

A SYSTEMATIC APPROACH TO CASE
PRESENTATION IN ART THERAPY

by

Katherine M. Leonard
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We accept this thesis as conforming
to the required standard


R. Vance Peavy, D.Ed.


Rev. A. Carr, Ph.D.


Margaret M. Travis, D.Ed.

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UNIVERSITY OF VICTORIA
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ABSTRACT


Art therapy is a form of psychotherapy using patients' artwork as a vehicle for therapy and as a source of information. The literature in the field abounds with case studies but the lack of a consistent systematic method for presenting case material hinders the accumulation of comparable data necessary to make generalizations about the work of art therapists and to build a theoretical framework for the profession.

In this study a model was developed to allow for the systematic collection, analysis and presentation of data. The model was applied to data collected from two art therapy cases over a three and a half month period and included art works, taped interviews, personal logs, structured self-reports, and the therapist's case notes. The data were organized into several sections: (1) background; (2) summary of sessions; (3) sample sessions; (4) structured self-reports and (5) analysis. The analysis section was arranged as follows: (a) statement of problem and hypotheses; (b) collection and interpretation of data, including: relation to environment, approach to work, materials, technique, and content; (c) restatement of problem and new hypotheses.

With some reservations noted, point-by-point assessment indicated that the model and categories were useful in organizing and assessing case information and in facilitating comparison between the cases presented.

EXAMINING COMMITTEE


R. Vance Peavy, D.Ed.


Rey A. Carr, Ph.D.



Margaret M. Travis, D.Ed.

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CHAPTER I

INTRODUCTION

Art therapy may be defined as a specialized approach to psychotherapy. Art therapy uses patients' art work, both as a vehicle for therapy, and as a source of information about the patients and their experiences.

Statement of the Problem

As a comparatively new field of psychotherapy, art therapy is just beginning to develop a body of research literature. At this point, a large part of the basic data of the field consists of descriptive case studies. These have commonly been reported in an individualistic manner, making comparisons or generalizations difficult. Comparing the work of different art therapists is a necessary step in developing both generalizations about the field and an integrated theoretical framework. These considerations led the researcher to become interested in the problem of presenting case material so that comparisons could be made. The research question pursued by the writer was: "Can one develop a method for reporting cases which permits the systematic collection of comparable data with allowances for sufficient flexibility for individual case differences?"

Background

The lack of an integrated theoretical approach to the field of art therapy will be discussed in Chapter II, Review of Literature. Without

a common methodology for reporting case material, it is difficult to recognize comparative data and to make generalizations which would eventually contribute to the development of a coherent theory.

Art therapy as an independent discipline is still in the early stages of developing an integrated theoretical base and collecting research material to support its divergent viewpoints. According to Harms (1973):

Although what we designate today as art psychotherapy has, in some form or other, a two hundred year history, it has not as yet been consolidated into carefully developed and adjusted techniques. . . . We need to develop, from the bottom up, a solidly confirmed scientific field of art psychotherapy. (p. i)

"From the bottom up" was interpreted as building on concrete data collected from clinical empirical studies offering sufficient data to support theories and practices, and, specifically, well-reported case studies. The case study method would permit the researcher to clarify what actually happens in therapy and to recognize the patterns of intervention and response behaviour that affect the outcome:

Clarifying what happened during each phase of counselling has an important advantage: it allows the results to be replicated by the same investigator as well as by others. (Thoresen & Anton, 1974, p. 555)

Therefore, the researcher chose to concentrate on the development of a descriptive case study method which would emphasize the collection of comparable data.

The Research Plan

In order to look at comparability of data, the research was planned around two case presentations. Two subjects were sought who had

expressed interest in, but who had no prior experience with, art therapy. Because of the fixed duration of the study, it was also necessary to seek subjects who would accept relatively short term objectives. For this study, the researcher sought data beyond the usual description of studio art work and, therefore, planned to utilize other measuring systems upon the start of the case studies and again at their conclusion.

The researcher and the therapist were the same person with a dual role. As the terms therapist and patient are used to denote the helper and helpee at the centre where the study was conducted, they are employed in the case descriptions and in general theoretical discussions. The terms researcher and subjects are more appropriate to the description of procedures of the research study and are used accordingly.

Selection

The subjects were selected from a waiting list of people who had requested art therapy. The program supervisor had made initial decisions that these people were not in crisis situations and gave the researcher a number of names of people who could be contacted. The first three people who were contacted agreed to come in for an initial explanation of the project and then an initial interview. They agreed to remain in the study for three months, to keep a log of their experience, to permit sessions to be tape recorded, and to participate in other data gathering. They were also informed about how the case material was to be used and how their confidentiality would be protected. Initially three subjects were chosen in order to provide some insurance against subjects leaving the study and yet not overburden the researcher with data. Two subjects

provided the data for the case presentations.

The Data

First order data consisted of the subjects' statements together with their art productions. Other data included the researcher's observations of behaviour, statements of others who had knowledge of the subjects, and test data.

How the Data were Obtained

Documents. The art productions of the subjects were documents of the experience. The subjects were requested to keep logs of their reactions, including feelings and ideas about each art experience and other events in their lives that seemed relevant to them. No specific format for the log was required, but subjects were provided with spiral notebooks and were asked to record feelings and perceptions soon after each art experience while it was still vivid. The subjects were aware that this material would be used in the study. The case notes were also a source of the researcher's concurrent observations and impressions.

Interviews. Most of the therapeutic interviews were recorded. These tapes were kept at the mental health centre until notes could be taken of the contents, and then the tapes were erased. Full transcription of the tapes was not feasible. Other people with knowledge of the subjects were interviewed in order to corroborate the researcher's impressions and interpretations.

Observations. The case notes include descriptions of observable verbal and nonverbal behaviour of the subjects in therapy and in other

settings when possible.

Structured self-report instruments. Gough's Adjective Check List, the Forer Structured Sentence Completion Test and Stephenson's Q Sort were used to elicit self-perception statements in a standardized way.

Here are comments on these tests from reviews in Buros:

Adjective Check List:

The most interesting aspects of the ACL to this reviewer are its utility for research, its economical assessment of general adjustment, and its potential for development in line with any user's special needs or theoretical preferences. It is a short, interesting task using machine-readable responses. (Vance in Buros, 1972, p. 76)

Q Sort:

In the ten years since Stephenson introduced the method, only a comparative handful of psychologists have been exploring its problems and possibilities, and much remains to be learned. It seems likely that many workers will eventually find it most useful to develop their own set of items and a sorting procedure tailored to their particular application. (Lykken in Buros, 1970, p. 976)

Forer Structured Sentence Completion Test:

The *Forer Structured Sentence Completion Test* seems to have been constructed with considerable thought and care. It should be serviceable for clinical use within the somewhat narrow limits of any test which yields responses in terms of isolated sentences. . . . The author is quite aware that no response on a projective technique can be interpreted singly but that it must be looked at in the light of other responses and interpreted in context of other facts known about the subject. (Symonds in Buros, 1959, pp. 231-232)

Since these tests were self-administered by the subjects, they offered a consistent method of gathering information about them without direct influence by the researcher. They were intended as indicators of change in the individual and of different patterns between individual subjects. They actually provided supplementary information about the subjects in

areas of self-image, self-evaluation, and beliefs about the world which complemented the other information sources. The three tests were administered after the first or second interview and after the last interview. The *ACL* was also administered once during therapy, approximately a month before the last interview, to see if it might indicate a pattern of change in self-description.

Procedures

Each subject was given an extended interview to obtain background information. They each took part in testing on the second or third session and after the last session as previously described. The subjects began painting by the third session, and for the first few sessions they explored materials and subject matter with minimal direction from the researcher.

The interviews were recorded in an office apart from the art rooms, therefore each session consisted of a painting and a talking component. The interview happened at various times either before, in the midst of, or after the painting session, or on a separate day. From the second month weekly evening sessions were arranged during which all three subjects painted but only two could be interviewed. The third, Ann, came in the afternoon of the previous day for her interview and often painted during that session also.

Each subject was interviewed at least once a week over the three and a half month period. They painted in the art rooms for two or more hours per week. Ann painted more often and produced 33 paintings while Carl did 23.

Unlike crisis intervention and short-term counselling, the art therapy program is oriented toward a longer therapeutic process which may take two or more years of completion. In this context the first three to six months are considered a period of assessment wherein the therapeutic relationship is established, initial direction is set, and some estimation of duration and attainable goals is made. Case review at the end of this initial period is important in ongoing evaluation.

The subjects had the option of continuing therapy after the duration of the study. The researcher took leave for four weeks soon after the study, having arranged back-up services at the mental health centre. The subjects were informed well ahead of this event, and they had the choice of contacting the centre or of waiting for the researcher's return. Since none of them took either option, the researcher contacted each subject for follow-up four to eight months after the study.

The subjects were introduced to painting with acrylics as their primary medium of expression. Painting was chosen for its versatility for expressing individual feelings and imagery. Ann used oil pastels for her first session in the researcher's office where space was limited.

The interviews took place in the therapist's office at the mental health centre where a tape recorder was set up. The painting was done in the art rooms downstairs in the same building. There are three art rooms: one with a sink used for both painting and clay work, one just for painting, and one for storage of materials and for coffee and conversation. The three subjects occasionally talked with each other, but neither met with the researcher as a group nor apparently saw each other outside of therapy.

