



National Library
of Canada

Bibliothèque nationale
du Canada

Canadian Theses Service

Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

NOTICE

The quality of this microform is heavily dependent upon the quality of the original thesis submitted for microfilming. Every effort has been made to ensure the highest quality of reproduction possible.

If pages are missing, contact the university which granted the degree.

Some pages may have indistinct print especially if the original pages were typed with a poor typewriter ribbon or if the university sent us an inferior photocopy.

Reproduction in full or in part of this microform is governed by the Canadian Copyright Act, R.S.C. 1970, c. C-30, and subsequent amendments.

AVIS

La qualité de cette microforme dépend grandement de la qualité de la thèse soumise au microfilmage. Nous avons tout fait pour assurer une qualité supérieure de reproduction.

S'il manque des pages, veuillez communiquer avec l'université qui a conféré le grade.

La qualité d'impression de certaines pages peut laisser à désirer, surtout si les pages originales ont été dactylographiées à l'aide d'un ruban usé ou si l'université nous a fait parvenir une photocopie de qualité inférieure.

La reproduction, même partielle, de cette microforme est soumise à la Loi canadienne sur le droit d'auteur, SRC 1970, c. C-30, et ses amendements subséquents.

TRANSITIONAL PHENOMENA IN ART THERAPY:
INSIDE OUT AND IN BETWEEN.

Mary Paddon

A Thesis

in

The Department

of

Art Education/Therapy

Presented in Partial Fulfilment of the Requirements
For the degree of Masters of Arts
at Concordia University,
Montréal, Quebec, Canada.

August 1991.

Mary Paddon, 1991 ©



National Library
of Canada

Bibliothèque nationale
du Canada

Canadian Theses Service Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-68719-3

Canada

ABSTRACT

TRANSITIONAL PHENOMENON IN ART THERAPY
FROM THE INSIDE OUT AND IN BETWEEN.

Mary Paddon.

This thesis is based on the idea of "transitional phenomena" elaborated by object relations theorists, with a particular focus on art-making and art products as transitional phenomena and objects in the context of art therapy.

It is principally in the form of a forty minute audio documentary that includes interview segments with Arthur Robbins, Anthony Storr, and Susan Hudson. This sound composition is supported by case material in written form which examines how Winnicott's notion of transitional phenomena can be acknowledged as essential elements of creativity within the art making process and how this maybe applied in art therapy. The case study also explores the use of resistance as seen in acting-out and its presence in the interaction with art materials, and the creative process within the context of an art therapy session.

Dedicated to Emily

ACKNOWLEDGEMENTS

Special thanks to my thesis supervisor, Dr. Pierre Gregoire, for his encouragement, support and teaching. His classes and supervision inspired me, providing a living example of the standard and excellence this profession deserves. I would also like to express my gratitude to Rachel Garber who was extremely thorough and constantly strove for a sense of quality and integrity in all of her comments and advise. As well as Anne Robinson whose friendship and support constantly remains undaunted and also my family, friends and daughter whose belief and patience in me is constant.

TABLE OF CONTENTS

Introduction.....	1
Transcript	10
Production.....	10

CHAPTER I

1. Case Study.....	34
1.1 Identification and Reason for Referral...34	
1.2 Description and History.....35	
1.3 Family Background and History.....35	
1.4 Art Therapy.....38	
1.5 Use of Art Therapy Room and Sessions.....39	
1.6 Marker Play.....41	

CHAPTER II

2.1 Assessment.....	53
CONCLUSION.....	64
REFERENCES.....	6

INTRODUCTION

Transitional objects and transitional phenomena belong to the realm of illusion which is at the basis of initiation of experience. This early stage in development is made possible by the mother's special capacity for making adaptation to the needs of the infant, thus allowing the infant the illusion that what the infant creates really exists. This intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality, constitutes the greater part of the infant's experience and throughout life is retained in the intense experiencing that belongs to the arts and religion and to imaginative living and to creative scientific work. Winnicott, 1958, p.242.

The transitional object is the first article chosen by the infant from the external world. It is invested with personal special associations, imagination and symbolic content; an object with which the child develops an active creative relationship. This investment is created by the child as well as being supported by the environment. It is a tool to assist the child in separation from the mother to venture into the outside world.

It is an instrument of comfort to deal with the pain of separation and sense of loss. It acts as a symbolic container used to control anxiety, often as a buffer to fear. At times the infant may use it as an instrument of fantasy and illusion, in a dialogue between the conscious and unconscious worlds of the child. It assists in active imagination,

creativity, process of play and aids in affirming a sense of security and self.

The transitional object is used as a navigator of the "in-between" space, or potential space. It is an indicator of creativity, an instrument of comfort, a vehicle necessary to bridge between attachment and separation.

This thesis is based on the idea of "transitional phenomena" elaborated by object relations theorists, with a particular focus on the art-making and art products as transitional phenomena and objects in the context of art therapy. With specific reference to the work of Winnicott, I will examine the implications for an understanding of early conflicts relating to individuation and separation through the study of symbolic significance of creative play and the art process, particularly in art therapy.

The audio cassette includes theoretical and experiential discussions by therapists and artists of art as a transitional object. In the written part of this thesis, we will explore the implementation of this theory, how this process is used in art therapy, examined through a case study involving the art process and play of a sixteen-year-old male. Discussion of the case will explore how this theory could be applicable to adolescents, using art and the creative process as transitional phenomena, thereby assisting in resolving issues around separation and supporting the emergence of self. Since

specific reference to adolescence is made, Blos' theory (1979, p. 260) of a "second individuation" is applicable, during which suppressed residue of early object loss and conflict from oedipal and preoedipal stages again surface. Blos stated that the adolescent process can be accomplished only through synthesizing the past with the present and the anticipated future. Thus, infantile history repeats itself in adolescence.

The thesis will review the background and sessions of a sixteen-year-old boy who had experienced severe deprivation, neglect and abuse in infancy. T. displayed aggressive, acting-out behaviour possibly in defense against early object loss. Greenacre described acting out as a symptom of failure in disengagement from infantile objects. It carries early impulses into action, and it becomes a formation of impulse and defense. It can be an expression of resistance as a substitute for remembering. (1983, p.14) Therefore, one must also explore the use of resistance as seen in acting-out behaviour, as a mechanism of defence and its presence in "play" during an art therapy session.

Blos stated that "infantile object relations, when reviewed at adolescence, are bound to appear in the original form, that is to say, in an ambivalent state" (1975, p.162). T., using the creative process in his play with clay and glass bottles, was able to re-enact the infantile need to create a transitional object. "The creation and utilization of potential space allowed the demands of inner and outer,

narcissism and object relatedness, consciousness and unconsciousness to be synthesized by means of an interactive process based upon creative play" (Asbach, 1987, p.209).

One of the developmental tasks of adolescence is to establish an ego identity - a sense of self; a self as separate and individual. Through some of the work of Winnicott, we will explore how, through the art process, creative play, the therapeutic relationship and subsequent understanding, one can assist in supporting a sense of self.

For this thesis it will be necessary to develop the concepts of the essential theory relating to the separation and individuation problem. It will be important to define transitional object and phenomena, potential space and play. Winnicott (1971, p.63) stated: "It is playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self."

Potential space straddles the realm of the objective and subjective, illusion/fantasy and reality. It can be seen as the bridge between the inner world of imagination and the external world. It is what I refer to in this thesis as the in-between space. It provides for exploration and experiment, permitting one to discover, construct, destruct, create, repair, change and understand.

The in-between space is the realm which one enters between starting a painting and its completion. It is the

imaginative domain that children enter after they have chosen the broom to be the horse. Here the child no longer consciously performs the story. In the in-between space the child is the knight, the broom is the horse, for play as a creative process is real. It is the realm that composers and musicians enter where the tune "plays itself". The musician is the container through which the music is transformed. It is the magic which occurs in the creative process where one feels lost in the creation of a piece. This intermediate area of experience, is where inner reality and external life both contribute to the play of doing and imagination, where the conscious mind communicates with unconscious fantasy. It is here where there is real potential for originality, a moment of transition which allows for the possibility of change and/or understanding and through which the imaginative process explores aspects of the self. Peter Fuller proposed that:

The capacity to explore and investigate this "potential space" in a situation of trust, allows the individual to develop his internal sense of place and integration, his sense of external reality, and his ability to act imaginatively and creatively upon the latter.
(1971, p.203)

How does one surrender to this imaginative process? One of the most significant aspects of the creative process is a sense of trust. Here the artist's materials are second nature and dependable, for where there is a relative understanding and knowledge of the mechanics, there is the

necessary container or frame with which to allow creative abandonment. The actual process, the making of art, is located in the in-between space. It is often difficult starting this process. There is resistance to surrendering or abandonment, though the pain can be much greater if one does not create. As artist Susan Hudson stated in her interview included in the audio recording:

I have this fear of being empty, of no more ideas. All the Art is in me, all the ideas. I am the vehicle between the idea and the execution of it. That awful feeling, that block comes with the fear that there are no more ideas. Every time a major work is completed there is a terrific emptiness. (S.Hudson, interviewed June 1991)

Is resistance then a response to previous acute loss?
Could art be a tool for resistance?

