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**The Use of Interactive Guided Imagery
in an Art Therapy Process
with
Individuals Affected by Psychosomatic Disturbances**

Sylvia Dolce

**A Research Paper
in
The Department
of
Creative Arts Therapies**

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

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Abstract

The Use of Interactive Guided Imagery in an Art Therapy Process with Individuals Affected by Psychosomatic Disturbances

A Research Paper by: Sylvia Dolce

This case study observes the influence of mental imagery on an art therapy process with psychosomatic patients and is based on the assumption that combining interactive guided imagery with art therapy, can enhance symbolic functions in psychosomatic patients. First, basic psychodynamic concepts of the somatization process are reviewed, my assumptions on how the art therapy/mental imagery process can benefit psychosomatic patients are presented and the method of interactive guided imagery is explained. In the clinical presentation, the process of two women affected by psychosomatic disturbances is observed. Their art therapy process before and after the integration of interactive guided imagery in their sessions is presented and their art work before and after the combined art/mental imagery process is compared, stimulating questions and reflections on this approach. Though, this case study does not provide conclusions from which generalizations can be drawn, it does demonstrate that using interactive guided imagery in an art therapy process with the two research subjects appears to have had an impact on their symbolic process.

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Introduction

This case study observes the influence of mental imagery techniques on an art therapy process with psychosomatic patients. The first chapter reviews the history of psychosomatic medicine and some basic psychodynamic concepts of the somatization process. Though authors in the psychosomatic literature adhere to different concepts of the somatization process, many of them do agree that psychosomatic patients tend to present difficulties in linking affect with cognition and symbolic representations i.e. with words and speech (Taylor, Bagby & Parker, 1997). Several authors also believe psychosomatic illnesses to be related to traumatic experiences in the relationship with the primary caregiver.

Traumatic experiences in the primary relationship can prevent the normal development of symbolic functions that enable infants to begin to associate words with their affective experience. In a normal process, the link which develops between one's affect and cognition eventually enables affective experiences to be processed cognitively, therefore allowing affective experiences to move beyond the realm of the soma (Bowlby, 1988; Diamond & Blatt, 1994; McDougall, 1989 and Taylor, Bagby & Parker, 1997).

Traditional psychodynamic therapy relies heavily on one's ability to introspect and verbally discuss affective experiences which can be difficult for some psychosomatic patients (Sifneos, 1975; Krystal, 1979; Marty, 1996). Among other things, Marty (1996) suggests using more flexibility within the psychodynamic therapeutic frame and working on enhancing psychosomatic patients' symbolic abilities (pp. 86-92). This case study is

based on the assumption that using mental imagery techniques in an art therapy process with psychosomatic patients can stimulate symbolic functions and provide affect regulating activities that can have a positive influence on psychosomatic patients' psychotherapeutic process.

As, I have not been able to find literature that addresses this process directly, the second chapter presents my own views on how and why art therapy and mental imagery techniques can benefit psychosomatic patients' psychotherapeutic process. Furthermore, I also present the specific mental imagery technique I used with my clients, which is called interactive guided imagery (IGI).

The third chapter describes the setting and conditions within which this study was conducted and reviews factors that need to be taken into consideration before using IGI with clients. Chapter 3 also presents the questions I started out with as well as the specific conditions I wished to observe through this research process/case study.

The clinical material is finally presented in chapter 4, the heart of this paper. The art therapy process of Elise and Dana (pseudonyms), two women affected by psychosomatic disturbances is presented. Their psychosomatic affectations and reasons for consulting are discussed. Their process in the sessions, before and after using IGI, is also reviewed. Comparing their art work before and after the use of mental imagery techniques reveals that some changes in their visual imagery can be observed.

The results of the study are discussed in chapter 5 which also reviews observations, questions and reflections that emerged through this research process. The chapter concludes with ideas on how art therapy and IGI might be used in a long term

therapy with Elise and Dana. A critic of the research design is also presented and offers suggestions on ways to enhance the validity of the experimental results .

Though, this case study does not provide conclusions from which generalizations can be drawn, it does demonstrate that using mental imagery techniques in an art therapy process does appear to have an impact on psychosomatic clients' symbolic functions. Hopefully, the results of this research can contribute to the development of art therapy/mental imagery tools that might eventually enhance the treatment of psychosomatic patients.

Chapter 1

Basic Review of Psychodynamic Concepts of the Psychosomatic Process

In this first chapter, I briefly review the history of psychosomatic medicine and some of the basic perspectives on psychodynamic theories of the somatization process. I also discuss the concept of alexithymia and its relationship to problems of affect regulation, infants' early relationship to the primary caregiver and the development of psychosomatic disorders.

1.1 A Brief Historical Perspective

Though psychosomatic medicine is a relatively new field, the notion that psyche and soma are interrelated is immemorial. In ancient Greece, while Hippocrates' approach to medicine was systematic and scientific, his vision of health remained holistic as he acknowledged the link between psyche and soma. During this same period, Aristotle believed passionate states had the power to infect specific bodily organs and he elaborated a theory that described how certain emotional states affect specific organs (Kamieniecki, 1994, pp. 8 -13).

The advent of the germ theory in the late nineteenth century, along with the development of new biomedical technologies at the beginning of the twentieth century, promoted a greater separation between the organic elements of disease and their psychic components (Taylor, 1997, p. 3). Nevertheless, in the twentieth century, psychosomatic medicine as well as psycho-neuroimmunology developed various hypotheses in an attempt to understand the psychosomatic function. Such theories range from psychoanalytic understanding of hysteria to psychobiological concepts such as the effects of stress on the immune system and health.

1.2 Psychodynamic Understandings of Somatization

In psychoanalysis and psychodynamic psychotherapy, modern concepts of psychosomatics evolved from Freud's initial psychoneurotic theory of the hysteric phenomena and of conversion disorders (Kamieniecki, 1994). Wilhelm Stekel, a Viennese psychoanalyst first used the word somatization in the 1920's to refer to "a process whereby a deep-seated neurosis could be expressed through physical disorder". Stekel's definition of somatization was influenced by Freud and Breuer's initial theory of conversion. According to Taylor (1997), the term somatization is ambiguous as it denotes both a process as well as a symptom. Nonetheless, more concepts regarding the somatization process continued to evolve since Stekel's work, augmenting the confusion around the term (p. 116).

Freud understood conversion as a defense against unconscious material that was allowed partial expression through somatic manifestation. In conversion, the unconscious conflict was expressed symbolically through the body. While in somatization the physical manifestation was non-symbolic in nature, and therefore, not directly representative of the inner conflict one was defending against (Taylor, 1997, p. 116).

Present literature on psychosomatics suggests that many theorists are now moving away from the notion of somatization as a simple defense and clearly distinguish the somatization process from conversion (Marty, 1996, pp. 56-61). Also, to avoid the confusion implied by the term somatization, Taylor says some researchers feel it is better to use descriptions that denote a somatic complaint whose origins are not medically explained (Taylor, 1990, p. 118). I will use the term “somatization”, in this paper as it simplifies matters, leaving the choice of psychodynamic understanding of the process, up to the reader.

One of the psychosomatic theories that developed since the sixties was elaborated by Marty, a French psychoanalyst from l'Ecole de Paris. This theory is called the “deficit theory” (Kamieniencki, 1994). Working from an economic point of view, Marty basically respects Freudian explanation for conversion disorders but believes that the psychosomatic process for non symbolic somatic symptoms are different and that they should therefore be treated differently (Marty, 1996, p. 57).

Briefly summarized, Marty's deficit model states that in somatization, the psyche is not merely defending against threatening psychoneurotic contents, but that the psyche is deficient or disorganized in its symbolic capacities. An individual's deficient or disorganized symbolic apparatus is unable to mentally process and integrate the affective

component of a life situation that is experienced as overwhelming. To resolve the situation, the affective component of the experience is split-off from its symbolic representation and is expressed via somatic pathways (Kamieniecki, 1994, p. 69). The physical symptoms that subsequently emerge are “dumb” and disconnected from any symbolic representation.

Marty's work is especially important because not only did he develop the deficit model to understand the psychosomatic process, but he and de M'Uzan also defined other notions such as that of “la pensée opératoire” (operative thinking) and “la vie opératoire” (operative lifestyle) (Marty, 1996, pp. 26-29). Various clinicians agree that operative thinking and operative lifestyle characterize a good number of psychosomatic patients (Krystal, 1979; Lefebvre, 1980; Taylor, Bagby & Parker, 1997). In essence, the concept of operative thinking refers to a style that is markedly attached to concrete, mundane details and that is disconnected from any symbolic meaning and affective content.

Directly in relation to this concept of operative thinking is the concept of operative lifestyle, which refers to one's libidinal investment as being primarily turned towards the outer world. When living an operative life, one is preoccupied with “doing things right” according to an exterior frame of reference and trying to lead a socially prescribed exemplary life, which tends to be disconnected from one's personal vitality and heart felt ambitions. McDougall (1986, 1989) refers to such individuals as “normopathes” and describes them as being pathologically normal.

1.3 Alexithymia and Affect Regulation

According to Taylor (1997), operative thinking and operative lifestyle are concepts that were not fully appreciated until Sifneos from the Boston School used the term “alexithymia”, which originates from the Greek language and literally translate as, no word for emotions (Taylor, p. 28). We can see in the following excerpt from Krystal’s writing, how the concept of alexithymia naturally ties-in with that of Marty and de M’Uzan’s “pensée opératoire” and “vie opératoire”:

Besides the patient’s incapacity to verbalize their emotions and to describe their sensations in respect to affective response, there is a broader problem as well. These patients who are functioning very successfully in their work seem to be superficially adjusted to reality. Getting past of the superficial impression of the superb functioning, one discovers a sterility and monotony of ideas and severe impoverishment of their imagination. The patient’s thoughts turn out to be composed of trivial details of their everyday life, and they seem to be devoid of the capacity to go beyond their mundane preoccupations. (Krystal, 1979, pp. 18-19)

As suggested by Demers-Desrosiers, Cohen, Catchlove and Ramsay (1983), the term alexithymia should be understood as a useful clinical construct that helps clinicians organize their observations, rather than as a diagnosis that can automatically be tagged onto psychosomatic patients (p. 66). As we will see later on with the case examples, not all psychosomatic patients fit the “perfect” alexithymic prototype. Moreover, McDougall

(1986) reminds us, we are all susceptible at times of feeling overwhelmed by life events and to react operatively or to somatize.

Though authors differ on their psychodynamic understanding of the somatization process (e.g. some adhering more closely to Freud's defense model while others to Marty's deficit model), most authors do seem to agree that not all psychosomatic patients fit the alexithymic stereotype (Marty, 1996; McDougall 1989; Taylor, Bagby & Parker, 1997). On the other hand, these same authors recognize that many psychosomatic patients do present disturbances in expressing and linking affective experience with cognition and symbolic representations.

Grotstein (1997) speaks of the indivisible connection between affect and cognition and suggests that alexithymia be regarded as an affect processing disorder that interferes with individual's self-organizing process (pp. vii-viii). Taylor, Bagby and Parker (1997) believe that affects play an important role in organizing mental function and behavior and view affect regulation as a process that involves interactions between the neuro-physiological, motor expressive and cognitive experiential domains of emotion response system. In their view, the construct of affect regulation includes how people experience and express emotions. They believe that emotions can influence perception, which in turn can affect one's cognitive appraisal of an event and stimulate the emergence of new emotions.

McDougall (1989) mentions that many psychosomatic patients appear to be unaware of any affective signals and to ignore their bodies. She speaks of how some psychosomatic clients appear to create a radical split between psyche and soma. According to her understanding, their psychic pain is decathected from any symbolic

representation. This leaves them with no way of recognizing their distress and therefore the soma is left alone to cope with the somatic pole of affect. In other words, dysregulated emotions can escape one's self regulating and organizing feedback loop, upsetting the body's equilibrium, which can lead to pathology. Taylor, Bagby and Parker (1997) write that:

Affects have an important organizing, motivating and adaptive functions ... these functions occur more successfully when the activity in one or more component of the affect response systems is used as information about the state of the self within its environment, thereby providing feedback that helps the affect system to regulate itself... (p. 15)

Taylor, Bagby and Parker (1997) also mention the construct of emotional intelligence, which refers to individuals' ability to accurately recognize their emotional states and to use these in adaptive ways. Implicit to the notion of emotional intelligence, is one's ability to understand other people's emotional states and to empathetically respond to them. Taylor et al. perceive such abilities as cognitive skills, which they say tend to lack in people who experience difficulty in regulating their emotions (p. 15). This does not suggest that such individuals are intellectually deficient since as Bagby and Taylor (1997) point out, preliminary investigations demonstrate that there is no correlation between alexithymia and lower intelligence or education (p. 36). In fact, some highly intelligent individuals can do quite poorly in the emotional realm.

1.4 The Primary Relationship and the Development of Affect Regulating Capacities

Several authors suggest there is a link between problems of affect regulation/alexithymia and the primary relationship in infancy (Bowlby, 1988; Diamond & Blatt, 1994; McDougall, 1989; Taylor, Bagby & Parker, 1997). Bagby and Taylor (1997) review some of Krystal's thoughts on alexithymia who says that it can arise from two conditions. According to him, primary alexithymia is innate and organic in nature and is therefore more difficult to treat in psychotherapy. On the other hand, secondary alexithymia develops in infancy as a result of trauma experienced in the primary relationship or later on in life, as a result of traumatic events that overwhelm ego functions and that cause a rapid regression of affects to a preconceptual level (pp. 42-43).

