learning through creating personally meaningful art projects, thereby encouraging self-exploration while clarifying understanding of theoretical concepts. According to Wadeson (1987, pp. 284),

> A synthesis of all this learning requires reflection
> out of which new relationships are juxtaposed and new
> awareness emerges. For the artistically inclined
> individual, the art making process is a natural
> vehicle for such synthesizing. The economy of art,

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the message of metaphor, can condense in a personal, expressive image, the integration that has occurred.

Wadeson (1987, pp. 280), states that "as the basis of art therapy is the translation of experience into art expression, it is a practice I wish to stimulate and encourage."

It is also through personal imagery that art therapists may become aware of client countertransferences (Wang in Ulman et al. 1981, Robbins 1987). Robbins (1987), and Wadeson (1987), remind therapists that 'no one works in a vacuum'; influences may also include: relations with supervisors and staff members, institutional factors or facility conditions, feelings about the work site and also career goals.

Wadeson (1980, pp. 24), stresses that "since the tool of psychotherapy is one's own reactions, the self is the instrument of the therapist's work...[and] must be kept in fine tune." She suggests that art therapists' regular involvement in their own artwork (or participation in personal art therapy), promotes awareness of personal conflicts, complexes, weaknesses, strengths and develops skills of improvisation and creative problem solving--all of which, are extremely important for healthy therapeutic intervention with clients.

Maintenance of personal health is of vital importance for therapists. Two art therapists, Harriet Wadeson and Grace

Forrest have explored and written about their own art experiences in terms of 'personally directed' therapy. Wadeson (1987, pp. 280), feels that her artwork and therapy 'feed' each other, and says that, "if self-awareness is the heart of learning art therapy, then creativity and art are its connective tissue. The two are interconnected as creativity enhances self-awareness through personal art projects and self-awareness enhances creativity through expressing deeper layers of the self." In her article "Pursuit of the Image: Paintings from Poetry in a Personal Mid-Life Odyssey", Wadeson states that:

> I search for wisdom in the usual places but discover
> no guideposts for what appears to be an uncharted
> path. Directions begin to emerge in unbidden images,
> first in poetry and then in paintings. What follows
> is the seemingly haphazard route these prompting
> have taken that have lead to a clearer vision and
> deeper realization of myself at this time. ...But
> even more important than these realizations of myself
> is the way this process makes me feel about this
> time in my life--vital, vibrant, creative (1987,
> pp. 177 and 182).

Grace Forrest (1976), feels that through her art work, she has learned a great deal about herself as a person and as

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a therapist...and views art as an extension of the Self. She recommends that clients, students and therapists alike, keep a visual diary of colour, form and symbols that reflect day to day feelings and events. The artwork journal, according to Forrest (1976), may help to "unravel" mysteries of personal symbols, and clarify perceptions of ourselves and our environment.

McNiff (1986), stresses the value of personal art for purposes of self-empowerment and confidence. He believes that an important objective for the art therapist is,

the discovery of a personal vision which serves

as a vehicles of empowerment... Action thus

proceeds from the personal sources of

creativity and in a manner which is true to the

emotions. ...Many never realize their potential

competence because they do not discover how to

focus energy into ways of being which enhance natural

abilities. Energy is thus placed into external forms

which go contrary to the inner nature of the person.

As result, a split occurs within the self and this

condition is projected into professional performance

(McNiff, 1986, pp. 207).

McNiff (1986), encourages art therapists to use their artwork to their advantage--to find strength, realize

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vulnerabilities, and to experience a full range of emotions. By remembering artist origins, the art therapist remains "charged" by the very energy that inspired them to create, and then want to share the healing power of art with others.

Chapter Two

Transference and Countertransference

In the early 1900's, Freud proposed the idea of
transference: that impulses and feelings experienced by the
client, directed towards the analyst, are not newly created
through the objective analytic situation, but are
'transformed' from previous life experiences, especially from
significant parent figures (Ulman et al. 1981, Kielo 1988).
Thus with this insight, transference became regarded as a
useful tool and in fact, according to Freud, necessary for
psychoanalytic cure. Therefore, interpretation in
psychoanalysis and psychotherapy, aims to transform
repetitious behavior, driven by unconscious wishes and early
fixations, into conscious memories to allow for healing and
resolution (Schaverien 1982, Stein 1982, Jacoby 1984).

Freud however, considered the analyst's transference--
'countertransference', as an impediment to the therapeutic
process. To Freud, countertransference was the "resistance
of the analyst due to the arousal of unconscious conflicts by
what the patients says, does, or represents to the analyst's
unconscious", (Sandler et al. in Kielo, 1988, pp. 5).

Jung, in the 1930's, viewed the analytical relationship
as a mutually dynamic process in which the analyst is not
'emotionally neutral'--as Freud idealized. By the 1950's,

the concept of countertransference had evolved and was considered an important phenomenon and insightful tool for the therapeutic process (Kielo 1988).

According to Jacoby (1984), the therapist's self-awareness enables him to assist the client in identifying projections. This, is not an easy task because of the psychological complexity of the therapeutic relationship. The Jungian model of transference and countertransference describes the completeness of the client-therapist interaction. Communication, according to Jung, occurs consciously (between egos), unconsciously (common unconsciousness, also known as 'participation mystique'), from the conscious of one to the unconscious of the other (and vice-versa) and within one's own self (ego <-> unconsciousness), (Jacoby, 1984, pp. 25).

It is because of this complexity within the therapeutic relationship that Racker suggests that there is no "normal emotional state for the therapist, but that the inner state is continuously, profoundly and in certain precise and definable ways, responsive to the patient and what the patient is saying and doing", (in Kielo, 1988, pp. 9). While acting out impulses aroused by countertransference is usually anti-therapeutic and ill-advised, Wilson and Kramer (Ulman et al., 1981, pp. 20), suggest that, "observing one's own inclinations towards acting-out can sometimes yield valuable

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information about the meaning of a patient's behavior".
However, Wilson and Kramer (Ulman et al., 1981, pp. 20),
also warn that, when motivated by countertransference
responses "the therapist's unconscious is not the ideal
mirror reflecting the patient's unconscious but rather a
distorted mirror that yields information indirectly as the
therapist [ideally] recognizes the inner causes of the
distortions."

As for the types of countertransference, Racker
distinguishes two categories of responses: 'neurotic' and
'countertransference proper'. Racker's definition of
neurotic countertransference is, "the unconscious
identification of the analyst with infantile feelings within
himself, in connection with the patient and his defense
against these feelings", (in Kielo, 1988, pp. 10). Neurotic
countertransference responses render therapeutic
interventions ineffective. Countertransference proper
consists of 'concordant' and 'complementary' responses--both
of which lead to insights about the client's significant
early object relationships (Kielo, 1988).

Concordant countertransference occurs when the therapist
"allows himself to spontaneously be with the client",
(Jacoby, 1984, pp. 38). Responding concordantly, the
therapist transiently identifies with the client (through
rapid oscillations of introjection and projection), allowing

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the therapist to 'be with' and yet, 'think about' the client, thus responding affectively and empathically. Complementary countertransference occurs when the therapist responds as the transferred (client-projected) identity. This means, that the therapist behaves/responds like the client's significant childhood figures (Jacoby, 1984). However, Ella Freeman Sharpe reminds therapists that,

> we accept 'roles' in order to analyze them, but we
> can not analyze them, if unconsciously any role
> becomes psychically our own--we must stand firmly
> for the patient where 2 worlds meet. We must
> be able to demonstrate that all that is put upon us
> is the last link of a long chain going back unbroken
> to childhood and infancy. We only hold the thread
> while the patient unwinds, until he has lead us all
> the way and back again, and then we give it back
> to him (in Levick, 1975, pp. 204).

In art therapy, transference is not only expressed verbally, but is also projected visually into the imagery. Then, through the process of free association, clients begins to see and understand the roots of their imagery...the original objectification of early conflicts (Ulman et al., 1981). Art therapists, unlike psychoanalysts, do not deliberately attempt to develop the transference onto

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themselves, but rather aim to promote its expression into the artwork (Ulman et al. 1981). The art materials become the recipients of, and containers for the transference action, allowing the client creative and concrete means of expression. Therefore, the client's need or likelihood of acting out directly to the therapist is lessened, as energies can be sublimated, transformed and then, ideally recognized within the imagery (Rubin in Ulman et al. 1981). The art in art therapy, becomes the "touchstone, for determining the way transference and countertransference should be handled by art therapists", (Ulman et al. 1981, pp. 6).

However, what is also unique to art therapy in reference to transference and countertransference awareness is, that the artwork captures and preserves the essence of the therapeutic relationship--and can be retrieved and reflected upon at any time--days, months or years later. Art therapist, Joy Schaverien (1990, pp. 16), believes that the "picture...becomes a vessel for the mixing of conscious and unconscious elements, from the psyche of the patient with those of the therapist." ...In Jungian terms, this "mixing" creates an 'alchemical marriage', through which the client and therapist relate.

Chapter Three

Interactive Art Therapy:

Objective Opinions and Working Practices.

Professional opinions about the practice of interactive art therapy vary greatly; both positive and negative aspects, as well as working practices, will be discussed. However, before focusing exclusively on interactive art therapy, it should be noted that the art therapists researched who do work with their clients also encourage independent, spontaneous art making. Interactive art therapy is not intended to replace more spontaneous approaches but is to be employed selectively and purposefully (Pellmann 1992, Levick 1975).

Interactive art therapy, according to Art Therapist Ruth Pellmann, "happens when the art therapist becomes an active participant in the art process of the client, as opposed to the traditional analytic stance of the therapist as a more passive participant/observer/reflector", (C.A.T.A. Conference, 1992). As Pellmann explained in her presentation entitled: "Interactive Art Therapy: Benefits and Pitfalls", (1992), she had a professional and personal need to analyze the interactive work she was doing with her clients (mostly children). This research, enabled Pellmann to thoroughly

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summarize the theoretical issues and considerations
surrounding interactive art therapy. Supportive reasons to
use interactive art therapy include:

Modeling (to demonstrate permission to be creative and/or
pursue taboo topics), offering **Encouragement** and providing
Ego Support, thereby helping to **establish and strengthen
the Therapeutic Alliance.** According to Pellmann, the
"pitfalls" to be wary of when working interactively with
clients include a variety of countertransferential issues
such as: **Over-Stimulating Client Dependency**, producing
art that is **Distracting or Intimidating to Clients,**
promoting the use of **Defensive Art and Inhibiting
Spontaneity**, (by avoiding what may otherwise come out in
non-directed spontaneous productions). Pellmann, notes that
the therapist should also be wary of possible personal
agendas when deciding to work interactively with clients such
as, the need to **Control** or direct the client's process or,
Serving Personal Needs over the Needs of the Client.
Pellmann recognizes the fact that because of **Developmental
Considerations**, children and adolescents need more
disclosure and physical modeling than adult clients.
However, it is also important for the therapist to maintain,
and model for all clients, the need for privacy and personal
boundaries (Pellmann, 1992).

Pellmann feels that she is very much present and

involved in the therapeutic process—even in non-directive art therapy. She believes that interacting therapeutically always involves some disclosure of the Self. Interactive art therapy leads to greater disclosure—and with it, the responsibility of self-awareness and motivation. It is for this reason, that Pellmann does not promote the use of interactive art therapy techniques by art therapy students. Pellmann feels that art interaction with clients can distract students from making more objective observations (1992).

However, Art Therapist Christine Wang finds interactive drawings informative and "feels that under supervision, students should make art work with clients—this can help students recognize symbolic transformation", (in Ulman et al. 1981, pp. 13).

Wolf and Robbins, two prominent art therapists, do artwork with clients in order to make use of the 'totalistic countertransference' occurring within the potential space of the therapeutic relationship (Kielo, 1988). Robbins describes working with the client as "two minds attempting to make contact at a prelogical level",(in Kielo, 1988, pp. 31). In Wolf's opinion, drawing with the client enables the therapist to sense and thus render client projections (in Kielo, 1988).

Myra Levick (1975), selectively uses interactive drawings during crucial periods in therapy (such as extreme

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periods of resistance, interruptions in therapy due to the therapist's vacations, patient acting-out and termination). Levick feels that interactive drawings done at these times, can accomplish the important goals of providing perspective and reinforcing the therapeutic alliance.

Initial sessions with children and adolescents are also times when a therapist may employ interactive drawing techniques (or games), in order to engage defensive or timid clients. Winnicott (1971), is well known for his "Squiggle Game". In this game, the therapist makes an 'impulsive line drawing' and then invites the child to turn it into something. The child then, in turn, creates a squiggle for the therapist. Each picture the client creates, relays some information about them. Winnicott, being sensitive to the client's drawing responses, aims to draw images that may have meaning or some significance to the client. A conversation, through the images results, "allowing for an expansion of ideas, thoughts and feelings, leading to clearer, freer verbal communication", (Winnicott, 1971, pp. 16).

Art Therapist Ellen Simon (1978), also promotes the use of initial art games in therapy with children. The 'Squiggle Game', according of Simon, makes for easy contact in an unthreatening atmosphere and helps the therapist to sense distinguishing, habitual features of the child. Simon finds that the children's defenses tend to be lowered since this is

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"play", and the therapist too, is involved. According to

Simon, "games serve to both supplement and induce speech;

they draw on and order the child's resources; and encourage

cooperation", (1978, pp. 84). Simon also uses the Squiggle

Game to help her clients vent hostility through their issuing

of challenges in the form of chaotic squiggles. The Game,

becomes a safe way of experimenting with the expression of

anger. Simon also has observed that art games learned in

therapy, help to strengthen the child's self-esteem, since

the games can be shared with and taught to others. And in

addition, Simon finds that art games "serve as a stepping

stone to independent work, more varied in subject matter and

more expressive than the independent work previously done",

(1978, pp. 82).

Art therapist Mildred Lachman-Chapin also works with her

clients, but prefers to do so simultaneously and more

independently. She believes that "artists have a special way

of relating inner and outer worlds and that this is what art

therapists offer their patients" (1983, pp. 13). Chapin,

recommends the following prerequisites for art therapists who

creatively interact in art making with their clients:

1. Intensive personal analysis so that the therapist
    can recognize and manage the subtle messages in
    their spontaneous imagery.

2. Long clinical experience.

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3. Being an artist with an understanding of one's own

   artistic vocabulary. (in Kielo, 1988, pp. 33).

Chapin creates her own artwork simultaneously with her clients in individual sessions. Beginning with some spontaneous initial marks, she then concentrates on the client, and what they have told her. Chapin trusts that her art will to speak to her--and she responds. The resulting dialogue becomes a statement of her feelings about the client and also, her own 'ideals, spirit and hope' that surround that client (1983). Both artworks are discussed. According to Chapin (in Haeseler, 1989, pp. 70), this establishes "a paradigm for the primary giving-and-receiving interchange of mother and child and reaches directly into feeling states and provides a means of expression for those patients who have difficulty knowing or expressing their feelings; thus treatment is accelerated". Of course, what is revealed by the art therapist about her work is selective and spoken only after the client has said their associations to both works (Chapin, 1983). Chapin feels that, "in the interactive art dialogue both parties must contribute something of themselves and this, in itself, is an element of healing", (1983, pp. 25).

Art therapist Martha Haeseler also creates artwork alongside her clients. In individual sessions, Haeseler's

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artwork responds to client imagery. She believes that, "the art therapist can empathically illustrate the many-layered aspects of the issue at hand", thereby reflecting to the client, much more than could be communicated verbally (1989, pp. 71). Haeseler also finds that by responding to the client's artwork in this manner, the client feels less observed--and more at ease.

Working with groups, Haeseler has found that her creative enthusiasm inspires her clients. Haeseler's participation also allows her to demonstrate how to use various art materials--and show how emotions and stories can be expressed. She also finds that her artwork helps to clarify what she senses are the group issues. Through imagery, Haeseler demonstrates acceptance and her support of the group's exploration of their issues (1989).

Haeseler believes that working alongside her clients allows her to know them more fully while "maintaining distance, thereby hastening identification and the formation of the therapeutic alliance", (1989, pp. 71). Identification with healthy adults is essential for adolescents going through the 'second individuation' process. At this stage, adolescents are striving to detach from parental dependence and are vulnerable to enmeshing with peers. Haeseler, by modeling industry and accomplishment, sets a positive example for her clients to emulate. Haeseler

feels that once her clients are "comfortable in the mentor/apprentice relationship...[they] can make healthy use of the nurturance provided in the therapeutic alliance", (1989, pp. 72-73).

On the issue of countertransference, Haeseler does find that her artwork sometimes teaches her about her feelings towards her clients. However, she takes Edith Kramer's advice and focuses on her clients in session. "To observe one's countertransference reaction can itself become a narcissistically invested preoccupation that constitutes yet another aspect of countertransference", (Kramer in Haeseler, 1989, pp. 77).

Haeseler (1989), also admits that there are other difficulties roused when one works with one's clients such as: 1. the temptation to become absorbed in one's own artwork, 2. the frustrations of being unable to complete artwork and 3. the difficulty of finding ways to work expressively without being personally revealing.

Art therapists who work with their clients must realize their motives for doing so must be 'in the service of the client', not for their own inner needs. Considerable self-awareness is required by the art therapist to enable them to "recognize when their images indeed will further the therapy, or when their work is motivated by feelings of countertransference", (Haeseler, 1989, pp. 78).

Because of the potential difficulties mentioned, Art
Therapist Harriet Wadeson (1980), usually refrains from
working with clients.

> The field of exploration is the client's life,
> not mine. It's a matter of role. Second, for
> those clients who feel inadequate in art, my
> more experienced drawing might prove intimidating.
> Third...the processing of my picture or sculpture
> would take up valuable therapy time...[and] I tend
> to become so absorbed in my own expression, that I
> neglect the client (pp. 42).

Art Therapist Laurie Wilson (in Ulman et al. 1981),
expresses similar concerns as Wadeson on the issue of working
with clients. She feels that art therapists risk objectivity
when they engage in artwork with clients. This, is
especially dangerous, according to Jacoby (1984), when the
therapist unconsciously identifies with--and falls prey to--
the archetypal issues and imagery of the client.
Identification or merging with the client renders the
therapist "stuck" with the client; therapeutic progress is
halted.

Frances Fisher Kaplan however, addresses the positive
therapeutic use of the wish to merge in her article:
"Drawing Together". Psychological development research has

shown that "those [individuals who are] suffering [from] deficient symbiotic experiences will continually strive to establish symbiotic relationships with parental substitutes", (Kaplan, 1983, pp. 79). Art therapists who work with such individuals will receive 'parental figure transferences'. Kaplan proposes that therapists who draw with their clients (in the early stages of therapy), provide clients with 'reparative symbiotic gratification'(1983). And, contrary to popular belief, according to Kaplan, drawing with the client does help to establish boundaries--since,

> the shared drawing space--the arena of merging--
> is clearly visible to both participants. Further,
> the therapist can insure, through his or her
> contributions to the drawing, that several images
> rather than a single jointly constructed image
> appear in the final product. In other words,
> individuality can be maintained in a joint drawing
> (Kaplan, 1983, pp. 80).