Susan Hudson described the in-between space as "playing house with yourself". She imagined the feeling to be similar to that of a high diver as he leaps off the edge before he hits the water. Often fear and resistance come before the jump. The important element is the choice. The artist chooses to enter the world of illusion, chooses the implementation, the frame within which to work. The diver chooses to jump. Between the board and the water is the play, the rush of achievement, the working of ideas, experimentation, and the opportunity to be creative.

Further it will be necessary to explore the relationship between "transference" and transitional objects and potential

space. It will then be necessary to incorporate these findings with an exploration into T's creative process in his use of art materials, exploring also the role of therapist in potential space. It will be seen how the creative process stands as a record of this struggle, a container, a bridge, and allows for transference to be projected and explored.

Blos posited that "ego disturbances apparent in acting out are the symptomatic signs of crisis or failure in disengagement from infantile objects and consequently they represent a derailment of the individuation process itself" (1979, p.48).

Since was during the first individuation stage that the transitional object was used as a vehicle between the mother and the environment, then we may conclude that any "derailment" occurring in the earlier individuation stage will be repeated in the second individuation stage. Then perhaps the creating of art or the ritual can symbolically stand as a transitional vehicle, representing neither internal nor external worlds but rather the individual's mental functioning and shared external reality between illusion and perception, which becomes also a component of the transference.

Hamilton developed the therapist's role further by stating that "like the true transitional object, the analyst is both part of the young person's inner life, i.e. a projection, and has a place outside it" (1982, p.169).

In art therapy the created composition stands as a documentation of past and present, inner and outer, and acts as a form of communication between the two.

Winnicott pointed out that in the potential space between baby and mother, as perhaps also is established between patient and therapist in transference, there appears the creative playing that arises out of the relaxed state. It is here that there develops a use of symbols standing at one and the same time for external world phenomena and phenomena of the individual person's inner world (1958, p.128).

It will be necessary to explore the creative process within the potential space in art therapy in relation to the symbolic process of the child's inner world as represented in the transitional object: something created but at the same time provided by the environment.

The attempt to master the image is the struggle within the inner world, in relation to that which has remained unmastered in the ego's relationship to the external reality.

Anthony Storr suggested that we should use our capacity for fantasy to build bridges between the inner world of the imagination and the external world (1988, p.66)

Ross and Ross wrote that: "potential space is always between inner and outer, subject and object, ideal and real in the play of the child, these distractions are not hard and fast but are dissolved into the realm of the imagination" (1983, pp.3-4). So perhaps the art created in therapy becomes

the transitional object and the process itself a transitional phenomenon. The creative process in the potential space between inner and outer reality and between client and therapist, and their dialogue with the created art. The attempt to master the image is the struggle with the inner world, with the early issues of separation.

TRANSCRIPT OF AUDIO CASSETTE DOCUMENTARY

The transcript appears at the beginning of this thesis, as reference to the tape will surface later in the case study.

1. The Production.

This is a multitrack stereo production. The use of music and sounds at the opening and close of the documentary, present the frame in which the interviews are placed. In fact the opening and closing segments act as mirrors, for the end is but a reversal of the opening. The documentary is about transitional phenomena. The use of sound was chosen in order to engage the listener in the creative process, as through their imagination they create internal images based on what is being heard. The listener becomes part of the transitional through process of listening. This is illustrative of the transitional process - for one is engaged from the stimulus, to the inside or imagination, responding and associating to what is being heard. The listening is illustrative of this in between space.

2. Transcript.

(The tape opens with a single tonal resonance- Om, which is used to establish continuity. There is the faint sound of waves washing up upon a pebbled beach in the background. The

opening segment builds from one solitary tone to eight layers of sound, encompassing chants from the eastern and western worlds. Out of this musical mix comes the cry of a newborn baby and comforting hum of the mother giving solice. Symbolically this was used to depict that we are all born from mothers. The interaction between mother and infant is at the core of our psychological development.)

INTERVIEWER, MARY PADDON (spoken over opening montage.)

Transition is defined as the process of changing from one state to another. The Oxford Dictionary defines "in between" in seven categories: a space bound by two or more points, intermediate to, separating, to and from, connecting, shared, taking one and rejecting the other.

(The sound of the waves rises and is mixed with the sound of a metro platform. The music disappears and the listener becomes aware of waiting for a train to arrive. The train doors open and the compartment is filled and the journey has commenced).

SUSAN HUDSON, artist and designer:

I really believe that most artists work on a few major themes all through their lives. It's either inherited, it's either conditioned in some way, but it's there. I know that

some of my very early drawings dealt with mermaids on rocks with arms outstretched and crying. Sometimes the mermaid would hold a mirror to the mermaid's face. Sometimes I would have these incredible daydreams. I think I must have been seven or eight at the time and I remember them because I remember playing around with drawings of a whole merman and mermaid family living in this giant clamshell underneath the water. So what do I do as a teenager - I was very interested in biology and nature. I'm teaching design. I'm teaching bionics. What do I have? An enormous collection of shells. I have an enormous collection of seed pods, rocks, minerals. So those are themes, they haven't left me. The mermaid image was also part of a self-portrait that was titled "Myrtea" which is goddess of the sea so from an eight-year-old to a twenty-eight-year-old or a thirty-eight-year-old or a forty-eight-year-old - it just never goes.

The sea, the water, the underground or an underwater theme for me - I think in those days, was a kind of retreat. Certainly daydreaming is a retreat. I think the water is a very peaceful, quiet encompassing realm to be in and one can be as literal as saying it's back to the womb.

(The sound of the ocean washing up upon a pebbled beach mixed with Celtic music, each voice will have their own music associated with them).

I think all artists 'art' because it keeps them functioning and I think really in this world the only thing I do trust is myself, and I do trust my own art and when I'm doing my own art and I'm getting always my own positive feedback back, it's a struggle but it's positive. It's my own world that I can kind-of control. It keeps my outer world in control.

(Celtic lament, the song becomes stuck, and repetitive as it opens up into an echo)

I think some artists are quite happy just doing their work and piling it up against the wall but if I did all these drawings and kept them in my drawers, what would I really be doing? I'd be just making bread, no one would be eating it. I'd be growing flowers that wouldn't grow. I'd be... (sigh) it would be a wasted exercise. I have to have people show it, and comment about it or someone who sees and understands it and feels an emotion. I think I'm just building a stage and they're all props that I instinctively feel belong. They end up communicating because all the symbols work together. When you really think about it and most people can read symbols before they can read words or letters and letters are symbols too. I think our brains can store a whole lot of information so I can choose something and know I'm going to use it later

on. I'll use it maybe 15 years from now because I'm always dealing with symbols.

I believe art has magic. I believe that there is a funny little halo around each piece of work you do. I really do believe that there's some strange energy that communicates; that you get goosebumps when you see something or that you go "aha" when you see it. If you as an artist can communicate that, make the other half go "aha", it's a strange power surge. You realize you are communicating as an explorer going into a strange land and snapping a Polaroid and people looking at these pictures of themselves. You are, I think, a magician in some ways.

If I'm not physically working then I consider I'm blocked. Even if you have the ideas, until you kinda get it down on paper, you're blocked.

(music builds)

But I see resisting and blocked as the same thing 'cause I know my head is jammed full of ideas. When you're really blocked and when you're really fretting I think one's afraid of going down into a depression that you can't get out of but you keep going down. Your trust will take you down, it's like going down a mine, a certain level, a certain depth, then the canary dies. Then you're not going to get back up again.

You've got to keep producing, to keep yourself, keep your canary, alive. That's what most people are afraid of. They think they'll never come out of it.

(music)

I think of myself as the art and I think of myself as full, completely full and I don't think of stuff going into it; I think of stuff being churned around and constantly running out. What I fear is if it runs out completely and I'd be empty. I'm creating the stuff that's coming from inside, it's already there and every time I work, more of it gets used up. I don't ever think of myself recharging or filling up again. I just feel I'm using another whole part of me.

MARY PADDON:

So you have an inside which is the ideas and the art, and you have the outside, which is the execution of it and is physically you which is the vehicle between.

S. HUDSON:

Yeah. I'm kind of - I'm it. It's all part and parcel of me. I think scientists, artists, I think they're very close - are investigative. They probe, they dig, they analyze and take chances, they are gamblers because it's got to be something

that makes one keep trying, isn't there? There's got to be something that makes one push into the depth and reach out again. Whether in whatever discipline, whether it's just art-art or science or psychoanalytical theory - that's another art. There's also the sheer joy of physically doing it. Just working with colour. I just love it. You take a blue pencil or a blue crayon and scratch on a red one, and you see the zing of the complementaries. There's a real hedonistic joy of being totally immersed with your playthings. So it's not just fear. It's such an interesting discipline, because it has such a mix of emotions and it's far more stimulating - you're kinda playing house with yourself.

(The music blends into the sound of a metro platform. You are aboard the metro, the journey continues. New music appears to signify a different new voice).

ART ROBBINS:

I'm Art Robbins, professor of Art Therapy at Pratt Institute. I wear many different hats. Besides training art therapists at a graduate level and also Director of the Institute for Expressive Analysis which is a post-masters training institute for creative arts therapists, I'm a licensed psychologist as well as a psychoanalyst. But most important, I'm a sculptor and I work in junk and my sculpting

starts in a junkyard where I look for disparate pieces of debris thrown out by one aspect of civilization or another. And what I do is form them and in many respects as a therapist and as a teacher I look for the junk in people - the discards, the pieces that don't make sense. I know from my own life experiences what it means to have pieces inside of yourself discarded - the mirroring that is important - the connective value of pieces that haven't been heard, haven't been utilized. My business of growing had to do with dirt, with having fun and hiding.