Bowlby (1988) notes that emotions and emotional behavior are infants' first and only way of communicating (p. 122). Taylor, Bagby and Parker (1997) evoke Bion who spoke of the regulatory function of the primary caregiver, who acts as a container for the infant's primary sensations and affects. According to him, it is the caregiver who is able to process these primitive experiences for the infant and who can convey these back to him/her as meaningful experiences (p. 18). Gradually, a child learns from an attuned caregiver, to put words onto feeling states. With language, the child learns to form mental representations for his/her emotional/somatic experiences and eventually develops a greater awareness of these and learns to differentiate one state from another. In this way, as the infant learns to use verbal/symbolic communication instead of

emotional/somatic expression, there is a gradual “desomatization” of the psyche (McDougall, 1989, pp. 34-35).

1.5 Symbolization, Desomatization and Affect Regulation

The acquisition of language/symbolization can help the child regulate his/her affect. Being able to name a feeling, discuss it with an attuned adult and receive feedback, is one way of enhancing a child’s reflection and ability to cope with affective experiences (McDougall, 1986, p. 162). As Diamond and Blatt (1994) point out, putting words onto partially inarticulated experiences can enhance one’s sense of control over the experience. Developing such cognitive abilities in childhood will follow the individual throughout his/her lifetime.

At the age of about 18 months, during the separation phase, the child’s symbolic capacities develop, allowing him/her to evoke and sustain a mental image of the caregiver in his/her absence (Diamond & Blatt, 1994). According to Taylor, Bagby and Parker (1997), the child can eventually form images independently of perceptions and can create images through his/her own fantasy, gradually developing the ability to play. They believe that such imaginative activities hold an important role in the process of affect regulation through-out one’s life. They mention Singer who:

...regards play in early childhood as an adaptive resource by which children can organize complex experiences into manageable forms, and thereby avoid extreme

negative affects and maximize the occurrence of positive affects of interest and joy. (p. 23)

Having reviewed some of the basic psychodynamic theoretical viewpoints on the somatization process and problems of affect regulation, in the following chapter I will discuss some psychotherapeutic issues related to the psychosomatic population and present my ideas on why art therapy and imagery work can enhance psychotherapy with psychosomatic patients. I will also introduce interactive guided imagery, which is the guided imagery method I used with the clients presented in chapter 4.

Chapter 2

Psychotherapy with Psychosomatic Clients

Different authors mention difficulties sometimes experienced by psychosomatic patients in speaking about their emotions and inner world. In this chapter, issues related to the treatment of psychosomatic clients in psychotherapy will be discussed. Secondly, as I have not found literature that documents the effects of art therapy and mental imagery techniques on psychosomatic patients, I will review some of my own ideas and assumptions about how such techniques can enhance psychotherapeutic work with this population. Finally, to conclude the chapter I will present the approach of interactive guided imagery, which is the mental imagery technique I used with the clients presented in chapter 4.

2.1 The Treatment of Psychosomatic Patients in Psychotherapy

Krystal (1979) quotes Sifneos who once wrote the following on psychosomatic/alexithymic patients:

Psychodynamic psychotherapy, which requires a patient to interact emotionally with his therapist is, in my opinion, contraindicated for such individuals, because what appears as denial of emotions, is an absence of feelings. Such treatment

tends to lead to frustration. In my patient, it may have aggravated his peptic ulcer or further elevated his blood pressure. It is also possible that it might give rise to another heart attack in the future. (p. 20)

Krystal (1979) writes that he does not agree with Sifneos but admits that usually some modifications need to be made for therapy to be effective with this population. For Marty (1996), one of the modifications that needs to be made is that therapists should not rely too much on interpreting unconscious material to the psychosomatic patient. According to him, psychosomatic patients' symbolic representations of affect are lost and inaccessible to consciousness. Marty also believes that interpretations can cause these patients to experience high levels of anxiety, which can lead to serious somatic regressions. Rather, Marty prescribes more flexibility within the psychoanalytic frame and working on enhancing psychosomatic patients' symbolic abilities (pp. 86-92).

McDougall (1989) suggests there are possibly two distinct groups within the psychosomatic population: One that is composed of individuals who are unable to access symbolic representations of their somatic symptoms because of neuroanatomical defects, while the other group is composed of individuals whose alexithymic/operatory traits result as a defense against intrapsychic contents (p. 25). According to her, it is possible that patients who are referred to psychosomatic specialists tend to be completely oblivious of the link between their psychological experience and their somatic condition. In her view, such patients would belong to the first group. On the other hand, patients who do recognize and who are willing to explore the psychological dimension of their somatic condition, would belong to the second group. McDougall writes that according to her experience, analytic work with patients from the second group can/does succeed.

Psychosomatic concepts such as those presented by Marty (1996), McDougall (1986, 1989) and others (Sifneos, 1974; Taylor, Bagby & Parker, 1997; Krystal, 1979; Alexander, 1950) are theoretical constructs that help clinicians adjust their therapeutic interventions to the needs of their clients. Perhaps, what is as important as one's theoretical orientation, is a therapist's level of attunement with individual psychosomatic patients' needs and capabilities. My belief is that both art and interactive guided imagery (this approach will be explained further in section 2.3) can facilitate therapists' attunement with clients, as imagery can reflect some of the client's un/conscious concerns, strengths and weaknesses. Un/conscious material reflected through the imagery (art & mental) might, in my opinion, help therapists to offer a holding environment that allows patients to venture into the exploration of their dynamics, within the measure of their limits and capacities.

In the following sections, I will discuss the benefits of using art and mental imagery in a psychotherapeutic process with psychosomatic clients and will also introduce the technique of interactive guided imagery.

2.2 Art Therapy in Psychosomatics

As several authors mention (Krystal, 1979; Marty, 1996; McDougall, 1989 and others), it is common for psychosomatic patients to have a difficult time talking about their emotions and inner experiences. One of the advantages of using art therapy with the psychosomatic population is that for some patients, art can offer an alternate mode of

expression that avoids a constant reliance on verbal expression (Miller, 1989). With art therapy, some psychosomatic patients can learn to express through shapes, forms and images, what they might feel incapable or reluctant to express through words.

In chapter one, we discussed the impact of poor symbolic functions on one's affect regulating capacities. Wilson (1987) speaks of how symbol formation is an ego function that can be developed through art therapy (pp. 53-56). She writes that, "the common invitation to 'put it (feeling, ideas, impulse) on paper' or to 'express it with clay' (instead of acting it out physically), is a way of taming impulsive drive discharge and of promoting the development of higher ego functions" (p. 56). In the case of psychosomatic patients, we could hope that strengthening their symbolic apparatus might also enhance their ability to tolerate affect, name their experience, reflect upon it and develop affect regulating capacities that could eventually diminish somatic symptoms.

Furthermore, art materials can stimulate sensory and affective contents and they can give these contents some shape or form. Colors can also elicit physiological responses that can affect the whole organism and influence one's mood. We could suspect that some psychosomatic patients would benefit from simply playing with the art materials which according to Lusebrink (1993), can also stimulate pre/symbolic psychic content.

Kramer (1987) also views art as a channel through which one can sublimate instinctual drives in a non threatening way and at the same time allow psychic contents to be processed. Art making can become a transitional experience through which chaotic, intangible inner experiences can be given form. Art therapy can potentially offer

psychosomatic clients a creative space within which they can discover new modes of self expression and explore their inner world.

Art productions can also be used as containers and mirrors of clients' inner experience. In addition, the distance created between a person and the art object can facilitate the process of recognizing the art product as an expression of one's own inner experience (McNiff, 1981). Such a process could be particularly useful to clients who lead an operatory lifestyle (Marty, 1996) and who may feel disconnected from their inner being.

Many authors agree that psychosomatic patients have either had traumatic experiences in early infancy or have developed troublesome attachment behavior (Diamond & Blatt, 1994; Krystal, 1979; McDougall, 1989; Taylor, Bagby & Parker, 1997 and others). Wadeson (1980) suggests that art therapy can access primary experiences that have not been processed by verbal consciousness. She also believes the artistic process can help the psyche work through and integrate such experiences (p. 8).

Furthermore, Horowitz (1978) believes that images are often the first carriers of repressed material (p. 122). In art therapy, it is possible not to address such contents directly. Until a client develops enough ego strength to address such material, the silent holding of the images can allow repressed contents to be expressed without threatening to overwhelm the client. Repressed material can also be addressed metaphorically, allowing this material to be processed more gently. Eventually, if/when the client is ready, the art therapist can direct the client's awareness to particular details in the art images/process and can make appropriate interventions/interpretations.

Lusebrink (1993) speaks of different levels of symbolic expression ranging from concrete representations to more personal imagery and finally to more archetypal symbols (p. 64). With many psychosomatic clients, one of the goals of art therapy can be to support their self expression, to strengthen their symbolization and to encourage the development of their ability to tolerate their inner/affective experience evoked by the art therapy process.

Finally, as mentioned by Taylor, Bagby and Parker (1997), playful and imaginative activities have regulatory effects on people. For clients who enjoy art-making, we could believe that the very act of creating and playing with art materials can help them to regulate their affects.

2.2.1 My Assumptions on the Benefits of Using Mental Imagery Techniques in an Art Therapy Process with Psychosomatic Patients

The left hemisphere of the brain has been recognized as being responsible for processing rational, logical and evaluative thinking. The left brain is also believed to be the seat of main nervous centers that control speech and verbal communication. On the other hand, the right hemisphere of the brain has been recognized for being involved with more creative, impulsive and instinctual processes. The right brain is also known for communicating through imagery as in dreams, art making and intuition (Bresler, 1991). My first assumption is that practicing mental imagery techniques before doing art could activate right hemispheric functions in the brain and increase the stimulation of the symbolic functions in psychosomatic patients. By combining mental imagery techniques with art therapy, one could expect symbolic activity in psychosomatic patients to be

reinforced. In chapter 4, we will observe from psychosomatic patients' art work, whether any visible differences can be noticed in art produced before and after the practice of mental imagery techniques.

Secondly, I believe using mental imagery in an art therapy process can circumvent limitations some clients may experience in art expression. Clients who have had little experience with art might feel intimidated by art making. This could be especially true for clients who live an operatory lifestyle and who are very concerned with "doing things right". In chapter 4, the case of a woman who demonstrated traits of operatory thinking (case 1) will be presented. We will observe how this client, who was restrained in her art expression, functioned very well in the mental imagery process.

In and of itself, relaxation has been noted by several authors to have beneficial effects on psychosomatic patients (Taylor, Bagby & Parker, 1997; Pelletier, 1977). Horowitz (1978) explains how the induction of any altered state of consciousness enhances the experience of imagery. According to him, the closer one is to the dream state, the more easily imagery is to occur and the more vivid these images will be (p. 55). I would assume that the relaxation induced by this process (as will be explained further in chapter 4, the process I used involved a combination of induced relaxation, the use of mental imagery and art therapy) might enhance psychosomatic clients' ability to express themselves through the art and also to engage in the mental imagery exercises.

Crampton (1979) says that symbolic imagery, which can be accessed through both mental and art imagery, has the power to link the unconscious and conscious mind, cognition and the emotional realm, as well as the body and the mind. This is particularly relevant in the light of using art and imagery work with the psychosomatic population.

Horowitz (1978) says that, “Image formation is closely linked with emotions and usually propels the client to express more” (p. 331). This relates well to Wilson’s (1987) experience of imagery work as often freeing clients who are otherwise blocked in their expression (p. 58).

The art images can also provide tangible objects that reflect the mental imagery process. When art is created after a mental imagery exercise that was experienced as meaningful to the client, the art object can serve as a transitional object that links the imagery experience with concrete reality. Such art objects can become endowed with the meaning experienced in the mental imagery process and become a concrete reminder of what was experienced in the imaginal world.

Essentially, my goal in this study is to observe how mental imagery techniques (more specifically, interactive guided imagery) effect an art therapy process with psychosomatic patients. My wish is that eventually, such information could contribute to the development of art therapy tools which could be used in the treatment of psychosomatic patients. In the following section, the method of interactive guided imagery will be presented.

2.3 Introduction to Interactive Guided Imagery

Interactive guided imagery (IGI) is the mental imagery method I used in my art therapy practice with two psychosomatic patients. IGI is an approach to mental imagery that was developed in the United States by Dr. Martin Rossman and Health Psychologist,

Dr. David Bresler. IGI inspires itself from a variety of imagery techniques and psychotherapeutic approaches such as: Psychosynthesis, gestalt therapy, ego state psychology and transpersonal psychology. In essence, this method promotes looking at different aspects/parts of the self and aims at achieving wholeness and integration of the personality (Rossman & Bresler, 1994).

Rossman and Bresler (1994) believe that important un/conscious material can be organized and synthesized in a single image. IGI aims at teaching individuals to access their innate healing abilities through the power of imagery and of the body/mind connection. As opposed to long term psychodynamic therapy, IGI is usually practiced within a brief therapy framework. Though, IGI is basically client centered and actively promotes permissive guiding, it is still comparatively more structured and directive than psychodynamically oriented therapy.

An IGI process implies that the client verbally shares with the therapist, what is happening for him/her in the imagery process. The therapist does not lead the client through a specific scenario, but facilitates the client's own imagery process and guides the client's interaction with the images that emerge. This approach uses a variety of techniques depending on the situation at hand and the client's need.

Unfortunately, within the limits of this paper I cannot discuss all of the IGI techniques, but the following list offers a brief overview: Dialoguing with a symptom (initiating a dialogue with a physical/emotional symptom), evocative imagery (exploring a feeling, amplifying it, decreasing it, playing around with it through imagery exercises) , pain control (an imagery technique that aims at reducing symptoms of physical pain), and many others.

As I was limited in time in my work with my clients, we only used three basic techniques called “finding a personal place”, “the inner advisor technique” and “parts work”. Using few techniques simplified the research process and avoided complicating data analysis, as it is possible that each IGI techniques might affect the art therapy process in different ways. Moreover, I thought these techniques were safe to use with my clients and would not interfere with their termination process.

The technique of “finding a personal place” consists of letting an image emerge of a space within which one individual feels completely well and safe. With the help of the imagery guide/therapist, the client explores this “imaginal space”. In the “inner advisor” technique, the client lets an image emerge of a wise and compassionate being, with whom s/he can discuss issues of concern. “Parts work”. is about initiating a dialogue with a part of oneself or between conflicting aspect of oneself. (These processes will be clarified further with the presentation of clinical examples in chapter 4.)