*Rationale for the Initial
Nondirective Phase*

The subjects were encouraged to paint for the first few sessions without instructions. The initial undirected exploration was used to establish a baseline of behaviour. The researcher was able to look at the individual's level of painting skill, limits in range of expression and subject-matter, habitual modes of expression and content, preconceptions about art and therapy, and degree of willingness to risk sharing personal material. Colour and form can convey culturally associated and universal meanings; therefore a broad theoretical knowledge of systems of interpretation is valuable to the art therapist. However it is equally necessary that the therapist set aside such theoretical knowledge in order to recognize the unique personal meanings associated with an individual's art expression. It was Jung (1964, p. 56) who pointed out so forcefully, "Learn as much as you can about symbolism; then forget it all when analyzing a dream." Although the subject of analysis is different, the advice is equally valid in relation to visual expressions. Suspending interpretation leaves the art therapist free to learn from the patient the personal meanings attached to the art work and to give the patient the opportunity to respond to and learn from the creative experience. Naumburg (1950, p. 34) concludes that:

It is on the basis of each patient's response to his own symbolic creations that the importance of using spontaneous art productions as a primary mode of therapy can be established.

One exception to the nondirective phase was the introduction of the mandala in the first or second painting session. The mandala is usually a circular design, sometimes around or within a square, with a

central focus. It has been used by art therapists as a symbol of the self or as a focussing device to help the patient pull together various facets of the self. The mandala concept was introduced in response to apparently scattered and unstructured compositions to see how the subjects would react to externally imposed structure.

Confidentiality

The therapeutic relationship depends on the development of trust between therapist and patient. Therefore all the data remained at the mental health centre during the study. In order to protect the anonymity of the subjects in this presentation, all identifying information has been deleted. The names used in the case descriptions are not the names of the actual subjects. Each subject also signed a form for release of medical records for the purpose of this study.

CHAPTER II

REVIEW OF LITERATURE

Although art has been recognized as a useful tool of psychotherapy for a century, the development of art therapy as a separate discipline is a recent phenomenon. In fact, it was not until the 1960's that professional associations of art therapists were formed in England and the United States. Art therapy practitioners come from diverse backgrounds which range from fine arts, art education, occupational therapy and counselling through psychoanalysis. As a consequence, these practitioners do not, as yet, share a homogeneous theoretical framework.

While a growing literature on the practice of art therapy has helped to define the field, the material is largely descriptive and exploratory. The literature, of necessity, reflects a discipline which is still emerging: there is no coherent and consistent theory, nor an agreed upon common methodology. The theoretical development of this new field is also handicapped by the unresolved conflicts left over from its parent disciplines: questions such as "what is art" and "what is therapy" frequently slip into the narrative. There are, however, a sufficient number of elements of agreement among the various practitioners to begin to define a discrete discipline. First, there is agreement about the potency of the artistic process in surfacing unconscious content. In a recent book, Virshup (1978, p. 13) stated that:

Our drawings and what we write about them are, in a very real sense, a description of how we perceive ourselves on an unconscious level. By drawing this way, we are able to make our

unconscious more conscious. As Freud described dream drawing is another "royal road to the unconscious."

Ulman (1975, pp. 4-5), in describing the theories of Naumbur

that:

➤ Pictured projections of unconscious material escape censorship more easily than do verbal expressions, so that the therapeutic process is speeded up.

Practitioners also agree that art provides a useful means of symbolic communication, not just between the patient and the therapist but between the patient and himself. Perhaps Levy (in Betensky, 1973, p. vii) said it best:

In alternation between verbal and nonverbal methods of helping people, the patient will profit by having a broader palette available for communicating his experiences and his memories of them. Patients will talk to us in movements, graphics, solid forms, and patterned sounds as well as words, and we will listen with greater sensitivity.

Finally, practitioners in varying degrees view the creative process as an intrinsically healing or therapeutic activity. Virshup (1978, p. 20) describes some of the elements of this process as follows:

Another concept of art therapy is that art allows working through conflicts on paper, with clay and other media. Anger, guilt, fear and other subliminal emotions may not only be expressed graphically, but while being explored in a series of drawings or sculptures, these feelings may at the same time be resolved and/or integrated; sequestered energies may be released and destructive impulses channeled and all without the use of words.

Art, as many art therapists view it, could be described as giving form to instinctual and undisciplined impulses; and the creative process could be seen as a microcosm of the overall development of the personality. Art therapists, therefore, see their principal role as helping the patient to use the creative process to bring "order out of [their

own] chaos" (Ulman, 1975, p. 13). Kramer (1958, pp. 6-23) sees the therapist's role as making:

. . . creative experiences available to disturbed persons in the service of the total personality; he must use methods compatible with the inner laws of artistic creation. . . .

His primary function is to assist the process of sublimation, an act of integration and synthesis which is performed by the ego, wherein the peculiar fusion between reality and fantasy, between the unconscious and the conscious, which we call art is reached.

The primary area of dissension which appears in the literature concerns the precise location of art therapy on the continuum between fine arts and psychotherapy. Some writers position art therapy near to art education, while others advocate placing it into therapeutic territory which may be seen as congruent with the role of the psychotherapist. Similarly, some see the art therapist as a member of a counselling team, conducting an adjunct process, while others view art therapy as a competing mode of primary therapy.

A further conflict apparent in the literature which art therapy has in common with other forms of psychotherapy is the choice of employing either a medical or a growth model. As in other areas of psychotherapy there are many practitioners who resist drawing a rigid line between mental illness and normal growth processes (cf. Rhyne, 1973).

A third element of dispute within the field is also derived from the parent discipline of psychotherapy and concerns the degree of intervention or control exerted by the therapist. The concern here is whether the approach is client centred and aiming ultimately to place both the tools of the process and the responsibility for analysing the product into the hands of the client. Or is the approach one which assigns the

predominant responsibility for structuring the sessions and interpreting the art products to the therapist? There is a broad range of perspectives on this issue, largely reflecting the training of the practitioner, and the selection of patients or clients--for example, children versus adults and psychiatric patients versus functioning adults seeking to become "more creative." Art therapists with roots in Gestalt psychology, client-centred counselling and other schools of the human potential movement see the therapist as facilitating a growth process through dialogue and creative expression (Betensky, 1973; Rhyne, 1973; Keyes, 1974).

Historically the literature in the field has, in general, moved from descriptive material on art therapy as a psychiatric tool to current materials which focus on a more active role for the "patient" and a more autonomous role for the art therapist.

The early articles concentrated on art therapy techniques which are useful for unearthing hidden, suppressed or unconscious material, or which aid symbolic communication between patient and therapist. Here, the literature emphasizes the interpretation of the material according to Freudian or Jungian principles. The reports are laced with psychoanalytic terminology such as "transference" or "sublimation." Naumburg, who wrote pioneering studies in art therapy, has this orientation:

Treatment depends on the development of the transference relation and on a continuous effort to obtain the patient's own interpretation of his symbolic designs. . . . The images produced are a form of communication between patient and therapist, they constitute symbolic speech. (Ulman, 1975, p. 4)

In the more recent materials, however, there is a stronger emphasis on patient interpretation, and an active role for the patient in structuring sessions. Later case studies, while acknowledging universal symbolism, tend to be more respectful of the individual meanings assigned to form or colours. For example, Stevens (1971, p. 249) instructs group members to share their perceptions of each other's work but to "realize that each person knows most about his own process." Also in the recent material there is a refreshing candor which suggests the need for more case studies and an empirical approach; there is less of an edge of defensiveness about the scientific validity of the interpretations.

Case Studies - *History*

As in any developing discipline, art therapy literature reflects the search for more data. An extensive review of the case studies in art therapy showed that the studies not only reflect the lack of theoretical coherence that plagues any new field, but that very little has been done toward standardizing the process of reporting cases. Nor has there developed a consistent methodology for analysing either the artistic products, or recording the outcome of the therapy. Representative case studies are described in the following pages.

First there are three examples of cases involving art productions written by psychotherapists outside of art therapy. Bettelheim (1952, 1959) includes art work in his presentations of schizophrenic children. The case of "Mary" (1952) shows art work from different stages of her recovery illustrating her progress. In a classic case study in play

therapy, Axline describes "Dibs's" (1964) use of paint and other materials but unfortunately does not include any photographs of his work. There are examples of art work and their use in her general text, *Play Therapy* (1969), but these are not grouped to show development. Then there is Adler's (1961) extensive description of one year of Jungian analysis with a woman who painted her dreams and fantasies. Apparently these paintings were not directed nor interpreted stylistically but were accepted as illustrations of symbolic material and left at that.

Three more case studies involve the painter's viewpoint while demonstrating art used in a self-healing process.

Anthony Rossiter, a trained landscape painter, relates his experience of developing manic depressive psychosis in *The Pendulum* (1969). He gives a fascinating account of his altered visual perceptions and the changing function of his art work in different stages of his illness, but he leaves out any description of the therapy he received in several veterans' hospitals. The book includes illustrations of his work, selected and commented on by a psychiatrist. Unfortunately, the illustrations are sparse and not grouped chronologically nor exactly connected with Rossiter's narrative.

Marion Milner presents a self-analysis of her "blocks" in learning to paint (1971) in order to understand the learning process and describe the traditional analytic method. Being both "analyst" and "analysand" she is in a unique position to describe the therapeutic process from inside and provide relevant information about her drawings. Key examples of her "free drawings" are included.

The third artist's perspective case study is Mary Barnes's narration of her journey through psychosis with Joseph Berke, a psychotherapist at R. D. Laing's Kingsley Hall in England. Without going into Laing's theories, suffice it to say that he believes psychotic episodes may have a healing effect on the psyche if the "patient" is encouraged to experience them fully and is supported while recovering. Mary describes how painting became a central part of her self-healing process. According to Laing's ideas, Berke accepted and encouraged Mary's painting but he did not become involved in her creative process as an art therapist might. However, an important element of this model is respect for the patient's unique struggle and resources and recognition that the therapeutic relationship is a journey of mutual learning and growth for both people involved. Illustrations of Mary's paintings are included with indication as to where they fit in her experience.