As in analysis you try to reclaim parts, look for pieces and I wanted to go back to the sandbox and so I took classes in sculpting and discovered that indeed it didn't have to look pretty to become alive. Winnicott defines therapy as getting people to play. If they can't play, to help them to play. That meeting of the minds where people are one and yet separate, where there's a sense of wholeness that comes out of that imaginative contact; what we call the transitional space in treatment that was referred to; Winnicott's notion of transitional space; in many respects the artist creates transitional spaces with his artwork. It becomes a dialogue, it comes alive because he's able to kind of have this imaginative contact with the work he's done; for myself the sandbox. It becomes therapy however, when someone who can enter into this with you - share it, then help you process

it. That's where the art and therapy start having their own transitional space.

M. PADDON:

Anthony Storr, author and psychoanalyst.

ANTHONY STORR:

Winnicott, the psychoanalyst, made a very good point about what he called transitional objects. He was really the first analyst to draw attention to the fact that small children latch on to particular things like a blanket or a teddy bear...

CHILD I:

I have a couple of bears.

A. STORR:

... as a kind of substitute for the mother.

CHILD I:

...and a little doggie that used to be my mother's that I can't hardly ever go to bed without.

A. STORR:

He made the very good point that there are actually real

objects in the external world, they're not just imaginary objects, they're objects which you vest with meaning. You use your imagination to make them into something different.

CHILD II:

I did have this one pink blanket - it had holes in it and everything; and I walked around with it all the time - called the blankie - cause I had no-one else to play with.

A. STORR:

I think a lot of the creative process in man is very similar. We use objects in the real world and we transform them by means of the imagination into other things.

CHILD I:

My bed's next to a wall and I have a little, like, chair there and I've got a little gap there, right next to my bed. I throw my teddies down this tunnel because I once read a book in French about some robbers. The other robber was a girl and she stole toys and I decided that they might take mine because I really believe in books. So I throw it down there but I keep my doggie and another one next to me....

A. STORR:

Well, I mean, if you'd look at the work of painters and artists you see that going on all the time. We have to link the subjective and the objective if we are to give the world meaning. The world itself might be totally grey and colourless and meaningless if we didn't put something of ourselves into it.

CHILD I:

Just depends on what you feel and what you wanna really draw. I believe that there's no good or badness in drawing. I think that everybody gets an 'A' for what they're drawing because there's no - I mean - everybody has a different way of drawing.

A. STORR:

Our creative imagination is always linking the subjective and the objective in this way. Changing things and transforming things into other things and also making things meaningful to us in an emotional way.

A. ROBBINS:

Throughout one's life there is a quest in people to see different parts of oneself as the outside and as a result knowing a little bit what's on the inside. For it's very hard to know what's going on inside if someone does not recognize

and say yes you feel this, or yes you see this. It's very basic in child-rearing. Only sometimes the parent is too busy or too preoccupied or emotionally involved in one thing or another, sometimes for very big periods so the mother loses or doesn't utilize that capacity to help the child see the world: "yes, you are this, yes, I love this. I hear the feelings you fear, I see you." Well when the parts of you are not seen there's a constant quest for finding some medium, some way of seeing parts of us that have not been reflected back by the parents. Sometimes we see it in our artwork, sometimes we see it in a movie or a book and say, "yes that's me." I see it out there and know something inside of me comes together because I see it and I now know what I feel. It's sometimes very difficult to know what you are unless you see a picture of yourself reflected back.

(classical music opens)

A. STORR:

Well I think quite a lot of writers are like that. They feel uncomfortable if they don't write something during the day; even a short bit maybe. I think a lot of writers find that this is an absolutely necessary part of their being and I'm sure this is true for painters and musicians too.

M. PADDON:

Why do think that is so?

A. Storr:

Because it's the time they feel most real. In a sense their real lives are in what they produce.

M. PADDON:

Do you think that that need comes from a very early need that wasn't fulfilled?

A. STORR:

As you say it being the result of trauma and of separation or isolation in early childhood which pushes you in that direction of using the imagination. It doesn't have to be like that. We all have to adjust to social life in various ways. There has to be a time when we recover, when we retreat into ourselves, when we find ourselves in solitude. Certainly children have been deprived maternally for one reason or another, I mean, like losing your mother very early on, does stimulate the imagination, I think because you are trying to compensate for something that's missing. On the other hand, I mean, no mother provides everything, and I think that one of the ... that children differ very much in temperament. Only children, even with the best mother in the world, tend to

perhaps be more imaginative because they don't have so much opportunity of interaction with others.

M. PADDON:

Part of the transitional object is to be able to go away, I mean to be able to take a part of something with you in order to be able to separate.

A. STORR:

You build in security early enough, you do take it away with you in a sense. I think Winnicott's point is very good about this because he says that the capacity to be alone depends really on having had a good early relationship with the mother so that you get a sense of security. I mean no small baby can manage on it's own. The babies needs are absolute - it has to have somebody looking after it. It has to have somebody there. If that process goes well, the baby and the small child gradually gets more independent because it has built into itself a kind of security which comes from the experience of having been well looked after and having a reliable caretaker who has been there when needed.

A. ROBBINS:

For the parent to be a container and hold it and reflect it back, that's part of normal development and part of what

goes on in treatment, be it in the art form, be it in the verbal form, or some combination thereof. It's holding pieces that the patients give you. They project it. The search to find a method of projection be it in art or a verbal dialogue and what they want you to do is hold it up to them and say "Look, this is what you say inside." and see if you give back a loving mirror - not necessarily an indenting mirror, because the pieces sometimes are full of self-hate and loathing and shame. But if you can hold that material inside of you, that's so full of self-blame and hate and say "Hey, there's something good in these pieces, that junk that everybody hates and discarded, there's something valuable there" and you give it back to the patient. There is the beginning of a kind of wholeness and hope - an integration.

A. STORR:

I see the same process in the patients in psychotherapy. They're terribly terribly dependent on the therapist at one point and they need them desperately and as they get better, they take away from the therapy a sense of security which gradually gets built into them. And I've had patients who've told me that when they're in trouble after having been to see me for a long time maybe, then they get into a bit of a jam and they say to themselves "What would Dr. Storr say?" So they

talk to themselves as if I was there - I mean, they've got it built in somewhere. They find their own answers. It's because they've had the experience of some sort of security from the therapy.

A. ROBBINS:

Some artists absolutely need art. It's almost a form of survival. It's the only place they can get the sense of wholeness. They see pictures of themselves. They're talking and getting something mirrored back. Now what happens is that sometimes they're mirroring back because there's no therapist as a transforming agent. That mirror can be so harsh that somebody's art can tyrannize them because of what... not only what they project into the art but what then speaks back to them. So that there have been incidents of artists who have been overwhelmed by art, who've been burnt out by their art. Because the projection, the mirror, can be a harsh one.

A. STORR:

All psychotherapists see a lot of people who are going through a mid-life crisis and who enter states of depression in which life becomes totally meaningless and they feel it's futile. Maybe they've even been quite successful, they've got a family, they've got a job and so on. But then suddenly it goes flat and dull and meaningless. Very often with those

people - if you can get them to spend time alone and perhaps go back to an earlier point in their lives and recapture some of the enthusiasms they've had in adolescence perhaps in the arts very often, music or painting - you find that this gets life going again and gets them in touch with this subjective side of their own emotional feeling and makes life meaningful again. And I'm sure that art therapy is a very very useful way of doing that.

A. ROBBINS:

So for some artists yes, it becomes a form of survival. It's a place where, indeed, they get this mirror - that sense of a message back to themselves. What the art therapist tries to do is transform this message - not change it but transform this message in a very loving one.

A. STORR:

People need to be alone if they're going to discover their own creative potentials. I mean, I think one of the sad things about modern life is the ease with which we can switch on television sets, which tends rather to stifle the creative imagination in children. When children had just few bricks or blocks of wood or something or other, they could imagine things about these and transform them into other things and make the block of wood into a ship or a train or whatever. Now

you tend to see children slumped in front of the television set not using their imagination in this way and I think it's a pity. I think everybody has to have some time when they are by themselves - when they can really come to terms with what's inside - when they can get in touch with their own creative fantasy.

A. ROBBINS:

Transitional space is a melting ground - a space where something alive happens. This can happen with people, it can happen between the artist and their work but it's a space that's an introduction to life.

M. PADDON:

You've got the paint and you're putting it on the paintbrush and you're putting it on the canvas and you're aware of what you're choosing and how you're putting it on and then you get more and more involved in the process and into the image and before you know it, you're not there. And something has happened and then you stand back from what it is that you've just created and you say "I didn't do that - I couldn't have done that - Who stepped in there and did that - I had nothing to do with that. What is that?"

A. ROBBINS:

Well you're touching about a very basic ingredient about treatment and about creativity. Understanding that process is where really creativity and therapy meet. You talk about Winnicott's notion of play - of the meeting of two minds. When you're really in play you are so present that there is such a sense of oneness and yet separateness - of moving from what we call form to formlessness and back and forth and sometimes being in two states at the same time. Being so much part of something that you are one with it and yet being separate so you don't get lost in it. That experience is the experience of being enormously present in a situation and when you are enormously present, time stops.