According to Rossman and Bresler (1994), there are many advantages to using the interactive imagery process. One advantage is that it creates a feedback loop which allows the imagery process to be paced according to the client’s rhythm and needs. Moreover, it allows the therapist to guide the client in deepening his/her contact with his/her personal imagery/inner world, an aspect we want to promote in psychosomatic patients.

According to Rossman and Bresler (1994), the interactive process is generally extremely empowering for clients, as it allows them to discover their own inner resources that support their healing process. Some doctors and health professionals have found this technique so useful that they have implemented a service at the Marin General Hospital in

California, where all patients are systematically offered the opportunity to use IGI to support their healing process (Davenport,1996).

One could wonder whether IGI is an overwhelming approach for clients who have had little practice with contacting their inner fantasy world. When clients have a difficult time with the mental imagery process, therapists can be more directive. For example, a therapist could encourage such clients to refer to images or experiences that are concrete and familiar to them. As mentioned earlier, Rossman and Bresler (1994) say that with support, most clients can develop their ability to use mental imagery techniques.

Another important principle in IGI is that the imagery is not interpreted to the client. Rossman and Bresler (1994) believe interpretations can impede clients' imagery process and therefore, in IGI emphasis is put on helping clients turn their awareness inwards and insights are generally gained through the imagery process itself.

Finally, though I realize IGI might not be suitable to all psychosomatic patients, I do believe this method is an interesting tool that can be successfully integrated in an art therapy process with some psychosomatic patients. Chapter 3 presents some of Rossman and Bresler's (1994) advice on using IGI with clients, while chapter 4 presents the application of this technique in an art therapy process with two psychosomatic patients.

Chapter 3

Using Interactive Guided Imagery in Art Therapy with Psychosomatic Patients

In this brief chapter, I explain the context within which this study took place, discuss factors to take into account when choosing to use IGI with clients in art therapy and also present the basic questions that led me into this research project.

3.1. The Context of this Study

This study was done within the frame of a supervised internship which took place in an out-patient psychosomatic clinic. This internship was part of a second year master's degree in art therapy at Concordia University. During this period, I was also trained in IGI by the Academy of Guided Imagery in Mill Valley, California.

The two women who took part in this study were treated in art therapy from September 98 until the end of my internship in mid-April 99. As it was not possible for me to use IGI techniques until the last 6 weeks of the therapeutic process with these clients, the process I observed was influenced by termination issues. Unfortunately, this makes it difficult to clearly separate the effects of the IGI from those of the termination process. In order for us to gain a clearer understanding of the effects of combining IGI in art therapy with psychosomatic patients, more work needs to be observed and

documented. Despite the limitations of this study, I hope the information gathered from this brief experiment does present some valid observations and reflections on this process.

3.2 Selecting Clients for Interactive Guided Imagery Work

As with most approaches, IGI is not suitable to all patients. Rossman and Bresler (1994) advise therapists to use professionalism and discrimination in using IGI with their clients. They particularly insist on using caution and discrimination when working with pre-psychotic and psychotic clients who can confuse boundaries between reality and the imagination. According to Rossman and Bresler (1994), if a therapist is very experienced with this population, IGI can sometimes be used as a grounding technique to promote an increased contact with present reality. Nonetheless, they believe that exploring the imaginal world with pre/psychotic patients is a risky affair that could have harmful effects.

Rossman and Bresler (1994) also caution IGI practitioners/therapists about using IGI with patients who had traumatic experiences. According to them, imagery work can sometimes access memories of traumatic experiences that trauma survivors are not always conscious of. When traumatic memories emerge, these can shock unprepared clients and in themselves be experienced as traumatic. To prepare therapists with such eventualities, the Academy of Guided Imagery provides specific training for dealing with trauma survivors and traumatic imagery (Rossman & Bresler, 1994). As mentioned

earlier, several authors (Diamond & Blatt, 1994; Krystal, 1979; McDougall, 1989; Taylor, Bagby & Parker, 1997) do believe that a number of psychosomatic patients have had traumatic experiences and though I believe using IGI can at times be useful in treating this population, using professional discrimination before applying imagery techniques with psychosomatic clients is of major importance.

Moreover, with all that has been written on psychosomatic patients' weak symbolic functions (Marty, 1996; Krystal, 1979; Sifneos, 1975) one can wonder whether psychosomatic patients can in fact work with such techniques as art therapy, visualization and guided imagery. Before we go any further, it might be useful to clarify the basic distinction between the terms visualization and mental imagery. Mental imagery refers to activating the imagination, which includes using all of the sense perceptions, whereas visualization refers to creating visual pictures in the mind's eye (Horowitz, 1978; Parisien, 1993).

According to Rossman and Bresler (1994), people that have a difficult time visualizing might still be able to use mental imagery techniques as they may still be able to imagine through other sense perceptions (e.g. a person who might not be able to "see" a forest in their mind's eye, might still be able to imagine the smells and/or sounds of the forest). Rossman and Bresler use mental imagery with their patients on a regular basis and say that most people can develop their ability to use imagery techniques. They suggest that people who have the ability to worry, generally also have the ability to use mental imagery, as according to them, it activates the mind in similar ways.

Though the clients I worked with were able to use both art and IGI, one could suspect that for some alexithymic patients, using art and/or mental imagery might be

more difficult. As mentioned earlier, I have not been able to find literature that scientifically documents such processes. Again, further investigation in this area would help to clarify these issues. At this point, I can only discuss my observations of how the two women I worked with experienced this process.

3.3 Questions I Set-Out With

Before I began this study, I had no clue as to whether the two clients I present later would be able to use mental imagery techniques. My first question was whether they would be able to access inner images and if so, would they be able to interact with the imagery that would emerge for them?

Another question was, would IGI have an impact on the quality of the images produced by my clients in art therapy? By quality here, I refer to such things as the quality of lines (i.e. were lines lighter/darker, more/less defined and etc.), use of color (i.e. more/less colors, use of different colors before and after IGI and etc.), use of perspective (i.e. use of different perspective before and after IGI), richness of details and so on.

In order to examine visual details more closely, I asked each client to produce a simple art therapy assessment called “draw a person picking an apple from a tree” (Gantt & Tabone, 1998). Each client drew two pictures, one before they began using IGI and the other after the last combined art/IGI session. The reason for this was to have a standard image along with the regular art images, for comparing the artwork produced before and

after the use of IGI. In doing this, we would observe whether IGI had an impact on these clients' art expression. My assumption was that observable differences in the art imagery produced before and after the practice of IGI would suggest that this method did have an impact on the symbolic functions of the psychosomatic clients involved in this process.

In the following chapter, I present an account of the concrete application of IGI exercises in art therapy sessions with the two psychosomatic patients.

Chapter 4

Clinical Presentation

Chapter 4 presents the clinical application of IGI techniques in an art therapy process with two women affected by psychosomatic disturbances who accepted to participate in this study. Each client will be introduced and reasons that brought them to consult in art therapy will be discussed. Their art therapy process and art work done prior to using IGI in our sessions will be reviewed and a summary of the combined art/IGI sessions will be presented. To observe whether IGI had an impact on their art work and therapeutic process, art productions from before and after the use of IGI will be compared and discussed.

4.1 Case 1

4.1.1 Identification of Client

For the purpose of this paper, I will refer to my first client as Elise. Elise was a middle class, middle aged woman who was married and who had three children. Her first son had died at birth. Her now eldest son, had recently moved out of their home, while her daughter was still living with Elise and her husband. Moreover, several months earlier, Elise's father had passed away.

Elise reported that since the birth of her children, she had not invested much energy in her professional life. Presently, she worked part-time but wished to start a business of her own that could be more personally and professionally satisfying for her.

4.1.2 Reasons for Consultation

Elise sought therapy due to years of suffering from intermittent problems with her throat, that altered her voice when she spoke. Though she felt no pain, she said she found this to be extremely annoying. She had also suffered from regular migraine headaches for some twenty years. One of her friends, who was experienced with psychodynamic psychotherapy, had suggested to Elise that her physical symptoms might be manifestations of unaddressed psychological conflicts. As Elise felt there could be some truth to this, she decided to consult in a psychosomatic clinic.

During her intake interview with the psychiatrist and myself, Elise specified that according to her observations of her friend's years of psychotherapy, she herself wasn't willing to engage in long term in-depth psychotherapy as she perceived this to be unnecessarily painful and perhaps even destructive. Elise said she would prefer to explore what was preventing her from realizing her professional goals and if the underlying conflicts causing her psychosomatic symptoms were discovered along the way, that would be fine. At the end of this initial interview, the psychiatrist suggested that she try to work through art therapy and she accepted.

4.1.3 The Art Therapy Process

Elise and I met once a week for 7 months (the duration of my internship). At first sight, Elise did not fit the typical alexithymic portrait (Sifneos, 1975; Krystal, 1979). She was a vibrant woman who seemed both naturally expressive and emotional. On the other hand, some operatory traits were reflected in her art therapy process. For one thing, she had a very difficult time drawing in silence and it often seemed as though her verbal outpour served to dilute what she might experience as a menacing contact with her inner world. At first, I would constantly encourage her to draw in silence, until I realized this seemed to be anxiety provoking for her. From then on, I chose not to confront what I perceived as a defense and with time, she learned to tolerate longer periods of silence.

I never observed Elise confusing the naming of her feelings, as it is said to be common in alexithymics and psychosomatic clients (Marty, 1996; Krystal, 1979; Sifneos, 1975). She did however seem to avoid discussing the affective dimension of her experience by focusing her discourse on concrete/factual events. Eventually, I also noticed how Elise tended to postpone the art making period in our sessions and that she would often begin to cry or become more emotional when she drew, as though drawing somehow accessed her inner experience more directly.

Though, different art materials were always available to her, she only chose to draw with a marker or pastel stick, using it as a crayon to draw lines. Figures 1 and 2 are examples of her work. Even when invited to play with the art materials, Elise always remained quite rigid and controlled in her artistic expression. This might have reflected her lack of experience/comfort with the art materials and with art making . In addition,

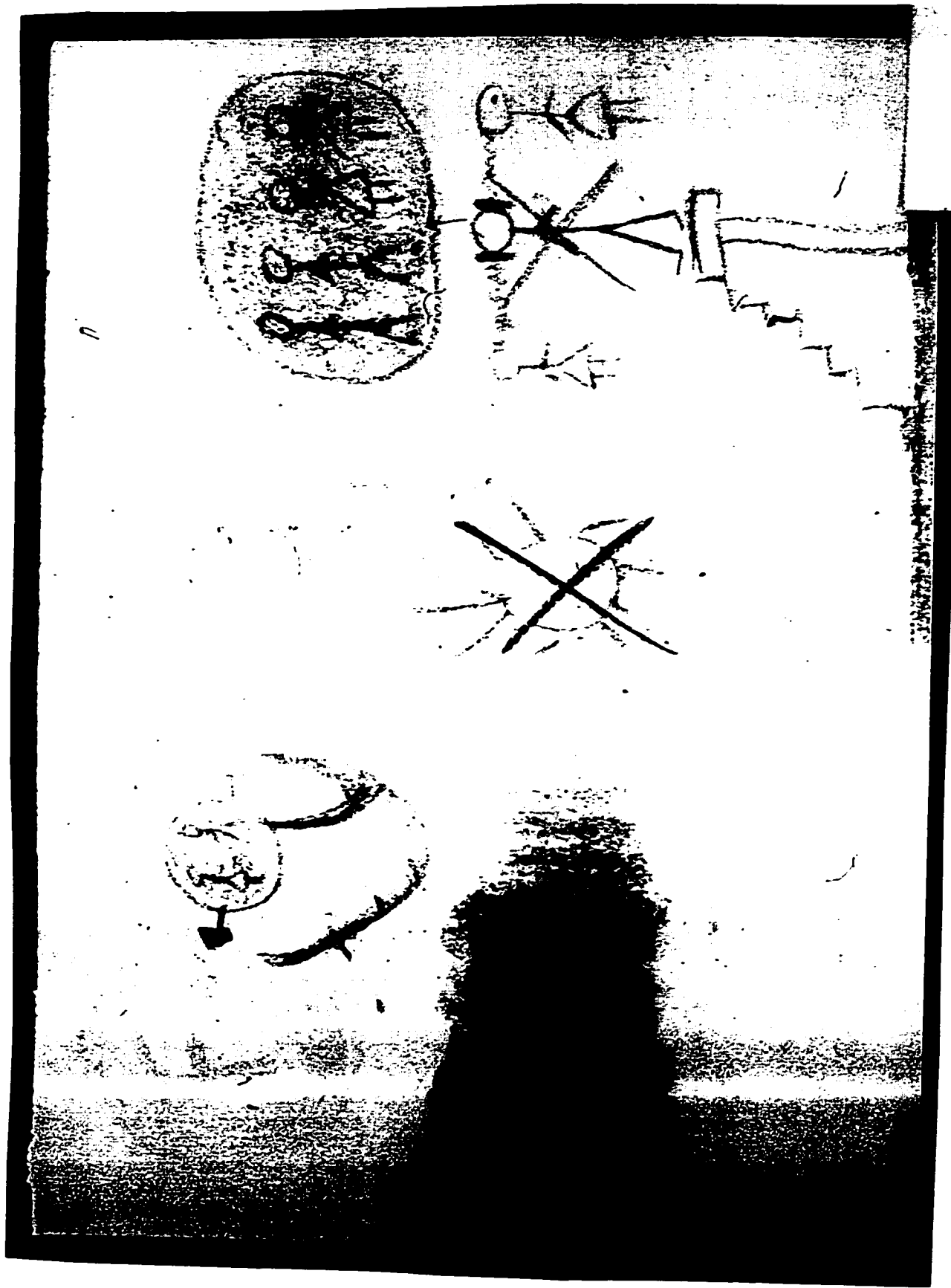


Figure 2

this pragmatic approach to the art materials along with this rigidity and apparent fear of being inappropriate might also reflect some operational traits.