Following are three cases presented by art therapists who, though all schooled in traditional psychoanalysis, vary somewhat in patient population and approach. Perhaps it is not surprising that case studies come from people working with clinical approaches since case presentation is a major tool in clinical training.

First Erica Lehnsen (1972) presents her work with an adult patient in a psychiatric hospital where Lehnsen is part of a team with a largely Freudian orientation. She includes paintings from each phase of the patient's work, reports of her observations and interpretations of the work, and reports of the psychiatrist who was the primary therapist for the patient. The descriptions of setting, theoretical background, treatment strategy and summary of the development of painting and

therapeutic issues--all contribute to the thoroughness of this clinical study.

Edith Kramer wrote several articles (1965, 1968, 1971) on "Angel," a Puerto Rican boy whom she saw in a children's hospital between the ages of six to ten. She includes paintings from each phase of his development and an especially interesting pictorial autobiography he did at age ten (1968). Here his painting is clearly used to express how he sees himself and his work. Kramer focusses on painting used to express and work through conflicts without verbal interpretations made to her young patients. She also has a background in Freudian theory and emphasizes the concept of sublimation in formulating her own ideas.

Mala Betensky (1973) was similarly trained in traditional psychoanalysis plus Gestalt therapy. Betensky is a psychologist in private practice and works with children and adults. In her presentation of four years of art therapy with a schizoid boy, she shows paintings from each stage of development. She made use of family and self-portraits to track changing self-image. She saw the boy's self-image evolve from a mere dot to a full face complete with "big ears, buck teeth, and freckles."

Three further case studies by art therapists merit longer summaries because they show how the therapists use art work as a check on their perceptions and how they integrate the information into the therapeutic process.

Paul Jay Fink (1973) presents a case in which the art work was an entirely separate activity from therapy but reflected the stages of therapy when correlated with specific dates. Fink makes a good case for

the need for more data on which to base clinical judgments, especially data not affected by the collection process. His patient gave him a series of 20 dated self-portraits done before and during therapy along with comments about the circumstances and feelings expressed.

As one viewed the entire series, it became possible to have a visual panorama of an ego's shaky defensive structure, followed by total disintegration and, finally, healthy reorganization. (p. 17)

Fink provides information about the painter's background, the course of therapy and the patient's comments on the paintings so that the reader gains an appreciation of the parallels between the paintings and the artist's changing self-image. Fink concludes that:

One can follow the course of a mental illness and see the mental status of a patient from moment to moment through judicious use of a patient's art productions. (p. 30)

Fink does point to things he observes in the paintings but he does not present his analysis in a systematic way.

Kwiatkowska and Perlin (1959) present case information and art works from a schizophrenic woman during a crisis period of her hospitalization. During an eight month period her psychotherapist (Perlin?) became engaged, married and left the hospital. As an adjunct to her individual psychotherapy she attended art therapy sessions with Kwiatkowska, and her paintings are shown to reflect the phases she went through in dealing with these changes. Of the 30 paintings, 13 are included to illustrate four phases: control period (baseline behaviour), the marriage crisis, post crisis adaptation, and the departure crisis. The descriptions include the patient's reactions during art therapy and her associations with the paintings during her psychotherapy sessions.

Kwiatkowska has selected the paintings well and points to stylistic changes such as comparing the conventionally pleasant pictures of the control period to the expressive abstracts during the crises. She also notes which themes belong to personal imagery and which are universal themes. The case material is presented in an organized fashion: each painting is followed by a description divided into: (a) changes in the life of the psychotherapist; (b) art therapy situation: number of sessions, medium, approach, reaction; (c) associations; (d) comments. Though the authors do not discuss the analysis process, the value of integrating various information sources--paintings, patient's behaviour and comments, and therapists' comments--is evident.

Sibley (Robbins & Sibley, 1976) writes about "Deanna" who came to private art therapy sessions with Sibley while undergoing Jungian analysis. What makes this study especially interesting is the presentation of four perspectives of the art therapy: Sibley's, Deanna's, and commentaries by Robbins as a Freudian analyst and by a Jungian analyst. First Sibley discusses the circumstances of therapy, Deanna's background and the course of therapy, including her own experience of the developing relationship. Deanna's own report follows with her understanding of her experience. The two analysts comment on Sibley's report and the art works and suggest the different themes on which each would focus. The latter is reminiscent of the analysis section of Allport's *Letters from Jenny* (1965) which demonstrates how Freudian, Jungian, existentialist, and structural-dynamic analysts would interpret the same data (a series of personal letters). Although Sibley does not present the raw data as Allport did, she has carefully selected her material and presented a

study suggesting the value of multiple sources of information.

This brief survey of case studies in art therapy indicates the range of material available and the variety of ways for presenting and analysing data. Interesting as these case studies are, no general theory about the practice of art therapy can be derived from them. Each study employs an individual system emphasizing different data and thus making comparisons and generalizations impossible. The development and employment of generally accepted criteria for data collection, presentation and analysis would facilitate clinical comparisons and theory development.

CHAPTER III

INTRODUCTION TO CASE MATERIAL

The purpose of this chapter is to outline the basic organization of the case presentations and the method of analysis used in this study.

Each case presentation is organized into five sections:

- (1) background;
- (2) summary of sessions;
- (3) sample session;
- (4) structured self reports (tests);
- (5) analysis.

These sections are in turn divided into subsections.

Background

The subject's background includes the presenting problem, relevant information about family, education, work, and personal relationships. It further sets out the development of the presenting problem and any prior treatment or counselling. The section concludes with the initial goals of therapy agreed upon by subject and researcher and the initial therapeutic plan.

Summary of Sessions

For greater consolidation and clarity, the summary of sessions were grouped into several phases of three to five weeks duration. The divisions were made according to changes in the therapeutic relationship, the subject's life events or art work. The data in these divisions were in turn organized into the following categories: (a) art work and behaviour during sessions; (b) interviews; (c) log entries (generally

combined with interviews); and (d) impressions. These categories were arrived at because of the manner in which the material was presented to the researcher. Most of the sessions tended to be divided into painting, a mainly nonverbal activity, and interviews about current concerns and life events. The logs were not shared with the researcher until late in therapy; but where comments are relevant to therapy issues or art work, they are included. The concluding remarks, labelled impressions, which are added to the description of each phase, convey the researcher's concurrent impressions of the therapeutic relationship.

Sample Sessions

The sample sessions included here were chosen because they were exemplary of some of the more interesting sessions which occurred in the course of therapy. They were conducted during the actual painting periods, a practice which the researcher instituted after it was realized that long interviews might simply prolong the avoidance of commencing the art work itself. In the course of this practice, it became clear that by conducting therapy sessions in this manner, the painting process itself could become instrumental in exploring the subjects' concerns.

Structured Self-Reports

The structured self-reports include responses to the Adjective Check List, the Q Sort, and the Forer Structured Sentence Completion which were administered separately from the therapy. The information obtained from them was not used as part of the therapy but rather provided some checks on the researcher's perceptions during the analysis.

The Adjective Check List is a list of 300 adjectives from which the subjects choose those that describe themselves. The same list was used for all three administrations given at the beginning, middle, and end of the study. In the analysis, the researcher compared the three lists as follows:

<u>Choices/Comparisons</u>	<u>Inferences</u>
(1) Number of adjectives chosen overall and in each list.	Range of self-perception from lack of differentiation to concise self-definition.
(2) Words repeatedly chosen at all administrations (core).	Elements of self-image remaining stable over time of study. Congruence or polarization of terms.
(3) Words chosen exclusively at one administration.	Possible indicators of change (fluctuation) in self-image.

The Q Sort employed consists of 80 personal statements. The subjects were asked first to take these as statements about themselves and distribute them in nine piles ranging from most like self to least like self, with a "forced normal" distribution. Then they were asked to sort them a second time according to their ideal self. As these two sorts were done twice, once at the beginning of the study ("first self" and "first ideal") and again at the end ("second self" and "second ideal"), four pairs of comparisons were available to analyse:

<u>Comparisons</u>	
(1) First self/second self	Stability or change in self-description.
(2) First ideal/second ideal	Stability or change in personal values.
(3) First self/first ideal	Congruence (satisfaction) or dissonance (dissatisfaction) at beginning of study.
(4) Second self/second ideal	As in (3) above at the end of study.

The Forer Structured Sentence Completion consists of 100 opening phrases or sentence stems to which the subject may add a variety of endings to form complete sentences. The sentence openings are designed to elicit information about significant relationships and situations including feelings, beliefs and values. Some examples are:

When she refused him, he . . . (5)

Her earliest memory of her mother was . . . (20)

Taking orders . . . (36)

If I were king, I would . . . (98)

Separate forms are employed for female and male subjects. The researcher looked for information about:

- (1) relationships with mother and father;
- (2) beliefs about self and others;
- (3) patterns of response to various situations; and
- (4) expectations of outcome (positive or negative).

The complexity and internal consistency of responses were noted, and comparisons between initial and subsequent administrations regarding consistency and change were made.