But time is also expanded, so that there is no boundary of time. It is a sense of timelessness. So when you're in that moment you are so fully present that everything around you, that has more ordinary sense of reality seems to fall by the wayside. When you're really in something you're so present that you're in another level of consciousness, where you're both one and separate. You are working with both form and formlessness - it's a state of transformation and when there is the possibilities of something new being discovered.

The therapist can join this field, is then able to capture internalizations of self and other that are part of this field of energy. There is the beginning dance of containing these various images - these various important

constellations of self and other in this field - holding them - mirroring with them so that there is an expansion of this field - a resonance of this field, a defining of this field - a loss of this field, a rediscovery of this field. You're really talking about what goes on in therapy.

If you look at this in a much broader context, words are a form of shaping what is called going on in this field of resonance. You are helping define it. Help really establish the boundaries of the self and other being in this play so that when you introduce words and words. And words are just one form of giving boundaries and a shaping to this process, the mere act of drawing or painting is another form of shaping. We speak of adolescents that are in an enormous phase of change and upheaval. It is so individually different in each particular case because the toleration of shaping of structure, varies from person and even dyad between therapist and patient - so that an adolescent - maybe all you want to do is contain all this energy that's in so much flux. Sometimes follow the rhythm of adolescence which means enormous upheaval and quiet - enormous upheaval and quiet. You're able to kind of move in with this rhythm and know when the field is almost asking you to shape it. You know and say, let's participate and giving it some kind of further definition. And sometimes you have to hear it and be so much part of it you can hear it say "It's too much - leave me alone - let me have my space.

I'm not ready to define." The skill in art therapists is to know when to hold, when to be there, when to participate with the patient in shaping and when to kind of move back. And your ability to step into this field, this resonance and participate and hear when a person says "Be with me." and when a person says "Help me define." that depends on two people hearing one another - really being in sync with one another and by more specifically being connected to this rhythm of going back and forth from oneness - well, another way of saying it is extreme empathy, and separateness - definition.

M. PADDON:

So there's an element of mirroring and there's an element of affirmation and there's an element of giving back what belongs to them.

A. ROBBINS:

And there's an element of participation with the patient of structuring and clarifying what is being mirrored. So shaping is an extremely important part of self-definition. Since a need for definition is as important a quest for separateness as the quest for oneness. And therapists have different biases of going one way or the other. But indeed we need both. We are constantly going from one level to another.

A. STORR:

Any artist who is really going to produce something original and something very personal is bound to be tapping sources from the unconscious in himself. Whether he uses the external world as a model or not, it's not going to be a picture which affects us, or which means a lot to him, unless he can bring in something from his own unconsciousness which transforms the appearance of the object itself. But something subjective is always coming in and to my mind, the link between what we think of transitional objects and the child and what the artist does is this link between the subjective and the objective, the marvellous combination of the two which makes life meaningful, which makes art meaningful; we are living both from inside ourselves and are in touch with the external world at the same time.

A ROBBINS:

What I would call this transforming process and that is these blockages, these walls are technically, in some therapeutic terms, they're called resistances - the therapist helps the person how to play with these resistances and instead of them becoming something that you must get rid of - that they're bad, that they stop you from growing, become a place where we can discover life in them, discover new meaning in them and so the therapist helps the patient learn how to

kind of have fun with the walls he's built up, so that there is a meeting at the place, at the wall, rather than attempting to break the wall. Part of therapy, any kind of therapy, be it art therapy or verbal therapy is the reclaiming of discarded parts that were never mirrored, to find meaning and value in them so they develop a new whole, a new integration and so they can then once again make the inside the outside.

(Multitrack mix - music mixed with the sound of the metro doors opening and closing as if stuck and then opening to allow entrance. They close, the train leaves the station, as in the beginning of the program the chants appear, the mother hums to her baby and the baby responds and we arrive back at the ocean. So the ending mirrors the beginning, and the listening was part of the journey, from the inside out and in between.)

CHAPTER 1

Case Study

In the audio cassette we heard some theoretical explanation of art as a transitional object. In the case study we will explore how this art was used as a possible transitional object in art therapy.

1.1 Identification and Reason for Referral

T. was a 16-year-old boy attending an alternative high school, and was referred to art therapy for "acting-out" behavioural problems. T. had been frequently absent, yet when present he craved attention, often being loud, verbose, sarcastic and defiant - appearing indifferent to criticism. He could appear charming, however had only made superficial connections with his fellow students. It was noted by staff that T. had difficulty expressing emotions, as well as empathizing or caring about others' feelings. He had been recognized as having above average intelligence, however he was failing in his studies seemingly because he did not want to work. He was sent to Art Therapy because the school was concerned about his acting-out behaviour and defiance in class and his apparent inability to feel. There was also concern about a history of lack of parental involvement.

1.2 Description and History

T. was a tall, medium built, good-looking boy. He always dressed in the same clothes - a well-worn pair of jeans, a slightly frayed jean jacket, which he constantly wore indoors, giving an air of being ready to leave at any time. A pair of well-worn sneakers were given to him by a staff member, because his last pair could not be held together by masking tape any longer. T. liked to sit with his legs stretched straight out in front of him, his feet on a table or chair. In this manner he gave the impression of taking up a lot of room. His mood, manner and clothing created a sense of a need to be noticed, however he rarely talked, and when addressed, the response was cryptic, sarcastic and often grandiose. He did not socialize with his peers and had no girlfriend.

1.3 Family Background and History

T. was born in 1973 into a family on social assistance in a large Canadian city. Both parents were unemployed, severely alcoholic, and his mother also drug dependent. T. was the younger of two children. His sister was two years older, and it was to her that T. turned in times of trouble.

When T. recounted that when he was aged two, youth protection personnel identified both children as suffering from severe parental neglect. As well, there was some concern of periodic abandonment and physical abuse. However, due to a series of moves and evictions, the family could not be fully assessed, and it was only in 1978 when T. was five that social

service workers located them again. At this time, social services personnel felt that there was adequate evidence that T. had been severely physically abused and neglected from a very early age. However neither child was placed in foster care. The parents were evicted again and the children seemed to slip through the "cracks in the system".

It was only after the maternal grandparents signalled the youth protection agency because of the mother's frequent suicidal attempts and aggressivity towards the children, that the children were finally removed from their family situation. T., now aged six, was placed in a large children's home. The parents separated and a year later, in 1980, were divorced. Between 1979 and 1982, while the children were in foster care, the father attended Alcoholics Anonymous meetings and remarried, this time to T.'s youth protection social worker. The father brought both children home in 1982. T. was seen as the problem child in the family, having difficulties controlling his outbursts of behaviour. Neither the father nor the stepmother could control both children. So after a few weeks the daughter was returned to her mother. This arrangement lasted a few months and she was subsequently placed in permanent foster care till 1987. T. appeared to have difficulty accepting his stepmother and to his sister, who had always remained a constant in T.'s life. T.'s behaviour deteriorated: He would either display cool indifference or explosions of rage, aggressively destroying things and finally

threatening suicide.

In 1983 he was admitted to a children's hospital, where his psychiatrist suggested that his acting-out behaviour was symptomatic of his displaced need for attention, love, and a great need for structure. T. himself recognized this need of a constant structure and requested not to return home. In 1984 he returned to the children's home for three years. In 1987 he was finally placed in a foster family. However, his foster parents could not contain him: They presented virtually no structure, no ground rules, no curfews and no discipline other than physical and verbal abuse. T. seemed to feel lost. In October 1988, T. ran away to his sister's new apartment and refused to return to his foster home, saying he needed more support. A social services agency agreed in 1989, and while awaiting placement for a group home, T. stayed in an emergency holding shelter for children. In September 1989 he began attending an alternative high school for teenagers in difficulty and, in this setting, started weekly individual sessions in art therapy.

1.4 Art Therapy

For this thesis we will be concentrating specifically on two sessions in which T.'s use of art as a transitional object can best be illustrated. These two sessions occurred relatively early in treatment and set the perimeters for subsequent sessions.

How T. presented himself, his use and association to the art, and the relationship which developed during two art therapy sessions will be explored, focusing on the problematic areas in his development coming to light in his initial art therapy assessment.

When T. arrived, he introduced himself as Da Vinci, stating he would paint the Mona Lisa. This was presented in a casual, joking way, perhaps an immediate defense against any creative endeavor. He constantly referred to himself as being "excellent" at art, in fact, "brilliant" - perhaps he felt the need to impress and support what was a weak ego, out of fear. This fear may have been based on a succession of rejections, abandonment, so this air of superiority could be considered a defense against disappointment.

1.5 Description of Art Therapy Room and Sessions

The high school that T. attended consisted of four small rooms, one of which was used as the art therapy room. This room had one window, two adjoining tables, chairs and storage cupboards, as well as a large array of art materials. The selection of materials was extensive - from boxes of pastels to clay to a large box full of variously textured found objects such as textiles, metal scraps, rocks, shells, moss, popsicle sticks, and assorted items from a dressmaker supply store. Along the window ledge was a collection of small juice bottles which the art therapist used to root seedling shoots

in. All of the seven bottles were occupied by plants in various stages of growth except two empty bottles. From all the materials to use, t. chose the only two remaining empty juice bottles, which he knew were destined to be used by the therapist to cultivate young plants.