Her discourse was mostly tied to concrete events, similar to what is described of patients who are affected by operative thinking (Marty, 1996). As we see in Figures 1 and 2, her drawings tended to be schematic illustrations of factual events that happened in her life. Her drawings were almost always composed of separate, disconnected elements that did not intend to construct a unified picture but that appeared to illustrate her operative discourse.

In Figure 2, we see how she always represented human figures as undifferentiated stick people, devoid of personality traits. Figure 2 is a representation of herself and her family (on the right) as though they are all indistinguishable from one another. Again, this type of simplified schematic style could reflect her lack of experience with art expression, but might also reflect a sense of being disconnected from one's intimate self, as described of individuals who lead an operatory lifestyle (Marty, 1996).

The colorful flowers in Figure 3 were done right before the Christmas break and are very different from the rest of Elise's art work which mostly looked like Figures 1 and 2. Though, my sense was that she was fighting against difficult feelings associated with the coming holidays, Elise said the image was about beauty and joy. Figure 4 was done upon her return from the Christmas break. In this session, she talked about events that had upset her over the holidays and I encouraged her to represent how she had felt in these moments. She drew a red explosion in the center of the page and said the image represented how she wished she had exploded with anger. It is interesting to notice that visually, we can observe similarities between the red explosion of anger and the stems of

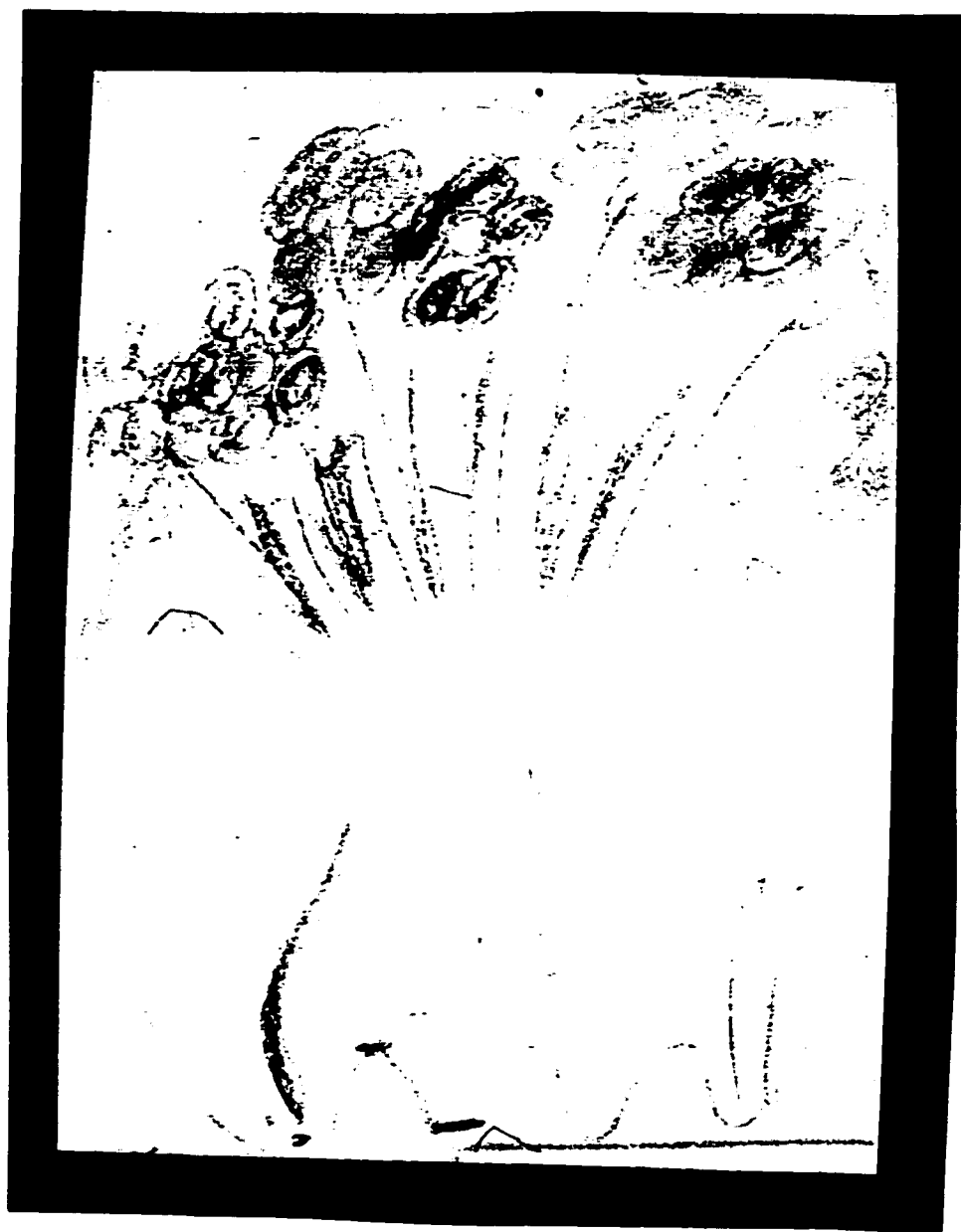


Figure 3

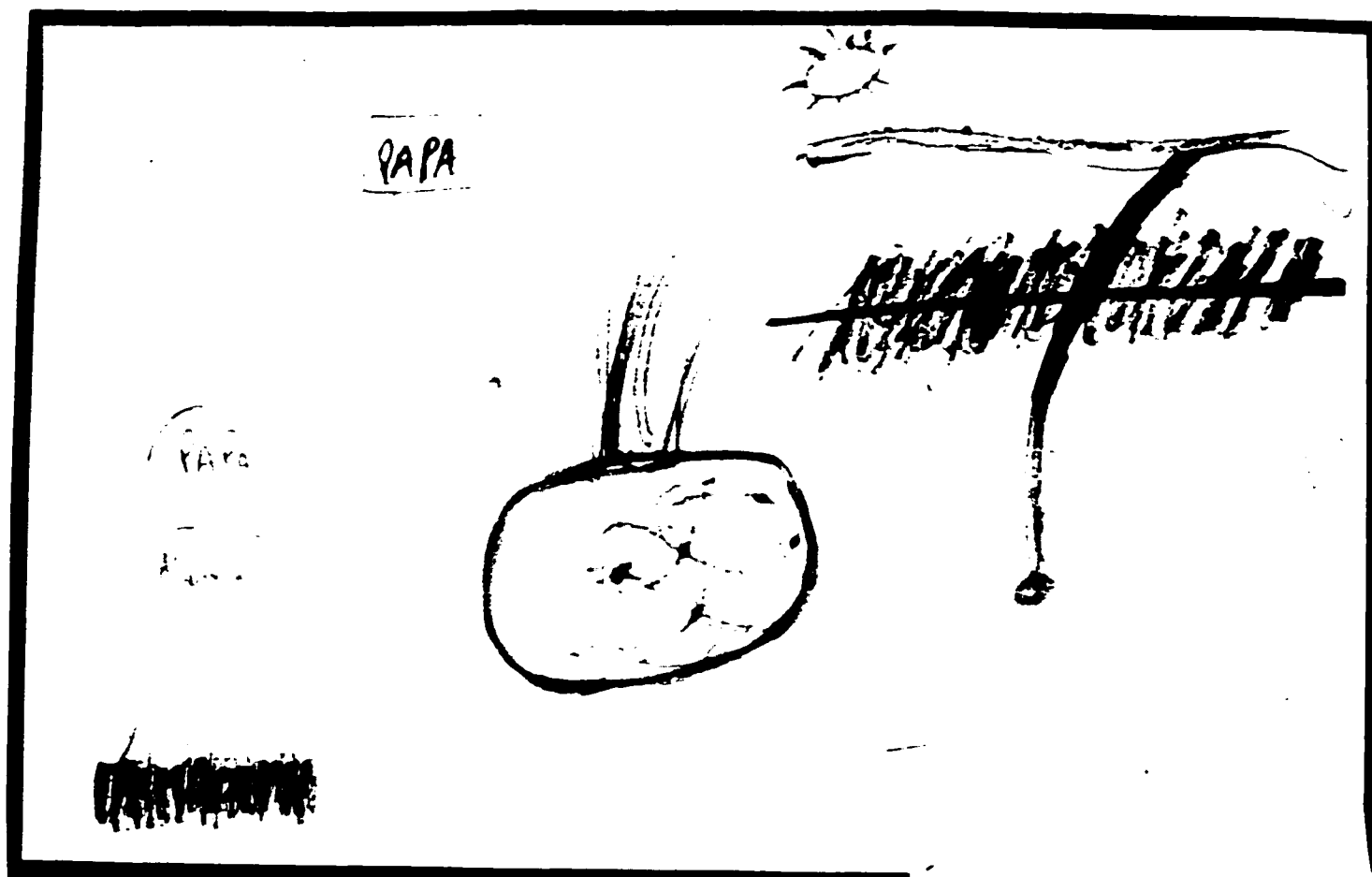


Figure 4

the flowers in Figure 3. Elise herself was eventually able to make this link in looking at her drawings.

Most of her drawings are done in earth tones and primary colors (except for Figure 3). She usually chose colors very spontaneously without appearing to think about which one to use. In Figure 4, her spontaneous choice of red was congruent with the explosive angry feelings she was expressing and might suggest how despite her efforts to avoid her affective experience, she is still unconsciously connected to her emotional realm. In addition, though Elise seemed to have a tendency to avoid her feelings, in my work with her I saw how she was capable of recognizing and speaking about her emotional experience. Essentially, though she is affected by psychosomatic symptoms, Elise does not appear to be deeply crystallized in a severe psychosomatic structure.

4.1.4 Interactive Guided Imagery with Elise

The original plan was to use IGI twice with each client and to observe how they responded to the technique. Elise however, asked to use IGI again, and therefore we applied this method a total of 4 times. Each time, we worked with the same techniques of: Finding a personal place and working with an inner advisor. I believed these techniques were safe and easiest to integrate at the end of a therapeutic process.

We would begin these sessions by taking a few minutes to talk about present issues of concern for her and then I would guide Elise through a brief relaxation. I would begin by instructing Elise to bring her awareness to her breath and to progressively calm down her body and mind. Once she felt relaxed we would begin the imagery process.

I would instruct Elise to imagine herself in a place where she felt completely safe and well. When she found an image, she would describe what she imagined and I would ask questions to help her deepen her imagery experience: e.g. What time of the day was it? What was the weather like? and so on (Rossman & Bresler, 1994).

Once she was well engaged in the imagery process, I would invite Elise to let an image form of a very wise and compassionate being. When she had an image, I would guide her through a dialogue with the inner advisor figure (Rossman & Bresler, 1994). As within the limits of this paper I can not give a detailed account of each of Elise's art/IGI sessions, in the following section I offer a brief summary of these sessions and present one of them in more detail (session 3).

4.1.4.1 Summary of Elise's Art/IGI Sessions

Session 1: Elise imagined herself on a starry night, in a sailboat on the Caribbean Sea. The image of Jesus appeared to her. With him, she discussed issues regarding her relationship with her son. Jesus suggested she should let go of the control she had over her son and that this would ease their relationship. Difficult feelings regarding this issue arose in her. She discussed these with Jesus who responded with warm compassion, comforted her pain and gave her faith that this really was the best solution for this troubled relationship. After this experience, she drew the image represented in Figure 5. In the following session, Elise reported changes in her way of relating to her son.

Session 2: In this session, Elise wanted to address her feeling of professional stagnation. Though she was able to relax, the imagery that emerged was more fleeting and blurred. Finally, she saw herself sitting in a suspended rattan chair, in a rose garden