Analysis

The analysis of case material attempts to follow the basic principles of scientific investigation: hypothesis, collection and examination of data, interpretation of data, and restatement of the problem and new hypothesis. For more concise presentation, data examination and interpretation are presented together. The method of analysis therefore is presented as follows:

- A. Focus (problem and hypothesis): the subject's understanding of the presenting problem and the agreed upon goals of therapy.
- B. Data and interpretation:
 - (1) Relation to environment:
 - (a) Setting (choice of work space);
 - (b) Initiation (approach to environment and setting up materials);
 - (c) Sociability (interaction with other people);
 - (d) Clean up (care of materials and leaving the environment).
 - (2) Approach to work:
 - (a) Commitment (to creative work);
 - (b) Choice of subject matter (initiator and process);
 - (c) Immersion and duration (intensity of involvement and time spent on each work);
 - (d) Verbalization (ability to describe painting process and finished work);
 - (e) Attitude toward art products (handling and reference to finished work).

These categories focus on the subject's task orientation and may reflect some approaches to problem solving.

- (3) Materials: choice and employment of brushes, paper, paint or pastels--including quantity and mixing of media employed.
- (4) Techniques or forms of expression:
 - (a) Space (amount, positive/negative, placement, dimensionality);
 - (b) Line and texture;
 - (c) Colour (range and handling).

(5) Content:

(a) General considerations:

- complexity of composition;
- continuity of content in overall work;
- personal versus universal themes;
- real versus imaginary subjects;
- representational versus abstract handling;
- background or context.

(b) Specific subject matter:

- self-portraits and self-symbols;
- other persons (presentation of figure, gender, number, proportions, relative size, identity of those portrayed, significant persons omitted);
- animals (real and imaginary);
- plants and floral motifs (scenery);
- inanimate objects (machines, buildings);
- nonobjective and geometric designs;
- ideas and stories.

Not all categories of general and specific content nor their described sequence were employed consistently in all case studies. Particular categories were employed or deleted according to their relevance to the data collected.

C. Restatement of problem and new hypothesis:

This section includes the reinterpretation of the problem areas identified in the focus and indications of new behaviour areas to be explored.

CHAPTER IV

ANN

Background

Ann was referred to art therapy by her psychiatrist after a life-crisis had led to severe depression and hospitalization. Since her crisis had passed, Ann's perspective was that she no longer needed therapy but that she did want an opportunity to integrate her experience and pursue creative expression.

Ann talked little about her childhood, parents, sister and brothers, or her first marriage during therapy. She focused instead on her relationship with Don, a man with whom she had lived for several years and who was the father of her three children. Don and Ann had separated before the birth of her twins, and he had subsequently married another woman. During the therapy period, Don remained in the east with their oldest child, Mark, age three, and his new wife Betsy. Ann kept in touch with them through letters.

Ann was hospitalized twice in three years, for depression and schizophrenic episodes. The first hospitalization followed the birth of her son Mark, whom she was afraid of hurting. She worked with a psychiatrist who used "primal" therapy. Afterwards she moved east to live on a farm with Don and Mark. Later she separated from Don, returned west alone, and became depressed when she realized that she was pregnant again. She contacted her former psychiatrist and was readmitted to the

hospital. Her psychiatrist worked with her during her hospitalization and afterwards, up to the time of the birth when he had to be out of town.

Since then Ann had been living alone with her twin babies and receiving social assistance. Her parents, living nearby, visited frequently to assist with housework and baby-sitting. Her social life revolved around contacts with men she described as "free spirits" who drifted in and out of her life. She described herself as most anxious and isolated in the evenings when she was alone and the babies were sleeping.

Ann dressed in clean casual denim clothes. Her body was slightly plump, her shoulders were rounded and her chest appeared collapsed. Her wide unblinking eyes gave an impression of innocence that fitted with her soft round face and little-girl smile. Her smile and giggle seemed automatic, regardless of what she was saying. Ann's verbal style tended to be rambling. She talked at length on any topic suggested by the therapist and shifted subjects easily, making only loose connections between them and sometimes contradicting previous statements about herself and others. She reported that she had trouble expressing anger and stating her needs to anyone which probably contributed to the general impression of niceness and quietness.

Ann's therapeutic goals were to become more aware of her feelings toward people, especially anger, and second, to learn to express those feelings. She also wanted to "open up [her] creative expression" through art to give her an activity to do on her own.

To facilitate her autonomy, Ann was asked to begin painting on her own and to explore her own imagery. As rapport developed, Ann was helped to identify feelings about people and events in her life and encouraged to practice expressing those feelings through painting and role playing. The principal therapeutic approach was to concentrate on helping Ann to give definite form to her vague feelings. Some bioenergetic exercises (Lowen, 1977) were introduced to facilitate Ann's awareness of the physical aspect of her feelings.

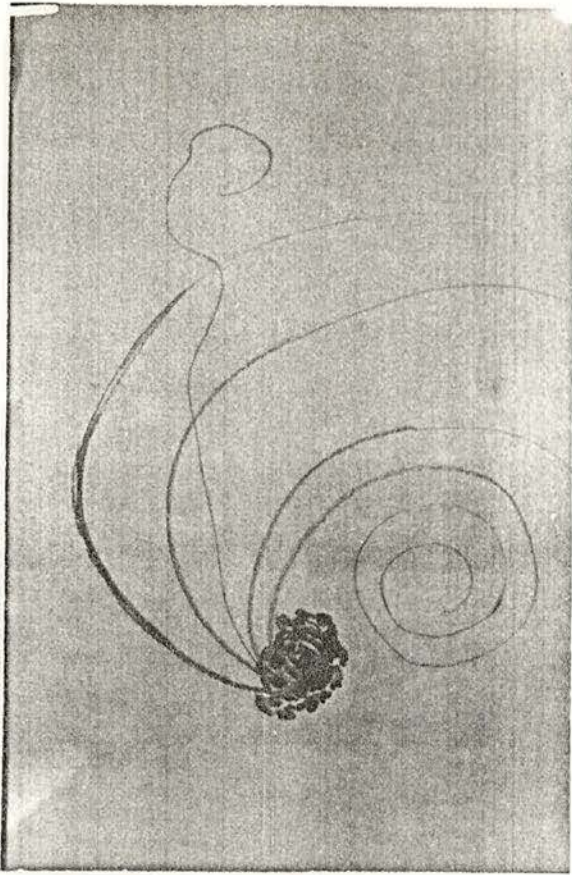
Summary of Sessions

First Phase: First to fourth weeks (6 paintings: A1-A6)

During the first 4 weeks Ann came in once a week, talked about her background and current concerns and began to explore art materials. The first session was the initial interview followed by a session in which Ann worked in pastels while talking. The third session was taken up by testing and the fourth was the beginning of painting.

Artwork and behaviour. Ann did four pastels in the second session and two paintings in the fourth. As she appeared to be less influenced by possible therapist expectations, her first drawings are of special interest.

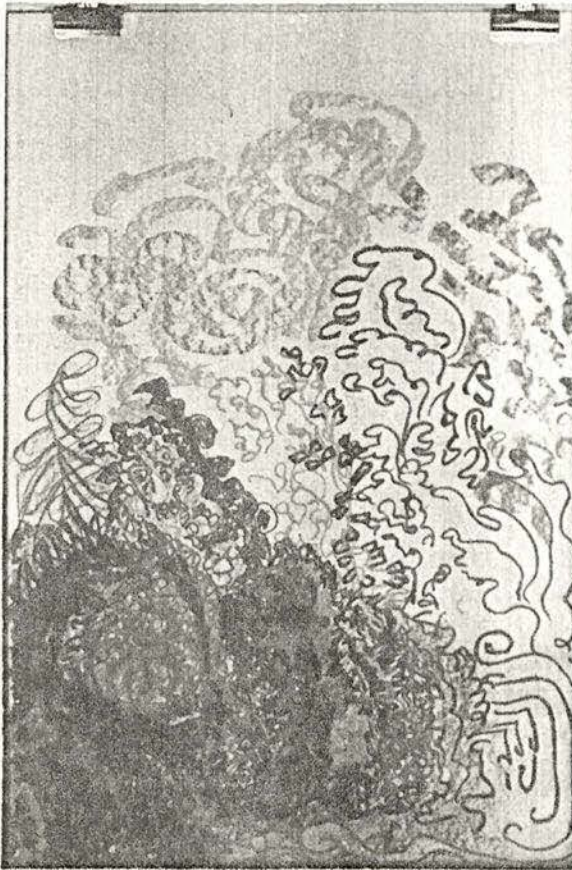
When Ann was encouraged to draw her loneliness, she drew herself "really tight and into herself" (A1) as a small cluster of brown marks, the centre of which she said afterward looked like an eye. Long curving lines radiated from the centre, one spiraling to the left and one in dark orange forming a hook at the top, which, as she stated, signified her reaching out. She talked about needing so much, but not making



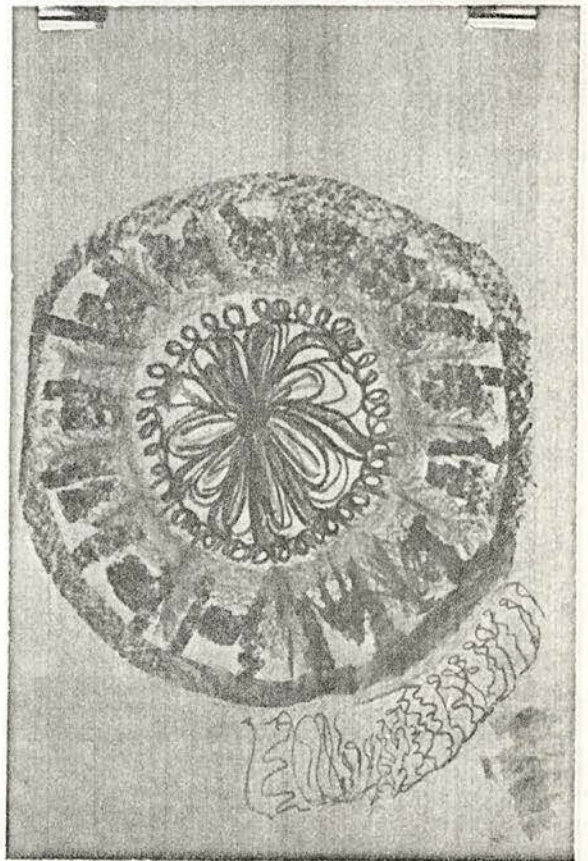
SECOND WEEK: A1



A2



A3



A4

"demands" and not wanting to get "involved" with anyone, statements which might have been derived from Ann's expectation that people will ultimately let her down, an expectation she had expressed during the initial interview.