The benefits of providing this 'corrective experience' include: increased receptivity to treatment and the facilitation of psychological growth. It is for this reason that Kaplan feels that 'symbiotic gratification' is not only a 'regressive' (reparative or defensive) function, but also potentially a progressive phenomenon (1983). To emphasize

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this point, Kaplan points to the work of researchers
Loevinger and Wessler, who recognize that "development is
cyclical, that major issues (ie. dependence versus
independence) are reworked , with a difference, at each new
developmental stage...[and therefore, there is] an apparent
adaptation-enhancing function of the experience of merging
for normal adults", (in Kaplan, 1983, pp. 84). Rose (in
Kaplan, 1983, pp. 84), feels that "to merge in order to re-
emerge, may be part of the fundamental process of
psychological growth on all developmental levels. Thus, the
usefulness to normal adults of the experience of merging does
not necessarily stem from deprivation". According to Chapin
(1983, pp. 22), interactive art therapy provides a way for
clients "to re-experience and work though the primal (pre-
oedipal) relationship in a more successful fashion than they
did in earliest childhood." Kaplan states that,

> for the preverbal child and the regressed adult,
> symbiotic union with a nurturing parental figure
> can provide the strength to face an over-whelming
> and confusing world. ...[And], for those who have
> reached higher levels of development, a sense of
> being connected with existence as a whole can
> provide the courage to face life's harsher realities
> (1983, pp. 84).

Kaplan (1983), does point out that there are individuals with whom drawing is not advisable. Such individuals include: schizophrenics with a minimal sense of self and clients who are struggling to (separate and) individuate. Working with borderline clients too, can also be difficult, since these patients both desire and yet fear closeness. According to Chapin (1983, pp. 23-4), "such [borderline] patients do better to make art works alone, to find a way to define their separateness through the metaphor that is art with other borderline patients making art for or with another person can be a useful way of working though issues of mutuality and reparation."

However, on a thoughtful note, Chapin also states that for the therapist, as well as the client, becoming extremely attuned at an unconscious level can be frightening.

> In order to 'realize' other people, make them and
> their uniqueness fully real to oneself, one has in
> a sense to put oneself into the other. ...To be able
> to break down the barrier of space between Self and
> other, yet at the same time to be able to maintain
> it, this seems to be the paradox of creativity (Milner
> in Chapin, 1983, pp. 25).

In conclusion, it seems that the occasional production of artwork with appropriate clients is beneficial and

effective and "can be used to enhance and reflect the development of the relationship between patient and therapist", (Kaplan, 1983, pp. 82). Chapin (1983), claims that her skill as an artist has enhanced her abilities as a clinician.

> As I see it, the artist projects his subjective state onto his art work in the hope that others will empathize with it and give him the response he seeks. The artist-as-clinician offers patients a chance to learn this skill and an opportunity to "play" in the space between their inner experiences and the world outside, to create for themselves a bridge of empathic understanding, support, and (it is hoped) real accomplishment. This is our specialty (Chapin, 1983, pp. 22-23).

Chapter Four

The Psychological Nature of Dreams

Under the blanket of sleep, we are swept into another reality--a time and place that swallows us whole--inside of which, is spun a dream. ...This metaphoric statement attempts to bring to mind the emotional and sensational feel of dreaming...the psyche enveloping the dreamer. ...But what is the real value of these experiences? Dreams have been diversely considered as: divine messages from the gods, 'meaningless bits of mental fluff', protectors of sleep and fulfillers of wishes, preservers of sanity, solvers of problems, discarders of nonessential information, communication to therapists and a source of creativity (Foulkes 1966, Rothstein 1987, Scott 1987). "Dreams", according to Whitmont and Perera (1989, pp. 180), "are the portal to the source of life--with stories told by the Guiding Self." According to psychoanalytic theory, dreams reveal the "deeper movements of the psychic process", (Hall, 1977, pp. 183), and offer an integrated linking of the dreamer's internal and external realms of existence (Day, 1976). But what does this offer for the therapist?....Can insights be harvested from dreams to feed one's understanding of therapeutic relationships with clients? This chapter, will focus on various dream theories, dream recall, factors

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that effect REM sleep and dreaming, therapist's dreams about their clients, dreaming and ESP and revisiting dreams through art.

However, first, the question that needs to be addressed is "Why do we dream?" It is a well known fact that dreams are produced during REM periods of sleep (4-6 times nightly), existing within biologically set stages and depths of sleep. Dreams may "be a function of some unknown biological factor rather than [solely] a signal of the evoked unconsciousness", (Hartmann, 1970, pp. 201). Generally accepted however, is the belief that dreams are created to puzzle over unfinished emotional businesses of unresolved conflict and day residue (Ullman et al., 1973).

> [The dreamer]...takes a backward glance over his own life, scanning it for incidents historically related to the conflict that besets him. Long forgotten childhood episodes are woven into the dream if they can shed any light on the origins of his immediate focus of concern. ...The opening scene in the dream is the setting and expresses the mood, feeling, or idea triggered by the day residue. Then follows a middle portion which further develops the theme now projected. It is enriched by past, as well as additional present experiences linked to it at the feeling level. Finally, there is a terminal period of resolution which, when

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successful, results in the continuation of the normal
sleep cycle and when unsuccessful leads to awakening
(Ullman et al., 1973, pp. 222).

Free of externally imposed constraints, the dreamer
reveals, and engages a more sheltered side of him or herself,
than daytime personality dynamics allow (Foulkes, 1966). And
thus, it has been suggested that one function of dreaming may
be to form a more integrated and coherent personality (Hall,
1977).

Freud regarded dreams as the "guardians of sleep", and
said that "the interpretation of dreams is the royal road to
knowledge of the unconscious activity of the mind", (in
Leedy, 1973, pp. 51). Dream work, according to Freud, "was
seen as a compromise between the unacceptable wish [of a
sexual nature] and the desire to remain asleep", (Hall, 1977,
pp. 19). In dream work, the sleeping ego (guarded by a
somewhat weakened, but still present censor), converts latent
dream thoughts unacceptable to the ego into disguised
manifest dream content (Segal, 1991). The manifest dream's
language is primitive, fulfilled by sensory forms and visual
imagination (Hartmann, 1970).

The primary process dream mechanisms (the inherent
resistance) through which dreams are created are:
displacement, condensation, indirect representation

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reversals, and secondary elaboration (Segal, 1991).
Displacement is the transferring, omitting or projecting of
affects belonging to one situation onto another (Day 1976).
Condensation is the converging or compacting of many thoughts
and wishes (sometimes contradictory), into one condensed
dream element. Indirect representation is linkage by
similarity or the possession of a common attribute (Segal,
1991). Reversals, can change traumatic situations into wish-
fulfilling ones, unwanted affects are externalized and active
wishes are expressed as passive, (Segal 1991, Gillman in
Rothstein, 1987). Secondary elaboration, is the distortion
of the actual remembering of the dream upon awaking, due to
the effects of the ego's censorship. According to Freud, our
rational faculties reconstruct the dream in order to make
sense of it because our minds can not tolerate illogical
thinking and chaos (Segal, 1991).

Therefore, attention should be given to recording dreams
objectively. Understanding the manifest dream comes about
through the 'doing of the dream work in reverse', and this
requires knowledge about the personal life of the dreamer
(Hartmann, 1970).

However today, with our knowledge of REM (dreaming)
periods, Freud 's notion of the unconscious as the instigator
of dream episodes seems unlikely. And, "Day-dreaming is
probably the activity closest to Freud's original idea of

libidinal wish-fulfillment. It largely ignores reality",
(Segal, 1991, pp. 103), as did his understanding of 'day-
residue', as "an event which in some way is in the patient's
mind connected with and represents some deeper unconscious
conflict", (Segal, 1991, pp. 4).

Jung, unlike Freud, believed that dreams were not
deliberately disguised; dreams simply reflect "the
deficiencies in our understanding of emotionally charged
pictorial language", (Jung, 1964, pp. 30). Jung hypothesized
that the driving force behind dreaming was the unconscious
psyche attempting to communicate with the conscious psyche,
in order to present messages that would restore and maintain
psychic equilibrium (Jung, 1964). Jung viewed the human
psyche as a "self-regulative system in which unconscious
processes function in a compensatory relation to conscious
processes... [urging the individual] to develop his
particular potentials to the fullest", (in Hartmann, 1970,
pp. 341).

Jung believed that understanding one's dreams assists in
the process of creative evolution called individuation--the
quest for wholeness (Scott, 1987). Dreams can also,
according to Jung, offer artistic inspiration, problem
solving and spiritual deepening (Whitmont and Perera, 1989).

According to Jung, dream interpretation requires
sensitivity to thematic content, settings, characters,

action, emotional colours and tones, qualities of coherence and incoherence and discrepancies in theme (Whitmont and Perera, 1989). Jung's method of dream analysis which is called 'amplification', consists of eliciting from the client their associations to each original dream motif, withdrawing understandings and insights from personal, cultural and archetypal roots (Hall 1977, Mattoon 1984).

Dream Recall

On the subject of dream recall, it has been found that subjects who scored high on 'adaptive regression' have frequent dream recall and experience dreams that may be quite long and bizarre, suggesting considerable ego strength and ability to tolerate stress (Kalsched in Hall, 1977). Conscious, deliberate interest in one's dreams, is also a good predictor of high dream recall. Individuals with low dream recall tend to be highly conformist and self-controlled. They are prone to use repression as a defense, thereby experiencing less anxiety than dream recallers. Non-recallers also tend to be less self-aware, lower in ego strength and experience the locus of control outside of themselves (Foulkes 1966, Hartmann 1970, Faraday 1972). In fact, dream research has shown that non-recallers less frequently portray themselves as the 'protagonist of action'

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in their dreams (this external focus, may also make these dreams more difficult to recall), (Hartmann, 1970). Faraday suggests that "Future research may well show low and high dream recall to be closely correlated with personality measures of extroversion and introversion, respectively", (1972, pp. 53).

However, it is interesting to note that dream research has revealed that non-recallers showed more actual rapid eye movement per second than recallers, which suggests that they experience more active dreams (Faraday, 1972). This paradox was addressed by Faraday,

> It was discovered that in waking life more eye
> movements are executed in looking away from an
> object or scene than looking at it... The
> investigators reasoned that it was possible for
> non-recallers to behave in a similar shifty-eyed
> way towards their dream, particularly if they were
> unpleasant. ...Evidence, suggests that non-recallers
> are decidedly reluctant to remember their dreams,
> just as they tend to avoid or deny unpleasant
> experiences and anxieties in everyday life (1972,
> pp. 52).

Forgetting dreams however, is a normal occurrence for which repression can not take all the credit. Ability to

recall a dream depends not only on personality factors, but also the degree of alertness or arousal during the registration of the dream experience and during its recall, the recency of the dream episode and organization of the dream experience (Hartmann, 1970). REM sleep conditions are optimal for consolidating memory traces and integrating new experiences within the brain, due to intense cerebral activity and the exclusion of extraneous sensory input and motor output etc. (Hartmann 1970, Faraday 1972).

> However, the evidence suggests that REM activity does not continue long enough at any one time to allow the formation of a dream trace [to be] strong enough to sustain itself beyond the REM period. ...[Therefore], unless a subject is awakened during a REM period, he is likely to forget the mental content experienced during it (Faraday, 1972, pp. 60).

Hall (1977), also suggests that maintaining awareness of dream content is difficult because upon awakening, our attention becomes divided between internal and external realities. However, Faraday (1972), suggests that if a dreamer remains awake for ten minutes or more to review what is remembered of the dream, the memory trace is strengthened, and the dream is more likely to be recalled later.

Factors that Effect REM Sleep and Dreaming

Drug intake effects REM sleep. Amphetamines, barbiturates and alcohol significantly suppress REM sleep. When these drugs are withdrawn REM sleep rebounds, often with nightmares and anxiety dreams. Social isolation and physical inactivity, on the other hand, may lengthen REM cycles (Foulkes 1966, Hall 1977).

Therapists' Dreams About Clients

Jung occasionally dreamed about his patients, and would selectively share these experiences with his them. However, Jung felt that analysts should carefully monitor their own reactions to patients (including the sharing of dreams), since "we do not react only with our consciousness", (in Stein (ed), 1982, pp. 106). Rothstein (1987), recognizes that intense affective responses towards clients are carried by the therapist, even after the session has ended; these feelings may continue to occupy one's thoughts, even while asleep. Issues of countertransference can be recognized and monitored through the therapist's self-analysis of dreams about their clients. Rothstein (1987), notes that this type of dream analysis not only helps to illuminate therapist's "blind spots" by aiding in the comprehension of complex

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feelings, responses and unconscious psychodynamics stimulated by the therapeutic relationship, it is also a helpful tool in furthering one's own self-analysis.

According to Whitmont and Perera (1989), therapist's dreams about their clients imply countertransference problems. Dream analysis, by the therapist is in order,

> to see what complexes or archetypal problem of his
> is being projected onto that client. Most commonly
> projection involves a shadow problem... The figure
> of the client may appear as a Self figure, a child
> figure, as a lover or enemy, an ideal to be envied
> or a spoiling devil. The projection, whether personal
> or archetypal, implies that the therapeutic relationship
> is in difficulty and that the therapist has become
> overly identified with the patient or is 'using' him
> as carrier of some part of his own psychology (Whitmont
> and Perera, 1989, pp. 179).

Dreaming and ESP

Since ancient times people have believed in diagnostic, telepathic and prophetic dreams. Arnald of Villanova, a doctor of the middle ages, said that diagnostic dreams were "Like magnifying glasses...these dreams could perceive the first symptoms of physical diseases and report them to the

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dream consciousness long before the waking mind could notice anything was amiss", (in Boss, 1958, pp. 159).

Jung (1964, pp. 66), reasoned that because "our conscious thoughts often occupy themselves with the future and its possibilities, so does the unconscious and its dreams".

> It is inherent in every process of nature, including
> the psyche, that the seed of each process contains
> an implicit foreknowledge of the goal towards which
> it is unfolding...[This is reflected in] intuitions
> that seem to come just a little bit ahead of time
> in relation to the actual outcropping of events
> (Jung in Progoff, 1973, pp. 93).

Therefore,

> Dreams may sometimes announce certain situations
> long before they actually happen. This is not
> necessarily a miracle or form precognition. Many
> crises in our lives have a long unconscious history.
> We move towards them step by step, unaware of the
> dangers that are accumulating. But what we
> consciously fail to see is frequently perceived
> by our unconscious, which can pass the information
> on through dreams (Jung, 1964, pp. 36).

Emerging from these beliefs, Jung developed his concept

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of Synchronicity; the "noncasual but meaningful relationship...[that clusters around emotionally-laden archetypal circumstances, revealing that] the psyche of man is involved at deeper than conscious levels", (in Progoff, 1973, pp. 4-5). Jung viewed all events as existing in patterns, moving across moments in time and therefore, housed in each individual, exists the psyche containing personal and collective unconsciousness—the mini microcosm of the cosmos macrocosm (Progoff, 1973). Jung considered the perception of synchronic events to be a natural occurrence for anyone living in close connection with their unconscious, either through the "development of larger cognitive capacities in a sensitive personality [type], or through an uncontrolled predominance of the unconscious, as in psychosis", (in Progoff, 1973, pp. 96).

Freud too, believed in telepathic dreams. However, he also felt that "some of the day residue which goes into the construction of the dream is received at a subliminal level and that some of the dream work of condensation, displacement, and so on, goes on during the day before the night of the actual dreaming", (Hartman, 1970, pp. 216).

Faraday (1972), and Jacoby (1984), suggest that therapist's dreams can compensate for incorrect perceptions, discrepancies, or unconscious trends in their client's psyche. According to Faraday, modern dream research has

shown that dream contents derive mainly from recent waking experiences. Through personal experience, Faraday has found that her dreams have provided her with valuable objective information that her consciousness had brushed aside during the day due to preoccupations or repression. It is for this reason that Faraday recommends that all dreams should be examined for "possible truth about the external world, not only because it is valuable in itself, but also because the process of checking makes all the difference to the way we understand any other messages the dream may contain about our inner subjective problems", (Faraday, 1972, pp. 185).

Faraday (1972, pp. 295), believes that,

Creative inspiration never comes out of the blue; like grace, it comes only to the prepared mind which has already gathered together a whole host of relevant facts, impressions and ideas. The moment inspiration often occurs in waking life, when everything seems to link together in a new and significant pattern, usually the mind is relaxed, and it may be that similar inspirations which come to light in dreams are not products of the sleeping mind at all, but have already been formed at the back of the mind during the day, only to lie unnoticed beneath the background chatter until sleep intervenes.

Faraday (1972, pp. 166), defines 'clairvoyance' as "the faculty of seeing mentally what is happening or exists out of sight." She feels however, that most clairvoyant dreams have natural rather than supernatural explanations, such as the unconscious accumulation of subliminal perceptions, out of which, we have shaped our dream.

Precognitive dreams, on the other hand, reveal foreknowledge but they too, according to Faraday (1972), can usually be explained by subconscious 'detective work'. Ullman (1973, pp. 210), however, suggests that "If the dream is vivid, coloured, detailed and somewhat puzzling to the dreamer, and does not 'fit' into his dream pattern or reflect recent activity, then we can be alerted to the possibility that the dream is being influenced by ESP."

Revisiting Dreams Through Art

Freud and Jung both recognized the value of art in the capturing, sharing and analyzing of dreams. Jung had his patients draw their dreams, realizing that pictorial imagery was a more direct way of dealing with these unconscious non-verbal experiences than words alone (Morris, 1985). Today, drawing and painting dreams is often a major component of Jungian analysis (Wadeson, 1980).

According to Day (1976), visual representations of

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dreams can reveal important clues to latent dream material not elicited in the verbal associations. Day (1976, pp. 218), says that in drawing dreams, "the patient frequently has a strong sense of recovering something which was clearly there in the hallucinated dream but which, in the process of secondary revision, in the need to combine and order the material, was lost." Day (1976), feels that in the re-creating of dream imagery, the accompanying moods and feelings may also re-surface, creating a catalyst in the movement towards the amplification, crystallization and understanding of the dream.

Chapter Five

Post-Session Responses to Client Art

Perceiving and responding to the visual messages communicated through client art, is the skill of the art therapist. Advocates of healing and self-awareness through creativity, art therapists provide the art materials, space and time for their clients to become involved in a process that has intrigued them...the 'artist within the therapist'. However, Art Therapist Joanne Kielo (1991, pp. 14), recognized that within therapy, "too often the art therapists' attention to the pictorial image is client-sided..." She questioned that, "If image-making by the client is an integral part of the client's growth, what then is the potential of image-making by the art therapist?...", (Kielo, 1991, pp. 15-16).

Kielo (1988), for her thesis: "A Study of Art Therapists' Countertransference and Post Session Imagery", interviewed fourteen art therapists in order to explore the insight possibilities of post session imagery. Unanimously, the art therapists Kielo interviewed, agreed that creating post-session artwork was beneficial and alerted one to countertransference responses. According to these art therapists, post-session artwork can also be used to clarify one's feelings and/or render unacknowledged feelings into

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form and to develop empathy for the client. Unfortunately, none of the art therapists interviewed maintained this practice regularly because they found it time consuming.

For training therapists, Art Therapist Myra Levick (1975, pp. 215), feels that "bringing...transferential feelings into consciousness through drawing facilitates the student therapists' awareness of their own responses and sharpens their recognition of these manifestations in their patients' drawings."