These two transparent bottles became the armature around which he created. Perhaps there was a need to take ownership, perhaps as a support to the association he placed upon it - perhaps as a transparent fragile self. The first session was spent completely covering one of the two the bottles with layers of clay, constantly keeping it wet. When all the sides were covered he noticed that the clay on the outside of the bottle was very thin and needed reinforcement with more clay. He moistened the clay with his hands, stroking the bottle up and down, in order to assure that the application of clay was even. This could be seen as perhaps acknowledging the need for support and giving some expression to strengthening the self, in an earlier developmental sense which could also be further interpreted as a need to merge with the mother - unconscious fantasies that are related to the maturation of the sexual and aggressive drives. This interaction with clay, bottle and water, can be seen as intimate.

The impulse to consume, introject, internalize and the wish to interact with the good/bad mother, may play a role in his motives. In his physical play with materials there is both a sensuous element and an element of messing.

There is an infantile sexual or aggressive impulse directed towards the therapist which becomes the occasion for a variety of equally infantile guilt feelings. These will be discussed later in this chapter. As a final gesture in the forming of this sculpture, T. dissolved some clay to a thick liquid paste and poured it into the bottle, coating the inside. Winnicott wrote in "Playing and Reality" that:

the infant creates an image of the mother for himself, this crucial mental act of creativity becomes the bridge between the infant's inner and outer world, the way of relating to an object. By imaging an object on outside of the self one begins to relate to it.

In the following session T. created his second sculpture using the last small bottle. Although he complained it was too soft, this time T. chose to use grey plastercine because it would not crack and would not harden. He flattened the plastercine, then cut it into strips which he dropped into the bottle. Using the flat end of a blue felt marker, he pushed them firmly to the bottom of the bottle. He continued this process until the bottle was completely filled with grey plastercine. It took a great effort to push all the plastercine in. At one point both arms and elbows were on the table as he worked with great exertion. This action appeared aggressive, forceful and sexual. It seemed to represent a determined need to fill up, to contain, with the art making process being an outer manifestation of an internal conflict -

the need to attach.

This small bottle, now heavy with its investment, was completely covered and sealed with the remaining plasticine; both the bottle and all the fused bits remained inside. There is perhaps a relationship between the bottle, feeding and anal pleasure.

1.6 Marker Play

At the end of each session, T. would attempt to "sneak" a thick black felt marker out of the room by hiding it in his jacket. This was done in an obvious and "playful" way. He did this repeatedly in such a manner that the therapist would know he had it, and to see if he would remove it from the room. This can be seen as an attempt to test the support of the therapeutic frame and its limits, and also in using markers, T. is perhaps acting out in defense against early object loss and inner conflicts, which will further be discussed.

1.7 Discussion of the sessions

Anna Freud wrote:

In analysis all the material which assists us to analyze the ego makes its appearance in the form of resistance to the analysis of the id.... it desires by means of a counteraction to prevent an in-road by the id.... Since it is the aim of the analytic method to enable ideational representatives of repressed instincts to enter consciousness, ie, to encourage these in-roads by the id, the ego's defensive operations against such representatives automatically assume the character of active resistance. (1966, p.30)

A. Freud further proposed that it is the therapist's role to secure the possibility for such ideas to emerge through the patient's free associations, the defense set up by the ego against these instincts takes the form of direct opposition to the therapist. This can be presented as

hostility as well as affection which is symbolically seen in the need to possess or attack the therapist and a strengthening of measures designed to prevent id impulses from emerging.

Though T.'s playing with the marker was more playful than violent, there was certainly a component of aggressiveness in the gesture of trying to "get away with it". Perhaps T. unconsciously associated with the phallic shape of the marker, which could suggest oedipal issues.

Here, the resistance is part of the transference, the acting-out or marker play being both the repetition of an early conflict and a defense against feeling it by the acting-out. Perhaps evoking suppressed fears of abandonment, of separation from an unresponsive parent, prompted his actions - in an attempt to connect this inner conflict, by stealing the marker. His action could be viewed as metaphorically taking a part of the mother, since the markers belonged to the therapy room and the therapist could be seen as representative of the mother.

T. exhibited considerable narcissistic needs, and it was characteristic of him to display attention-seeking behaviour, and grandiosity. Perhaps in transference T. saw the therapist as a parental figure, and was testing the constancy, support and control of what goes on within the therapeutic frame. This could be seen in the artwork, the conversation and finally in the "marker play", where T. attempted to hide and remove the

marker. This sense of entitlement and deceit illustrates disturbances in his interpersonal relationships. Perhaps the need to remove something from the session is symbolically to take part of the therapist, the love-object, mother, which he felt he lacked. Winnicott would interpret this as an unconscious substitute for lost love, making a claim for parental love of which he felt deprived (1958, p.307). It was, perhaps, an attempt to repair a narcissistic injury by stealing a part of a mother-love-object, and a plea for support and caring.

Winnicott proposed: "The child who steals an object is not looking for the object but seeks the mother over whom he or she has rights. These rights derive from the fact that (from the child's point of view) the mother was created by the child" (1984, p.125).

Does resistance manifest itself in aggressive acting-out behaviour, as a defense reaction to early infantile abuse, during the second individuation stage?

Blos suggested that all acting-out behaviour is symptomatic of a crisis, or failure to disengage from infantile objects. Consequently he posited that this represents "a derailment of the individuation process itself" (1979, p.260). This individuation process which Blos referred to occurs in adolescence and has been called the "second individuation stage" during which the suppressed residue of early object loss and conflict from oedipal and preoedipal stages again surface. Blos further suggested that the adolescent process can be accomplished only through synthesizing the past with the present and the anticipated future. The integration of ego and drive organization is the touchstone of this synthesis. The infantile history repeats itself in adolescence, and acting-out is symptomatic of failure in disengagement from infantile objects. It carries early impulse into action and it becomes a formation of impulse and defense (Blos, 1979).

Ekstein has quoted Fenichel as writing that: "in classical analysis, acting-out has always been considered a major form of resistance, as a substitute for remembering", (In Esman, 1983, p.145).

This suggests resistance as a defense mechanism that manifests in acting-out behaviour, so perhaps through the analysis of this behaviour, in conjunction with the art work and creative process, one could further understand and incorporate resistance and its implication within the transference and the therapeutic process. To further explore this hypothesis we might observe how T. unconsciously expressed his emotions around separation through his "play" with a felt marker. Perhaps this marker served as a transitional object to assist him in the separating or closing of each session. The marker, like the bottle, could have represented some aspect of the therapist, since it belonged within the context of the art therapy room - all art and equipment was to remain within the room at the end of each session.

In Esman's book, "The Psychiatric Treatment of Adolescence", Ekstein acknowledged (1983, p. 147) that action is an attempt at reality mastery and may be seen as a dominant means of communication. Blos believed (1975, p.258) that the resistance against remembering effected by acting-out constitutes a form of denial. The function of acting-out is denial through action.

The marker play only occurred at the end of each session, so one could hypothesize that this was also a symbolic attempt to master separation from the mother/therapist. The process of

using the materials in the art could perhaps be seen as devouring or consuming an element of the mother. This hypothesis is proposed without any interpretation or examination of the content of the image itself, referring only to the act of using the materials.

Greenacre has suggested that a child who learns language from parents whom he basically cannot trust, will not rely on speech as a means of orienting himself to reality and is apt to regress later in life to preverbal forms of communication, or acting-out, in order to formulate a better means of reality-adaptation. Acting-out, it can be said, originates in the impulsive act of the infant as his only means of obtaining gratification and is a "call" to the helper. Later, in this case in adolescence, when "play" is introduced, there is a dynamic of the acting-out which contains a certain element of thought and action which brings about these reenactments (1983, p.14). It is interesting to note that this marker-play occurred at the end of each session. One could interpret this as an expression of separation-anxiety. The placing of the marker inside the jacket was suggestive of "ingesting", perhaps indicative of not having enough and of having a need to be filled or fed.

T.'s repeated attempts to claim ownership of the marker may have exhibited an unconscious infantile sense of his right to have support and constance and to be fed and nurtured. The extremity of his deprivation was emphasized by the repetitive nature of his behaviour. The persistence of behaviour is a clue to the resistance. As Kaplan pointed out, in therapy, resistance reflects that there has been a rejection in childhood. The defense against facing the issue within the therapeutic frame shields against the opportunity to acknowledge the issues behind the defense and perhaps the unconscious fear and rebellion against attachment (Kaplan 1985, p.1344). The client acts out and tests the frame to see if the therapist can offer support and maintain the frame. The acting-out evidences the need for identification through attachment, as in T.'s use of a marker as an ego support.

"The action itself is often ego-syntonic or at least well-rationalized by the patient; the rationalization is another layer of resistance" (Ekstein, 1983, p.171)

In acting-out, T. carried early impulses into action, and it became a formation of impulse and defense. It must also be considered that the dynamics of therapy itself will also stimulate resistance. Ekstein noted that within therapy the child has a limited capacity to play freely, and that play interruptions (such as the end of the therapeutic hour) take

place which are indicative of increased resistance, increased defense against overwhelming anxiety and inner instinctual demands (1983, p.149). The increased anxiety suggests that aspects of repressed materials are pressing towards consciousness, and if the unconscious conflict is brought to the surface it loses its effectiveness.