Next she did a drawing of a male friend (A2) in such soft rounded style that some observers have mistaken it for a female. The face contrasts with the hard sketchy line of the hair. Ann attached great importance to the eyes and said that they reminded her of Don but she gave up after drawing the first one and could not remember much of the rest of his face. When she painted him again in the fourth session she realized that she had forgotten his beard. While this might have been significant in regard to their relationship, it might also merely indicate that Ann had little memory for details.

The third drawing was, as she put it, a "doodle" (A3) which she started in the upper right and gradually worked counter-clockwise into the centre. She said afterward that the colours and the form reflected feelings about the subjects she talked about. The upper part was soft and loose in pinks, orange and yellow which reminded her of her babies. The centre became more and more overlaid with colour, first orange and brown as she talked about tensions between her parents and then blue and purple as she talked about her anger at Don for getting married and not taking responsibility for her babies. She saw the drawing as lopsided and not solid but said she enjoyed it. When a mandala (A4) was suggested to focus her attention and feelings, she cooperated but said later that she had neither wanted to do it nor liked it. The noticeable feature of the mandala was the contrast of the heavily structured outside

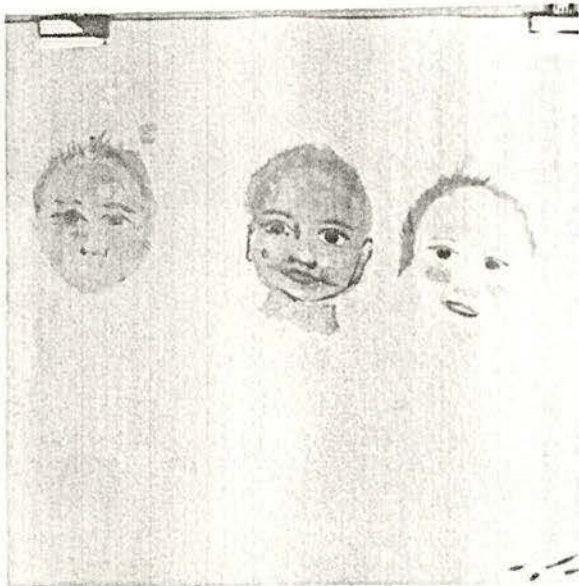
and the flower-like centre in the same colours, blue and purple, which she used while talking about anger. The log entries of that time describe her as feeling messy, lonely and "spacey." She wrote further that she wanted the therapist's approval of her work and that she had felt supported.

In the next painting session, Ann painted a second portrait of the male friend (A6) as mentioned, and an abstract "spontaneous" painting (A5). She started this one as she had started her doodle (A3) with pinks, yellows, in the upper right, and moved counter-clockwise down to blue and green wave lines in the lower left and a kind of whirl of orange and brown with doodle lines. She noticed the appearance of a face on the upper left which she outlined and later noticed that the blue lines appeared like blue jeans which completed the figure. She said the figure looked like herself. In the upper torso, swirling lines were suggestive of breasts and the general movement of line and composition, she said, reflected her restlessness and anger with Don. Her log of that time confirmed that she felt restless and angry and longed for contact. She added that she used bioenergetic exercises to relieve her tension.

Interviews. After a brief outline of her family's and personal history, Ann focused on her last hospitalization and her relationship with Don. Through all the interviews Ann continued the themes that people, especially men, would not be there when she needed them and that therapists did not really understand her need. When she lived with Don she could never depend on his coming home and now she was always waiting to hear from him. Her various current male friends also did not always



FOURTH WEEK: A5



SIXTH WEEK: A11



A12

show up and forgot to call, but she preferred these free-spirits to more "boring" reliable men who could care for her. This expectation to be disappointed was evident in her relationships with other people as well. As mentioned before she felt abandoned by her psychiatrist who was out of town when her babies were born, much as her mother had blamed her own husband for being away at war when Ann was an infant.

At the same time that Ann had these negative expectations about people, she also expressed hopeful beliefs that relationships would be good for her. Concerning Don, she felt a connection was maintained with him through her son Mark who lived with him. The fact that Don was married to Betsy had no relevance to the bond she experienced. Somehow she thought Don would leave the east and come to be with her again.

She also expressed positive feelings toward the therapist who, she said, was different from other therapists and gave her the support she needed. She stated that she appreciated the encouragement to look at current situations and to build on her strengths rather than focus on her childhood problems. Thus she defined the relationship as supportive and present oriented.

Impressions. The therapist noted areas of incongruity in Ann's verbal and nonverbal behaviour. She appeared hopeful and cooperative in the beginning and claimed that she was immediately at ease with the therapist. However Ann's indirect methods of soliciting approval from the therapist and her narratives about therapists who had disappointed her raised some doubts about the degree of comfort she felt. Ann complied with the request to do a mandala but indirectly expressed her dislike of doing it. Ann's calm manner of speaking was also at variance

with the intense negative feelings she described and feared would overwhelm her. The therapist hypothesized that she might be afraid to express these feelings and planned role playing as a vehicle for Ann to experience expressing anger and hurt without dire consequences.

Some of the therapist's impressions formed on the basis of Ann's verbal/nonverbal behaviour were reinforced through her artwork. Two aspects of her portraits were notable: the importance of eyes and the lack of background. In interviews she talked of men not *seeing* her need for contact. She also remembered her mother's jealousy of the contact her father gave Ann and was wary of what her mother *saw*. Both statements were consistent with her interest in eyes. The lack of backgrounds paralleled Ann's reluctance to talk about her early background and her parents who were still part of her current situation. The portrait faces appear to be floating in space without context, similar to Ann's report that when alone she was often uncertain as to who or where she was.

Second Phase: Fifth to seventh weeks (11 paintings: A7-A17)

From the fifth through the seventh weeks Ann came in once a week. She continued her experimentation with art materials and did 11 paintings as compared with six done in the first four weeks.

Artwork and behaviour. Her painting in this period included a dream image of huge waves breaking over a causeway which she said was leading nowhere and was not scary. She painted several faces: a female friend who has the same hair style and shape of face as herself, her babies, and a baby face which evolved into Don's face. Looking at the



SEVENTH WEEK: A13



A15

portrait of Don, she said she saw him as a "big baby." She added green paint to suggest shirt and upper torso, but again she omitted any background.

Green predominated during this phase, but Ann offered no associations for that colour which she used with a number of plant motifs: a tree, leaves, flowers and a curling stem motif. The latter had the appearance of a fern fiddlehead so the researcher employed that term to describe it. These fiddleheads were reminiscent of the hook motif in her first drawing and appeared with slight variations in most of Ann's abstract paintings.

Ann belittled her art work and said it should be hidden away. It reminded her, she said, of her grade school teacher who used to tell her she was messy. She also felt inhibited in using "good" paper or very much paint which may be contributing factors to her small images without backgrounds. Her motifs were also limited to faces and plants with greens and browns predominating.

Interviews. The interviews continued with the theme of people who were currently disappointing her, especially men. She resented waiting to hear from Don about a possible visit to her with Mark. Role playing was introduced to help Ann express her anger at these people more directly. Even in play acting she recognized her great fear that expression of anger would lead to humiliation (Don laughing at her) and abandonment. She chose to assume that she was in the wrong, that she "expected too much of people" or that her concerns were petty and that on some "higher plane" she and Don were united. She could not be angry with someone she loved or needed, and her response to her anger was panic, disorien-

tation and "spacing out."

In order to give Ann support to begin dealing with her fear and attempting new behaviour it was suggested that she maintain eye contact with the therapist and begin with imagining the least threatening situation in which to express anger. Comparing the request for eye contact with similar ones from her former psychiatrist, she expressed her resentment of the request historically while maintaining that this therapist was not insensitive like the others. To encourage her to assume some responsibility for her participation, she was asked to say whether she wanted to continue or stop the exercises at that time. Though tentatively at first, she did state her resistance to doing the exercises and then her pleasure at having her position accepted. However the following week she denied the importance of her efforts.

Impressions. During this phase no instructions were given in subject matter or techniques of painting: Ann was encouraged to experiment on her own and to accept her work herself. Her negative comments about her work may have been expressed to solicit reassurance or may have indicated the negative feelings which threatened to engulf her as depicted in her wave painting.

Ann followed parallel patterns in painting and interviews of approach to scary material and retreat. The highly personal paintings of the wave, her children and Don done in one session were followed by relatively safe content, the plant motifs done the next two sessions. In the interviews, a session of active work on expressing anger and looking at her fear was followed by a session where she denied any impact from the experience. Nonetheless, some of the deeper issues were

emerging such as her fear of humiliation and abandonment which were associated with expressing anger. Her characteristic response to threat was clearer: making the world go away through denial and spacing out.