Approaches to making post-session response art are unique to each therapist. However, psychoanalysts Feinichel and Jacobs suggest that "emotions can be transmitted through identification by way of the emotions we see in action", (in Kielo, 1988, pp. 54). This suggests, that by retracing one's client's creative steps (ie. reproducing their images), one may gain some insight into what inspired their creativity. According to one art therapist interviewed by Kielo (1991), the occasional reproducing of clients' art after sessions made that therapist observe the client and the artwork more closely--and greater empathy resulted through identification with the client's symbols and experiences.

M. Comer Rudd prefers to draw "in the style of a client", as one means of learning about the defenses of that client (in Haeseler, 1989, pp. 70). And, Rubin (in Ulman et al. 1981), creates portraits of her clients outside of

therapy, and finds that through these images, she also can uncover and comprehend countertransference responses.

Art Therapist Arthur Robbins (1980), says that creating post-session artwork permits the art therapist to benefit from the merging of primary and secondary creative processes. This, provides the therapist with the "opportunity to harness the energies and images into a concrete manifestation", (Robbins, 1980, pp. 68), creating "an experimental interplay of the art process, the art product and a free associational response to the patient in absentia", (La Monica and Robbins in Kielo, 1991, pp. 18). Robbins feels that this engagement in the creative process "lowers the therapist's self-defenses and thus sheds some light on the problematic blind spots"-- and a better understanding of the therapeutic relationship results (1980, pp. 69). Robbins also notes that while therapists are involved in creating post-session art, they are in a fully enmeshed state with access to pre-verbal material surfacing through the process and sensations (in Kielo, 1991). However, because the art remains as witness to the creative process, the art therapist is able to gain some distance to reflect upon the experience. Robbins notes that, "the differences between the art therapist's intentions and the actual results indicate something about the patient's reality, the transference, the therapist and/or the relationship", (in Kielo, 1988, pp. 34).

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Similarly, Kielo (1991, pp. 18), learned from her interviewees that, "what had been experienced in a fully enmeshed state during the art therapy session seemed to be differentiated...through post-session imagery." Art therapists, found that their art work helped to clarify client-therapist boundaries, as well as indicate ownership of issues and affects stirred within sessions. What results, according to Kielo (1991, pp. 18), is the "clarification of the complementary countertransference and subsequently, in the renewal of the concordant countertransference", and with it, feelings of empathy--the energy behind effective therapeutic intervention.

Chapter Six

Poetry in Therapy

Within the literature on poetry therapy there is very
little mentioned about the benefits or insights gained by
writing poetry for therapists including, poetic responses to
client art (visual or written). Therefore, this chapter is
based on the benefits of poetry in general...the powers of
ventilation, catharsis and revelation (Heninger, 1974-5).

Jack Leedy says that, "if the dream provides the 'royal
road' to be traveled by night, poetry may be said to provide a
similar highway by day", (1973, pp. 52). What is liberating
about poetic expression says Leedy, is that "fiction and fact
may be interwoven and not conflict", (1973, pp. xiii). The
poet uses poetry, "to express rather than conceal...distort in
order to clarify...[and], symbolize in an effort to
illuminate" (Robinson in Heninger, 1974-5, pp. 556).

Therefore, when integrated into art therapy, poetry
becomes a powerful vehicle on route to self-discovery,
creativity and growth (Bell 1984, Antebi 1986, Rice 1986).
Poetry can also help to clarify and affirm vague perceptions
"on the edge of consciousness", (Goldstein, 1983, pp. 168).
Morrison (1987, pp. 211), calls poetry "the prime mode of
authentic speech, welling from the deepest corners of the
psyche."

According to Arieti (1976), poetry exists in the 'tertiary process' creative space between primary and secondary process functioning. Arieti feels, that in writing poetry, one "blends the two worlds of mind and matter--the rational with irrational", (1976, pp. 13). Morrison (1987), explains that this unique feature of poetry is due to the integration of strengths of the right and left hemispheres of the brain. The imagery, emotion and intuitions of the right hemisphere are transformed and structured by the left hemisphere into the language and form of the poem.

In the voice of a poem, the scope of our ability to communicate expands. This is because, "poetry offers a more personal alternative to society's standardized language system", (McNiff, 1981, pp. 79). The linguist, Benjamin Lee Whorf believed that,

> As a major language develops, it becomes increasingly organized around a rationale, it attracts semantically suitable words and loses former members that now are semantically inappropriate...It may turn out that the simpler a language becomes overtly, the more it becomes dependent upon cryptotypes and other overt formations, the more it conceals unconscious presuppositions...(in McNiff, 1981, pp. 81).

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"Poets" [on the other hand], "are continually questioning, renewing and expanding the meaning of words. ...[in order to more] forcefully "project" thoughts, feelings, and perceptions", (McNiff, 1981, pp. 79). Bell (1983, pp. 178), says that, "the poet knows that the closer one comes to the truths of life's strongest and most sensitive experiences, the more one needs to use a symbolic scene or symbolic language."

This 'symbolic scene'--expressed in poetry, dreams or an image--becomes concretized in the special truth of a metaphor. "The metaphor", according to Arieti (1987, pp. 145), "seems to transport us closer to a world or absolute understanding that is more real than reality..." Words, become more that mere signs for objects...they may become 'actual portraits' or 'visual icons'. And, by exploring the metaphors (the creative language) of a client, the therapist in his or her own art and poetry may gain access to the patient's model of the world (Goldstein, 1983).

Integrating one's functions through art, allows the therapist/artist to explore "inner space and time...[and to become] a specialist in those inner experiences called dreams, images, visions...", (Berger in Alexander, 1990, pp. 125). Linking images and poetry together, is especially revealing (Marlin, 1974). It is for this reason that Art Therapist Shaun McNiff (1981), encourages his art therapy clients to

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write stories and poetry in response to their visual work. The poem, becomes an amplification of the picture, helping to penetrate deeper into the imagery...creating the dialogue-- speaking the emotions visualized (McNiff, 1981).

The poem allows a ventilation of thoughts and emotions...sometimes the writing process is feverish, other times, trance-like in intensity. However enveloped, the poet's unconscious need for psychological defenses may be lowered at this time, permitting underlying conflicts and anxieties to surface (Mitchell, 1978). "The poem", according to Robert Graves (in Johnson, 1990, pp. 301), "is either a practical answer to his problems or else it is a clear statement of it; and a problem clearly stated is half way to a solution."

The poem provides a cathartic relief through a sort of 'cleansing of the emotional system'. Byron called poetry, "the lava of the imagination whose eruption prevents the earthquake", (in Goldstein, 1983, pp. 167). A poem provides emotional distance from a 'problem'; it exists as an external entity separate from the Self, which allows for contemplation. The production of a poem is the result of the identification of a problem (or countertransference), and the attempt to use one's creativity and emotional energy productively in order to find understanding or a solution (Lewis 1987, Antebi 1986, McNiff 1981).

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Heninger (1974-5, pp. 556), calls poetry 'active mastery' because "the language of poetry helps one to create order where chaos existed." In poetry, one can "both hide and [safely] reveal...innermost thoughts and feelings. Poetry gratifies simultaneously both the [ego's] impulse for expression and for control [concealment]. One may face very disquieting conflicts in the disguise of poetry", (Heninger, 1974-75, pp. 558). Heninger (1974-5, pp. 557), poetically likens this ability of the poem to "save face", to the work of an oyster, that "takes an irritating grain and creates a beautiful pearl around it."

The form poetry takes is unique to each writer. McNiff (1981, pp. 77), feels that, "form should serve to refine and amplify expression rather than predetermine how and what people express...therefore it is essential to do whatever we can to facilitate the free and imaginative use of language." Structural configurations, such as rhyme can interfere with the flow of expression if the poet is "breaking" to hunt for a 'structurally correct word', and therefore should only be employed when evoked by the emotional process of the poem (McNiff, 1981).

Popular forms of poetry include: one word poems (which can be written on coloured construction paper with contrasting pens--so that the colours and way in which the word is written, become part of the expression), the Haiku (17

syllables in three lines--5,7,5--concentrated, precise and
challenging), structured poetry using rhyme and unstructured
poetry/writing (Hynes and Berry, 1986). The 'categories' of
expression observed by McNiff (1981, pp. 83), include:
"observation, the dream, the letter, and the story."

Constructing a poem, clarifying its imagery and meaning,
is a process of growing Self-aware (Mitchell, 1978).
According to Hynes and Berry (1986, pp. 176), when "a word or
line is scratched out and replaced by another, chances are the
change represents a new level of meaning or insight, not a
mistake." Reflection, may take the form of self-posed
questions such as: What is the most meaningful part of the
poem?...Where is it weak?...Does the poetry sound authentic
and honest--or are there distortions that need to be
corrected? (Hynes and Berry 1986, Bell 1984).

New insights may also come about through the reading...
and rereading of the poem. According to McNiff (1981, pp.
87), "in reading the poem there is great therapeutic value
when the voice and inner emotion are in synchrony with the
imagery and words being presented. When this feeling is
achieved, the poem has an organic wholeness and flow that is
in itself healing." A poem by Longfellow beautifully
exemplifies the expression of art and emotion...and through
mention of "a song", seems to request to be spoken aloud, so
that it truly may be heard.

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So when the storms of wild emotion

    strike the ocean

Of the poet's soul, ere long

From each cave and rocky fastness,

    In its vastness,

Floats some fragment of a song...

(in McNiff, pp. 79).

Discussion

Chapter Seven

Methodology.

In attempt to understand and develop my intuitive abilities as an art therapist, I have spent my training years trying to integrate my artistic and creative strengths into my chosen profession. My exploration has taken the forms of: Interactive Art Therapy, Attention to Personal Dreams and Art Making and Post-Session Response Art and Poetry.

Aside from the chapter on personal dreams about my clients, the client material selected for this thesis has been limited by various circumstances and therapeutic appropriateness. For example, my experiences working interactively with clients has been limited to young adolescents, who I felt had required the encouragement, modeling and ego support offered by more direct involvement. This same extent of involvement with adults is usually unnecessary--and in fact would probably be found intrusive and inhibiting by these clients, especially if they were accustomed to working independently.

The group selected for the study of post-session response art and poetry (The Dreams, Art and Poetry Workshop) was chosen for two main reasons: 1. the group as a whole

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signed their consent forms, enabling me to use their artwork
and case material in my thesis and 2. This group was co-
lead, which meant that I could compare intuitions expressed
in my art responses with those expressed in the work of my
Co-Therapist.

Interactive Art Therapy.

During my first year as an art therapy intern at a day-
treatment centre and alternative school for emotionally
disturbed and socially maladjusted adolescents, I chose to
work interactively with three of my individual clients. The
form of this interaction was the "The Doodle Game". (In The
Doodle Game, client and therapist work together on one sheet
of paper, taking turns creating "scribbles" and then
challenging the other to transform these scribbles into
recognizable images.) The pictures produced capture the
essence of these therapeutic relationships including,
elements of transference and countertransference.
Specifically examined is non-verbal, unconscious and
intuitive visual communication.

I do wish to note at this time, that my art interactions
with adolescent clients, were done prior to the
conceptualization of my thesis proposal. However, it was the
seeds of these experiences, from which grew my interest in

finding alternative methods (of less direct influence), by which means I could harness and benefit from my unconscious intuitions concerning my clients and our therapeutic relationship.

I would also like to note that, in order to maintain client confidentiality, all names of clients in this thesis are pseudonyms.

Attention to Personal Dreams.

Throughout my two years of art therapy training I have maintained a dream journal which now contains over 200 dreams. I consider the five dreams that I have selected to share particularly insightful and revealing. These dreams contain, what I believe to be relevant, objective insights concerning psychic realities of my clients which consciously, I had overlooked.

Post-Session Response Art and Poetry.

During my first year art therapy internship at the adolescent day-treatment centre, I occasionally created artwork when, either my clients were absent or after particularly difficult sessions. Although I did not produce artwork regularly, I did enough to recognize that this was

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helpful in processing and clarifying session material and releasing personal tension.

Therefore, when I entered my second year (and had begun gathering research material for my thesis), I decided to make post-session art responses a regular practice in order to obtain a more thorough and objective understanding. At the community mental health centre where I was working, I offered a weekly, two hour "Dreams, Art and Poetry Workshop" to a diverse adult population. The group was co-lead my myself and male co-therapist (a fellow student from my university training group).

The Dreams, Art and Poetry Workshop was designed to incorporate my three interests of study. The goal of the Workshop was to encourage members to use their dreams as important creative resources to inspire self-exploration. It was suggested to members that they keep dream journals and bring dream material to explore in the Workshop. Members spent the first hour of the group creating images of their dreams. Relaxation music (nature tapes) were played quietly in the background to encourage individual focusing and to stimulate a daydream experience for those people who had difficulty remembering their dreams. In the last 15-20 minutes of the first hour, members were encouraged to free associate and write about their artwork (to create poetry, titles, a written flow of thoughts or 'potent' sentence).

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The dreams, art and poetry were then shared during the second hour of the group.

The format of the group reproduces my own usual creative working process, which I find stimulating and revealing and wanted to share with others. Although, the working processes and means of integrating the three modalities by the group members was interesting in itself, this is not the focus of this study, and reference to individual client processes will be limited. The focus of this chapter is the post-session art responses of myself and Co-Therapist, and what they revealed about our clients, session themes and co-therapist relationship.

Post-session art in this study includes both poetry and visual art responses. I wrote poetry following September to January sessions, and created visual art responses (and some poetry), with my Co-Therapist following January to April sessions. Initially, I did not work in both modalities after each session, as I believed that this would be too time consuming. What I learned however, is that poetry produced following image making has an authenticity and flow that, for this author, was not as spontaneously tapped in poetry writing alone. Therefore, as the year progressed, I often found myself producing poetry to further explore and put into words the feelings and themes suggested in my images. This provided my base for later session notes.

My Co-Therapist however, preferred to respond to each session through visual imagery followed, by his session notes. The verbal statements regarding my Co-Therapist's imagery (integrated into this text), were recorded while reflecting on the images and creative process after the group had terminated.

I would like to note, that there were some sessions after which neither myself or Co-Therapist produced any response art, due to feelings of "exhaustion". This, I now interpret as strong countertransference responses--bodily contained and suppressed.

Chapter eleven entitled: "In Conversation with My Co-Therapist", summarizes thoughts and opinions about the process and experience of creating post-session response art.

Personal Art.

For the duration of my study, I recorded my dreams, painted, and wrote poetry. In chapter twelve, on "Personal Art", I have included photographs of some of my artwork and have commented briefly on my process, journey, and search, "for the source of intuition". Both my poetry--and the bulk of my dreams, which reflect issues of a more personal nature, have been omitted to respect to my own level of comfortable sharing.

Chapter Eight

Interactive Art Therapy: The Doodle Game

In my first year art therapy practicum at a day-treatment centre and alternative school for emotionally disturbed and socially maladjusted adolescents, I drew with three of my individual clients during mid-treatment. The form of this drawing interaction was "The Doodle Game". (The Doodle Game consists of one person making a scribble and then challenging the other player to transform it into an image. Then, the creator of the doodle makes a scribble for the first person to complete...etc., (Pellmann, 1992). The pictures produced (Fig. 1 to 5, my drawings of the original images), capture the essence of these sessions: client dynamics, transference and countertransference...all factors influencing and constructing our therapeutic relationship.

I will now describe the creac e processes by which the doodle drawings were produced and address the following questions:

1. What message was I visually communicating to my client?
2. What do I unconsciously know about my clients/our therapeutic relationship that I may consciously become aware of, through studying these in-session artworks?

<u>Doodle #1</u>.

"Danny" was a fifteen year old male who I worked with
individually once a week, at the day-treatment center. He
had very low self-esteem, which seemed to be the result of an
unstable family life. In art therapy, Danny had extreme
'performance anxiety' concerning his perceived lack of
artistic ability. In initial sessions, he had produced
artwork (consisting mostly of carefully drawn, rigid-looking
super-hero figures). However, after three sessions, he could
not be persuaded to use the art materials or allow himself to
be engaged in conversation. In the sixth (Doodle Game)
session, I attempted to encourage Danny to draw with me,
hoping to lessen his anxiety by playing a game and modeling
"doodling" (a freer form of drawing). Reluctantly, Danny
agreed; I proceeded with the game, encouraged by the fact
that he had not flat out refused to play.

I started the game, and drew a blue coil unwinding into
a zig-zagged line [Fig. 1]. Danny responded, by adding a red
eye and protruding tongue. He called the image "a chicken"
and refused to continue the game. I commented that the
chicken looked like it was sticking its tongue out at the
game. A little defensively Danny replied, "I don't know
where it came from--just looked like a chicken to me."

[Fig. 1]

During the session, I viewed this brief doodled game as yet another rejection from the client. However, I also felt that I probably deserved this response. Perhaps, Danny had perceived me as being pushy...or even worse...felt that I was calling him "chicken" for not doing any artwork. At this time, I did not consider what my blue line was communicating to Danny. Only later in supervision, was this brought to my attention.

In my attempt to engage Danny in art making I had been practically "turning cartwheels"...offering encouragement, a wide variety of materials and working suggestions. My effort

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was unconsciously projected into my line in the drawing of the spiraling loops. However, as I drew my line became jagged, as I made three 'pointed jabs' on paper in the direction of my client (Danny sat on my right); my line is saying "Do Something!" I believe that Danny picked up on my nonverbal message (neurotic countertransference) and responded accordingly by becoming more oppositional.

After admitting my true feelings of utter frustration and exasperation (as unconsciously expressed by the movement, energy and direction of my line), I became more attentive to my feelings, behavior and anxiety levels in future sessions with Danny. I was able to resist "turning cartwheels", and had more tolerance and empathy for Danny's resistance to doing artwork. Thus, I was able to avoid continuing to engage with my client in a power struggle.

Danny continued coming to art therapy for two months after the Doodle Game session. He never produced any artwork during this time and commented that he had only done so initially because he had thought that he had to, if he wanted to come to therapy. Danny preferred to spend his sessions contemplating in silence--while I sat quietly as witness. This silence suggested that the true power struggle existed within Danny himself, in the form of a punitive superego. Reassured that he would not be obliged to produce artwork, Danny relaxed in my presence and allowed himself to show

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feelings of sadness and disappointment, instead of trying to mask these feelings as he did in class in front of his peers. In this sense Danny showed increased ego strength by continuing to come to therapy, and using his sessions in the manner that he needed--a quiet place to safely expression his emotions.

Doodle #2.

"Ivan" was a fourteen year old male, who I also worked with individually, once a week at the same adolescent treatment centre as Danny. Ivan was diagnosed as having attention deficit hyperactivity, oppositional defiant and conduct disorders. His parents were divorced, and Ivan's mother was extremely withdrawn and overwhelmed with personal and family problems.