Perhaps maintaining the "frame" by insisting that the marker remain within the art therapy room, allowed for the safe exploration of sexual issues which became acted out in the "hide-and-seek" of the marker. There was an element of seduction in this hide-and-seek play with the marker. Perhaps the need to internalize the marker, by hiding inside his pocket, is an sensual component.

As Storr wrote:

Some patients endow the therapist with attributes which are predominantly parental, when erotic elements coincide, the patient is trying to make the therapist into a combination of parent and lover. Freud's explanation of this phenomenon was to postulate that the patient was still erotically tied to the parent of the opposite sex, since he assumed that the erotic tie, rather than the dependent one, was what prevented people from growing up. The child's wish to unite with parent of opposite sex and eliminate the parent of same sex is Oedipus Complex. (1979, p.77)

Bela Grunberger submitted that the loss does not consist of integrating this loss into the unconscious, but in refashioning the object relationship. In the unconscious,

the absent mother is not a lack of the mother, but the bad mother. In T.'s case there was both absenteeism in the abandonment and bad mothering as exhibited in abuse and chronic drug abuse and neglect. Perhaps, symbolically, the marker became a potent instrument for T., an extension of himself, with which to test the acceptable perimeters of the mother transference. The need to internalize the marker, by hiding it inside his jacket pocket could suggest the need to merge with the therapist/mother, and yet, in the playful action of making this marker very obvious, secures the opportunity for it not to happen. The obvious way in which he held the marker, also implied the need for reassurance that he would actually not get away with it, figuratively in fantasy.

In reaction to this symbolic play, the therapist's attempt to maintain the safety and trust of the therapeutic space was perhaps an unconscious projection of maintaining the incest taboo, for it is the role of the parent to maintain the incest taboo, corresponding to the therapist's need to reaffirm boundaries.

Thus, T.'s play with markers could be viewed as indicative of acting-out resistance against libidinal impulses. The marker was the "tool" of the patient's creativity to which the patient attached himself.

Initially directed toward the love object, in the oedipal conflict the phallus is representative of the self,

perhaps for self-gratification or masturbation. This occurs whenever the object proves to be disappointing, as for example when the therapist is representative of the negative mother. Another interpretation could be that the therapist is seen as the feared father, who in the patient's fantasy has the power to remove the phallus, which in turn provokes elements of aggression, with the patient questioning the need for limits and asserting the desire to adapt them to be exploitive of the frame.

I believed that without a therapeutic frame T. would not feel a sense of perimeters, limits, containment nor support. If he were uncertain about boundaries he would perhaps have difficulty feeling the freedom to separate from others and would perhaps be terrified should any angry feelings arise, that they would somehow destroy or hurt both the outer world and himself. Playing at the removal of the marker is an attempt at testing all of these limits, to confirm for himself the strength, continuity, structure and support of the therapeutic frame.

If then we consider this acting-out behaviour as symptomatic of an early infantile conflict which is used in reaction against or as a defense against painful suppressed emotions, then perhaps in understanding the defense there is the possibility that T. may come to see what issue he is acting out in his behaviour.

If one accepts the position that resistance has a transferential component, then perhaps the patient's guilty feelings are also felt by the therapist. I feel that in the understanding of the resistance, the therapist must understand what it is that he/she might be resisting against. If feelings of guilt and anxiety surface with the therapist, this may be an indication that the ego is resisting analysis of the client's response and needs to be further explored. Translation of the defense formation of the ego allows for resolution of the ego's resistance. As Anna Freud further put forward "to consider the analysis of resistance and transference, and interpretation of conscious material as the legitimate tools of therapy: (1965, p.26). It is only when the psychic representation of the lost one has been decathected in a majority of its connections that enough libido becomes available to the patient in order to establish a new relationship, to take the place of the lost one. As Myra Levick stated, "the therapist must try to help the patient become aware of this good and may explain those object relations that create what appears to be an unexplainable, anxiety-ridden response" (1975, p.205). Understanding the defense permits the possibility that T. may come to see what issue he is acting out in his behaviour. As Kaplan wrote: "the analysis of resistance, then, is at the heart of analytic work, resistance meaning here the defensive operation of the ego: (1985, p.1344).

CHAPTER 2

2.1 Assessment

T. was seriously neglected at age two. During this period (the end of the symbiotic phase and the beginning of the second year) arise the core conflicts that may later result in the failure to develop a cohesive sense of self. If a child is to experience an age-appropriate grandiose self-image, he or she must feel that exhibitionistic display is safe and effective. The child is assured that it is so by the mother's mirroring. The child's effort to exhibit himself represent first attempts at individuation, at leaving symbiotic ties with the mother. To be successful, feelings of grandeur and omnipotence must be greeted by the mother with approval and admiration. However, it may be assumed that T. never experienced this: The only mirroring he received was one of abuse or neglect, living in a chaotic, drunken household with a lack of constancy and structure. He must have felt confused and dejected, as expressed by Bowlby: "On one hand the child is made furiously angry by his parents' threat to desert, on the other hand, he dare not express that anger in case it makes the parent actually do so . . . in these cases anger at a parent usually becomes repressed and is then directed at

other targets" (1973, p.289). This anger may be internalized and manifested in outbursts of aggression, acting-out, antisocial tendencies, and a tremendous need for affirmation and acceptance. Winnicott proposed that the antisocial tendency always arises out of deprivation. It is a product of failure of the environment to adjust to the child's needs and a fundamental failure to nurture (1965, p.204).

During T.'s life, he had experienced a series of different social workers, not one lasting longer than a couple of years. The social worker initially responsible for the removal of T. and his sister from their home and their subsequent placement later married their father. At that time, T. was at the oedipal stage of development. This could have contributed to his dislike for her, since, from T.'s viewpoint, she was responsible not only for his mother's removal, but for his father's replacing his mother by herself. Perhaps T., looking for a more supportive and personal love-object, formed an attachment to her and felt distrust, disappointment and abandonment when she married his father.

In his interactions at the alternative high school, staff members observed that T. tended to treat others as need-satisfying objects rather than humans. His perceived limited capacity for concern and tenderness could be due to ego defects dating from the rapprochement stage, when perhaps he chose to isolate affect from behaviour and turn

off feelings so as not to experience pain, anxiety and fear of object loss, thus creating an inner split and a false self. The grandiose affect and defiant behaviour stood as a reaction formation defensive position from which to guard against emotion. T.'s difficulty trusting could be traced to age two and perhaps earlier, when he experienced violence, neglect and insecurity. His mother was unable to achieve good enough mothering, and T. could not depend upon a reliable, constant environment needed for strong ego development. During the developmental stage when he would naturally fear object loss and abandonment, T. was experiencing it. Since that time, there had been no constant environmental mother nor mother object, so all possibility for reparation was denied, and there was no capacity for concern to develop. T. lacked confidence in his own instinctual impulses. The result of this maternal failure or not "good-enough mothering" is fragmentation within (1971, p. 166). The infant creates a split, creating a false self. Anna Freud observed that:

In those cases where the mother is either absent or neglecting or emotionally unstable and ambivalent, and therefore fails to be a steady source of satisfaction or in cases where the care of the infant is insufficient or impersonal, the transformation of narcissistic libido into object libido is carried out inadequately. There remains a stronger tendency in all future life to transfer libido from the love object to the self whenever the object world proves to be disappointing. The blunting of libidinal development which results from these early deprivations leads further to an

inadequate binding of the destructive (aggressive) urges in the child. Normally, the destructive impulses ally themselves with the child's expression of object love on the pregenital levels of infantile sexual development and thereby lend force and vigor to the pre-oedipal attachment to the mother and to the manifestations of the oedipus complex. Where the child's love is deficient, the destructive urges remain more isolated and manifest themselves more independently from merely overemphasized aggressiveness to wanton destructiveness... based essentially in very early disturbances of development of object love and consequently weakening of ego and super ego functioning. (1968, p.77)

Even before reaching the oedipal stage with its conflicts and issues, T. had the blueprint of aggressiveness established by example from his parents, establishing self-object failure, a weak ego and feelings of ineffectual helplessness and a lack of trust.

A. Freud (1965, p.126) contended that play provides a medium for symbolic enjoyment for phallic activities and phallic mastery. It serves as the transition from primary instincts to sublimated pleasure. If one follows Anna Freud's developmental sequence of play, T.'s use of bottles, like toys, offered the opportunity for ego activities such as filling-emptying, opening-shutting or messing, which could correlate with a displaced interest in the body opening and its functions. There is a "messing" in anal pleasure, as well as a fascination with input and output. With T.'s use of the

bottles, T. presented a reaction formation defense mechanism, in the need to contain so as not to harm or destroy. Anna Freud suggested that the enactment of obtaining food and destroying it relates to the child's needs to assert his right to possess his love object, and its fusion of sexual instincts with aggression. Anna Freud further posited that unsatisfactory libidinal relations to unstable or otherwise unsuitable love objects during anal sadism (phase 4) period will disturb the balanced fusion between libido and aggression and give rise to uncontrollable aggressivity and destructiveness. This echoes the preoccupation in the anal period whereby the "gifts" are surrendered to the mother as a sign of love, but since they are cathected also with aggression, they are weapons by means of which rage, anger, disappointment can be discharged within the relationship. Hence comes the "testing and ambivalence" which can be associated with the toddler period - where there are violent swings between love and hate, (the libido and aggression not fused with each other).