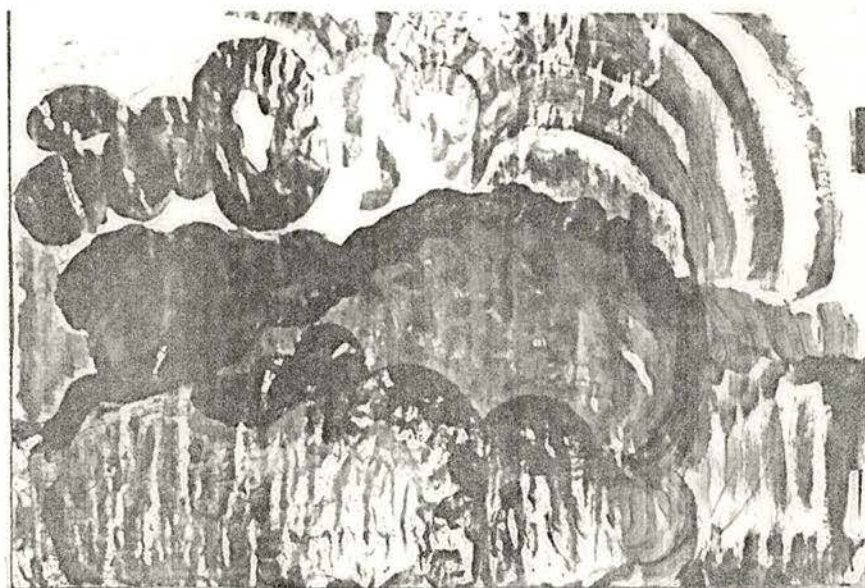
Third Phase: Eighth to eleventh weeks (9 paintings: A18-A26)

For the eighth to eleventh weeks, Ann came in twice a week: an afternoon session for an interview and some painting and an evening for painting while the therapist met with other patients.

Artwork and behaviour. Painting began with a session at which Ann and the therapist painted together on a large mural (A18). This art form was used to allow active interaction and to encourage Ann to use more paint and space in her work. She said she was intimidated by the expanse at first and hesitant about invading the therapist's territory. However, she took some risks and learned that she could use space and colour more boldly and build up a painting by painting over previously painted parts. The next two sessions she spent on one painting which started as a "Klimt" style lady and developed into an abstract with twisted blue forms as she thought about her anger with Betsy (A19). She painted more paintings of Don, the second larger to accommodate the large brushes she was using. The next session she came in to work on feelings which she was "keeping down." She painted Betsy with a blue dress (A21) but was not satisfied that she had conveyed her feelings so she painted just the "cold hard eyes" and a burst of red and black bars (A22). As this session will be described in greater length further on, suffice it to say here that she used the paintings as a focus for bioenergetic exercises and finished with a mandala painting (A23) which



EIGHTH WEEK: A18



EIGHTH/NINTH WEEKS: A19

she did with reluctance. The next evening she painted Don's face larger than life in warm face tones, bright blue eyes and a green shirt (A24). These colours are important because the "angry" blue of Betsy's dress and the "safe" green of Don's shirt parallel her earlier associations with colour. A week later Ann grudgingly agreed to paint a full-figure self-portrait (A25). The face is tiny and high on the page and the body is barely indicated by her yellow smock. Her comment about her detailed face and unfinished figure was that she was not interested in bodies. The contrast in size between the portraits of Don and herself is startling and significant in connection with her conflict between wanting support and recognition from Don and wanting to see herself as an independent adult. Her last painting of this phase is a complex jungle-like abstract. The fiddlehead or hook-like forms predominate. She had just heard that Don and Betsy had cancelled the visit.

Interviews. During this time Ann was increasingly concerned about a possible visit from Don, Betsy and Mark and her feelings about seeing Don and Mark again. Plans changed from week to week as to who would come, and if they were coming at all or would visit other places but not Ann's home. The situation increased Ann's anxieties about waiting and not knowing what was going to happen. Ann was helped to express her feelings through role playing, exercises and painting. She showed her ambivalence about asserting herself by first venting her frustration and hurt one session and then denying that she had been more than "just tired" the next. Her actions reflected her ambivalence. On the one hand, she took steps to pay for Mark's ticket to ensure his coming and wrote to Don that she was not returning east to live with him. On the



TENTH WEEK: A21



A22



TENTH WEEK: A24



ELEVENTH WEEK: A25

other hand, she said she might as well give up the "struggle" and return to Don so her children could have a father. When it was suggested that she might be wanting a father to take care of her as well, her reaction was that therapists did not understand "a mother's love for her children." Therapists manipulated her into feeling "low, needy, and out of touch with herself."

Impressions. Two areas of conflict emerge from the foregoing data. The one is Ann's relationship with Don and the other her self-image in relationship with others as well as with herself.

Her relationship with Don was characterized by ambivalence and unrealistic expectations. Though it was Ann who had left Don and Mark to come west, she saw Don as abandoning her. Yet despite her contention that he behaved irresponsibly in this and other matters, she expected him to be able to give her the support and recognition she sought. Further, while recognizing that Don was several thousand miles away, had not seen her in a year and a half, and had since married, Ann firmly believed that Don would leave all that behind and stay with her as soon as he saw her again.

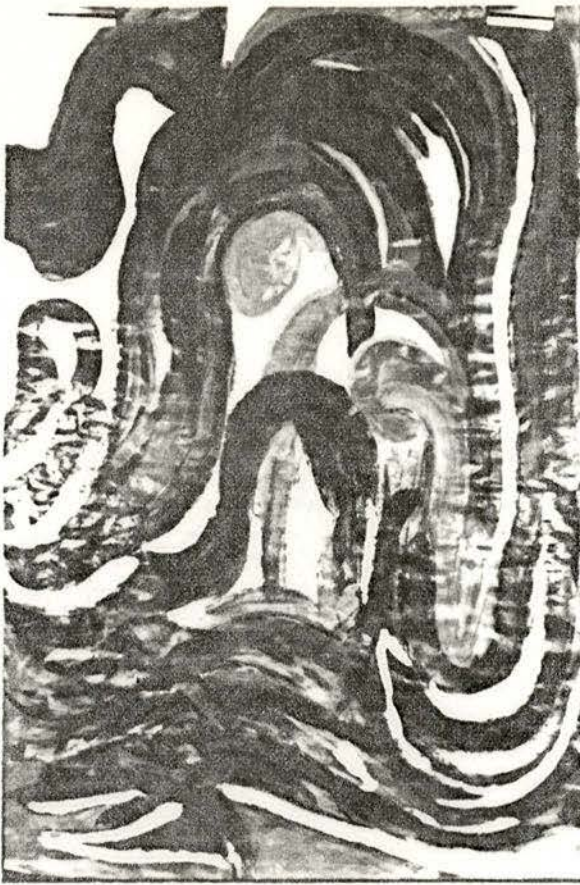
In relationships with other people as well, Ann expressed her need for support and protection while resenting not being recognized as a full grown woman and mother. In comparing Don's portrait with Ann's self-portrait, one gained not only the impression of insubstantiality and smallness in Ann's self-image but as well an impression of unequal relationship between the images of the father-protector and of the needy girl-child. Her comments in the structured self-reports that she wanted her father to "comfort" her, she wanted him to recognize her as

she was then and not worry over her, further indicated the confusion of her needs. She showed the same conflict in wanting psychotherapists to support her and meet her needs while resenting them for making her feel inadequate.

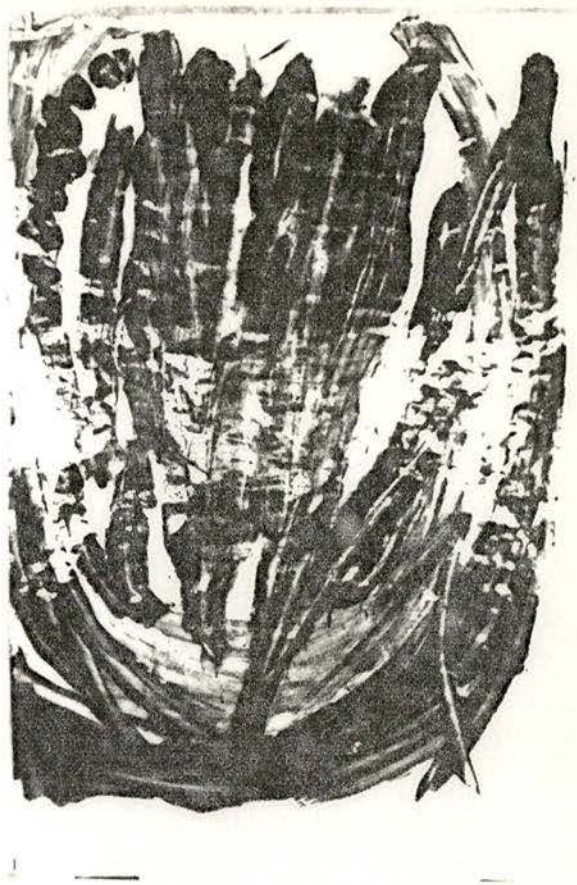
Fourth Phase: Twelfth to fifteenth weeks (7 paintings: A27-A33)

The twelfth to the fifteenth weeks revolved around Mark's visit. After finally accepting his not coming, Ann had to deal with her feelings about the fact of his unscheduled visit when Betsy brought Mark to stay with Ann for three weeks. Don bought a horse rather than make the trip. Ann brought three-year-old Mark to two of her afternoon sessions and missed three of the evening sessions because of difficulty finding a baby-sitter.