Ivan came to his eighth session in his usual cheerful talkative mood however, was much more interested in asking questions about me and my drawing abilities than in self-exploration. I would not draw for Ivan but agreed to work with him in a "Doodle Game". The results are figures 2, 3 and 4.
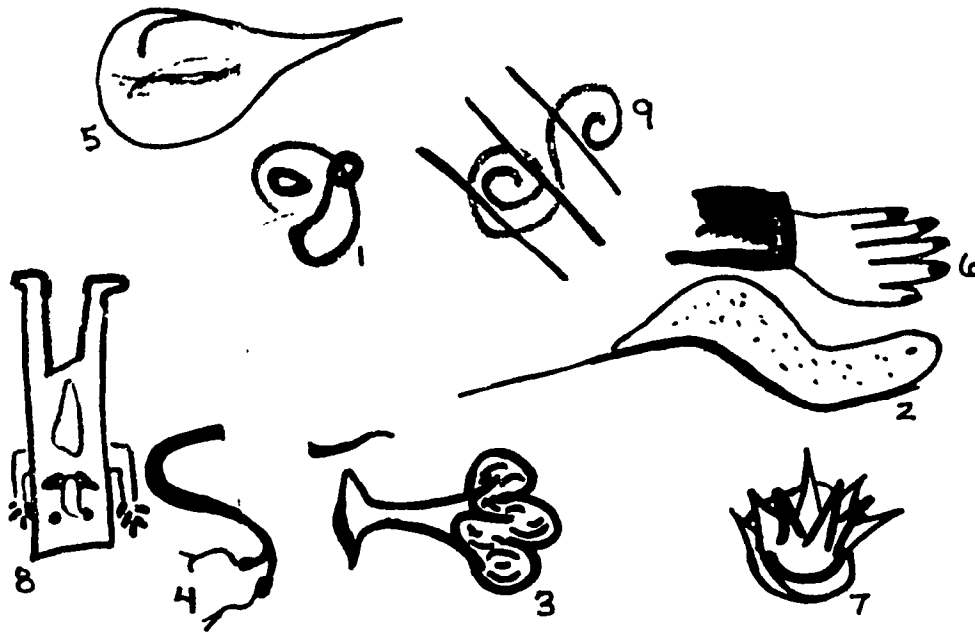
[Fig. 2]

Initiation of Doodle	Completed Doodle
1.Therapist: pink spirals (upper, left)	1.Ivan: Creature with Blue Tongue
2.Ivan: Black, elongated Oval (right, centre)	2.Therapist: Slug
3.Therapist: Gray loops (under Slug's Trail)	3.Ivan: Tree
4.Ivan: Blue Parallel lines Cut by Blac.. line (left)	4.Therapist: Two Headed Snake
5.Therapist: Red Tear Drop Shape (upper left)	5.Ivan: Flame
6.Ivan:'Red Fingers' (upper right)	6.Therapist: Woman's Hand
7.Therapist: Purple Jagged lines (bottom right)	7.Ivan: Explosion
8.Ivan: Incomplete Green Figure (left)	8.Therapist: Finished Figure
9.Therapist: Green Spirals (top, centre	9.Ivan: Music Note

After filling the paper Ivan and I paused; we were both puzzled by the odd assortment of images. I suggested to Ivan that he make up a story that would link all the images. This was Ivan's story:

A woman is playing music...a slug comes along and she put out her hand to squash it. The two headed snake bit the man and he fell down. There was an explosion in the forest and now it's on fire.

Ivan, then requested that I also make up a story about our picture. My story was this:

A woman, who lives near the woods, is playing music. The animals--a snake and slug come to listen to her. The woman screams when she sees the slug and the man comes and kills it by throwing it into the fireplace.

Considering my images and story response, I now believe that I felt plagued by my client's persistent curiosity in me. Through the artwork I became the 'seductive yet repulsive Witch Mother', indulging my client's wishes in working with him (encouraging illusionary symbiosis), and then felt overwhelmed and 'rendered the client as an impotent slug--to be consumed by the fire'. I believe that my countertransference response was 'complimentary', as I feel that I probably responded to Ivan as his mother does, when

she feel confronted and overwhelmed by Ivan's demands for attention.

Examining the artwork later, I felt that Ivan may have wanted to "burn" until all his anger (as result of being constantly neglected), was out of him. However, Ivan had difficulty expressing anger without allowing it to overwhelm him. I feel that my images and story were aimed to encourage Ivan's expression of anger and frustration, within the safety and containment of the artwork.

<u>Doodle #3</u>.
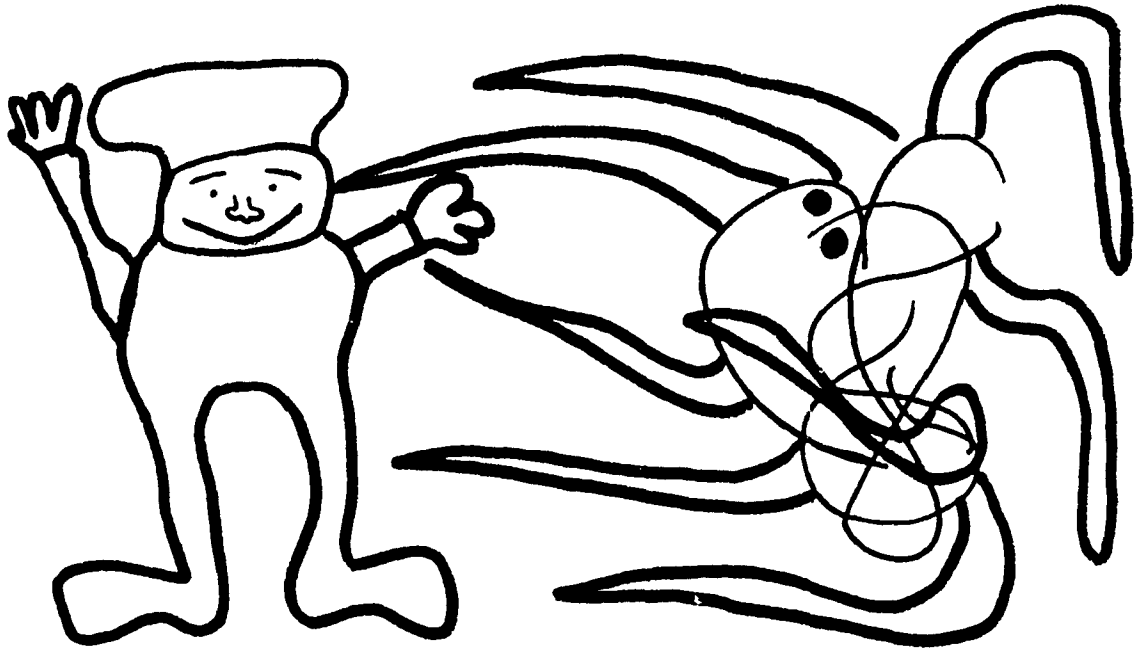
[Fig. 3]

I drew a red scribble at the bottom the page and Ivan completed the rest of the picture in green, creating a "chef who is getting attacked by the octopus he wants to cook" [Fig. 3]. This is an interesting picture of transference and countertransference. Ivan may be seen as the chef, and me, the unco-operative octopus...the 'bad mother' denying him nutrience. However, as the image was created with the paper placed both vertically and horizontally--its meaning too, can be considered from another angle. Ivan, may also be the octopus, rebelling against being "cooked", or becoming engulfed (as he struggles for independence and individuation); and also, against the cognitive work of secondary processing--which Ivan might have considered "too hot to bear".

Doodle #4.

Ivan drew the bottom of a naked woman (two curved hip lines and green wavy line), [Fig. 4]. He identified the image for me and challenged me to finish the drawing "anyway I liked". I felt it was important for me to demonstrate my acceptance of Ivan's artwork (thoughts and ideas), and therefore completed the drawing as was suggested. Ivan responded to the finished drawing by saying, "I like the way you drew her arms." With this statement, I realized that

Ivan had picked up on the fact that I really wasn't so
tolerate of this kind of challenge--or as comfortable with
his adolescent sexual curiosity, as I had consciously
believed.

[Fig. 4]

From my countertransference responses captured in the

doodles with Ivan, I realized that my learned technique of returning personal questions directed at me, back to clients--did not work particularly well with adolescents. Ivan found my 'round-about' answers frustrating--and in truth, I found this technique false and also recognized it as rejecting, as illustrated in the drawing of the back of the woman in [Fig. 4]. As result, I began either answering Ivan's questions briefly, simply and honestly--or else informed him that the information was personal. In either case, this directness eased the flow of our conversation, enabling me to more easily ascertain roots of personal questions, gently re-focusing the client; our therapeutic alliance was strengthened.

Doodle #5.

"Eddy" was a fourteen year old male client, also seen in individual therapy at the same adolescent treatment centre as Danny and Ivan. Eddy, was a victim of severe physical and sexual abuse. He was both physically and mentally immature for his age and suffered emotional disturbances, attention deficit, oppositional defiant and conduct disorders. Eddy's mother was an ineffective and dysfunctional parent and maintained a very chaotic family life for Eddy and his siblings.

Eddy claimed he was "bored" with art making however, agreed to play the Doodle Game with me in his twelfth session. In hindsight, my introduction of The Doodle Game at this point in Eddy's treatment revealed my own immature fears of losing a bored client or failing to assist a client who seemed to require a lot of support in order to progress. At any rate, I proceeded to explain the rules of the game to Eddy. He seemed to misunderstand, and assigned himself as the 'Leader'--dictating and directing my contributions to the work [Fig. 5]. In this way, perhaps quite unconsciously, Eddy regained some of the control that I had attempted to take in initiating this interaction. This was our creative process:

1. Therapist: Blue Spiral with Tail

2. Eddy: Dragon's Head (and requested that I draw frog arms for the dragon).

3. Therapist: Frog Arms

4. Eddy: Horns and Ears (and requested that I turn the ears into a tree).

5. Therapist: Tree and a Knight (Eddy had asked me to draw something else, but had not suggested what. After I drew the knight, Eddy told me that the knight should have a lance--which I drew.)

6. Eddy: The Pond (from where the Dragon had just jumped. He suggested that I should draw the Dragon's Flames.)

7. Therapist: Yellow and Orange Flames

8. Eddy: Added Red to the Flames and Blood under the Dragon's chin (Eddy suggested that I draw another hand coming out from that of the Dragon's--hurting the Dragon.)

9. Therapist: Purple Hand

10. Eddy: Yellow Inner Dragon with Black Jaws, an Extended
    Lance and more Blood.

[Fig. 5]

After the picture was completed, Eddy was not interested

in further discussion about the images; the story had been

shared in its creation. I viewed this picture as expression

of Eddy's fears of being annihilated and possible feelings of

deserving such as fate--due to the traumas he had suffered,

which had resulted in shame and anger.

The picture, as it was directed by Eddy, belongs for the

most part, to him. My participation was lending ego strength

and support (including an observin ego in the guise of the

Knight), which helped Eddy to portray and communicate very powerful emotions. Also, having someone respond to his suggestions was a novel experience for Eddy, helping him to feel in control, respected and important.

During the creation the this Doodle, I responded to Eddy's images with concordant countertransference and thus, was able to create with--and yet think about my client with some level of awareness and understanding. Through this process and the image, I recognized my client's amazing, heroic, coping strength. ...Even if the Dragon is killed...there is yet another i..side, ready to live.

Summary.

By producing artwork with my clients I have gained awareness--and concrete evidence, of the extent to which I am unconsciously moved by my clients through transference and countertransference. What my contributions revealed is that I have "blind spots". These experiences re-emphasized the importance of reflective time and distance from clients, sessions and artwork, in order to process and formulate objective opinions. In the Doodle Games, my immediate responses were spontaneous and truthful (and therefore very revealing of the dynamics of the therapeutic relationship), but dangerous because I was not consciously processing all

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that I was communicating to my clients through my images.
In this sense, I can compare the images produced as result of
the Doodle Games to the chaotic dreams in the next chapter.

Chapter Nine

Five Dreams

The five dreams that I am presenting in this chapter are included because I feel that they prove the value of minding one's dreams. Unlike most of the dreams I have recorded in my dream journal, that suggest more personal, subjective content, these dreams communicated insightful messages about specific clients. Although, I have not always understood, heeded or had faith the warnings offered by my dreams... experience is teaching me that I must.

Dream #1.

On the way to my practicum, I see my client being loaded into an ambulance. I realize that he won't be attending his art therapy session and decide to visit him in a few days at the hospital.

'A few days later', I visit "Eddy" in the hospital. He greets me cheerfully, telling me that he can't do any art work, but is glad to see me anyway. ...I look at Eddy's hand; they look burnt, fragile and useless.

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I had this dream about "Eddy" (an adolescent client discussed in the previous chapter), just as he was switching from drawing into his 'construction' phase in art therapy (ie. making paper ninga stars, airplanes and parachutes). These creations seemed to give Eddy a false sense of omnipotence, during a period in therapy that later was marked as the beginning of his recalling of early physical and sexual abuse. However, because of my dream, I realized the how difficult it would be for Eddy to abandon these important arsenals and means of escape--and to draw what was inside of him--the secrets and hurts he was protecting. Emotionally, psychically, Eddy's hands were burnt. His hospital stay, after what seemed to be an accident that had not appeared to leave any physical wounds (much like that of emotional neglect and sexual abuse), may have represented the safe, attentive haven and escape that Eddy desired from his homelife (of ongoing emotional deprivation), and also school and therapy pressures. This dream (occurring after The Doodle Game session), renewed my energies as a therapist, giving me greater patience, understanding and feelings of empathy for Eddy's creative approach to his own process of healing.

Dream #2.

I am strapped onto the seat of a large tricycle--and am riding dangerously close to the edge of a cliff along a narrow, winding, dirt path. As I round a corner, my right wheel goes over the edge--and I lose my balance. Being attached to the bike, I fall over the cliff with it. While falling, the name of one of my clients "pops" into my head-- "Ivan"--and then I felt the impact of my fall! It was not painful but heavy; it took my breath away. I was so startled I woke up. (I had had dreams of falling before but never had I actually hit bottom.) Temporarily, I had been distracted by the thought of my client...

After having this dream, that seemed to have something to do with my client "Ivan" (also discussed in the previous chapter), I wondered who was going to "hit bottom", myself or my client?

Two weeks after this dream (Ivan missed one week's session), my client drew a "Nitendo" game scene with a fighter cornered, confronting the enemy...in front of the gaping mouth of a "bottomless pit".

I recall watching Ivan draw and explain the "pit"

feeling a sense of amazement. However, in light of his recent regression (aggressive behaviors, missing school), the "pit" represented quite a natural symbol of possible feelings surrounding the danger of a 'fall from grace'. My 'telepathic' dream was probably triggered by Ivan's missed session and previous subliminal cues that I unconsciously studied and transformed into a dream.

However, I can't overlook the fact that it was me who fell and not Ivan (even though I thought of him as I fell). Perhaps, Ivan stimulated in me, some childhood memory. However ultimately, this helped me to remember the vulnerabilities of his youth. Perhaps, I also had picked up on, and identified with Ivan's symbol of the 'abyss' and its inner loneliness and archetypal image of the great mother (Chetwynd, 1972). I had been aware of my own protective and mothering urges surrounding Ivan (a very likable, yet lonely boy), and perhaps my unconscious was warning me to proceed with greater caution and awareness to both the needs of my client and myself.

<u>Dream #3</u>.

I am traveling home by train; my window is a complicated mass of screens and panels of glass which I manage to shut to keep out the wet snow. A client ("Tom") meets me at the train station and wants directions to my home. I give him the directions, which he tries to write down in pencil crayon on soggy pieces of cardboard and tissue paper. Tom gets frustrated because he can't make his notes; becoming angry, he refuses my help. I feel frustrated and bothered; I walk away.

"Tom", a man in his early twenties, was a member of one of my weekly art therapy groups at a community mental health centre. For years as a child, Tom had been incestuously abused. As an adult, he sought treatment--and an outlet to express his rage. In therapy, I found Tom to be extremely alert, suspicious, sarcastic and prone to emotional outbursts (including threats of suicide); his behavior suggested that he may have had a borderline personality disorder.

My dream of Tom followed an intense group session in which he constructed and painted a bloody-looking clay and tissue paper scene. It was these materials (the

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clay and tissue paper) and forms, that worked their way into my dream that night. Perhaps the clay (that resilient material) become the ground, the only material strong enough to withstand the weather (of intense emotions). The train I believe, was a symbol of my identification with masculine aggression and desire for strength to withstand Tom's emotional attacks. The wet snow, the stuff I had to protect myself from by constructing a "complicated mass of screens and panels", symbolized both the projective identification (client transferences that I had identified with), and the semen of the incest.

Snow, according to Artemidorus (1975, pp. 88), represents "obstacles in traveling". Chetwynd's definition is "emotional coldness and frigidity", (1972. pp. 192). Both symbol definitions, although not known at the time of the dream, rang true.

As a result of Tom's frequent emotional outbursts of rage directed at me within the group, I had allowed myself to become quite intimidated by him and proceeded in therapy with much more reservation and distance (both physical and emotional), than usual. My countertransference responses inhibited feeling empathic towards this client. Instead, I constructed an armour of resistance around myself, enabling me to make it through sessions with Tom without losing my temper.

At the time of this dream, I had not consciously acknowledged the extent of my own countertransference feelings. A month later, I had dream #4 after another intense group art therapy session. (This session had been attended by Tom and four other group members).

Dream #4.

Fleeing the house of my captor, I escape with four other people. We had just dumped the contents of a clothing bureau outside and struggled through a "squat" window...finding ourselves on 'manicured', large, open grounds. But suddenly, our escape is discovered and the ground lights are turned on--transforming the night sky into daylight brightness. I climb the nearest tree, hoping to escape detection.

I sit very still, enclosed in the branches at the top of my tree. However, I feel very sick--and then recall that it must be the poison that we had been forced to drink. But, I had tricked my captor--and had only taken half (perhaps the others were already dead?). I had to vomit. I noticed that the tree was hollow and wondered if I should vomit into it (and risk arousing any squirrels inside...which would give me away)...or vomit on myself and have to "live" with it...what to do? I don't know how to contain something that I don't

want inside of me.

Upon awakening from my dream...I recall thinking immediately of Tom and the "poison" of projective identification that was still swimming in my veins-- suggesting to me the intensity of Tom's own rage and feelings of emotional isolation and vulnerability. Like the alchemist turning base metal into gold, my "cure" depended upon my ability to squeeze a few drops of empathy from a pool of poison...and to continue working to recognize and separate my client's pain from my own countertransference feelings.

Dream #5.

A client, "Karen" carelessly dropped cigarette ashes into her paper. I have to watch that a fire doesn't start.

"Karen", a young and delicate-looking mother of two toddlers, was a regular member of my weekly, afternoon art therapy group (at a community mental health centre). She joined the group as a means of dealing therapeutically with her schizophrenic illness and feelings of emotional (and social) isolation. Karen had been attending the group for five months before I had the dream about her, suggesting suicidal ideations that I consciously had not even considered.

In the first few months that I worked with Karen, she was always heavily medicated and drowsy. However, gradually her medication was reduced and Karen's alertness increased. She verbally began sharing much more with the group. In the session prior to my dream, Karen drew four flowers--one for each family member...three were green...she was black. Karen told me that she felt different from the others..."but was not wilting". This clue should have made me suspicious about the depths of her depression. However, later I did not

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consciously link the threat of a fire (in the dream) with Karen's black or "burnt" self-portrait. The dream simply made me feel uneasy and puzzled.

About a week after my dream, Karen took an overdose of medication and had to be taken to the hospital to get her stomach pumped. When she returned to the group two weeks later she confessed what she had done and received in return, genuine concern, affection and ongoing support from the group members. I became much more sensitive to any changes in Karen's behavior after this experience--and was not unconsciously compelled to dream of her again.

Summary.

Olsson (1991, pp. 512), says that "what touches upon personal areas and conflicts in therapists' lives most likely finds its expression in their dreams." However, if this is so, sometimes it is not always clear (as in my dream of Karen).