The bottles could be representative of a need to consume or to devour; a need-fulfilling drive from the oral period. However, the bottles were not merely vessels of sustenance but were also used to withhold, hoard and possess through their covering over and sealing. There was also a strong emotional mixture of libidinal and aggressive drives. Anna Freud proposed that in the anal phase the body products are highly

cathected with libido, considered by the mother as precious, gifts given as a sign of love. They are also cathected with aggression. They are seen as "weapons" by means of which rage, anger, and disappointments can be discharged within the object relationship (1965, p.73). There is a primitive fear of loss of love, fear of object loss and castration anxiety. The bottles could be representative of an anal retentive character, whereby they become invested with ambivalence - with swings between love and hate. Anna Freud further observed that in this period there is also a fascination with the inside of the body (represented in T.'s work, I believe, as the bottle/self), and a need for emptying and hoarding as an illustration of a need to dominate, process and attach and engulf. As well there is great pleasure in messing and molding (A.Freud 1965, p.73). Such pleasure seemed very apparent to me in T.'s first session.

It could be said that the development of aggression is inseparably bound up with the developmental phases of infantile sexuality, serving ego activities and the fantasies underlying them which are invested with displaced and sublimated drive energies. It would be appropriate therefore for T. to struggle with these preoedipal and oedipal issues at a developmental time when libidinal cathexis is transferred to the opposite sex and there is a need to further separate from early love objects. T. chose to use clay in a constructive/ destructive fashion corresponding to play fantasies during the

autoerotic period. However the use of the marker a penetrating fashion added a strongly sexual component - which could indicate phallic exhibitionism and sexual energy. As both Laufer and Winnicott have noted, strong sexual drives are indicative of adolescence: "The adolescent is pre-potent. In the imaginative life the potency of man is not just a matter of active and passive intercourse. It includes a man's victory over a man . . . itself is pretty violent material" (Winnicott, 1965, p.82).

Here the early personal characteristics and pregenital fixation reside with an inconclusion of oedipal and preoedipal maturation, combined with adolescent sexual energy. The use of the marker could be seen then as relief from sexual tension and anxiety - as a form of masturbation. There is also the aggressive side, a complex of anger employing muscle eroticism. It seemed to me that in his play with the bottle T. was able to employ fusion - whereby he could experience erotic and aggressive drives in relation to the same object - (bottle/container, symbolic of mother) at the same time.

Winnicott wrote that "there is an 'erotization' of aggressive elements, which is a root for compulsive, sadistic trends, which can turn around into masochism. The individual feels real only when destructive and ruthless. He tries to bring about relationships through interplay with another individual by finding an erotic component to fuse with the aggression which is not in itself much more than pure

motility" (1958, p.213). This I feel was evident in T.'s use of the bottles, clay and plasticine which could be interpreted as fusion - the experience of erotic and aggressive drives toward the same object. In the malleable use of the clay there is an erotic side, object seeking, and an aggressive side employing muscle eroticism (as sensed in the great effort to fuse all the plasticine pieces together), and of hate, similar to anal sadistic characteristics.

This can be seen as an attempt to test the therapeutic frame and its limits. Because it is an action repeated in the same way at the same time in the session, it could also be seen as ritualized play, as acting-out behaviour and as a symbolic defense against early object loss and inner conflicts. In the transference, T. unconsciously regarded the therapist as a parental figure. Obvious attempts at taking something from the session could be representative of the need to take part of the early failed object. T. experienced deprivation which means at some moment in his childhood he experienced some aspect of good-enough environmental provisions (perhaps during the time spent at the children's home or in early infancy), and then lost it. In deprivation it is the memory of the failed holding environment that causes painful anxiety, and suffering and poor ego structure.

As T. felt secure in the therapeutic milieu, he could again allow for hope of regaining what had been lost - an attempt to return to the time prior to deprivation in order to

retrieve the lost good experience - hence the emergence of antisocial tendencies in the stealing of the markers. Perhaps this too was why T. presented enough antisocial tendencies to be hospitalized after his reunion with his father and his stepmother. The reunion only emphasized what was lacking and triggered memories of what had existed before.

Laufer wrote that "at every stage of childhood the inadequacy of earlier conflict solutions makes itself felt as a distorting influence; but when these solutions are tested in adolescence in the context of the person's new sexual role, they may fail completely in crucial areas, and in this way hinder development in adulthood" (1965, p.100). Thus, the infantile history repeats itself in adolescents, and acting-out is the symptomatic sign of failure in disengagement of infantile objects. It carries early impulses into action, and it becomes a formation of impulse and defense against painful suppressed emotions. Perhaps in understanding the defense there is the possibility that T. may come to see what issue he is acting out in his behaviour. Translation of the defense formation of the ego allows for resolution of the ego's resistance. As A. Freud contended, the more completely we succeed in bringing both the resistance and the defense against affects into consciousness, so rendering them inoperative, the more rapidly we advance to an understanding of the id (1965, p.227). The function of acting-out behaviour has been considered as denial through action. Thus the

adolescent has a need to deny his helplessness through action.

Perhaps T. was struggling with early object relation failure and loss, subsequent ego dysfunction and splitting, dynamics which present themselves in a "false self". I concluded that art therapy for T. would present an opportunity to test the therapeutic frame for support and constancy, to explore symbolically early objects within the realm of the unconscious, and to explore through projection and identification some of his suppressed emotions and frustrations.

Laufer suggested that the loss of a parent - through death, separation - does not automatically lead to pathology. The impact of such an event on a person's psychological development will be determined by the level of drive development, the quality of his object relationship, and the degree of ego maturity attained before the event (1966, p.290).

T. would have to mourn the loss of the early infantile object and the libidinal detachment from the object. Perhaps through the use of art therapy he could develop some capacity for concern and trust, and would be able to develop an interest in the outside world and an ability to cathect to others.

The elements of self-object transferences, mirroring and alter ego transferences would play a significant part in his treatment. The defense against facing issues which surfaced within the therapeutic relationship and thereby "testing" the

strength of the therapeutic frame allowed for the opportunity to acknowledge the issues behind the defense and his unconscious fear and rebellion against attachment. The purpose of his acting-out or testing the frame was to see if the therapist could support and maintain the frame, and on the other hand, acknowledge the need for association and identification by attachment.

CONCLUSION

This thesis allowed for the exploration and study of the function of the art making process and the art product as transitional phenomena. The opportunity to work in audio provided a specific dynamic. The use of sound was chosen in order to engage the listener in to creative process, as through their imagination they create internal images based on what is heard. In this way the listener becomes engaged through the process of listening. This is illustrative of the transitional process - for one is engrossed in the stimulus, to the inside or imagination, responding and associating to what is being heard. Thus the listener is illustrative of this in between space.

Further use of this material could be developed in a publication or as a radio documentary providing education of this particular area to the public at large and to the arts community in general. There is certainly the possibility for in the use of both visual and audio production within the context of academia and graduate work.

In closing what was significant in the case study was that T. formed a strong therapeutic alliance. That he chose a symbolic language through the use of art materials to

illustrate and resolve significant early loss. The function of the therapeutic relationship was, as Arthur Robbins stated at the end of the cassette tape indeed -" the reclaiming of discarded and lost aspects of the self that were never properly mirrored - to find meaning and value in them so that they can develop a new whole, a new integration and once again make the inside the outside". It is therefore important that the process of therapy provide a significant frame, support and trust within which to enter this in between space.

REFERENCES

- Adler, G. "Transitional phenomena, projective identification, and the essential ambiguity of the psychoanalytic situation," Psychoanalytic Quarterly, 58:1, January 1989. 81-104.
- Ajuriaguerra, J. Handbook of Child Psychiatry and Psychology. New York: Masson Publishers, 1980
- Applegate, J.S. "The transitional object considered: Some sociocultural variations and their implications," Child and Adolescent Social Work Journal, 6:1, Spring 1989. 38-51.
- Alschuler, R. Painting and Personality. Illinois: University of Chicago Press, 1947.
- Arieti, S. American Handbook of Psychiatry. New York: Basic Books, 1974.
- Arieti, S. American Handbook of Psychiatry: Advances and New Directions, Vol. 7, New York: Basic Books, 1981.
- Ashbach, C. Objects Relations, the Self and the Group. London: Routledge & Kegan Paul, 1987.
- Axline, V.A. Play Therapy. New York: Ballantine Books, 1969.
- Baker, H. "Heinz Kohut's Self Psychology," American Journal of Psychiatry, 144:1, January 1987.
- Bettelheim, B. The Empty Fortress. New York: The Free Press, 1967.
- Bleiberg, E. "Adolescence, sense of self, and narcissistic

- vulnerability Ninth Annual Winter Psychiatry Conference: Times of crisis: Adolescence and aging," Bulletin of the Menninger Clinic 52:3, May 1988. 211-228.
- Blos, P. On Adolescence, a Psychoanalytic Interpretation. New York, Press of Glencoe, 1962.
- Blos, . The Adolescent Passage. International University Press, 1979.
- Blos, . "The second individuation process of adolescence," Psychoanalytic Study of the Child,xxii, 1979. 162-186.
- Bowlby, J. Separation, Attachment and Loss vol. 2. London: Penguin Books, 1973.
- Brandell, J.R. "Autogenic stories and projective drawings: Tools for the clinical assessment and treatment of severely disturbed and at-risk children," Journal of Independent Social Work, 1:2, Winter 1986. 19-32.
- Chescheir, M.W. "Some implications of Winnicott's concept for clinical practice," Clinical Social Work Journal, 13:3, Fall 1985. 218-233.
- Collins, S. "Transitional objects and social work: Some objections to McCluskey," Journal of Social Work Practice, 1:2, May 1984. 66-72.
- Cooper, S.H., J.C. Perry, L. Hoke, N. Richman. "Transitional relatedness and borderline personality disorder," Psychoanalytic Psychology, 2:2, Spring 1985. 115-128.
- Deri, S.K. Symbolization and Creativity. New York: International Universities Press, 1984.