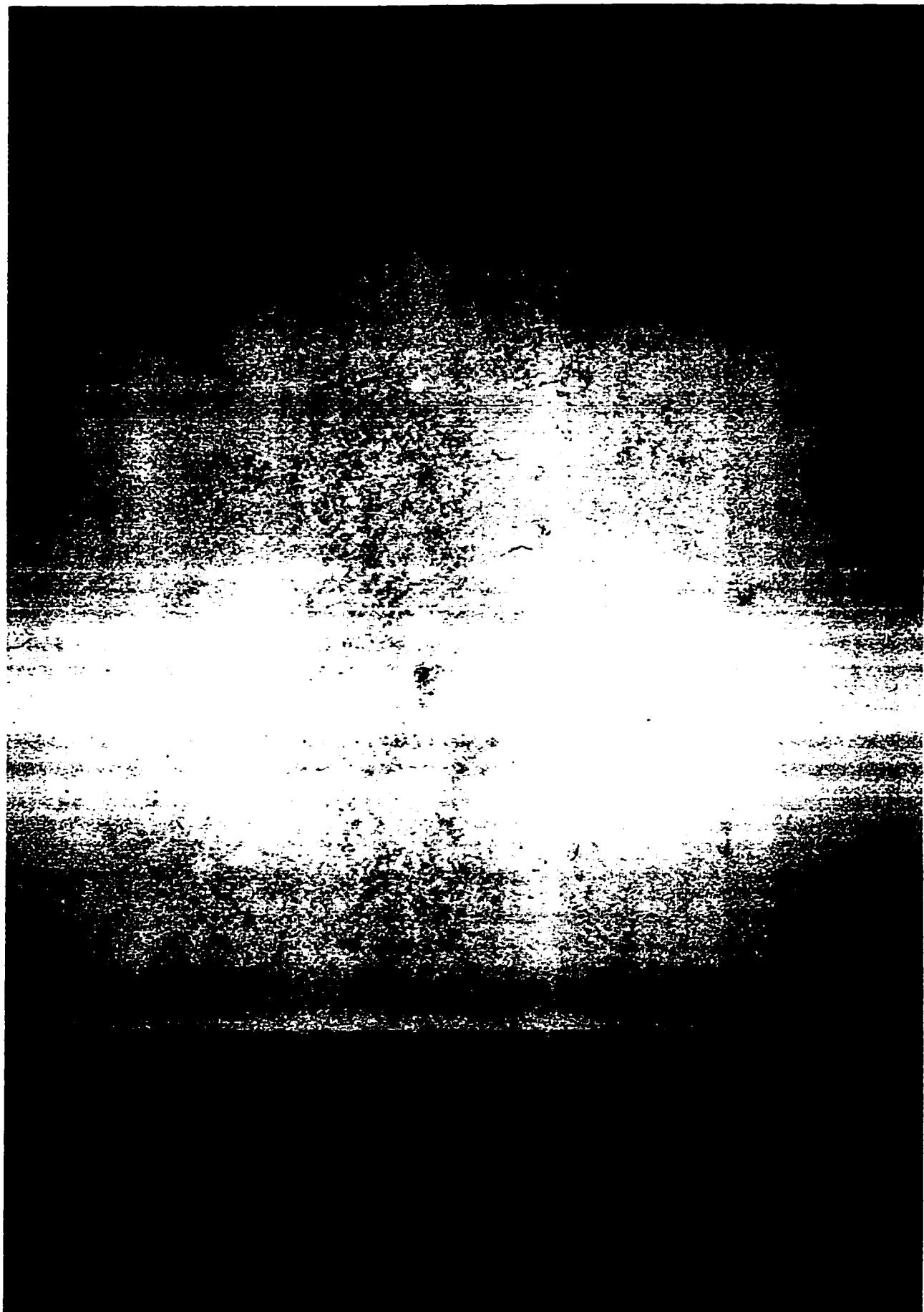


Figure 5

by a lake. An angel appeared as an advisor, but it had a difficult time answering her questions (was not responding, she could not hear what it was saying, the image would go away- according to Rossman and Bresler (1994), these are all signs of resistance). The angel still did give her some advice but Elise said she did not find the advice to be helpful. After this IGI experience, she made Figure 6, which represents a pool of light surrounded by flowers and herself sitting in the hanging rattan chair, in conversation with the blue angel. The body of the angel, though very simple in form, moves away from her usual stick people representations.

Session 3: (This session is presented in more detail) After the guided relaxation, I asked Elise to imagine a space where she felt safe and comfortable. At first, she had trouble finding an image. She first saw a beach and then the image transformed into a bench in a park. In her imagery, it was spring time and the weather was mild and sunny. She saw herself comfortably dressed, feeling calm and relaxed.

I asked Elise to let an image of a wise and compassionate being emerge. After a moment, she said she saw an old deceased friend of the family who was a priest. As the image emerged, several tears rolled down her cheek. Elise said she was very surprised to see him as she had not thought of this man in many years and that she felt very touched by his presence. In the imagery, the man held her hand to signify that he was attentive to her. She said she could feel his warm plump hand on hers and she smiled as she remembered how he always had very warm hands.

I encouraged Elise to invite him to sit with her. She did so and he accepted. Then, she asked him if he would be willing to discuss an issue of concern with her and he agreed. I encouraged Elise to take a moment to make contact with an issue she would like to discuss with him. After a moment, she said she wanted to discuss her difficulties with achieving her professional goals. In silence, she communicated her question to the priest.

At first, he did not answer and then he talked, but she could not hear what he was saying. Finally, he told her not to worry, to take things as they came and that everything would be fine. I asked her how she felt about this answer. She said it did not really help her so I encouraged her to tell him how she felt about his answer.

He responded by saying that she had already done a lot for her family and that it was now time for her to take care of herself. Elise smiled, saying she was surprised to hear him say that, as she had always perceived him as being somewhat old fashioned. As she was not quite satisfied with his answer, she asked her question again. He remained silent for a while, just smiling, until finally, he asked her if she ever did things to sabotage her success. Elise felt touched by this question and remained silent for a moment. She said it was possible that she did, but she did not have a clear sense of what he was trying to get at, so I encouraged her to ask him if he could be more specific.

Images from her childhood began to arise. She saw herself as a little girl, trying real hard to do as well as her sister in school. She recalled always feeling second best and being scolded by the nuns who said she should do as well as her sister did. Through the imagery, Elise contacted feelings of exasperation she experienced as a child for not being able to feel like she could succeed.

Suddenly, Elise realized she still had painful and unresolved issues regarding the relationship with her sister. As it was already time to end the imagery process, I asked her to ask him whether he had some advice for her before we ended. He advised her to be aware of the dynamics that had come from the relationship with her sister and to work on undoing these. He also advised her to stop believing that it is impossible for her to succeed and to start believing in herself and in her success. Elise thanked the priest and bade him goodbye.

In the art making portion of this session, she drew an image inspired from this IGI experience (refer to Figure 7). She drew the park bench, the priest walking back towards the light and mentioned how she wished she could go with him.

Similar to the other pictures she drew after IGI exercises, Elise only represents one story in this drawing (as opposed to her usual fragmented images). If we compare Figure 7 to pictures drawn before the IGI process (Figures 1 to 4), we notice that there is more of an ethereal feeling to it. Figure 7 contains less concrete, linear schemata and has more soft coloring with the pastel chalk. Also, for the first time since the art therapy process began, Elise drew a human figure that was not a stick person but one which had a fuller body. This might indicate that the IGI experience allowed her to be more connected to her kinesthetic experience, which might have prompted her to represent a fuller body.

Session 4: Elise imagined herself in a big garden/park. She had no problem engaging in the imagery process itself. Once again, she addressed her professional sense of stagnation. The advisor that appeared was her deceased mother-in-law. The mother

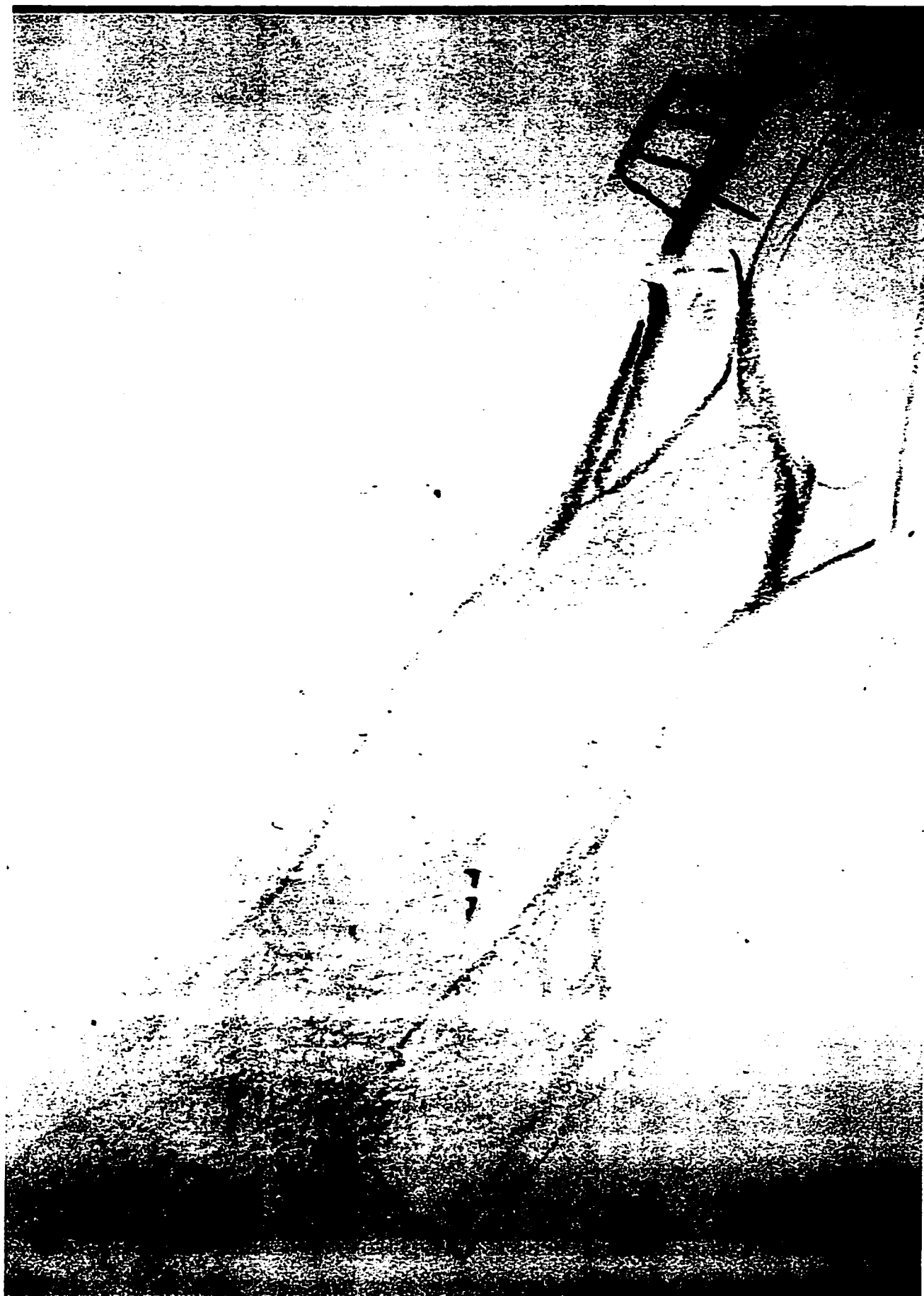


Figure 7

in-law did not answer Elise's question but talked to her about Elise's relationship with her husband (Elise had had an misunderstanding with her husband the night before). Unfortunately, due to a time limitation, Elise did not draw after this IGI experience.

In summary, all of Elise's IGI experiences seemed to have gone fairly well. She was always able to relax, to quickly access inner imagery and to interact with the images that emerged. Though signs of resistance did appear in some of her imagery sessions (i.e. a multitude of images presenting themselves at once, having a hard time stopping the images from moving, the emergence of blurred images that don't communicate easily and etc. - Rossman & Bresler, 1994), she felt that most imagery sessions had evoked comforting experiences and triggered meaningful insights.

4.1.5 A Comparison of Elise's Art Work Before and After IGI

As mentioned earlier, before using IGI, Elise's art was very schematic and her art images were composed of disconnected schemata that served to illustrate her verbal discourse. She generally drew with felt pens or pastel chalks, which she used in a pencil-like manner, often writing words on her drawing, not investing much energy in the colors, ambiance or feeling quality of her drawings.

Elise's art work following the IGI exercises always related to a single topic and created a whole composition as opposed to being visually fragmented. In these drawings, she always used soft pastel, she colored more than usual and drew less lines. This created a more ethereal feeling in her images and changed her art work from her usual schematic explanatory drawings. This could suggest that the IGI allowed her to move away from concrete thought towards a more imaginative form of thinking. The use of pastel shades

as opposed to her usual earth tones and primary colors also evoked a different quality of feeling in her art work.

It was after an IGI session that Elise drew a person with a non-schematic body for the first time. One could hypothesize that the relaxation and imagery exercise might have increased her own sense of body awareness and might have inspired her to render a fuller body in her drawing. As this happened in her third IGI session, one could also wonder whether continuing to work with the combined art/IGI method would increase Elise's kinesthetic experience and continue to alter the way she would represent bodies in her drawings.

In the "draw a person picking an apple from a tree" assessment (Gantt & Tabone, 1998), Figure 8 was done before Elise experienced her first art/IGI session, while Figure 9 was done after her last art/IGI session. If we compare these two drawings, we see that in Figure 9 Elise added more elements. There is now some blue in the sky, her tree is bigger, fuller and it contains more apples. Her basket is also full of apples and a dog has also been added to the image.

Figure 9 was probably affected by termination, which is a significant weakness in the way this experiment was conducted. As we were ending our art therapy process, Elise could have put more effort into making a "nice" picture, both in thanks for our work and/or in fighting against the sadness she was experiencing (during this session, she cried and said how she wished the process could have continued). The full basket could also refer to our ending as a time of harvest. However, as differences also do exist between the art work she created before and after the art/IGI process, I am inclined to believe that IGI did have an impact on her symbolic process.