I believe that I owe 'participation mystique' for the insights offered in my dreams...that subtle communication that only the ears of the unconscious psyche can hear. What I have come to recognize is the fact that I am more likely to dream of clients about whom I am especially concerned or those I identify with (ie. usually individual clients or clients with borderline personalities). Dreams in these cases, seem to be messages from a persistant psyche who had remained 'on the job' in order to continue to analyze the events of a session and integrate content that had been unconsciously collected. However, creating post-session response drawings and poetry, as will be discussed in the next chapter, provided alternative expressive outlets, which seemed to decrease the likelihood of my dreaming about clients.

Chapter Ten

Post-Session Response Art

Poetry: Giving a Voice to Client Art.

In the past, I have turned to post-session response poetry when a client makes no verbal connections between him or herself and their artwork, leaving me feeling compelled to try to express (for my own understanding), the essence of what the client might have said or felt. What is written--or the style in which it is written really doesn't matter, as long as the poem feels authentic and truthful. Sometimes a longer poem is written--other times a short poem, haiku or potent sentence (where each word is pregnant with meaning and irreplaceable), feels sufficient to grasp the whole of the picture. The poetic response is "known" to be right, when reading it, it makes the visual image seem to stir and take a breath of air.

The poems included in this chapter are post-session responses to artwork created by clients in the Dreams, Art and Poetry Workshop (as mentioned in the Methodology). I wrote response poems following six out of ten sessions (from September to January). Reflecting on my inconsistencies, I recall that after some sessions I had looked forward more to leaving than writing, feeling drained after particularly loud

or large groups (of 8 or 9 members instead of our usual 3 or 4), and the presence and integration of new members.

I would also like to note, that although these poems provided some insight, I found the challenge of responding to group imagery (attempting to grasp the essence of the group session and artworks), much more difficult than a single image produced in an individual art therapy session, which permits a much more concentrated creative focus. However, I found that I was always drawn to one particularly powerful image in the group--and felt compelled to write about it. What I learned however, is that often what is expressed so powerfully in one person's image--seems to be the undercurrent in all the images--and therefore, may be the group theme.

My process of responding through poetry was very simple. I laid the clients' artwork out in front of me on a large table (immediately after the therapy session had ended and all clients had left), and quickly wrote whatever came to mind--keeping in consideration my clients, their dream inspirations and imagery associations. (Although, the response poems included in this chapter were written on white note paper, I have in the past written on coloured construction paper. Coloured paper--which I highly recommend for response writing--acts as both stimulus and 'mood base' for post-session poetry responses.) The writing

process (for me) took ten minutes or less (although of course, one may spend as long as one likes). Discussed in this section, are the works of two group sessions.

Following session #4 of the Dreams, Art and Poetry Workshop, I chose to write about a clay sculpture produced by a woman struggling to remain 'cocaine-free' [Fig. 6].

[Fig. 6]

During the group "Tina" had interacted with another group member who had produced a clay turtle (no photo). The creator of this turtle had shared with the group how much he had been impressed by his boyhood pet's strength and ability to hide...needless to say, this client "disappeared" prior to

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group discussion. During the discussion Tina however, presented her sculpture and offered us this poem.

This is a pictuie "feiler" for the rich.

There are no words to explain--capish.

There is no such thing as alone,

So come home and find my dog a bone.

In my written response to Tina's sculpture, I recalled her co-member's turtle, seeing characteristics of it in her work.

Cocaine Corner-

I curl up into a ball

in this dilapidated building.

I'm like a turtle-

hiding in my shell.

No where can I go-

until I dare to

extend my legs, neck and head.

And, even then-

I'll have to carry the weight

of this cocaine corner on my back...

My burden and lonely retreat.

Later reflection on this poem and re-examination of all

the artwork produced in this session suggested to me, that in writing about Tina's sculpture, I had focused on an image that seemed to embody the loneliness, isolation, desire for protection, strength and group inclusion expressed by the other group members [Fig. 7].


[Fig. 7]

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In the group work [Fig. 7], the top picture drawn by a depressed older woman, is of a dream about her cat "being unable to find its [litter] box". The middle painting of "The Guardian Angel" and bottom, the empty "Entertaining Room", were created by a woman, caught in an emotional web of family and relationship conflicts. "Lori's" writing also incorporated animals (in place of humans), revealing her timid nature and feelings of exclusion. She wrote,

I have a great fear of animals of all kinds, although I often admire and enjoy looking at them and learning about them. I feed them when I know they are hungry and they will eat at a distance, without getting close to me.

Session #6 was attended by four clients who produced the artwork seen in [Figs. 8 and 9]. A woman suffering from manic depression wrote this about "Hands" [Fig. 8],

Hands above the clouds.

Hands above the trees.

Hands that are coming together now

Just for you and me.

Hands above the sun.

Hands above the sea.

Hands so light and breezy

Are coming for thee.

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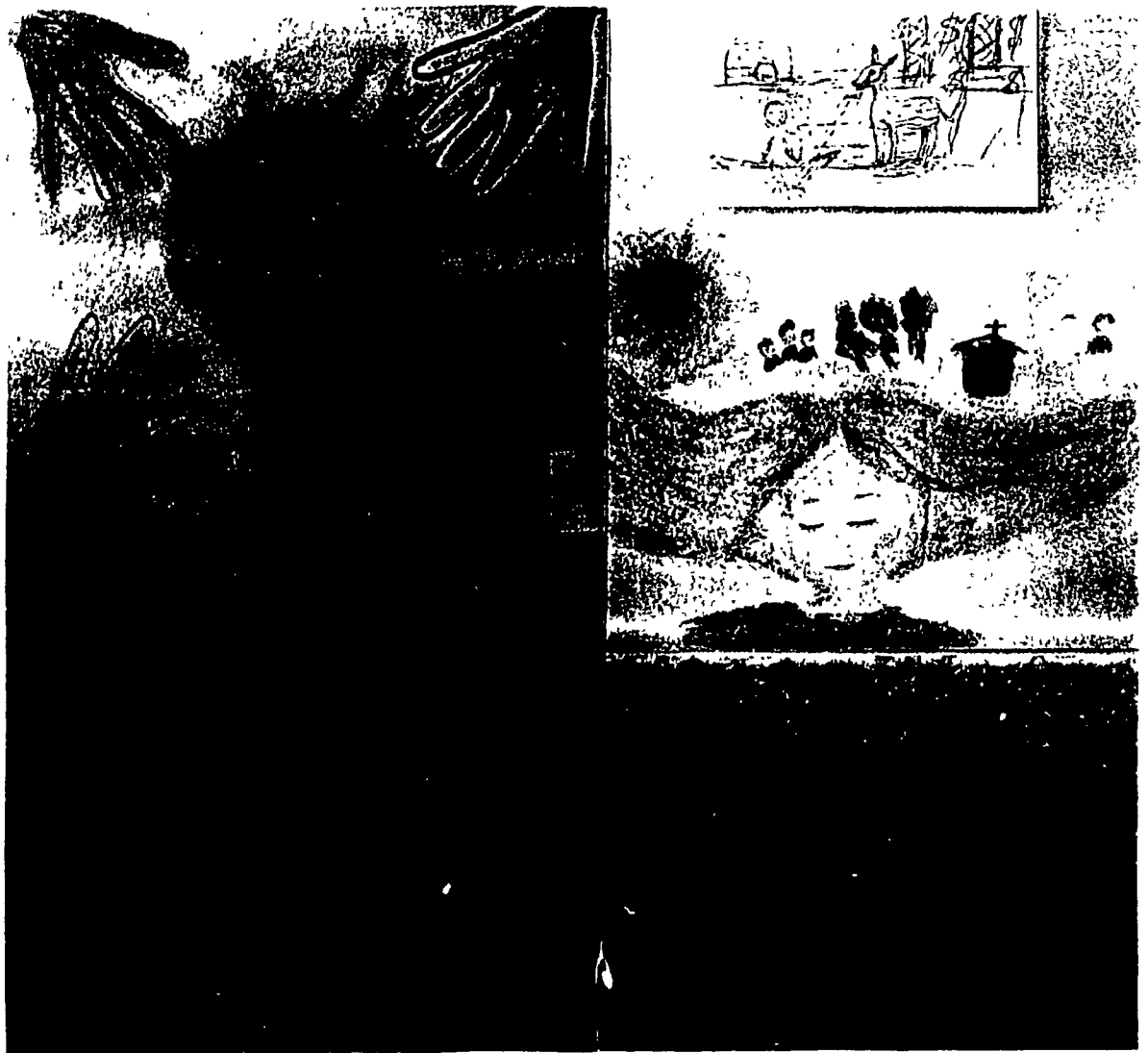
[Fig. 8]   [Fig. 9]

I wrote my poem in response to Lori's two pictures of a
'faceless tree' and 'face of an angel' [Fig. 9].

Dreaming of a tree

with solid roots

and sturdy spine,

leaves--like hair

that are blown by the wind.

External voices.

I later saw that the symbol of the tree had somehow become a group theme...and recognized the tree symbol as representing "the unconscious life of man", (Chetwynd, 1982, pp. 404). This enabled me to catch a glimpse of the people represented by these trees--a woman fearing her own self-destructiveness (the drilling rigs), confusion (blurred trees), desire for connectedness (Hands) and dreams of solid strength (faceless tree). And, as suggested by my poem, hearing the "whispered answers of external leaves"--may have been the knowledge, for which we all "wished" and "reached".

Summary.

It is my opinion that poetry is a bridge between intuitions visualized through imagery and the beginning of conscious understanding. Writing, while focusing on an image encourages its amplification--as one attempts to translate (through metaphor), and go beyond, what has been seen and expressed at the visual level. Poetic expression, with its claim of tertiary process creativity (Arieti, 1976), permits a creative consciousness not unlike that of concordant

countertransference, allowing the therapist to 'be with' and 'think about' a client simultaneously. In the case of poetry, this translates into--one hand being submerged in creativity--and the other taking notes.

Very quickly, I discovered the value of post-session poetry. Poems can help to clarify and summarize the essence of a session and the artwork produced, allowing the therapist to feel more in touch with the creative lives and energy of their clients, and thus feel empathy for what they are expressing. Secondly, writing response poetry may also provide a cathartic release from tensions accumulated through transient identifications (concordant countertransference) to clients throughout the session--thus freeing and preparing one for more objective reflection.

Visual Art: To "See" a Feeling.

Mid-January, I decided that I would do regular post-session art responses following the Dreams, Art and Poetry Workshop. My Co-Therapist decided to create art responses as well; his images are also included in this chapter.

Our art responses were created weekly, following group

sessions. We used the Centre's materials and working table.
In silence, we created our pictures. Afterwards, we briefly
discussed the events of the group, issues and our responses.

Occasionally, I found myself writing poetry to describe
the images and feelings expressed in my pictures. I found
that these poems, in contrast to the ones written prior to
Christmas (based directly on my clients' images), were
written with greater ease--since I had a direct link with the
imagery--it being a product of my own creative, primary
process. ...The post-session art responses from these group
sessions will now be discussed.

In the 11th session of the Dreams, Art and Poetry
Workshop the three drawings in [Fig. 10] were created by the
two clients in attendance. Lori, drew a picture of a dream
she had of falling down a hill in the woods (right). In
response to this dream and picture she wrote: "Dense Forest,
Sharp Fall, Fear, Hurt, Isolation, Downhill, Speed of Fall,
Steep, Trying to Stop the Fall, Darkness of Trees,
Helplessness". "Pat" (a developmentally handicapped woman in
her 40's, suffering from manic depression), drew "The Healing
Tree" (left), and "Angel" (above). The Angel was later
presented by Pat to Lori, in Lori's last session. Pat, in
this session, shared with us her poem about her "Healing
Tree", .
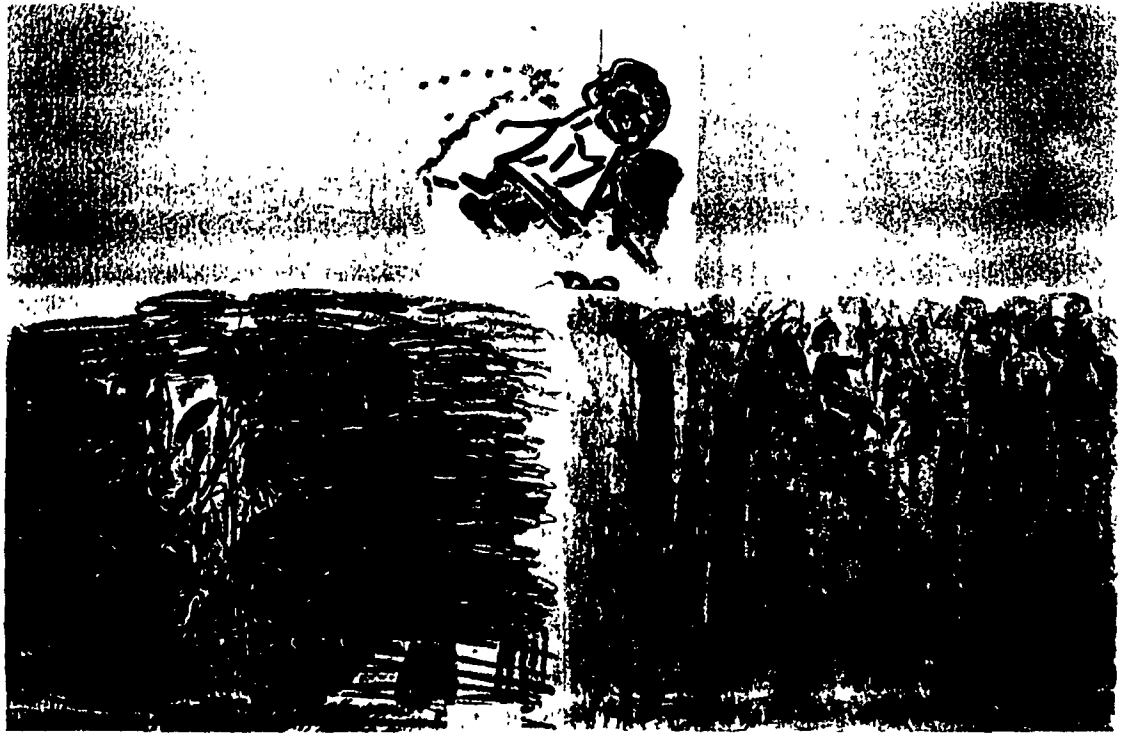
[Fig. 10 above, Fig. 11 below]

<u>The Healing Tree</u>

It's to be cured that we make the healing tree with
herbs and leaves for us to be cured. But hopefully
there can be cure for everything, but mostly from
natural things and the sunshine and to get well (with
flowers). Tells you are saved from illnesses and be
with God.

I remained after the session (alone), and produced my
response picture [Fig. 11]. Once completed, I wrote this:

I want to cut myself off from the sun.

Submerge beneath the waves--

and listen to the cry of the whales.

Their sounds mean more to me right now--

than the words of any human.

The "music" played during the Workshop production time
had been whale sounds. Lori had mentioned that they sounded
eerie and sad; I too had been affected and moved...
stimulated by the symbolic image of the whale--the giant
mother in her sea of tears (Chetwynd, 1982). Examining my
image, I see how I borrowed Pat's sun and transformed her
blue sky into my blue sea and turned healing leaves into
seaweed. Down, Down...sinking into the unconscious...perhaps
I felt Lori's depression (or found sadness of my own). I

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think that my drawing combines the wish for healing (as
offered by Pat) and descent into the unknown--as represented
by Lori's fall. This session, began Lori's exploration of
more authentic images and feelings, including her fears,
sadness, loneliness and (in tune with the whale symbol),
disappointments specifically, concerning relationships with
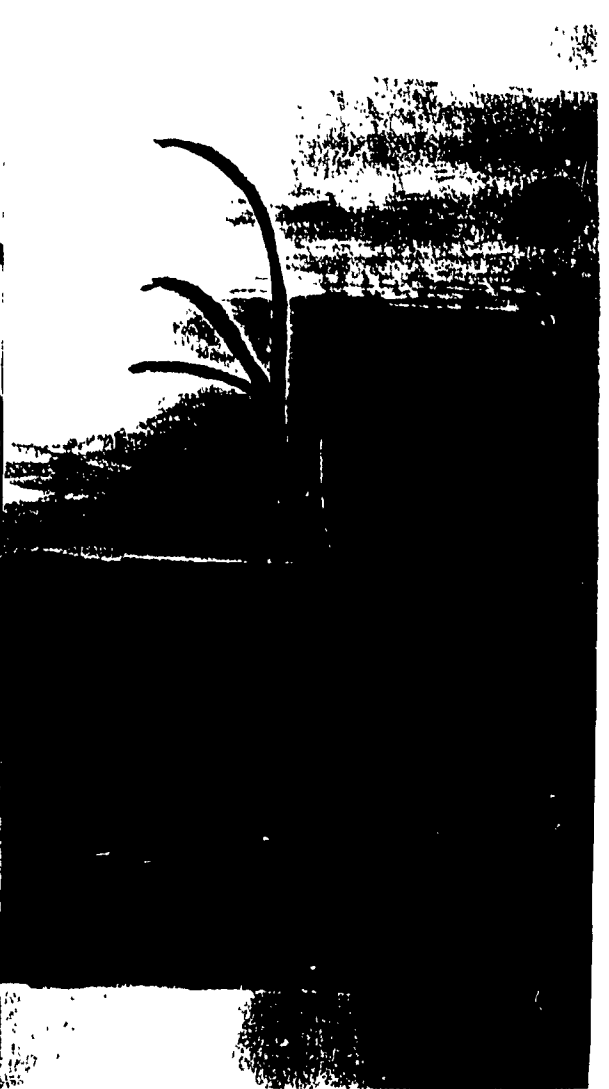her mother and daughter.

Lori alone, came to session #12. She created [Fig. 12],
entitled "Mandala of Feelings", encapsulating joys of
motherhood, singing and making friends.

[Fig. 12]
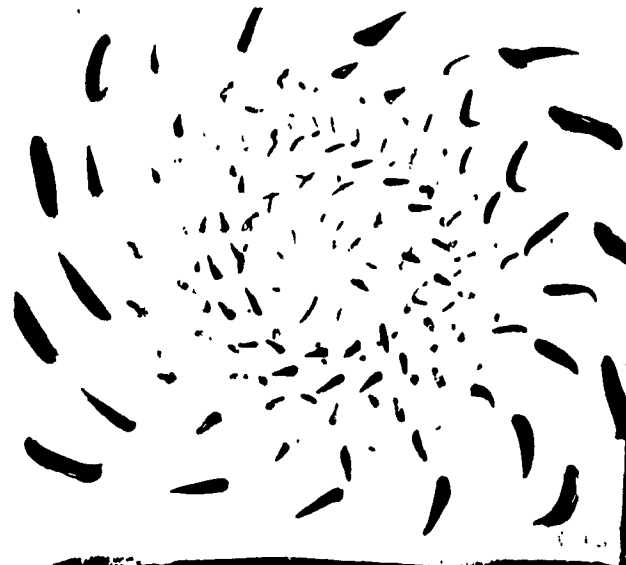
[Fig. 13]   [Fig. 14]

My Co-Therapist created the images in [Fig. 13] after

the session, commenting firstly, on his mandala or spiral

(top image).

I was thinking of perhaps thread...thread

coming through a tapestry...it suggests a sunflower,

a radiating image. The colours move from fairly clean and clear to dark colours and ponderous strokes towards the outside. The second image (below), seems to be about shapes and colour...it seemed difficult to get into and looks to me now, that it moved from light to dark as well. Perhaps in the dark, negative shapes, is some clue.