Artwork and behaviour. Two of the sessions focused on physical exercises. One of them, before Ann went to the airport, served to relieve some tension and enhance her sense of standing her ground with Betsy. The other occurred when it was arranged for Ann to come in the evening without Mark who had accompanied her to the previous painting session. At this second exercise session she complained about the demands of the babies. Then she described her upset when Betsy reported that Don and she thought Ann should have had an abortion and therefore they did not feel responsible for her babies. Ann began to express her outrage but shifted to annoyance at being asked again to keep her eyes open. However, she followed through with the exercise and acknowledged that she felt less afraid of her anger when her eyes were open. She painted a series of abstracts after this session, in strong colours and with progressively less form.



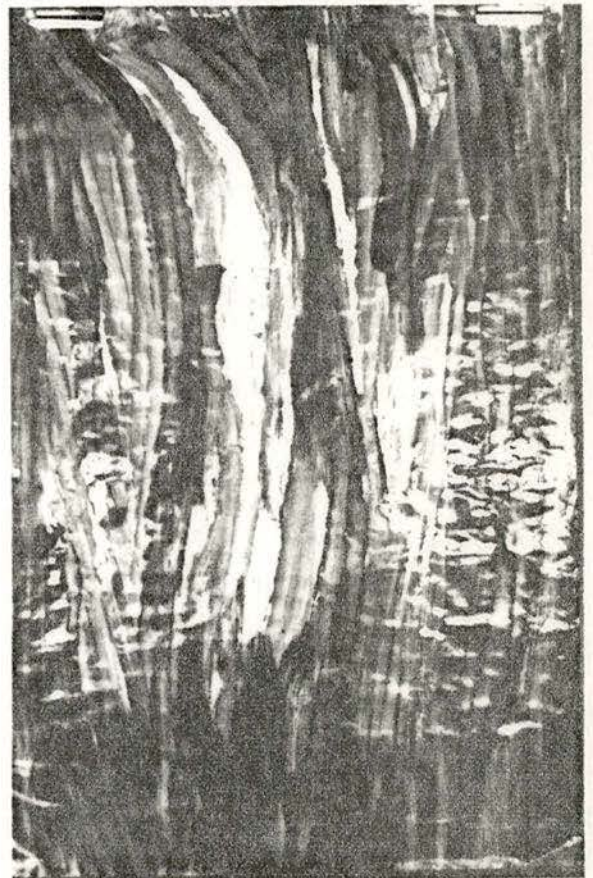
ELEVENTH WEEK: A26



THIRTEENTH WEEK: A29



THIRTEENTH WEEK: A30



A31

In addition to those three paintings, Ann did three more partially completed abstracts in her sessions with Mark. She used bright colours and worked quickly.

After Mark left, Ann said she felt sad that he showed no regret about going with Betsy. She said she felt "low" and was not sure whether she wanted to paint or not. Finally it was suggested she do a self-portrait to get back "in touch" with herself. She painted her face, larger this time, with eyes that draw the observer's attention and appear to have a sad guarded look as if her pessimistic expectations have been fulfilled (A33).

Interviews. Ann shifted her interest from painting to the bio-energetic exercises to relieve tension and cope with the stress of the visit. Although she had looked forward to the visit and hoped to keep Mark with her for good, she soon realized that she did not want to care for him permanently, at least at this time. She also found she was ambivalent about Betsy, resenting her but also admiring her ability to stay with Don and risk a trip out west. Ann was glad to hear that Betsy too had problems being a mother. Knowing the imperfections of the woman who had usurped her place lessened Ann's own feelings of inadequacy as a mother.

Ann asked for special session time which could not be arranged, and let it be known indirectly that she felt neglected. When she brought Mark to the sessions, she was distracted by his demands for attention and which interfered with communication with the therapist, rendering an interview impossible. At the same time she was resentful when they were left by themselves in order to paint. Her ambivalence



FIFTEENTH WEEK: A33

towards therapy became more clear with her increased demands that the therapist be there to help her deal with stress and also to recognize her need to appear strong and invulnerable to pain and anger. She felt manipulated by therapists who could not see that she was "just a person who can't cope." She continued to make these remarks about therapists in general but denied that the present therapist was included.

Impressions. Ann's ambivalence toward therapy developed into strategies for avoiding painful issues during this phase.

Bringing Mark to the sessions functioned both to solicit approval of Ann as a mother and to avoid threatening work in therapy. Ann expressed a desire to work but avoided it at the same time by demanding a special session at an inappropriate time and then being reluctant to work because the therapist had not met her prior demand.

When she did not like an exercise, she negatively compared it with the work of her former psychiatrist and complained that therapists "put [her] down." She avoided confrontation by saying that this therapist was really a friend. The foregoing presented a double bind (Bateson, 1972) for the current therapist: to do what was seen to be effective therapy with Ann risked losing status as a special therapist and "friend." At the same time, not responding immediately to Ann's need for therapeutic support was regarded as letting Ann down. Either case gave Ann justification for withdrawing from therapy. Ann probably had further need to withdraw from therapy in recognizing that the study would soon be over and the therapist would be away for a time afterward.

Fifth Phase: Sixteenth to eighteenth weeks (no paintings)

Ann came in for three more sessions, once a week, including a session for post-study testing.

Interviews. Ann continued to be reluctant about painting and it was decided not to push her. At first she said that she was feeling "good" and then that she expected the therapist did not believe her. Old themes re-emerged about how she was less than others, she was too "heavy" for most people, she needed more contact with others, but expected to be turned down, and she had to struggle as a single mother of twins. Ann's failings as a housekeeper were explored. She described her grandmother as a model housewife, while her mother struggled but never completed a job, and then she came and took over Ann's housework with the same fussing. Ann realized that she felt mischievous leaving messes for her mother to clean up just as she sometimes left her paints and brushes for the therapist to clean up. She, in turn, cleaned up after her free-spirit male friends showing that they could not really take care of themselves. In order to permit a change in this pattern, Ann was encouraged to enjoy not doing housework. Ann embraced the idea and the following week said she had struggled less in the interim and had even done some of the work. If Ann had continued in therapy it might have been beneficial to pursue the element of spite in her many complaints.

Log. Ann was asked to finish her log with a summary of what the art therapy experience had meant to her. The following summary was given to the therapist at the last session.

I just haven't gotten into feeling like painting lately, but looking through the painting I have done brought back some of the experience.

The most I have gained is probably an awareness of myself as a total human being as reflected in my feelings about trying to paint on through to how I actually painted--i.e., from feeling intimidated by a large blank sheet of paper to the pleasure of actually catching a glimpse of the impression of something very real to me. And being assured that all of the multitude of feelings that I had were "okay." Also just the pleasure of being alone and creating. (instead of getting into feeling lonely.)

So each painting experience in itself became of great value to me. Often I have to deal with feelings of confusion, disorientation and helplessness or just generally feeling overwhelmed.

I slowly began to realize (with your help) that by painting I could become more in touch with myself. that by taking disjointed scattered doodles & working with them until they become more unified and concrete.

I gained a sense of power & confidence & felt more integrated myself.

Basically I did two types of painting, the first (described above) was just doodling & developing them; the other was trying to paint faces that fascinated me. Whatever my mood or problem I could get totally caught up in working on a certain effect & would lose all track of time. I felt kind of a rhythmic flow pulling me along. This for me was a great experience as I generally have trouble concentrating with one thing & always find something to jump up & do.

I was also to work through some feelings such as anger which is hard for me to be in touch with, but occasionally through the use of paint & brush I released pent up hostilities.

So after each painting session, I began to be in more tune with my feelings--& felt confidence, accomplishment, & acceptance of myself.

I was held back a bit by the feeling that I didn't want to make a mess (paints, jars, brushes) but you really gave me great insight into just seeing and accepting myself & enjoying it.

For my life in general, I feel more accepting & content, have become involved in some new things & feel I'm projecting a happier, energetic person--just how much of present space can be attributed to Art Therapy--I don't know.

But I certainly feel that you, Kay, have really been able to help me get in touch with myself, in a quiet beautiful way.

& even though I resent "therapists" in general you have been consistently more like a good friend than a therapist.

Impressions. As it was Ann was allowed to withdraw from therapy. Basically no new issues came up in this period nor any impressions that great changes had taken place. Ann described the experience in glowing terms in her log summary. The therapist, however, was unable to share

her enthusiasm. It appeared doubtful that in the short time of the study therapeutic interventions could have any lasting effects. However a range of her interpersonal behaviours had been observed through the study, and the changes Ann experienced were most likely variations within her behavioural repertoire. It seemed that any real behaviour changes could be brought about only through a long and intense commitment to therapy.

Follow-up. Four months later Ann was no longer sure what the paintings or the experience had meant to her. She was a harsh critic of her "little efforts." She did say she felt less panicky when she was alone, and she had learned to create projects and activities to fill some lonely evenings. In light of Ann's initial concerns, this seemed to be an important step for her. She also said she had expressed resentment to a male tenant about his inconsiderate behaviour, but she still found it difficult to express herself generally and felt insecure about long-term relationships.

Sample Session

Tenth week: afternoon session
Paintings: A21, A22, A23

Ann came in saying that there was a lot she was keeping down. Since sometimes our long talking sessions were non-productive, I suggested that we go down and paint right away. As part of the different approach, I decided to stay and paint alongside of Ann. Our easels were placed so that neither saw the other's painting but we could talk easily. I did not want my subject matter or painting skill to influence Ann's painting or feelings about it.

She worked on a portrait of Don's wife Betsy (A21) wearing a blue blouse but gave up with a sigh. She said that it was hard to paint what she felt and that she could not even show her anger in a painting. She added that she had intended to paint a small figure with thick black hair but realized the head was too large to add a body. I asked her to paint a symbolic picture of Betsy that we might use as a focus. She painted "cold hard eyes" (A22) over a burst of red where the nose would have been and vertical black bars. Her comment at the time was that Betsy could not really give love to Don's son Mark.