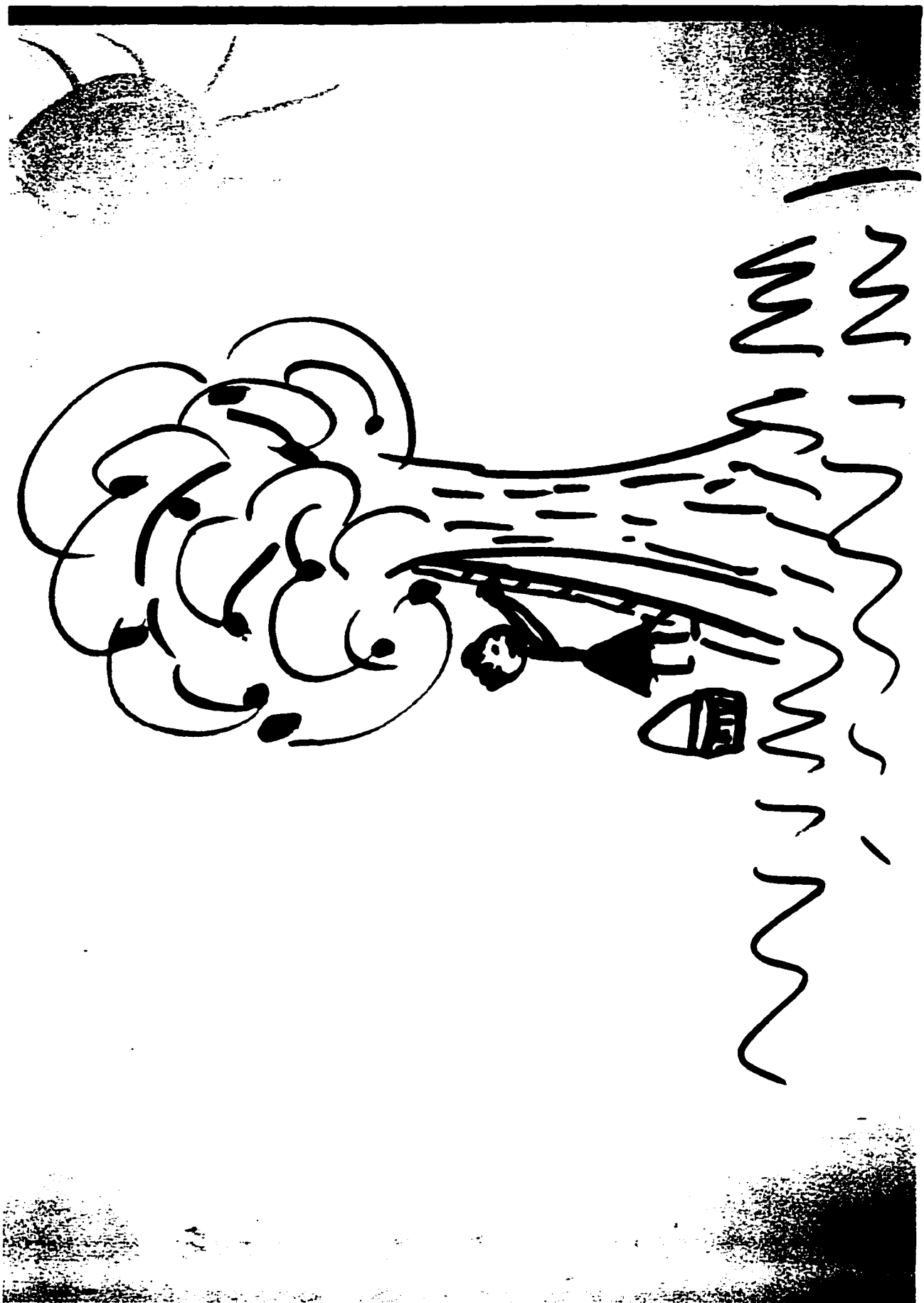


Figure 8

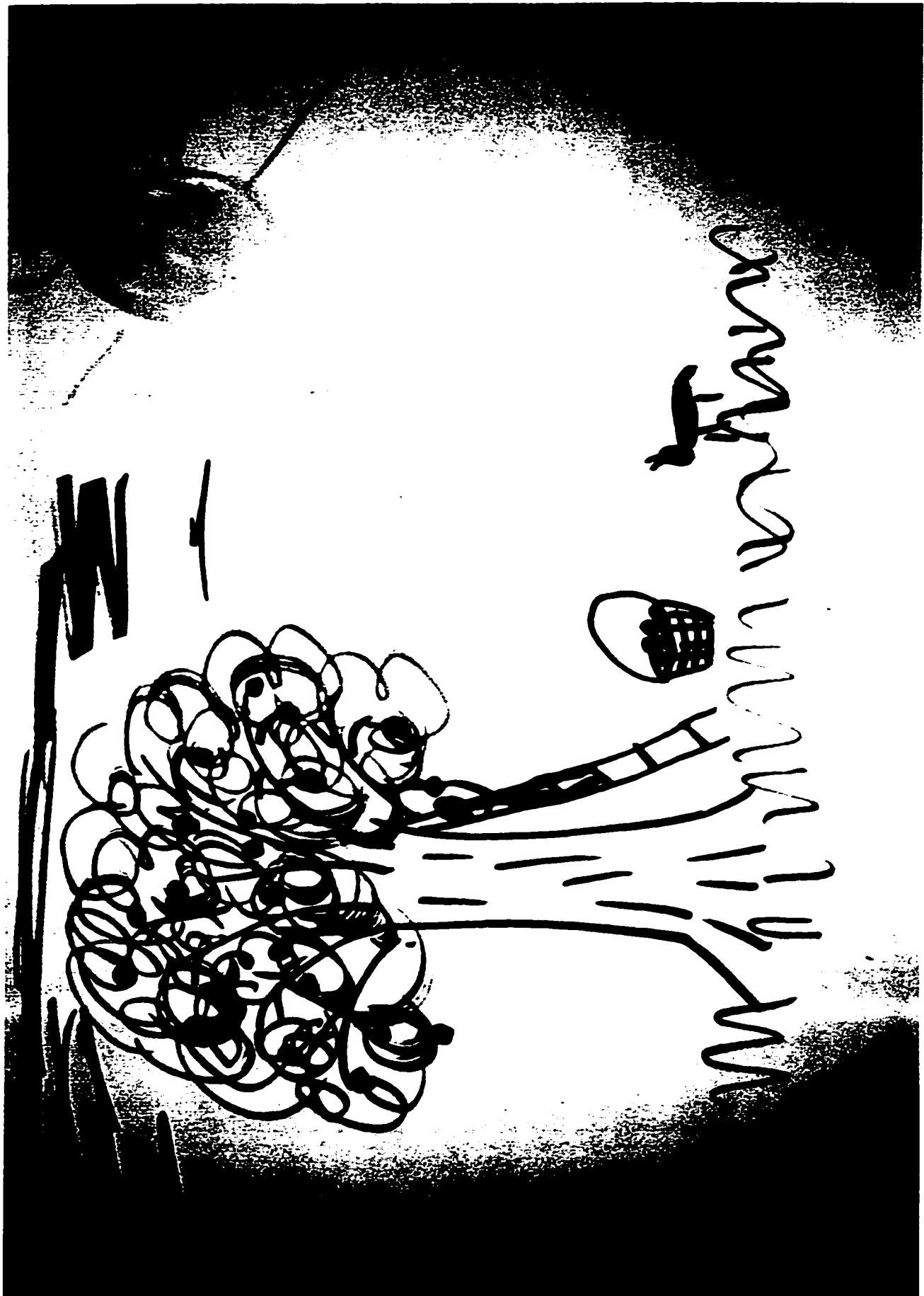


Figure 9

Next, I will review the art/IGI process of a different client and in chapter 5, we will be able to compare the similarities and differences between these two clients' experiences.

4.2 Case 2

4.2.1 Identification of Client:

For the purpose of this paper, I will refer to my next client as Dana. Dana was a middle-aged woman who was diagnosed with fibromyalgia seven years earlier. Physically, she suffered from chronic pain, general fatigue and difficulty in sleeping at night. Psychologically, Dana was quite depressed and was diagnosed with major depression and dysthymia. In times where her depressive symptoms were more severe, she would have suicidal ideations.

Dana worked in a community center for twenty years. She was divorced since age 30 and had no children. In her family of origin, Dana was the eldest child. Her father had been an alcoholic and was described as a weak male figure. Dana spoke of her mother in ambiguous terms, saying she was extremely beautiful and devoted, yet also saying how she felt her mother had never loved her. Some of Dana's siblings had problems with drugs, alcohol and other acting-out behavior. Though Dana had never suffered from major drug or drinking problems, she did at times drown her pain in alcohol.

4.2.2 Reasons for Consultation

Since her twenties, Dana had suffered from depression and was presently followed in psychiatry once a month for support and pharmacological treatment. She was referred to art therapy by a psychiatrist who led a group for women with chronic fatigue and fibromyalgia, which she attended for several weeks. In essence, the psychiatrist referred her to art therapy because of her natural interest in the creative arts and because he felt she might benefit from this approach.

4.2.3 The Art Therapy Process with Dana

Dana and I met on a weekly basis from mid-September until the end of my internship in mid-April. Our sessions were semi-structured. At the beginning of the sessions, she always took time to talk about present concerns. This was followed by a brief relaxation/centering exercise and then by the art-making part of the session, where Dana chose both the theme and the art materials she wanted to work with. When she was done with art making, we would discuss the artistic process/product and her associations with these.

Dana was not an experienced artist though in the past she had taken some art classes and made several ceramic sculptures. On her own, she was also involved with writing a novel, a project that was very dear to her. Figures 10 to 14 represent some of the art work she did in our sessions prior to the introduction of IGI in her process. Dana was very fluent in her artistic expression and would often comment on how she enjoyed expressing herself through the art materials. She generally worked very spontaneously, letting one gesture lead to another, as though she was free-associating with the materials,

shapes and colors as she went along. Over the course of the year, she slowly moved from 2-D to 3-D art work.

Themes that emerged through her artwork often related to issues of deep loneliness, rage, self-loathing and frustration with her sexuality. Figure 10 was the second image she produced in art therapy. The image is entitled, “Terre de désert noire” (meaning, black desert earth/world). Central to the image, is the blue cactus hand growing from a pot of black soil. The hand she said, represents her own physically pained hand and body, growing from a pot of black desert earth, which could be interpreted as being a representation of the bad breast/mother image (perhaps also an archetypal image of mother as life giving), evoking a sense of hopelessness (as though this black desert earth can not nourish anything positive). She said the red needles piercing her hand refer both to her physical pain and to her anger. These needles are directed towards herself which she represents as the target shape in the up-right corner of the page. The red boomerang reiterates the sense that the anger she projects outwards comes back to her, an image that visually translates very well how depression is sometimes described in the literature as anger turned against oneself (Gabbard, 1995).

After completing an art object, Dana would sometimes interact with it and enact small scenes, occasionally including me in her ritual. For example, Figures 11 and 12 refer to a frail angel she made. This angel held a picket sign that said “chu tannée d’être un ange” (meaning, I’m tired of being an angel). She said this work represented her sadness and protest/frustration at not experiencing her sexuality in a satisfying way, as well as her sense of having lost her vitality. When she completed this angel, she rocked



Figure 10



Figure 11



Figure 12

it in her arms for a while and talked to it, telling it how powerless she felt. When she was tired of holding it, she handed the angel to me, telling the weak angel I would take good care of it. Before she ended the session, she made a small bed for the angel (Figure 12).

Figure 13 is a multimedia sculpture which she entitled “mon monde” (which means, my world). Dana said she represented her sense of isolation and despair through this image of a dark island. The cord, left loosely hanging evokes a sense of being isolated and somewhat cut off from something (perhaps as the umbilical cord, cut-off from the life giving force of mother?).

Eventually, she addressed early infancy experiences with her mother. Figure 14 is an aluminum foil and clay sculpture, representing mother and child. The mother is represented by the aluminum shape, while the infant that is made of clay is tied-up in rope and held by mother with needles (it is interesting to note that she describes her illness as feeling like needles piercing her body and how in this sculpture she symbolically associates her physical pain directly with the way she was “held” by mother in infancy). Around the mother, we see a trinity of wooden sticks, representing pious worshippers, whom Dana identified as her own father and grandparents. She said these worshippers adored this beautiful mother, who in fact was experienced by the infant as cold and sadistic.

Dana expressed that though she felt her mother had been a perfect instrumental mother, she had never felt loved by her, but rather had felt emotionally neglected and mistreated. Dana made this sculpture five months after she began art therapy and despite all of the intense contents she had addressed until this point, this was the first time she shed a tear in our sessions. Dana was very troubled by this image and before she left the

room, she spat in the face of her sculpture. Following this, she experienced much pain and extreme fatigue. As noted by Marty (1996), addressing psychodynamic contents directly is not necessarily recommended as this can cause psychosomatic patients much anxiety that can provoke somatic regressions.

Despite Dana's rich use of symbolic imagery and her ability to verbally articulate her inner pain and despair, it usually seemed as though her expression was drained of affective content. As she "spoke" of her sadness and depression, her facial and body language seemed rather neutral and I rarely "felt" the affective dimension of her discourse. Even though her art work was usually filled with references to her rage and depression, I rarely saw her cry or look really angry. Sidoli (1993) writes:

defenses of the self are the earliest defenses which are mobilized by the primal self of the infant... They function as a total defensive symptom for the purpose of survival when the mother fails to provide the basic emotional care and the infant is exposed to survival panic and dread...such patients produce archetypal images...but these are disaffected. These patients are emotionally detached observers of their own images. They defend themselves against the horror, panic and despair evoked by such archetypal images". (p. 176)

I feel the above resonates well with Dana's work in art therapy. As opposed to Sifneos (1974) who views alexithymia as a neuroanatomical defect, McDougall (1989) says this type of apparent unemotional way of relating could in fact be a defensive measure against inexpressible pain and fear of fragmentation or of losing one's mind or sense of self. This relates to Sidoli's (1993) view that the disconnection between intense archetypal images and affect might be a defense against primal horror and despair.

As was discussed in chapter 1, several authors speak of the role of the primary caretaker in helping infants recognize, name, symbolize, reflect upon and regulate their affects (Bowlby, 1988; Diamond & Blatt, 1994; McDougall, 1989; Taylor, Bagby & Parker, 1997). From what Dana expresses in art therapy, we could suppose that her experience of the primary relationship did not succeed in containing/processing her primitive experiences as an infant. As a result, Dana might not have learned to experience, acknowledge and cognitively process her affects in an effective way. She also might not have been able to introject a caring, self-soothing object that could help her to process her affective experiences in a healthy way and instead, her body is left to cope alone (McDougall, 1989).

Overall, it seemed as though the art therapy process allowed Dana to sublimate instinctual drives and to channel her creative energy (Kramer, 1987). This might have discharged some of her psychic tension and offered some affect regulating activities. The art also seemed to serve as a container for unarticulated inner experiences, which might have helped her in organizing these experiences into some shape or form. Her way of sometimes interacting with the art objects might also have been a way for her to reenact and rework inner conflicts. Next, we will look at how she worked in IGI.

4.2.4 Interactive Guided Imagery with Dana

Similar to with Elise, the plan with Dana was to use IGI twice and to observe how this process worked for her. Once we were done with the planned schedule, she also asked to do IGI again. In all, we used IGI three times in our sessions. In addition, though the original plan was to work mainly with “finding a personal place” and working with

“the inner advisor” technique, we also did use some “parts work” (letting an image emerge for a part of oneself the client wants to explore). As within the limits of this paper I can not give a detailed account of each of Dana’s art/IGI sessions, in the following section I present one of her sessions (session 2) in more detail and offer a brief summary of her other art/IGI sessions.