My response image is of an "Incomplete Tree", [Fig. 14]. About it, I wrote:

Incomplete tree

with claw-like roots--

that don't quite reach

the water-table.

Beyond that--

is a mystery.

Looking back at the past--

struggling to escape the darkness...

to rise above.

In this session I felt that Lori was struggling to deny feelings of profound sadness that had begun to surface in the previous session. More than a joyous grouping of memories, Lori's Mandala seems like a bubble of isolation--surrounded by barrenness. These qualities, I emphasized in my image

and poem, as I guess I had hoped that Lori would "come down to earth", dig beneath the surface, to search for understanding at the centre and source of herself (the psyche symbolized as the tree reaching for the essence of the Self, the water-table). Feelings of isolation and anxiety similarly pervade the response images of my Co-Therapist. His image of the Mandala/Tapestry expresses a sense of fragile fragmentation and disintegration--qualities also express in my outline of a Incomplete Tree [Fig. 14]. The dark pessimism expressed in the response images compensates in reaction to Lori's conscious exclusion of such feelings in her own life and artwork.

Session #13 was attended by five members: Pat, who painted "Mount Ararat", homeland mountains never seen [Fig. 15], (left); Tina, who drew her dream of "The Mud Baths of Morocco", and never being able to "get clean" (right);

[Fig. 15]

...Lucy, who drew a pencil drawing [Fig. 16], (top left),
illustrating "Unhappy Feelings and Dis llusionment"; Jim,
who drew "Dreams to Keep Memories Alive" (top right); and
Lori, who created the "Doodle" (centre) and "Young
Girl...Keeping Happy Memories for Cloudy Days" (bo tom).
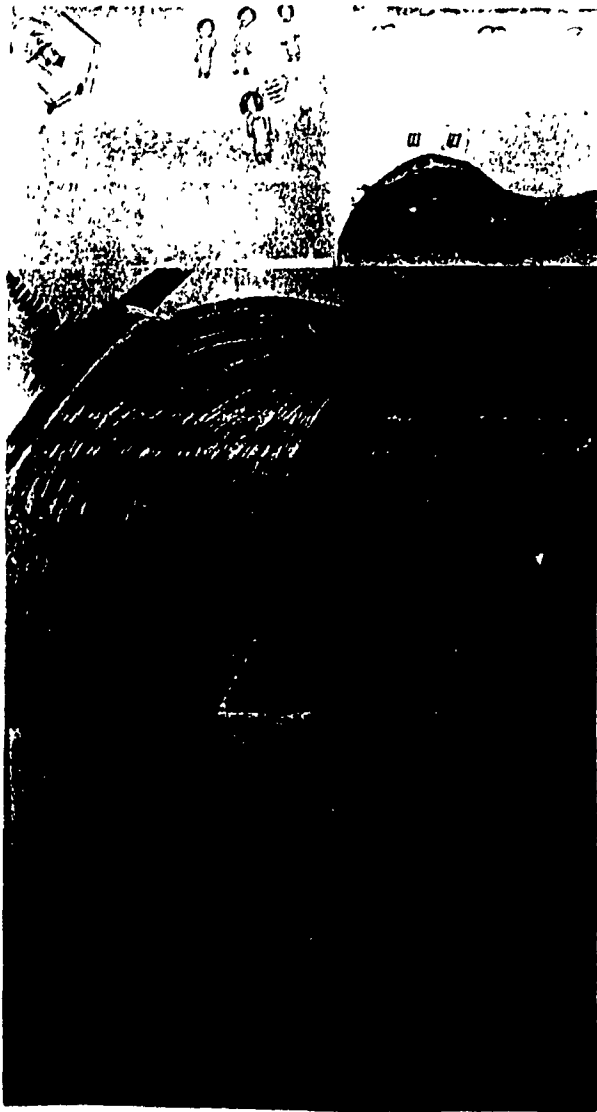
[Fig. 16]   [Fig. 17]

My Co-Therapist's post-session response drawing is the

top image of [Fig. 17]. He wrote:

> This piece is a landscape...I remember working with
> rocks...and something about solitude and a space that,
> I thought I could ground myself. The rocks suggest--
> a kind of hillside, that moves down towards a lake.
> The sun is in the sky but it is sort of diffused.
> Perhaps those rocks, are a barrier to whatever
> is on the other side.

My response image [Fig. 17], (bottom), began as a stream of liquid emotions, feelings suggested in the artworks of Pat, Tina, Jim and Lori, which I covered with a rainbow. I saw the form of a snail within my lines and shapes--and I wrote beneath the image: Rainbow Snail...slow liquid movement...blind but attentive.

To me, the response images suggest slow forward progression--in front of which is much distance to be traveled and many barriers. The group as a whole seems to have recognized this--and while dealing with feelings of loss, maintains a sense of hope.

Session #14 was attended by Pat, who painted a "Well-Dressed Spanish Woman" high in the mountains [Fig. 18], (top left); Tina, who illustrated a dream of "Being 'High' in the Metro" at closing time and seeing a glass of water beside the turnstile (top right); and Lori, who drew a "Locked Door"

(bottom). Lori wrote these words describing her image: "Fear-Panic-Isolation, Losing game, Abandoned by close ones, Insecurity, Breathless, Throbbing Heart".

[Fig. 18]

Both my Co-Therapist and I were particularly concerned about Lori. (She worked in a building alone--which in the past, had actually been broken into.)

[Fig. 19 above, Fig. 20 below]

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My Co-Therapist created "The City", [Fig. 19], and commented that:

I was working in pastels and paint...I needed to to cover things up, to create a sense of enclosure-- because I think I felt the city was enclosing. The lights were strong--like beacons in the dreary night. I had a sense of needing to get out of the city, of finding it enclosing and confining.

My response image is [Fig. 20]. I too, explored what it is to feel trapped and vulnerable. Working on my image, I felt Lori's isolation and recognized how rapidly fear can become panic and then entrapment. Thus, the only escape is to be grounded and self-aware--not allowing fantasies to interfere with one's functioning, or being "high" (as seen in the works of Pat and Tina).

Session #15 was attended by Pat, Lori, the man who, prior to Christmas had created the clay turtle, and new group member. Neither the man nor new member, a nervous older woman, returned for later groups. No client artwork was photographed because no post-session response art was produced. Feelings sensed from clients during the group included: discomfort, anxiety, tension, anger and denial. My Co-Therapist and I left the group feeling weary--possibly a countertransference response permitting us to legitimize

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[Fig. 21 above, Fig. 22 below]

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leaving early rather than remaining at the centre to create our response images, which would have forced us to rekindle and explore the chaos felt in the group.

Session #16 was attended by Pat who completed a painting started in an earlier session--of a woman outside a cottage that appears to be on fire [Fig. 21]; and Lori, who sculpted a clay figure reading a book, which was placed in a box that she transformed into a doorless room with stripped wall paper and one window [Fig. 22].
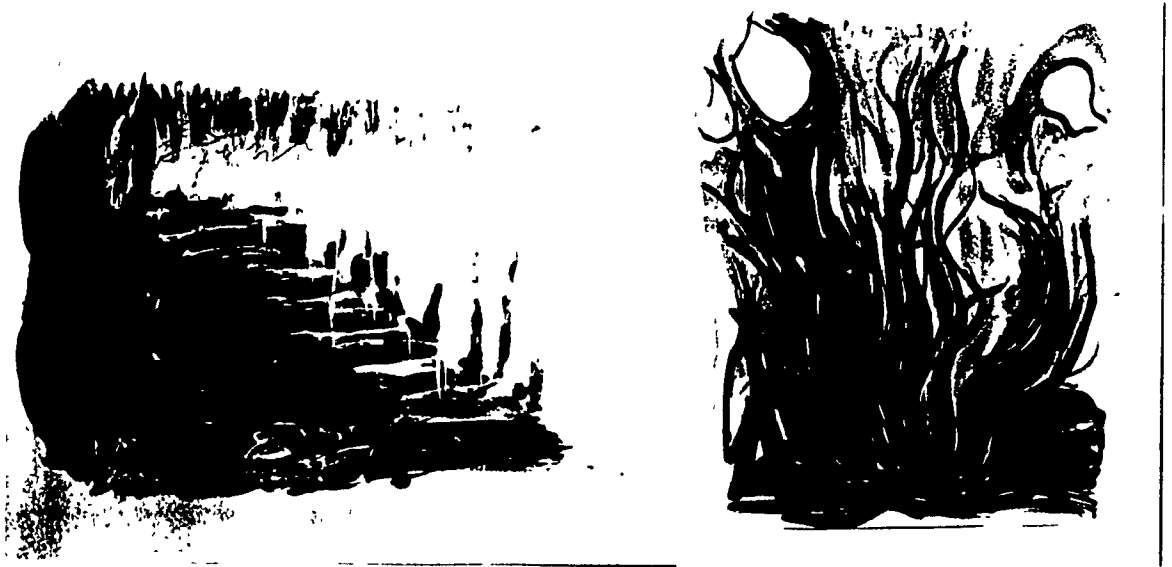
[Fig. 23]

My Co-Therapist created the "Staircase", [Fig. 23], (left). He wrote:

I remember considering Lori's image of falling from weeks before. My image is about light, coming down the stairs--these shafts, almost like the trunks of trees--and the idea of falling into a

basement or being in a basement. And down in the
basement is that box, which I think refers to Lori's
clay figure in a box. There is a sense of light on
one side and this dark, enclosing space on the other.
It feels like the box is safe down there. But, it
is mysterious and it's camouflaged by the space and
by its position, and being hidden from the light.
...And the darkest area is, what I would guess is
an area of pure emotion--maybe that's what is hidden
behind the box.

My painting [Fig. 23], (right), reminded me of seaweed--
growing in shallow waters, illuminated by the sunlight above.
In this 'reading', I felt connected with my Co-Therapist's
image which incorporated both light and a descent. At that
time, I had felt that my work commented on Lori's "lighting
up" of the darker areas in her life. However, I now also see
my connection with Pat's painting--we both used orange. I
see flames in my image, that once was water.

Session #17 was attended by Pat, who drew "Polly--an Old
Fashioned Girl", [Fig. 24]; and Lori, who drew "The Grass is
Not Always Greener On the Other Side" [Fig. 25]. Lori shared
this message from a favourite song:

I've looked at life

from both sides now.

From give and take

and still somehow--

It's loves illusion

I recall--

I really don't know love

at all.

[Fig. 24]

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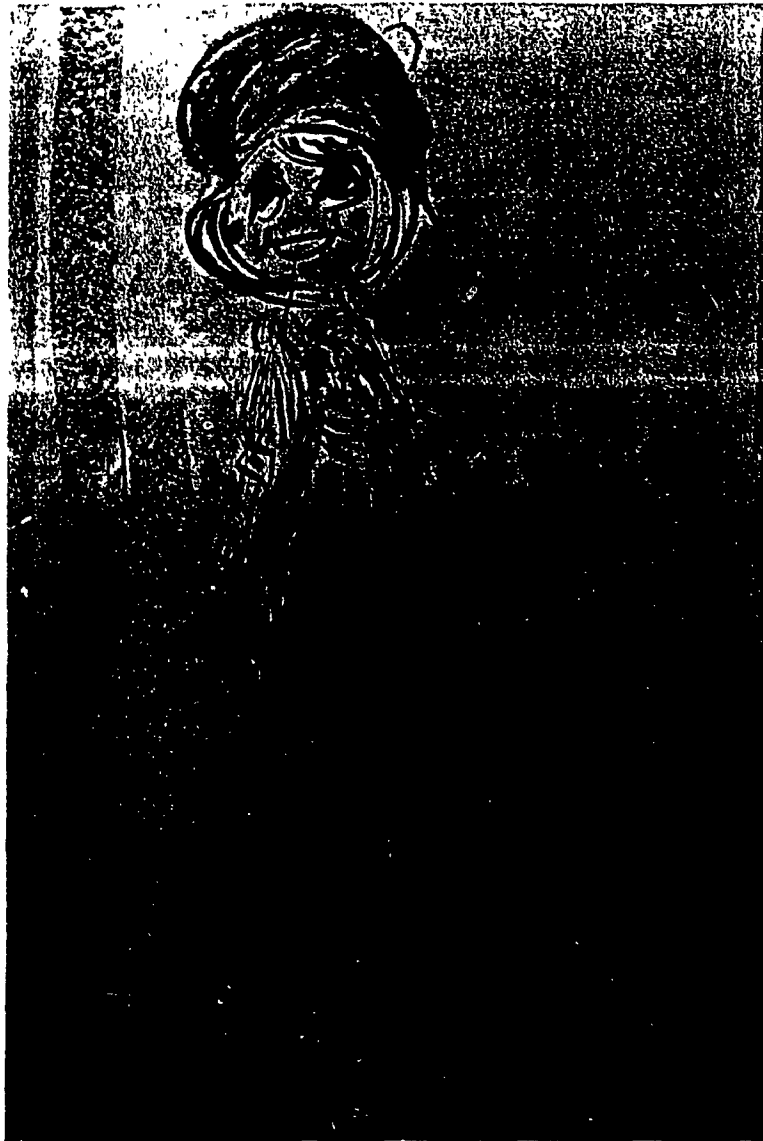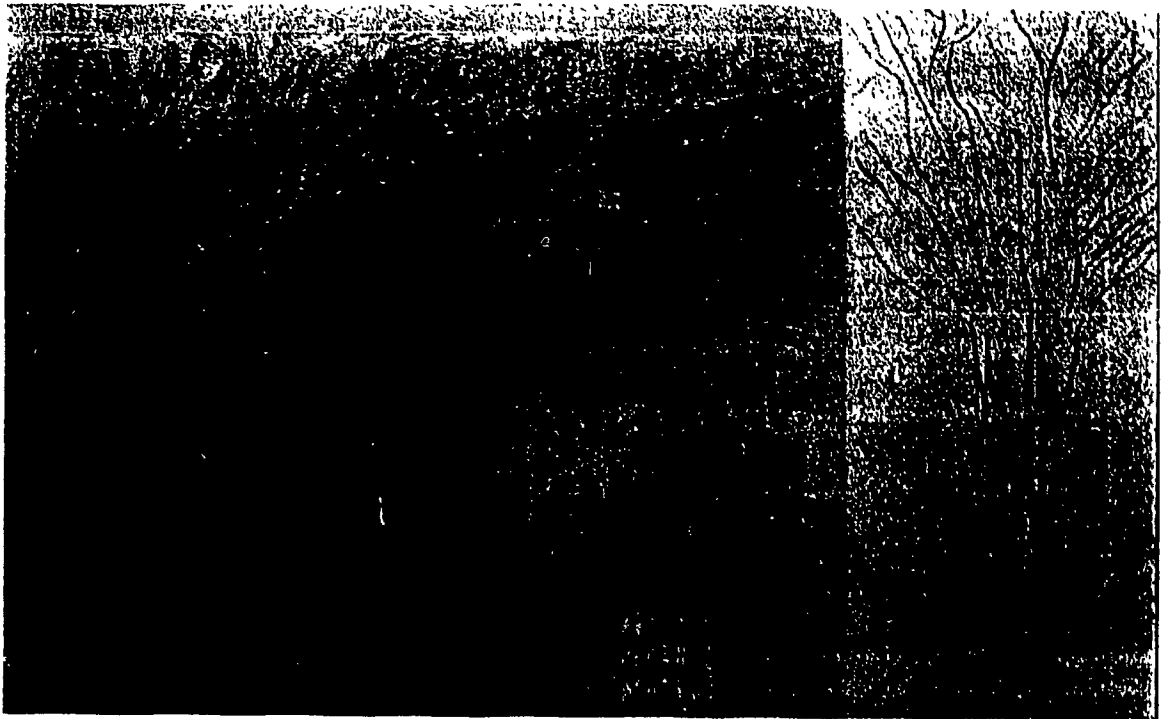
[Fig. 25 above, Fig. 26 left, Fig. 27 right]

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My Co-Therapist's post-session response was an

exploration of "Media", [Fig. 26]. He commented that:

This is a really difficult image to deal with--

I know what problem I had set out to work with

and I think it had to do with blue and yellow as

a combination, two contrasting colours that

create a whole. I think I started out with lines

and then filled in the areas. At some point, there

was a sense of rhythm in some of the lines but, they

turned in on themselves and circled around--

becoming confusing. It's darker and more oppressive

than I think I might have anticipated...I look at this--

as image of primary process...I think of it as water,

flowing down and into a pool.

My response drawing [Fig. 27], is a rough-looking tree,

with clipped roots and branches. The tree is surrounded by

the faint colours of Lori's rainbow and the gray of her

sadness--they seem to cancel each other out--emphasizing the

emptiness and rigidity of the tree. In this session Lori

shared both 'happy' and 'disappointing' news; she also

mentioned that she wouldn't be coming to the Workshop for the

next few weeks.

Lori's 'premature' termination took us all so suddenly--

and particularly disturbed Pat. I feel that my image

expresses the mixture of feelings felt in the group (obviously my own included), of admiration for Lori's new independence and confidence, the anger of rejection and sadness of abandonment. However, the feeling that lingered, and seemed to be expressed in both response images, was that of energies being withdrawn--the "clipped roots and branches" and "water flowing down into a pool"; these seem to be the images of abrupt termination. Indeed, these images did foreshadow Lori's almost instantaneous emotional withdrawal of investment in the group.

Session #18 was attended only by Pat, who painted a picture of "A Girl Leaving Home", [Fig. 28], revealing her anxieties about being 'alone' in this session, and the approaching end of the Workshop. My Co-Therapist created two response images, first [Fig. 29], than [Fig. 30]. He commented that:

> Both are faces...the first face has a rawness...
> the second has an intensity but...
> it seems more refined. The first image seems to
> express more pure emotion--perhaps fear or wariness.
> Also important is the fact the this first image is
> a collage...I was building lines on top of torn paper,
> I was constructing something...perhaps there lies a
> connection with my individual client (seen prior to the
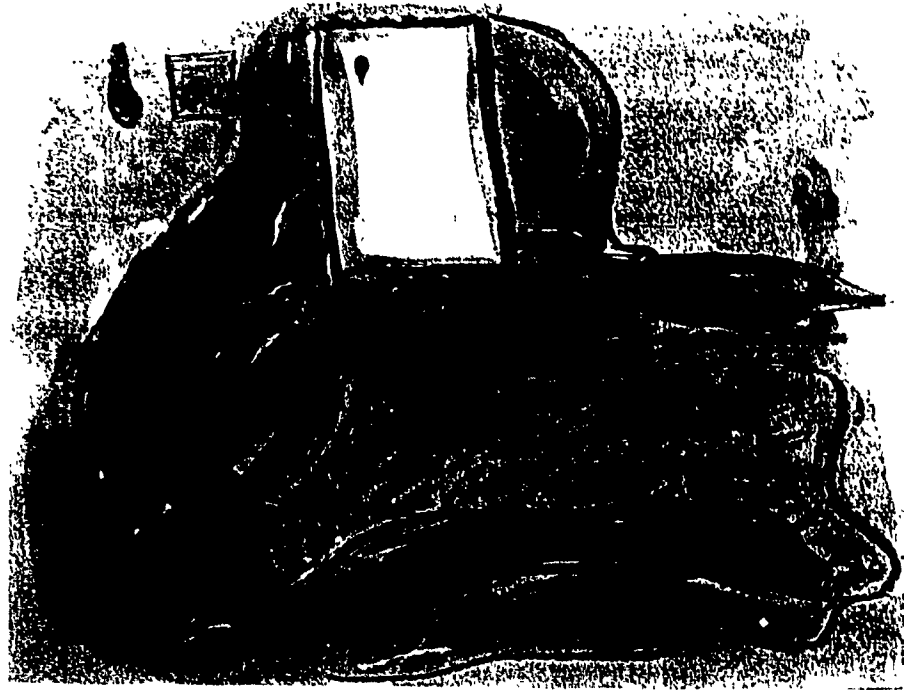> Workshop).