- Dunn, P.B. "The multiple functions concept and the transitional object,": International Journal of Psychoanalytic Psychotherapy, 11, 1985-86.
- Erikson, E.H. Identity and the Life Cycle. New York: International University Press, 1959.
- Esman, A. The Psychiatric Treatment of Adolescents. New York: International University Press, 1983.
- Ekstein, R. "The Function of Acting Out, Play Action and Play Acting in the Psychotherapeutic Process," The Psychiatric Treatment of Adolescents. New York: International University Press, 1983.
- Feldmann, T.B. "Creativity and narcissism: A self-psychology examination of the life and work of Jackson Pollock," Arts in Psychotherapy, 16:3, Fall 1989. 201-209.
- Fenichel, O. "Neurotic Acting Out," Psychoanalytic Review, 32, 1945.
- Fishman, C.H. Teaching Troubled Adolescents. New York: Basic Books, 1988.
- Free, K., W. Goodrich. "Transitional object attachment in normal and in chronically disturbed adolescents," Child Psychiatry and Human Development, 16:1, Fall 1985. 30-44.
- Freud, A. Ego and Mechanisms of Defense. New York: International University Press, 1966.
- Freud, . Normality and Pathology in Childhood: Assessments of Development. New York: International University Press, 1965.

- Freud, S. Indications of Child Analysis and Other Papers. New York: International University Press.
- Freud, S. "Dynamics of Transference," Abstracts of the Standard Edition Complete Works of S. Freud. London: Hogarth Press, 1912.
- Fuller, P. Art and Psychoanalysis. London: Writers and Readers, 1980.
- Gerber, T.A. "A secret vice: A study of private language and imaginary kingdoms in childhood and adolescence," Child and Adolescent Work Journal, 3:3. Fall, 1986. 151-160.
- Greenacre, P. Trauma, Growth and Personality. New York: International University Press, 1952.
- Greenberg, J.R., A. Mitchell. Object Relations in Psychoanalytic Theory. Cambridge: Harvard University Press, 1983.
- Greenspoon/Linesch, D. Adolescent Art Therapy. New York: Brunner/Mazel, 1988.
- Gregory, H.N. Self and Others, Object Relations Theory in Practice. London: Jason Aronson, 1988.
- Grolnick, S.A. Between Reality and Fantasy, Transitional Objects and Phenomena. New York: Aronson Press, 1978.
- Grudin, R. The Grace of Great Things, Creativity and Innovation. New York: Ticknor & Fields, 1990.
- Guntrip, H. Psychoanalytic Theory, Therapy, and the Self. New York: Basic Books, 1973.
- Groves, K.A. "An assessment of Heinz Kohut's psychoanalytic

- self psychology," Dissertation Abstracts International.
50:9A, March 1990. 2835-2836.
- Hamilton, V. Narcissus and Oedipus. London: Routledge and
Kegan Paul, 1982.
- Henderson, J. "Play in the psychotherapy of selfobject
relating," Canadian Journal of Psychiatry, 29:5, 1984.
- Hopkins, B. "Negative Capability," American-Imago, 41:1,
Spring 1984. 85-100.
- Hubner, M.K. "Pain and potential space: Toward a clinical
theory of meaning," Bulletin of the Menninger Clinic,
48:5, Sep. 1984.443-454.
- Kaplan, H.L. Comprehensive Textbook of Psychiatry IV. Vo.2,
4th Edition. Baltimore: Williams & Williams, 1985.
- Kaplan, H.L. Comprehensive Textbook of Psychiatry III. Vol.1.
Baltimore: Williams & Williams, 1980.
- Kernberg, O. "Contemporary Controversies Regarding the
Concepts of the Self." (unpublished paper) cited in
Arieti (1981), American Handbook of Psychiatry, 1981.
- Klein, B.R. "A child'd imaginary companion: A transitional
self," Clinical Social Work Journal, 13:3, Fall 1985. 272-
282.
- Klein, M. "On the Theory of Anxiety and Guilt." In
Developments in Psycho-Analysis. London: Hogarth Press,
1952, p.271.
- Kohut, H. "Forms and Transformations of Narcissism," Journal
of American Psychoanalysis, 14, 1966.

- Kohut,. Restoration of the Self. New York: International University Press, 1977.
- Kohut,. Analysis of the Self. New York: International University Press, 1971.
- Lachman-Chapin, M. "The artist as clinician: An interactive technique in art therapy," American Journal of Art Therapy, 23:1, Oct. 1985. 13-25.
- Lachman-Chapin, M. "Kohut's Theories on Narcissism," American Journal of Art Therapy, vol.19, 1979.
- Landgarten, H.B. Clinical Art Therapy. New Yoek: Brunner/Mazel, 1981.
- Lanys, R. Resistance and Interventions. New York: Jason Aronson, 1981.
- Laufer, M. "Object loss and Mourning during Adolescence", Psychoanalytic Study of the Child., vol 21 :1966.
- Levick, M. "Transference and Countertransference as Manifested in Graphic Productions," Art Psychotherapy, Vol. 2, 1975.
- Lobel, L. "A study of transitional objects in the early histories of borderline adolescents," Adolescent Psychiatry, 9, 1981. 199-213.
- Lundy, A.; T. Potts. "Recollection of a transitional object and needs for intimacy and affiliation in adolescents," Psychological Reports, 60:3,Pt.1, June 1987. 767-773.
- Miller, A. Drama of the Gifted Child. New York: Basic Books, 1981.
- Modell, A.H. Object Love and Reality. New York: International

Universities Press, 1968.

Morley, R.E. "The concept of the transitional object," Journal of Social Work Practice, 1:3, Nov. 1984. 75-78.

Niederland, W.G. "Psychiatry and the creative process." Comprehensive Textbook of Psychiatry. Williams ans Wilkins 2:2 1985.

Passman, R.H. "Attachments to inanimate object: Are children who have security blankets insecure?" Journal of Consulting and Clinical Psychology, 55:6, Dec. 1987. 825-830.

Ross, M.E.; L.C. Ross. "Mothers, Infants, and Psychoanalysis: Study of Ritual." Signs, Autumn, 1983.

Shafii, T. "The prevalence and use of transitional objects: A study of 230 adolescents," Journal of the American Academy of Child Psychiatry, 25:6, Nov. 1986. 805-808.

Sosin, D.A. "The diary as a transitional object in female adolescent development," Adolescent Psychiatry, 11, 1983. 92-103.

Steude, P.G. "Teenage teddybears: Recognition and utilization of transitional objects in the treatment of adolescents," Psychiatric Forum, 13:2, Win. 1985-86. 21-27.

Storr, A. Human Aggression. London: Penguin, 1968.

Storr, A. Dynamics of Creation. London: Penguin, 1972.

Storr, A. Solitude - A Return to Self. New York: Ballantine Books, 1988.

Stolorow, R. "Self Psychology is not Soul Psychology," Society

- for Advancement of Self Psychology, Newsletter, 2:3, 1984.
- Terman, D. "The Self and Oedipus Complex," Annual of Psychoanalysis, 12/13, 1984/85.
- Wadeson, H. Art Psychotherapy. London: John Wiley & Sons, 1979.
- Wenar, C. Psychopathology from Infancy through Adolescence. New York: Random House, 1982.
- Winnicott, D.W. Deprivation and Delinquency. London: Tavistock Publications, 1984.
- Winnicott, D.W. Playing and Reality. London: Penguin Books, 1971.
- Winnicott, D.W. The Piggie: An Account of the Psychoanalytic Treatment of a Little Girl. New York: International University Press, 1917.
- Winnicott, D.W. Through Paediatrics to Psychoanalysis. London: Hogarth Press, 1975.
- Winnicott, D.W. The Family and Individual Development. London: Tavistock Publications, 1965.
- Winnicott, D.W. The Maturational Process and the Facilitating Environment. London: Hogarth Press, 1965.
- Winnicott, D.W. The Collected Papers Through Pediatric to Psychoanalysis. London: Tavistock, 1958.
- Wolf, E. "Self Psychology and the Neuroses," Annual of Psychoanalysis, 12/13, 1984/85.
- Wolf, R. "Re-experiencing Winnicott's environmental mother:

Implications for art psychotherapy of anti-social youth in special education," Art Psychotherapy, 6:2, 1979. 95-102.

Wolfe, B. "Heinz Kohut's self psychology: A conceptual analysis," Psychotherapy, 26:4, Win. 1989. 545-554.

Ziegler, R.G. "Winnicott's squiggle game: Its diagnostic and therapeutic usefulness," Art Psychotherapy, 3:3-4, 1976. 177-185.