4.2.4.1: Summary of Dana’s Art/IGI Sessions

Session 1: Dana wanted to enter into a dialogue with her sadness so she could have a better understanding of it (in IGI, such an exercise is called parts work). She pictured herself alone in the setting of a movie she had seen recently, where a young woman falls in love with a handsome actor. The story was set close to a comfortable cottage on a quiet beach by the sea.

The image of an old, decomposing wooden raft emerged to which a cut-off human hand was attached. Eventually, the hand transformed into a fragile veil. She took some time to just be with the raft and veil. She said that they did not feel a need to talk to each other. The message that emerged from this imagery exercise was that, she should take care of her inner fragility and find herself a veil (love object). At the end of the session, night was falling and the old veil turned into a woolen blanket that covered the wooden raft and kept it warm for the night.

Figure 15 is the art image she created after this IGI exercise. She said it was a veil. (Different links can be made between this veil and past art therapy sessions, i.e. the veil can also look like a raft, the material she made the veil from can remind us of the skin and hair of her aluminum mother in Figure 14)

Session 2: (More detailed presentation) First, I guided Dana through a progressive (one part of the body at a time) relaxation, as we had already been doing in her art therapy sessions. When she felt ready and relaxed, Dana tried to imagine a place where she could feel completely safe and comfortable. The first image that came for her was a cinema. Though she saw herself sitting comfortably watching the screen, it took some time for her to feel safe. Initially, she was reminded of her fear of fire and was unable to feel secure until she located an emergency exit in the room. Then, she continued searching as though she needed something else to be contented. She watched the screen and evoked different films, until she imagined “Death in Venice”. Then, she entered the screen and found herself on Piazza San Marco. Awed by the beauty of Venice (where she had never been), she decided this was where she wanted to be. Now that she had found a space, I invited Dana to let an image of a wise and compassionate being with whom she could discuss an issue of concern.

Dana then came out of the imagery and began talking, feeling sorry that she had always wanted to visit Venice but never could afford go and how she could not imagine ever being able to. I encouraged her to go back to the imagery process to see if there was a compassionate being with whom she might discuss this with. The image of a pigeon appeared.

She said this pigeon knew her from Montreal as it had seen her in a park. She said she did not feel the pigeon really cared for her. I asked whether there was another being that did and the image of Woody Allen appeared. She laughed and said he was funny, sarcastically adding something to the effect that Woody Allen would be the sort of wise being she would attract. Again, I asked her whether she felt he could be helpful and

caring to her. Though she liked him, she mentioned he was ironic and cynical. I reminded her that in this exercise we could not allow anyone to treat her badly and the advisor needed to be kind and caring.

She said she would go to an Italian pension, where she could meet other people. I asked whether there was someone there with whom she could have a meaningful and caring exchange. The image of the pigeon resurfaced. The pigeon said it wanted to take care of her and she agreed to that. Then, I asked whether there was an issue she wished to address with the pigeon? Nothing came to mind and the pigeon had nothing to say, but it brought her to a cemetery. She said she loved the beauty of this place, where life and death coexisted. She went on describing the cemetery, its light, peacefulness and flowers.

As our time in the imagery process was coming to an end, I asked whether there was something she and the bird needed to say to each other or do before we ended. She said there was nothing except that the pigeon said it had enjoyed spending time with her and that it could make her travel some more, some other time. The pigeon also said that next time, it would take her somewhere more joyful.

After this IGI experience, Dana made a colorful bird out of wire and tissue paper (refer to Figure 16). In the art making process, Dana intentionally created an object (bird) as opposed to her habitual way of letting the material and her state of mind guide her creative process. In addition, though her art work was usually associated with more depressive/angry contents, this bird she said, reminded her of her dream of seeing Venice before she died.

Session 3: This was an unprepared and spontaneous IGI session. Dana had been reviewing her art work from the beginning of the art therapy process and said she felt overwhelmed by the amount of pain and depressing imagery she had produced in art therapy. After discussing what the art work evoked for her, she asked to do a last IGI session where she could go to a more joyful space within herself. Due to a lack of time, this was a short IGI session.

Dana imagined a young child, full of love and joy, playing, dancing and laughing in front of a mirror. The little girl she saw, was dressed as a gypsy and played with the Italian actor Roberto Benigni (who had just played in the film “Life is Beautiful”). Within the imagery process, a message emerged for Dana. She said the message was that she should not try to address her suffering directly but to tend to it by playing and dancing around her issues. As this was a last minute IGI exercise, there was unfortunately not enough time for Dana to create a visual image following this IGI experience.

Overall, Dana had no difficulty being guided through the relaxation and she experienced no difficulty in producing mental images. Since her mental imagery was quite vivid and moved quickly, I needed to remain extremely vigilant as a guide so as not to lose the sense of direction and get lost in all sorts of images that arose. At times, I wondered whether this abundant imagery was a form of resistance, as though she was fleeing her inner experience by producing numerous images. In a sense, the images could have been used as a shield against her affective experience, rather than as a vehicle to explore it.

It happened several times that Dana came out of the imagery experience and began explaining things or attempted to start a conversation outside of the imagery

process. Though her imagery was abundant and fluid, staying with the experience and interacting with the imagery process sometimes was more difficult. It seemed that her challenge was not so much with symbolizing but rather with tolerating the affective content these symbols carried. At the end of her art/IGI process, Dana said the images that emerged for her during the art/IGI sessions somehow made her feel better and seemed to accompany her for the rest of the week.

4.2.5 A Comparison of Dana's Art Work Before and After IGI

If we compare Dana's art therapy images from before and after the IGI process, it seems as though the images she did after the IGI are not as "depressed". In art therapy, Dana had the tendency to become very absorbed in depressive imagery and I wonder whether the structure offered by the IGI did not allow her to do this as much. IGI might have directed her in such a way as to interact with more positive images, e.g.: In the second IGI session, I guided her away from the Woody Allen figure who potentially could have evoked dark humor/sarcasm and the art that would have followed, would perhaps, also have reflected some of these qualities. Instead, the process was directed towards a more caring relationship and a colorful bird was produced in the art portion of the session. One could wonder whether Dana was "obeying" me in the IGI process and could question to what extent she felt connected with these "lighter" images. Unfortunately, due to the limited amount of information gathered from this brief experiment, such questions can not be answered.

It is also unfortunate that we were limited in time after the third/unplanned IGI session as it might have been interesting to see what visual imagery Dana would have

created after exploring a very positive space within herself. It was the first time in my work with her that she explored a positive “space” without any tinge of dark sarcasm, irony or anything else that could have spoilt the positive experience somehow. Was the process of reviewing her art therapy work bringing-up too much affect that was hard to deal with? Or, was the IGI process somehow also allowing her to begin to access good objects within herself?

Comparing Dana’s “draw a person picking an apple from a tree” assessment drawings (Gantt & Tabone, 1998) from before and after the art/IGI process (before: Figure 17 and after: Figure 18), we can notice a major difference between the two images. Though, Dana invested both of these images with personal content, Figure 18 is covered with color and energy as compared to Figure 17.

In Figure 17, the drawing is somewhat schematic and abstract. We see the purple schematic figure on the left stretching an arm to reach the only apple in the tree. In doing so, Dana said the figure was aching (she wrote “ayoye”, which translates as “ouch”). There is a serpent wrapped around the trunk of the tree that holds a picket sign saying, “en grève” (on strike), referring to her sexuality which she says she can not experience as she would like (it is interesting to note that this image could also refer to the medical emblem and her own health as being “on strike”).

As mentioned above, Figure 18 is filled with color, energy and perhaps also with anxiety. Dana said this drawing was set in an exotic country where there was a big storm and an erupting volcano. The tree, was a palm tree which also only contained one apple.

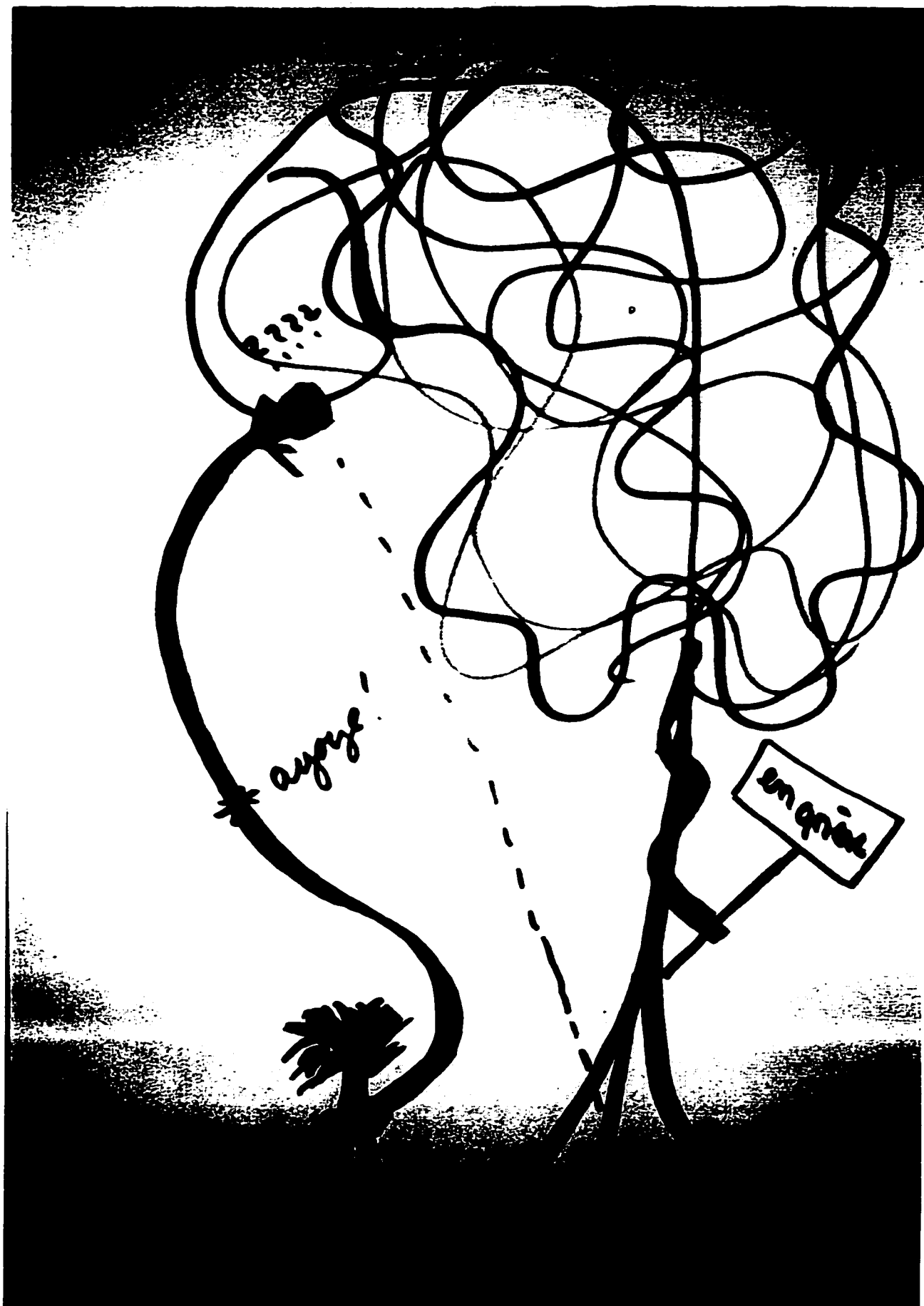


Figure 17



She said that it is not the person that is picking the apple from the tree but the apple that is picking the person. We can also see a black monkey sitting at the top of the tree.

It is difficult to distinguish what in the second drawing (Figure 18) might be an effect of the IGI experience/activation of the symbolic process and what might be a product of the termination process. It appears as though Figure 18 was strongly influenced by Dana's difficult feelings about termination. She said she felt sad because these sessions had allowed her to feel heard and supported, something she felt would now be missing in her life. My sense is that this image might be a semi/unconscious rescue fantasy where the palm tree, that can also look like a large hand, might be picking-up the person, perhaps saving it from the storm and the volcano. This drawing could reflect Dana's fear of being abandoned and left alone to cope with what she might experience as overwhelming inner storms.

On the other hand, the fact that the story in Figure 18 takes place in a different country and that Dana did "travel" in her IGI exercises, might indicate that IGI did have an impact on her symbolic process. The increase in the imaginative elements (the monkey, palm tree, volcano and exotic setting) could in part be influenced by IGI and reflect an activation of the symbolic process. Of course, these are my speculations and more research is needed to give us a deeper understanding of the significance of these differences. The extent to which IGI stimulated Dana's symbolic functions and if it did, how this might have been beneficial to her still remains unclear at this point.

In the following chapter, I will offer a brief comparison of Elise and Dana's art/IGI processes. Next, I will also present a critic of this research project and offer some ideas to take into consideration in doing future work on this topic.

Chapter 5

Review of the Study: Results, Questions, Reflections & Critic

As the closing chapter of this paper, chapter 5 discusses the results of the study and reviews some of the questions and reflections that emerged through the research process. After commenting on the differences and similarities between Elise and Dana's art/IGI process, the chapter concludes with a critic of the research design and suggestions for future work on this research topic.

5.1 Results of the Study

As mentioned earlier, I have not found any literature that documents experimental results on the effects of mental imagery techniques on an art therapy process with psychosomatic patients. The goal of this study was to gather observations and reflections on the process of using IGI in art therapy to treat psychosomatic patients. As I did not use scientific research tools that would enable me to prove my assumptions, no generalizations can be drawn from this work. Rather, the results of this study are presented through observations, questions and reflections that emerge from the case study.