[Fig. 28]

[Fig. 29]

[Fig. 30]

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[Fig. 31]

My response drawing was [Fig. 31], "a door with a high keyhole and no doorknob". Examining Pat's painting prior to doing my response, I was puzzled by the fact that her house did not have a door--only a high window. ...While working, Pat had spilled paint onto the piece of paper that I later used to draw my response. I contained Pat's spill (upper left corner) in a black tear shape. This shape inverted-- also became a keyhole, contained within my door. I felt that there was a figure inside the house (perhaps Pat), and that 'leaving', as represented by the lack of a doorknob, would be quite difficult. My door is surrounded by a red area; its shape suggests a dragon. Perhaps the 'red' was transferred

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from the area surrounding Pat's figure--a shadow of energy

and emotion--representing the dangers and difficulties of

termination (but possibly also an indication of sexual

abuse). Beyond the door is a pool of water in the shape of a

fish. This seems to provide some relief from the heat of the

fire (the red area), perhaps offering an escape into

unconsciousness or relaxation--life beyond the work of

therapy.

Looking at the response painting of my Co-Therapist

again, I recall, and understand his referred connection to

his individual client. However, the colour and shapes of his

faces may also have an unconscious linking with Pat's clouds.

Notice that her clouds also grew from less definition on the

left, to a clearer expression of sadness on the right.

Session #19 was attended by Lana (a young single mother

who had not come to the group since prior to Christmas), who

drew the top picture in [Fig. 32], dealing with feelings of

fear and confusion surrounding relationship and boundary

issues. Pat painted the bottom picture in [Fig. 32],

curiously linking both Autumn-like ending (group

termination), with the reality of the approaching heat of

summer. She wrote:

I fear sometimes of myself for past and present.

But Autumn trees are all begun, and leaves me

with satisfaction to be in hot crisp mornings,

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a walk outside in [the] sun.
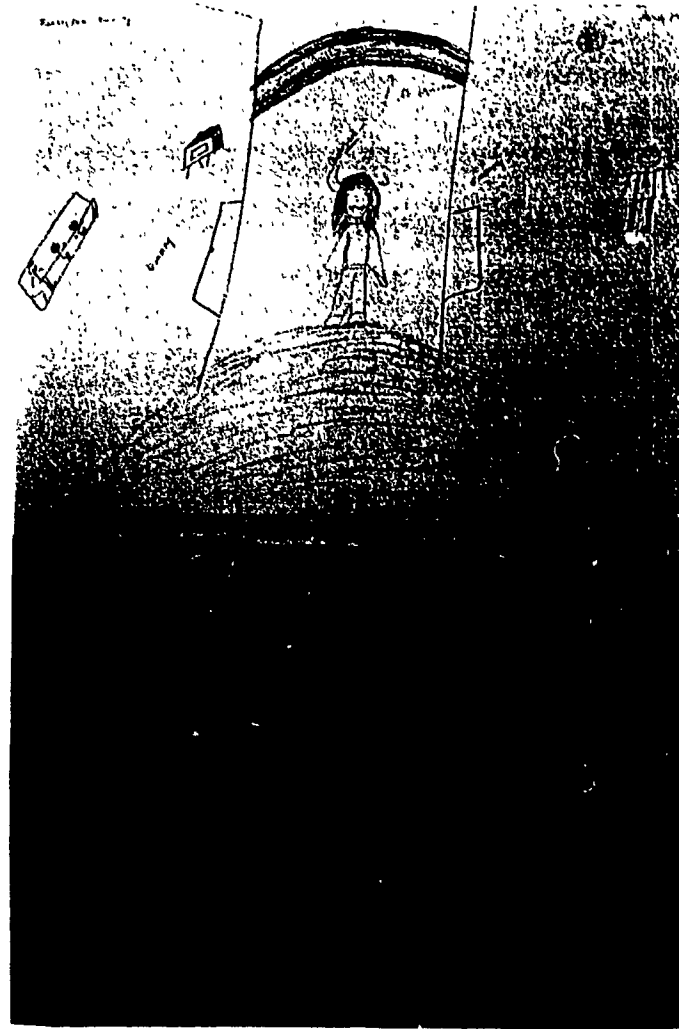
[Fig. 32]

My Co-Therapist created the picture on the right in

[Fig. 33], and likened the image to a:

...Reflective Pool...or Referential Pool...I think

of it as being reflective of me--and in that way it's

something moving...a mirror for me...it is a place

where a stone going in creates ripples but is contained

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within that form of the pond...It's sitting on a cut

slab of a tree...a tree that's cut and taken away from

its wholeness--something that was alive that's now

dead. It seems to be surrounded by grass...elements

of the natural area but cut off from the natural

area.
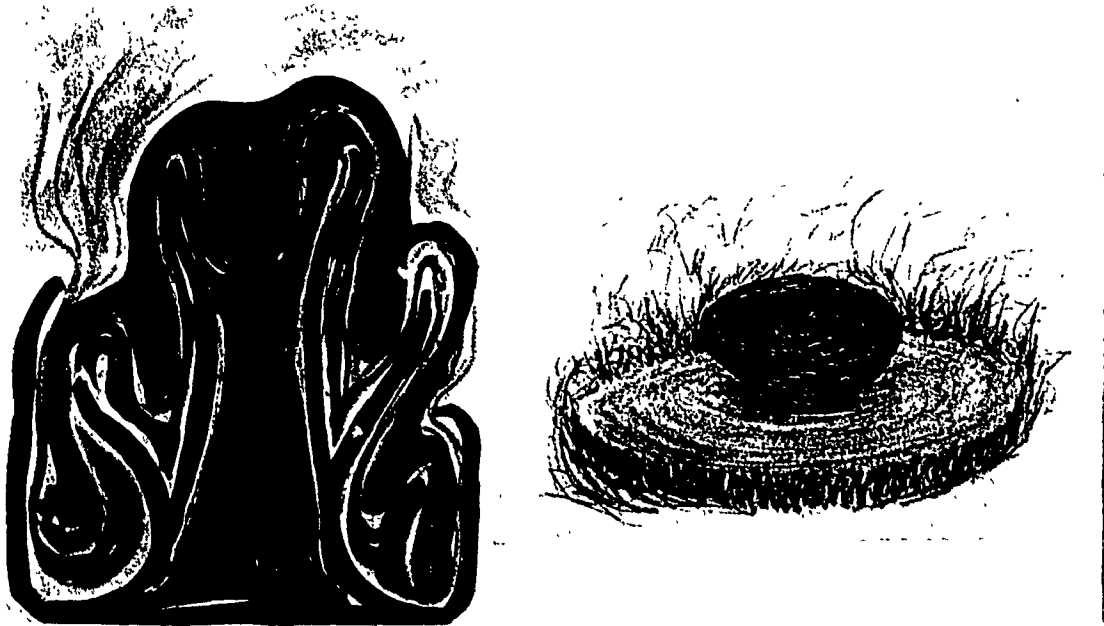
[Fig. 33]

My response painting is the on the left in [Fig. 33].

I see it as a volcano and waterfall--intense heat and

coolness of water. I wrote:

Waterfall--caught and falling--

an attempt at containing the overflow.

Heated emotions inside--

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like a cavity that needs attention.

Headless figure in rage.

What I found interesting is that both response images are expressing some form of contained turbulence that has no external source (seeming to be cut off at the base). Perhaps, this reflects the containment expressed in both Pat's image (the contained red centre) and Lana's trapped figure [Fig. 32]. Colours used in both response images are also similar--consisting mostly of the primary colours: red, blue and yellow. We seemed to be accentuating very primary process feelings and energies (again, possibly sexual abuse), as expressed in the group's images.

Session #20 was attended by Lori, who drew a picture of a dream about herself driving backwards (there is no photo because this was Lori's last session and her took her artwork home with her after the session); Pat, who drew a picture entitled "Measuring the Darkness" [Fig. 34],(left); and Tina, who drew a picture about a dream of a confused hospital intern (right). She wrote:

Thru over there,

There is this man

with a family plan.

Only the dream he has

is not of-course

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It is of yesterday's course.

The running around

does not stop the hurt

Because the other

woman still remembers.
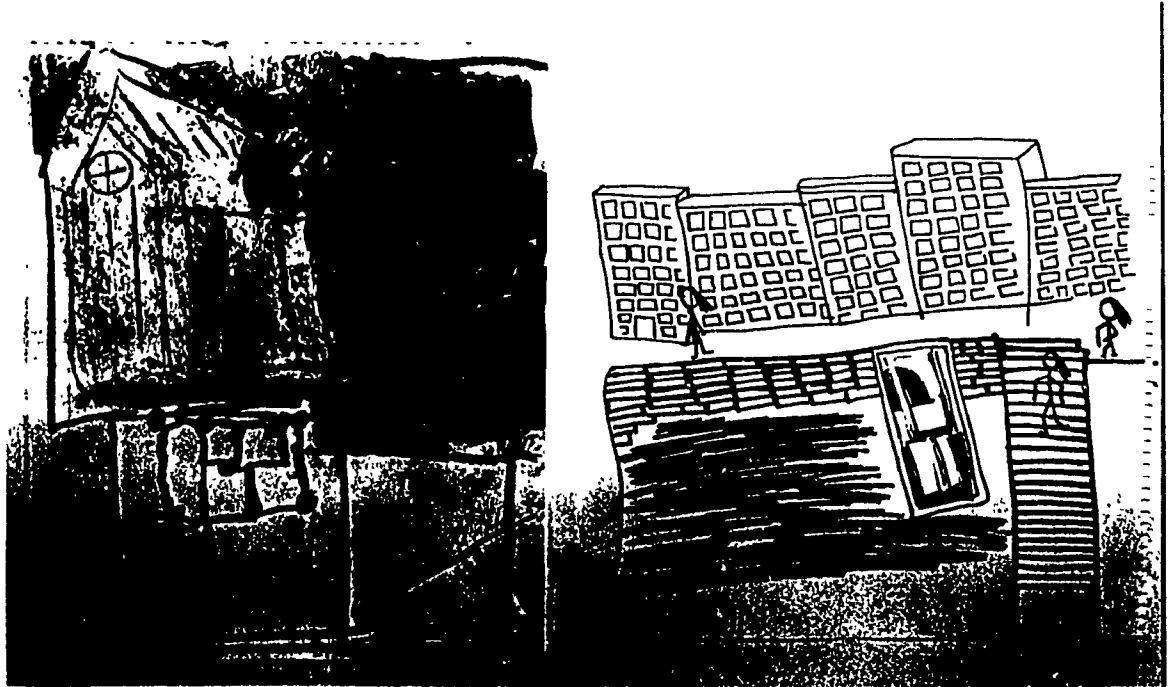
[Fig. 34]

My Co-Therapist worked alone after this group, since I
had rushed off to do an errand (the oversight of which, had
created between us, a source of tension). My Co-Therapist
produced [Fig. 35].

...I put the tape down and was working

with that blue and yellow again--which maybe

is a confrontational combination--said previously as

something that created a whole--but it was like a
challenge and in some ways I wanted to use it--and I
see that I used it rather aggressively. But, I wanted
to leave a space underneath that was protected and I
used masking tape to do that--four strips--and then I
took it off...but when I did I actually tore away some
of the paper...I needed to keep all of those elements--
and put them back on the paper in some form...and I
think that the last piece of tape was torn up as you
were leaving the room.
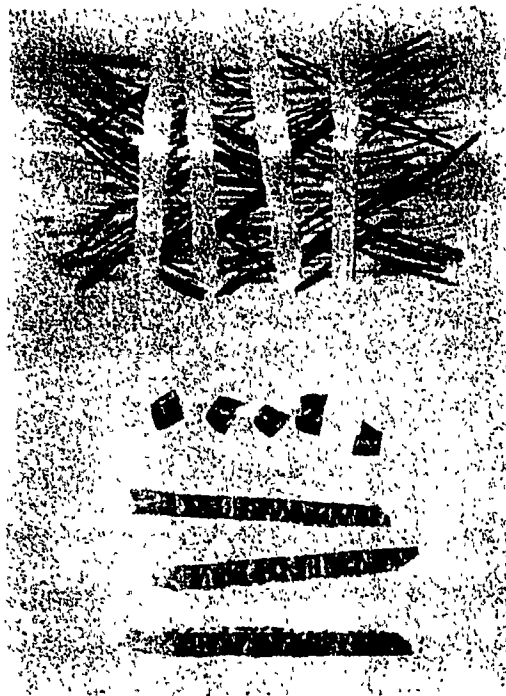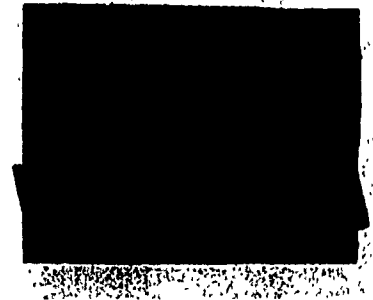
[Fig. 35]   [Fig. 36]

After I had done my errands, I went home and created my
post-session art response [Fig. 36]. At this time I was
quite unaware of my Co-Therapist's creative process or

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finished image. Without "thinking" I selected to work with

four sheets of paper--the same number as my Co-Therapist's

strips of tape--the same number of people that had attended

the group. Using one blue sheet as a base, I ripped and

glued in layers the other three sheets. I wrote on the back

of my collage the words: depression, anger, sadness, as

represented by the colours: black, red and blue. From these

torn papers--I had constructed something very thick, solid

and contained, and felt relieved.

When comparing images the following week, my Co-

Therapist and I had focused on our interpersonal conflict as

our source of creative motivation and energy. It was only

much later, when I was organizing and co-ordinating photos of

the clients' artwork and our post-session responses, that I

realized I had forgotten to photograph works done by Tina and

Pat in that session. And, what was really curious was the

fact that these two work [Fig. 34] had been left at the

centre, not wanted or taken home by these clients after the

final session. Therefore, I was able to go back to the

centre and photograph the artwork. This, made me realize how

blind I had been, not previously connecting in anyway--my

response image and feelings, to that of my clients and the

group session.

In this session, there had also been a great deal of

tension between Tina and Pat. Pat seemed greatly concerned

about Tina, who was behaving oddly, unusually animated and loud. (My Co-Therapist believed that Tina was having a psychotic break.) Both clients' images suggest tension, anxiety and danger. The unpleasantness of what these images represented was probably why neither client claimed the works...perhaps wanting, and needing the centre to continue to contain that unhealthy part of themselves. I now believe, that the post-session responses created by myself and Co-Therapist, reflect a combination of our own tensions and those expressed by the clients.

The last session of the Dreams, Art and Poetry Workshop was attended by Tina, who drew a picture of a dream that she had about "being helped in the woods by a mouse" (no photo); and Pat, who selected to back with construction paper, three of her finished paintings--one being [Fig. 37], which I had previously photographed. Pat shared her writing with us:

<u>Flowers</u>

Flowers are brought as presents.

They are made to liven up somebody,

to cheer up or for congratulations.

Always different [from] one and another.

So rooms would be decorated of them

or at other places of [the] house.
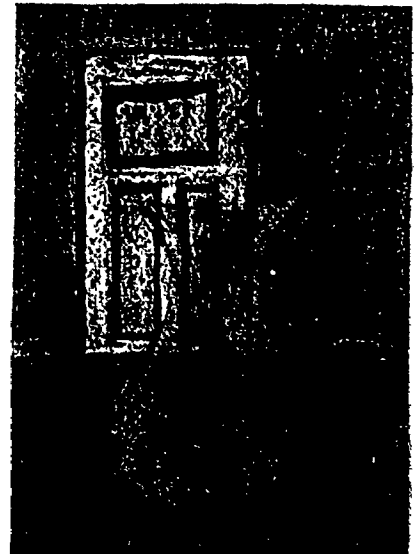
So, how would you like

to bring flowers home?

[Fig. 37]

[Fig. 38]

[Fig. 39]

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My Co-Therapist created an "Eye" [Fig. 38], as his final

post-session art response. About this image, he said:

> I guess what I was most aware of was the eye...
>
> That blue shape inside is very important--I think
>
> of it as a very powerful kind of primary shape.
>
> One thing that really strikes me now is--this kind
>
> of arch form up here (above the eye), which is almost
>
> disbursed or broken down at the bottom. It's not an
>
> enclosed space. So, what we've talked about--the
>
> blue and yellow being two kinds of different things
>
> that create a whole--what we've got here perhaps is
>
> the two things merging--and there being a sense of
>
> blue moving to yellow--yellow moving to blue again.
>
> This image and movement reminds me of my first image--
>
> The Spiral [Fig. 13]. And, if I'm to look at this as
>
> an eye--to me, what I feel from it is, a tiredness grown
>
> to sadness.

My final post-session response drawing [Fig. 39], is of

a translucent, watery-looking, pale blue vase containing a

single pink rose. Behind the vase is a door--the exit. My

image of a vase and cut flower combines images presented by

both Pat and also my individual client (seen prior to the

group, who also drew a vase and flowers). I guess in this

sense, like my clients and Co-Therapist, I too was expressing

sentimental feelings about the group ending. Perhaps, I also wanted to take a piece of them (my clients) and the experience, home with me. "Cut" flowers--cut from the source (the garden of the group), could be taken away--and saved. However, I now also believe that my image (and my Co-Thrapist's 'sadness'), was an unconscious countertransference response addressing the underlying fragile state of our women clients--the majority of whom, may have suffered sexual abuse (as suggested by their artworks and hints about their pasts). In spite of preparations for termination, the group's ending felt premature--as so many issues seemed left untouched.

The response drawings were done on sheets of coloured construction paper--left over from the selection that was offered to group members to 'frame' their favourite finished works. My Co-Therapist noticed that our colour choices were curious...he had selected blue and I, orange. He found it interesting that within our drawings, we had also incorporated each other's colours...this contrast of opposites, creating a 'whole'.

At this point in time I am unsure of the true extent of the influence of working with a co-therapist of the opposite sex--and how this may have coloured and shaped both my own artwork and that of the clients'. However, the final response images created by myself and Co-Therapist seem to

indicated some sort of attempt at resolution, integrating and accepting of opposites which psychologically, seemed necessary for us in order to achieve our own sense of completion and wholeness after this practicum experience.

Chapter Eleven

In Conversation with my Co-Therapist:

On the Subject of Post-Session Response Art

     This chapter contains choice statements about the experience of creating post-session art, as selected and transcribed from a recorded conversation with my Co-Therapist/Intern of the Dreams, Art and Poetry Workshop. The intent of sharing this conversation is not only to offer readers the thoughts and opinions of a second participant in this process, but also to provide a sense of what it was like to create post-session response art with a co-therapist. Following this section of dialogue, is a brief, general summary of our conversation.

Author/Intern: Was the experience of doing post-session response art helpful or meaningful? Why?

Co-Therapist/Intern: I think for one, it was a challenge to overcome--drawing in the presence of somebody else. We were both in the same situation, so that quickly became something that was comfortable. There was also a vague sense of dialogue--that connected us. We didn't talk a lot during, or after making our post-session responses--about what our

images meant to us or how they related--but to me there was
an intuitive sense that there was some dialogue there. I
think it also helped me to focus on the process that I was
going through. It's wonderful to see the links, and to now
reflect on the fact that I think there's probably more
meaning in the art than I thought would be there. Although,
I really tried sincerely to be present to the activity, I
often thought that I wasn't. However, what I think that I'm
seeing here is that I was more involved than I thought.

To me, it's an interesting process that you've
documented. One thing that's clear--that you've made me
aware of--is how some of my images had reference to my
individual client [seen prior to the group]. The art is a
sort of document or illustration of how much I'm carrying and
containing and not processing and letting go of soon enough.
It tells me something about how things can be accumulated and
can modify who I am--and the presence that I have. I see,
and acknowledge that there has to be some means of
processing, more than just writing [notes]. I wrote about
X's sessions, but obviously that wasn't sufficient. However,
since the 'carry over' wasn't consistent, maybe it is just
after particularly difficult sessions, that I'm bound to have
concerns that go beyond the therapy hour. In the case of
this particular client--who had issues of containment--
perhaps my response was not so surprising.

Author/Intern: I think the fact that we both had individual clients prior to the Dream, Art and Poetry Workshop (and not a lot of time in between), may have made separating the influences of these sessions, and issues between ourselves, difficult. I think all these things tend to get mixed together within our imagery--and I don't think it's easy to sort out.

Co-Therapist/Intern: No. However, when I look at the images--and as you ask me to see them in their context--I can remember a personal need symbolized by the image "The City", [Fig. 19]. However, there was an implied reference to a client's imagery; subliminal references to enclosures. I am reminded of other connections. A face I drew with a scar or mark on it expressed my sensitivity to the intrusions of a client [Fig. 30]. We're seeing connections that we either weren't sensitive to, or that we suppressed or repressed--and this has been an opportunity to sort of "skim the pot", and sort out 'this' from the individual session, 'that' from the group, my private life and our interpersonal interaction--and it's maybe a process of purification...like the "rendering of fat"--when you put heat to it--you can separate the impurities that rise up.

Co-Therapist/Intern: [On Process Perseverance] Certainly, there were some times that I thought, "This is such a waste of paper and paint and time"...but what I think we saw was that it was kind of reflective of the group's dynamics. Perhaps, there was an in between time that was difficult--and times that we probably lacked the faith that this really was relevant and important. However, at a certain point I had no problems doing it. I was glad and grateful for the opportunity. And, I wouldn't have gotten there, without going though something that was seemingly banal or empty of meaning. I think that is a process that often is forgotten-- that I have to go through.

So, what I would really recommend is that this is a very viable way of processing. Now maybe, it doesn't discount talking and dealing with issues such as "Is this person actually having a psychotic break?", which we're probably not going to deal with so much through the images except by saying "Gee, it looks like I had a psychotic break...maybe that refers to what somebody else did in the group." But, the process is an important one to go through, and it needs to be gone through, in that there were highs and lows; this too, is part of the process.

Author/Intern: I think I can remember much more of what I was feeling in the sessions by reviewing my artwork--than

just re-reading my notes. And, through producing the artwork, I feel I can remember more about each session too. I found that later, while writing my notes, I was able to recall the sessions quite clearly...I think the artwork helped to start me thinking and processing.

Co-Therapist/Intern: For me, it's sometimes difficult to get back into the feeling of the imagery. But maybe that was what was important...attempting to figure out what I was feeling. With the art, I can come back to the problem-- perhaps dealing with feelings of frustration, which suggest something about the frustrations of the group--and their having to deal with difficult feelings.

However, looking at my artwork--I was aware in the 'image with the stairs' [Fig. 23], that this was a separation image for me...and perhaps, also in the image of the 'marked face' [Fig. 30], combined, with my own containment and way of processing my own issues within the art therapy program. The image of the "Reflective Pool" [Fig. 33], came about through something in palliative care (another practicum site). There is a kind of overlay of images and symbols that are, the most effective way that I could express my feelings. ..You're right, this does get us back into the feelings much more easily.

Author/Intern: Is this something that you may continue to do in the future?

Co-Therapist/Intern: Something I'd hope to do!

Author/Intern: Which do you feel comes first--note writing or drawing?

Co-Therapist/Intern: Probably drawing the picture--but I would more likely trust writing the notes.

Author/Intern: Not equal trust?

Co-Therapist/Intern: No. I trust writing the notes. I would think it's important to write the notes and yet, that would effectively close down the need to draw the picture-- because I've already constructed something. I believe drawing would be the best thing to do, to start with. It would be secondary process to write notes.

Author/Intern: The drawing would be the best thing to do first yet, you would trust your notes...probably because that's what we've been trained to do? We usually sit right down after the client leaves and get into the notes--but our drawing changed our routine. Although we're art therapists,

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we usually put less faith in the art materials than pen and paper...I guess that's the whole point behind this thesis.

Co-Therapist/Intern: Taking notes is like a 'scientific process'--putting down what happened and attempting to do verbatim...basically, that's my goal. Because, if I get it down, then it's there--and I don't have to trust myself to remember it. But, I realize this is at the loss of what I felt, what I've experienced, what I've perceived, which isn't scientific.

Author/Intern: It's sort of a trade-off...which one will you choose?

Co-Therapist/Intern: I know my own thinking...I'm trying to get to the point where I can let go of the mistrust of myself and trust the process, the modality and my intuitive side... Post-session art responses are another way of processing...I know that I won't use [response imagery] in every situation but I trust that it can tell me something different, and may tell me something as useful as any another way [of processing session material]. Maybe, that's all I can say right now. Hopefully, I will have the opportunity where I can use it; it seems impo: :ant...and I consider art to have the capacity to express what is real for the individual. 134

<u>Summary</u>.

In this conversation, my Co-Therapist and I discuss the

experience and process of creating post-session response art.

Our findings support the benefits found by other art

therapists detailed in chapter five of the literature review

such as: clarifying one's understanding of feelings

expressed in a group including, one's own countertransference

responses. However, our experience of co-leading a group--

and responding through art following that group, offered us a

unique opportunity to compare our 'intuitions' as they were

expressed in our images. As we found, our images often

revealed similar primary process conclusions--which helped to

connected us in our understanding of the group's process.

Creating post-session response art also seemed to assist in

the recalling of past sessions, client images and personal

responses much more readily than session notes alone.

However, as discussed in this chapter, response art does not

replace maintaining sessions notes as a record of facts and

objective observations. As was realized, creating post-

session response art strengthens feelings of empathy for the

experiences of the client. Thus, building connections from

primary process roots, establishes a base for later secondary

processing and understanding of the therapeutic session.

Chapter Twelve

Personal Art

A Definition.

It is far more difficult of prove that one's 'personal art' is free of unconscious client influences than it is to distinguish elements of countertransfererence in post-session response art. Generally, with longer term personal art projects the theme, image and feelings have been explored and refined and are less likely to be blindly influenced by countertransference responses than single sitting projects (including response art). However, the only way to define personal art may be though one's creative intentions (which in my case, was self expression and exploration)...Using the analogy of looking into a mirror...if what you want to see is your face...than what is reflected behind you is irrelevant.

The following seven works of art included in this chapter, I claim as reflections of my own inner face and psyche...

The Door

(oil, 9" x 12")

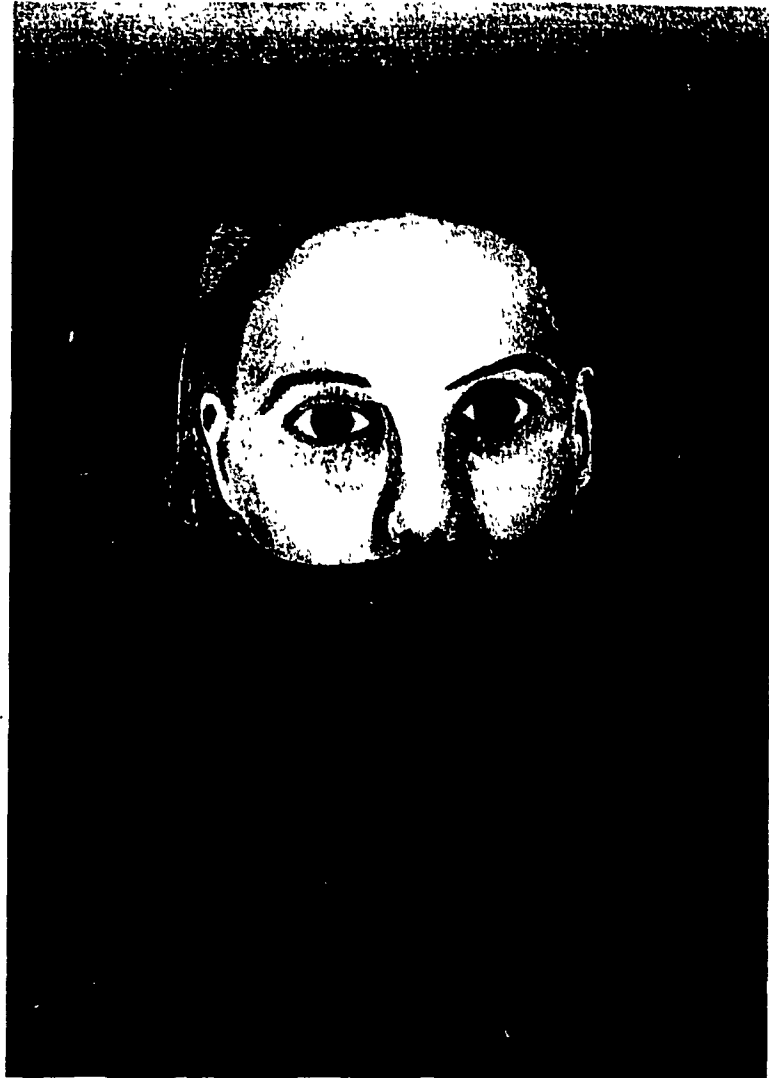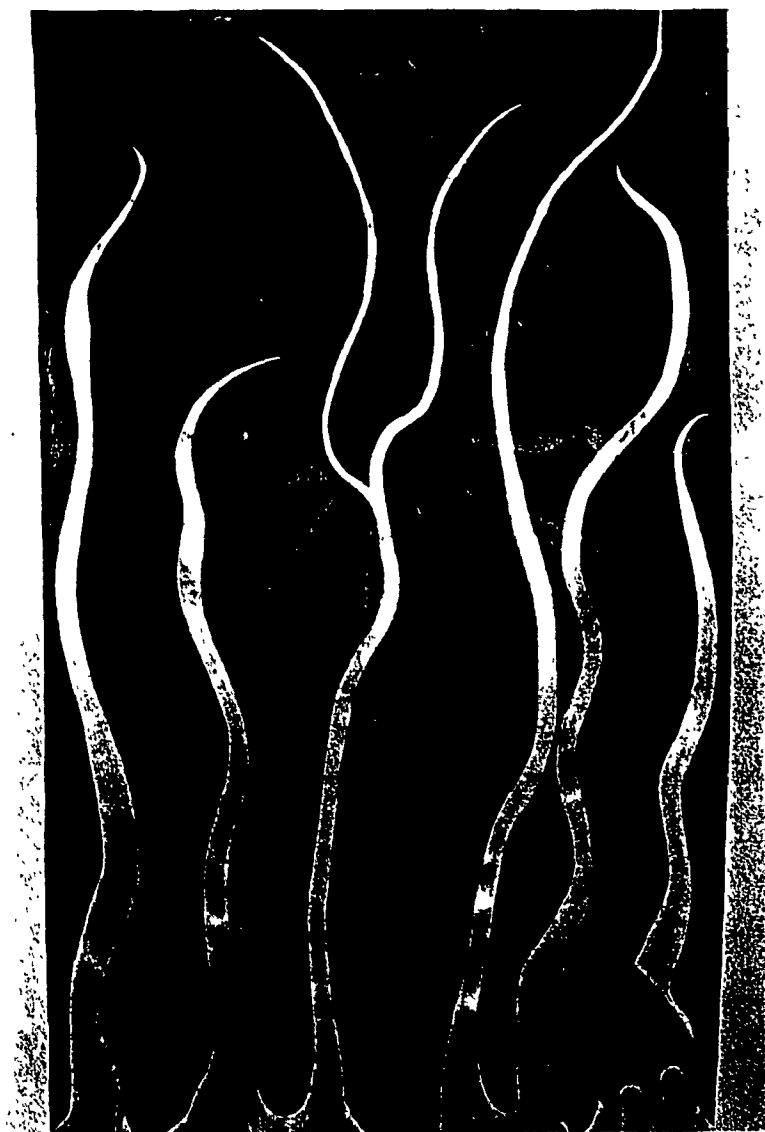137

The Mask

(paper-mache, acrylic)

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Medusa

(oil, 18" x 24")

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The Sea Turtle

(acrylic, 3' x 5')

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Mask of a Warrior

(paper-mache, acrylic)

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The Water Buffalo (acrylic, 5' x 7')

Hippo's Nose (clay, acrylic)

<u>Finding Inspiration.</u>

If I had never painted--never known the satisfaction,
healing potential and truth expressed in art--then, I
probably never would have wanted to become an art therapist.
But, because I have painted and become an art therapist, I
continue to paint--involving myself in the process that I
encourage others to embrace.

I generally paint images inspired from dreams;   this
process for me, has a natural flow. Dreams provide the raw
material--which I transform into artwork and later, into
poems. Each step of this process, attempts to bring into
focus the image expressed in an earlier form.

My artwork keeps me strong as an artist, an individual
and therapist--in touch with my own creative energies,
showing me my strengths and weaknesses, a reflection of my
health and mental state and the effects of my interpersonal
and working relationships.

In the past two years, the most dramatic change in my
artwork has been my colour preferences from intense yellows,
orange and green to cool blues, red and silver--from dancing
in sunlight brightness to swimming lakes of water, mist and
fire...

Fire and water are forever connected within the imagery
of depth. The inferno below, is a world of fire,

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surrounded by water. Acheron, the mythic river of death, flows into Hades and over this body of water Charon the ferryman, transports the souls of the dead in his boat. Throughout the world, both fire and water are considered to by symbols of purification, destruction, renewal, energy and transformation (McNiff, 1989, pp. 86).

My paintings are images of unmasking, descending and submerging...always seeking that passage back to the source of inspiration--my dreams and intuitions. Something told me it existed through the portals of the eyes and nose...but as I learned, they are but symbols of intelligence and intuition (Chetwynd, 1972). My journey has taught me that I can't capture and dissect that which I can only sense...that knowledge which swirls around us like mist...pervading our whole being, senses and psyche.

Conclusion

This study has been an exploration of the various ways in which therapists can use their creativity to develop, amplify and process their intuitions about clients and therapeutic relationships. ...Here is a brief summary of the creative approaches discussed within this text, including: interactive art therapy, post-session response art and poetry, therapist's dreams and personal artwork.

Images produced in interactive art therapy are usually very revealing about client dynamics and the therapeutic relationship. However, techniques like the Doodle Game require quick on-the-spot processing. Without time and distance to reflect upon the session and artwork, interactive art therapy can be complicated by one's own tangled involvement. Reasons one might choose to use interactive art therapy with appropriate clients include: to model permission to be creative or pursue taboo topics and to provide ego support thereby, helping to establish and strengthen the therapeutic alliance (Pellmann, 1992). However, self-awareness and clear goals about one's motivation for engaging clients in interactive art making is essential, in order to make therapeutic use of this form of creative responding.

Dreams seem to be the most revealing of creative inspirations; they are certainly the most spontaneous and

original forms of expression. But dreams about clients do not come on demand (nor are dreams always remembered), and therefore, dreaming cannot be one's only access to creative intuition. However, when a client does become the subject of a therapist's dream, this author strongly believes that the feeling of this message should be considered as an objective truth.

Post-session art responses are helpful in clarifying perceptions, developing empathy and gaining insight for the issues and dynamics of a client. Creating post-session art responses as this Author/Intern did with her Co-therapist/Intern, were particularly helpful in communicating intuitions and impressions of the co-lead group. What was observed in this response artwork, were similarities in feeling, mood and energy, suggesting that similar conscious and unconscious conclusions concerning the group had been reached. This suggests, that there is a certain amount of objectivity that is expressed in post-session art responses, thereby also suggesting, a certain amount of objectivity in dreams about clients as well.

Creating post-session art responses, for the purpose of cathartic release and exploration of countertransference feelings, seems to decrease the likelihood of dreaming about clients--since issues can be expressed and explored prior to sleeping. It may be that art and dreams fulfill

interchangeable roles of expressing intuitions collected unconsciously by the psyche.

Response poetry may be the most helpful way of expressing and clarifying chaotic or complicated feelings as felt within a group, for this author. Poetry can be like a bridge between intuitions visualized through imagery and the beginning of conscious understanding. Writing, while focusing on an image encourages its amplification--as one attempts to go beyond what has been seen and expressed at the visual level. Of particular interest for this author was, reflecting upon which group image was most compelling to write about (since consciously including elements of all clients' images in a poem was difficult). As this author found, what is expressed so powerfully in one client's artwork (and thus attracted her attention), was perceived later, to be the undercurrent in all the images--and therefore, may have been the group theme.

However, as this author also found, poetic responses seemed to flow much more easily following the creation of a personal visual image. ...For once the journey into the unconscious (primary process) realm has been made--then, to surface awareness may be brought the "silt and stones" collected from the psychic depths. But, without such a journey...one cannot grasp what is under the water, but merely catches a few stray grains of sand that have been

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stirred up by the wind--mere echoes of words that have already been said.

This however, is true for any authentic creative effort or response, which aims to hold tight to sensations, feelings and intuitions--framing them in the arts--allowing the therapist something more permanent to contemplate. All the creative response efforts discussed in this text, seemed to help clarify the essence, and deepen understanding of therapeutic sessions and relationships.

The role of creating personal art and poetry (perhaps based on one's dreams, as this author), aims towards individuation (as Self-actualized individual, artist and therapist), providing insight and increasing self-awareness of unconscious energies and motivations (both personal and countertransferential).

Jung (1965), commented that he both loved and hated being in the 'service of the psyche'...but believed that it was his greatest wealth. Faith, in the existence of "psychic wealth" (a deeper understanding than consciousness), has been the motivating strength behind this study. ...As we are empowered by our psyche, it is in our best interest that we attempt to be Self-aware. Being creative--and having the means of accessing intuition through creativity--is both the skill and privilege of the art therapist.

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Appendix

Consent Form

I hereby give consent that art produced in evaluation and/or
on-going therapy may be photographed and used along with case
material by _____ for any of the following
purposes:

1. Consultation with professionals intended for the client's
benefit.

2. Educational purposes (ie. presentations--for the on-going
training of other students or professionals).

3. Publication in a graduate thesis entitled: Towards
Therapeutic Understanding Through Dreams, Art and Poetry.

Confidentiality

Because this information is of a personal nature, it is
understood that my confidentiality will be respected in every
way possible. Neither my name, the name of the setting where
my art therapy took place, nor any other identifying
information will be revealed. My art work will remain
completely anonymous and my identity will not be revealed.

_____   _____
Signature of Client   Witness

_____
Date