The main assumption of this study - integrating IGI in art therapy can stimulate symbolic functions and enhance the therapeutic process of psychosomatic patients (by strengthening their ability to recognize, tolerate, express and regulate their inner/affective experience), still remains as a theoretical question and hypothesis. None of the work I have done can confirm this assumption, yet the observations gathered from this study do not contradict it either, encouraging me to maintain this hypothesis for the moment.

The points that were presented in chapter 3 and which were specifically observed in this study can be summarized as follows: Both clients were able to use IGI, to visualize and to interact with the mental images that emerged for them. If we compare the art imagery the clients produced before and after the experience of IGI, we do see differences in their work. These differences could in part be due to the termination process that overlapped the IGI work. Nonetheless, in both cases there are indications that IGI has had an impact on these clients' symbolic process.

For Elise, her drawings after doing IGI were less fragmented, only illustrated one subject in each picture. These drawings were also more ethereal and somewhat less schematic than those done prior to IGI. This could suggest a loosening-up of concrete forms of thought and a movement towards a more imaginative thought processes. Two of these drawings also illustrate the emergence of a new way of representing (and perhaps experiencing) the body. In her "draw a person picking an apple from a tree" assessment drawings (Gantt & Tabone, 1998), it is more difficult to distinguish the effects of termination from those of the IGI exercises, but we still do observe differences (in her 2nd image - Figure 9, she adds: Blue in the sky, a dog, her tree is stronger and fuller, the figure reaches the apples and the basket is full of fruit).

For Dana, the differences in her imagery before and after IGI are generally more difficult to discern. It is possible that the structuring aspect of the IGI did influence the themes she explored in her art images which followed IGI sessions. As compared to the art produced before the IGI, it seems that her art work done after IGI is less depressive in nature. The differences observed in her “draw a person picking an apple from a tree” drawings (Gantt & Tabone, 1998) seem to be greatly influenced by the termination process. Yet, the increase in the imaginative elements in the “draw a person picking an apple from a tree” drawing done after IGI (the image in Figure 18 takes place in an exotic country, the tree is a palm tree, adds a monkey, a storm and a volcano in the image) could indicate that IGI did have some impact on her symbolic process.

As for the affect regulating experience offered by the combined effect of mental imagery and art, I think this could be a research subject of its own and that the data collected from this study does not enable me to do much more than to continue to have faith in this idea. Both Elise and Dana did express they enjoyed using this process and felt it had been helpful to them. Perhaps this is a start, at least welcoming further investigation on this subject.

The questions and reflections that emerged through the implementation of this research process are discussed in the following sections.

5.1.1 Questions and Reflections that Emerged Through the Research Process

With all the literature that has been written on psychosomatic patients’ weak symbolic functions (Sifneos, 1974; Marty, 1996; Krystal, 1979 and more), I wonder how

representative my subjects were of the psychosomatic population. Though both Elise and Dana were able to use art therapy and IGI, could we expect most psychosomatic clients to be able to do so? Are clients who are more severely affected by alexithymia, less likely to have the ability to use imaginative techniques such as art therapy and IGI? Though some clients might be able to use such techniques, are these or how are these techniques useful to them?

As psychosomatic problems can be related to past traumatic experiences (McDougall, 1989), mental imagery techniques should always be used with much caution. Perhaps various IGI techniques have different impacts on clients. Some IGI techniques might be more useful for working with psychosomatic clients than others. For example, though the technique of “dialoguing with a symptom” might sound like a good choice for working with psychosomatic clients, the uncovering aspect of this technique (evoking unconscious material related to the symptom) could potentially awaken powerful material for which some clients might not be prepared to deal with. On the other hand, techniques such as “finding a personal place” or working with an “inner advisor” might be more helpful for enhancing relaxation and affect regulating capacities in psychosomatic patients. Furthermore, specific ways of combining the art therapy process with the IGI to enhance such capacities could eventually be defined. For example, clients could be asked to specifically draw their personal place or to make an art object that represents a positive object that was imagined in the IGI experience.

The above questions and reflections are issues I will take into consideration in future exploration of the effects of using IGI in an art therapy process with psychosomatic

patients. Next, I will review some reflections on Elise and Dana's art/IGI process and compare their experiences.

5.1.2 Final Comments and Reflections on the Art/IGI Process with Elise and Dana

It is interesting to compare and contrast Elise and Dana's processes as it possible that they might have benefitted from the art/IGI process for somewhat different reasons. I realize there is no "recipe" which can be applied to all psychosomatic patients. Some clients might never benefit from either art or IGI, while others might benefit from one approach and not from the other. The best technique probably always lies in getting to know clients, establishing a good therapeutic alliance with them and using one's knowledge sensitively, based on individual client's specific needs and capacities.

Both Elise and Dana were able to work with art therapy and to use IGI in their therapeutic process, yet both of them used these processes differently. Though Elise had a harder time expressing herself through the art, she had an easier time with the IGI process. In the art, she often seemed inhibited and regularly wondered out loud, "how can I represent such and such". Her art tended to be composed of rigid schemata and illustrated the concrete facts she would talk about. On the other hand, in IGI, Elise had no trouble contacting inner images, staying with the process and letting herself interact with the imagery. As for Dana, though she appeared much more comfortable with expressing herself through the art materials, she presented more difficulties in staying with the IGI process. Dana tended to show more signs of resistance in IGI (abundant imagery that did not stay, coming out of the process to talk and explain things, imagery

that did not want to communicate and so on) and though she was able to passively observe the imagery, she tended to have a harder time interacting and getting involved with the images.

Even though Elise and Dana did not fit the alexithymic stereotype, both of them did seem to have some degree of difficulty with experiencing and/or expressing of their emotions. Though, Elise appeared to avoid contacting her emotions by talking and postponing the art making period in her art therapy sessions, she would still quickly become emotional. Once she was in touch with her affect, she would cry, laugh and express herself with relative ease. On the other hand, Dana would address very painful issues without any prompting, yet it seemed as though she talked of her experience from a distance. Her body language usually seemed rather neutral in comparison to the intensity of the themes she discussed, making her appear rather cool and controlled.

It is interesting how Elise and Dana might represent one of the two psychosomatic structures discussed in chapter 1. Elise could perhaps be organized around a defense/conversion structure (repression of intra-psychic conflict, converted into a symbolic somatic symptom), while Dana could partly be understood as being organized around a deficit structure (symbolic apparatus is inefficient in the cognitive processing of affective experience and somatic symptom is disconnected from any symbolic representation).

In Freud's explanation of the defense/conversion model, he viewed the somatic symptom as a symbolic conversion of an intrapsychic conflict (Taylor, Bagby & Parker, 1997). In Elise's case, her somatic symptom of a disturbing altered voice could symbolize how she is disconnected and in search of her "own voice" and true self. Her

focus in therapy on developing meaningful work could also be related to a deeper need to reconnect with her true self/true voice and to experience the deeper meaning of her life.

If I were to continue to work with Elise, perhaps the IGI could offer a means through which she could reconnect with her inner world and also could offer a safe arena (Elise appeared to feel very comfortable and safe in the imaginal space offered by IGI) within which she could let her inner voice emerge through the images that appear in the imaginal space. IGI might also allow her to explore her fears and inhibitions and enable her to mentally rehearse actions she might wish to take in her daily life. Such rehearsals could desensitize some of her fears and allow her to explore some of the fantasies she might associate with becoming her true self. On the other hand, the art might enable Elise to ground her imaginal experiences in concrete reality and to anchor her insights in the here and now. Through the combined effect of art/IGI, Elise might continue to enhance her symbolic abilities and slowly discover her personal imagery and intimate self.

As for Dana, she could partly be understood through Marty's (1996) deficit model. We can assume from the material she presented in art therapy that her primary relationship might not have enabled her to develop psychic structures that allow her to process affective experiences effectively.

Though, Dana was able to symbolically represent her inner pain and to talk about it, it usually seemed like her speech was disconnected from her affective experience. Though, she could rationally address her pain, she appeared to have a hard time tolerating the intensity of the affective experience involved in the process. Perhaps, more caution should be used in mental imagery work with Dana - putting more emphasis on using

relaxing imagery, working on creating safe images and avoiding situations that could be experienced as overwhelming for her.

McDougall's (1986) perspective on psychosomatic illnesses can also be very helpful in understanding Dana's situation. As mentioned in chapter 3, she believes that the difficulty in linking affect with cognition might be due to pain that lies too deep for the person to bear and that the ejection of affect might act as a primitive defense against the fear of falling apart and being fragmented (pp. 158, 159). McDougall also mentions that for people who have experienced traumatic early relationships, illness can sometimes can be a way of having access to people who will take care of them (i.e. doctors and therapists) and that illness might also be a way of attacking the internalized bad object/mother (1989, p. 29).

If, I were to continue to work with Dana, my hope would be to put more emphasis on using IGI for relaxation and creating safe/positive inner experiences her. As for the art, it could continue to channel her creative energy, sublimate her inner drives and give form to her inner experiences. Dana loves to do art and this is one of the advantages of using art therapy as a form of treatment for her. However, I realize it is important with Dana to use the art process/images to empower her, rather than as a constant reminder of her inner pain which could maintain a vicious cycle of suffering. The solution to effective treatment with Dana might not only lie in the therapeutic tools applied with her (in this case being art/IGI) but also in the approach one needs to use with Dana. As suggested by Marty (1996), exploring psychodynamic contents directly does not appear to be beneficial for her, as this tends to stir-up anxiety and to provoke further somatization. In her last art/IGI session, Dana came out of the experience with

the message that she does not need to address her issues directly but to play and dance around them. My sense is that Dana could gain something from activities that bring her more pleasure and that provide her with affect regulating experiences (Taylor, Bagby & Parker, 1997).

5.2 Critics of the Research Design

Different adjustments could be made to increase the validity of this research design. For one, the IGI techniques should be introduced within an ongoing art therapy process, as opposed to during a termination process. As it was not possible to do so in this present study, the results of the IGI work can be confused with clients' reactions to the termination process.

For future consideration, designing this study as a mixed methods research (qualitative and quantitative) might allow more precise information to be gathered. For example, a more systematic use of the "draw a person picking an apple from a tree" assessment (Gantt & Tabone, 1998), where specific elements are measured, might generate more detailed results: i.e., in the drawing that was done after the IGI, both clients added new elements that weren't asked for (Elise added a dog while Dana added a monkey, a storm and an erupting volcano). Quantifying such data might strengthen the argument that using IGI in art therapy can stimulate psychosomatic patient's symbolic functions. This experiment could also be conducted with a greater number of subjects, all of which would be affected by the same psychosomatic illness. Working with a specific

population of psychosomatic patients might simplify the analysis of data and avoid extraneous factors from affecting experimental results. For example, individuals affected by gastric ulcers might tend to have a specific intra-psychic dynamic that is nonexistent in people who are affected by other psychosomatic illnesses and which might in turn affect the way they respond to different art/IGI processes.

In addition, tests that measure symbolic functions and or the condition of alexithymia (i.e. AT 9 test, as discussed by Demerse-Desrosiers, Cohen Catchlove & Ramsay, 1983) might also be repeated before and after the IGI process to measure the combined effect of IGI and art therapy on psychosomatic patients' symbolic functions. Furthermore, comparing control and experimental groups might enhance the elaboration of theories by providing more precise data to support them.

Despite the imperfections of this present study, I consider it as a beginning in a field that has the potential to expand and contribute to the development of interesting art therapy tools in the treatment of some psychosomatic patients.

Conclusion

The first chapter of this paper presents basic psychodynamic concepts on the psychosomatic process and discusses how though different authors adhere to various theories of the somatization process, many of them do agree that psychosomatic patients tend to present disturbances in expressing and linking affective experiences with cognition and symbolic representations (Marty, 1996; McDougall, 1986, 1989; Taylor, Bagby & Parker, 1997).

Based on the above, this study attempts to demonstrate how using art therapy in combination with mental imagery techniques can stimulate psychosomatic clients' symbolic functions and provide affect regulating experiences. To facilitate the readers' understanding of the process that was used with the research subjects, chapter two reviews interactive guided imagery (IGI) which is the mental imagery method that was used in this study.

As, I was not able to find other studies that document similar work, this case study is an attempt in gathering information on how interactive guided imagery techniques can be used in an art therapy process with psychosomatic patients. This brief experiment demonstrates how the two research subjects, Elise and Dana, were able to use IGI in their art therapy process. In addition, the differences in their art work from before and after practicing IGI does suggest that this process might have had an impact on their symbolic process.

Though, this study does not offer conclusions from which generalizations can be drawn, we can still suppose that other psychosomatic patients might be able to use and benefit from the combined process of art therapy and IGI. To further our understanding of how art therapy can be combined with IGI in the treatment of psychosomatic patients, more work needs to be observed and documented.

Despite the weaknesses in the way this research was conducted, I truly hope that this case study can provide some useful observations and reflections that might eventually contribute to the development of art therapy/mental imagery tools for the treatment of psychosomatic patients.

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APPENDIX 1

FORMULAIRE DE CONSENTEMENT

J'accepte de participer à la recherche/étude de cas menée par Sylvia Dolce, sur l'utilisation de l'imagerie guidée interactive dans un processus d'art thérapie

Je permets à Sylvia Dolce:

Oui

Non

De photographier les oeuvres artistiques produite dans le cadre de mon processus d'art thérapie avec elle

—

—

De discuter du matériel provenant du processus ci-haut mentionné avec ses superviseurs cliniques, ainsi qu'avec ses directeurs de recherche de l'Université Concordia

—

—

D'utiliser le matériel ci-haut mentionné pour sa recherche/étude de cas sur l'utilisation de l'imagerie guidée interactive dans un processus d'art thérapie

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L'anonymat, ainsi que la confidentialité me sont garanties par Madame Dolce. De plus, je suis consciente que je peu retirer ma participation à cette recherche/étude à n'importe quel moment d'ici le 1ier juin, 1999.

Nom: _____

Signature: _____

Date: _____