Ann moved away from the easel saying she wanted to destroy the painting but could not because I would need it for the study. I invited her to go ahead and not worry about the product. I then had her do Lowen's Exercise I--"grounding" (1977, p. 11), bending forward until her fingers just touched the floor, letting her head hang and flexing her knees, in order to feel her legs under her. I gave her a towel to twist and asked her to focus on the first picture of Betsy which lay on the floor. She groaned and cried while wringing the towel. She called Betsy a "cold bitch" who had no right to her child and said "I hate you" as she hit the picture repeatedly with the towel. While she managed in this way to crumple the drawing, she refrained from actually destroying it despite the permission to do so. That she expressed frustration and anger without losing control of herself or contact with me was, in my opinion, quite a step for Ann.

Ann looked looser, less tense afterward, but still a bit shaken and complained that her legs felt tight and not quite connected to the ground. She wanted to stop, but I asked her to paint a mandala (A23) in

order to focus her energy and calm herself before going on to any other activity. She said in her log that she had wanted to withdraw and go to sleep and found it difficult to "get into" the mandala. The mandala was spotty at first and I suggested a lighter colour to pull it together which she did with light blue.

Ann's behaviour at the close of the session appeared to be almost a denial of the feelings she had expressed earlier. Despite the anger which the painting of Betsy had raised in her and which she was able to express openly, her attitude when the painting session was over was one of resignation, and she concluded that maybe "the solution," after all, was to take her babies and move back to the farm with Don and Betsy. She would not have to struggle to live on her own and the babies would have a father. I did not respond to that but felt Ann undermining her accomplishments again.

Structured Self-Reports

Adjective Check List. As mentioned before, this test was administered on three separate occasions, resulting in three distinct lists. The salient features of the first list are as follows: out of 300 possible items Ann checked 112, many of them opposites such as the following:

temperamental	-	easy going
tense	-	relaxed
assertive	-	obliging
frank	-	tactful
argumentative	-	peaceable
conscientious	-	careless
practical }	-	dreamy
logical }		
cautious	-	impulsive

The check list does not include pathological terms such as guilty,

shameful, hostile and worthless and, therefore, Ann's preference in such selection cannot be determined. She did however mark "confused, complicated, peculiar and queer" which may have indicated her difficulty in making sense out of her experience. The complex and contradictory impression gained through Ann's wide range of word choices suggested a lack of clear self-perception and a desire to cover all the possibilities, mirroring the vacillation and vagueness which were such a characteristic component of Ann's participation in the therapeutic interviews.

In the following test sessions Ann decreased the overall number of word choices, selecting 92 items from the second and 77 items from the third list. Among the word choices which differed from the previous occasions were an increased number of terms associated with anxiety such as "disorderly, fearful, inhibited, rattlebrained" selected from the second list and "anxious, dissatisfied" which appeared both on the second and third lists. These items parallel the increasing conflict that Ann's behaviour displayed in therapy.

In the third list, while many of the items were deleted which had been marked on the previous two lists, only one new word, "artistic," was added and several positive terms were checked again which had been chosen on the first list but dropped on the second list: "adaptable, conscientious, intelligent, mature, methodical, peaceable, realistic, relaxed, trusting." As Ann at this time began to assert her belief that she really felt no need for therapy, it is conceivable that these reflected her stance of self-confidence.

Q Sort. Ann sorted the statement cards twice, once for self and once for ideal person, at both the first and the second testing sessions (sorts). In comparing the first sorts, the results indicated that Ann's present self-image and her positive values (most like self and most like ideal) were congruent in the following items (item number in parentheses):

- I express my emotions freely. (1)
- I forgive easily. I do not hold grudges or try to "get even." (32)
- I feel that sex is a source of pleasure, without shame. (57)
- I do care for others and want them to be happy. (62)
- I share warm feelings with friends or relatives. (69)

In the second sorts items 32, 62 and 69 showed the same congruence to which Ann added:

- I am pretty sociable, and really enjoy being with people. (51)
- I can give love to another. (79)

In contrast, the following statements were perceived by Ann to be least like herself and least like her ideal in the first sorts:

- I am ashamed of myself. (18)
- I am afraid of sex. (34)
- I am a failure. (47)
- I like to keep my distance from other people. (61)
- I really am disturbed--close to the breaking point. (65)

In the second sort the congruence was reflected in items 18, 47, 61, and 65, to which Ann added:

- I am really self-centered. I do not care much about other people. (59)
- I am an angry, hostile person. (63)
- I often feel guilty. (66)

Both the positive and negative poles of her self/ideal image mirrored aspects of Ann's observed behaviour. Ann conveyed contradictory messages in her verbal and nonverbal behaviour: she smiled sweetly while describing her anger toward the people who had disappointed her, and in the next sentence would deny that she felt angry. She also talked about

the importance of "making it on [her] own" but behaved passively, waiting for others to take the initiative to contact her or change her situation.

Her first self-chosen areas of dissatisfaction (more like self than ideal) tended to confirm the contrast between how she saw herself and how she wanted to be seen:

I have trouble keeping myself, my thoughts, or my belongings
in order. (44)

I am confused. (49)

I just have to drive myself to get things done. (70)

These statements were consistent with her critical concern about getting started on her own and with the confusing self-image she presented. The qualities she wished for (more like ideal than self) included the following:

I have initiative. I can get started on my own. (21)

I am satisfied with myself. (36)

I can give my love to another. (79)

These desired qualities also reflect aspects of her presenting problem, particularly Ann's concern about her lack of self-initiative and self-confidence.

In a comparison of the first self sort and the final one, Ann's changed self-perception becomes apparent. For example, the following qualities moved up to be more like herself:

I am kept going by hopes for the future. (9)

I can give my love to another. (79)

I can be trusted and depended upon. (80)

while the following qualities shifted toward less like herself in the second sort:

I understand myself. (40)

I have trouble keeping myself, my thoughts, or my belongings
in order. (44)

I am an angry, hostile person. (63)

I just have to drive myself to get things done. (70)

The most likely conclusion which could be drawn from this is that Ann saw herself changing in positive ways: more hopeful, loving, trustworthy, and less scattered, angry, driven. However, Ann's continuing uncertainty was reflected in her reported decrease in self-understanding.

Structured sentence completion. As there was a high degree of consistency between Ann's responses in the first and the second administrations of this test, the information will be looked at as a whole. Her responses show evidence of conflict between how she thought she ought to be and the low opinion she had of herself. Her choices indicated that she would have like to be "creative; [be] comfortable with herself; [be] aware; [have] initiative; try harder; [and if she cannot get what she wants, to] accept what [she] can get." However, she saw herself as unable to succeed because she was "careless, uncaring, lazy, lacking in energy, inadequate, [and] not aware enough." She also portrayed herself as being held back by "other people's expectations" an expression which could well have been made in reference to her parents' demands on her.

Ann's separation of affective words from active words formed a striking pattern in her answers. Most active verbs that Ann used were short, nonspecific, unmodified and consistent in both test sessions, such as the following: "she did it; she spoke; she left; she smiled; she jumped up; she gets help." She modified her completions with feeling words only when she was the passive recipient of other people's actions. Of the few feelings that Ann expressed, the following are indicative of her submissive position: she felt "tense" when she was "overwhelmed by feeling" and "depressed" when she felt "controlled by

outside influences." As a child her greatest fear was "laughter" and "getting someone angry." In the interviews Ann expressed the same theme verbally as, for instance, when she related her humiliation when Don ridiculed her expression of anger. In fact, Ann's responses indicated that she felt her happiness depended on other people, and that validation, fulfilment and controls came from outside herself. Her passivity was also shown in her comment that she found taking orders "easy" and that to do so freed her of responsibility. However, Ann's attitude toward authority figures was ambivalent. While on the one hand Ann was willing if not eager to relinquish whatever power she might possess, on the other hand she viewed people in authority with suspicion and resentment. She indicated that such people were "on a power trip" and that they "abused power." Having made this comment right after a statement describing how her mother had punished her, it is conceivable that she had her mother in mind.

When asked to describe the earliest memory Ann had of her mother, her reply was "trying to please her." Her responses indicated that around her mother, Ann felt "frustrated, scattered, flustered, and lost." She described her mother as "talkative, busy [and needing to] slow down." During an interview Ann enlarged on the topic, stating that her mother struggled with housework but never finished a job nor felt satisfied with the results. Ann added that her mother then came and redid Ann's housework. Ann's other test responses as well as her behaviour in therapy suggested that she acquired her mother's attitude of continual struggle without much expectation of success.

Ann conveyed her need to be more aware several times but without reference to the object of her awareness. She mentioned, for instance, how afraid she was of doing the wrong thing and in this test she wrote that her greatest fear as a child was of "getting someone angry." Though it is clear that Ann's mother was quite critical of Ann and others, it is not known whether she was abusive in her punishment. Ann herself had been quite afraid, as she told the therapist, that she would hurt Mark before the time of her first hospitalization. On the sentence completion she stated that the worse crime a woman could commit ("I could murder a woman who . . .") would be to hurt or kill her babies. Perhaps, like other parents who are prone to abuse their children, she had received severe punishment as a child.

According to Ann's former psychiatrist, Ann's mother extensively blamed her misfortunes on others, especially on her husband. She never forgave him for being away at war and leaving her with the care of two small babies.

Ann was still quite young when her father returned so that Ann's response to the test question regarding the earliest memory of her father as being "a picture" may have been derived from her mother's complaints rather than fact. In general statements about men and women Ann concluded that men act as if "yesterday doesn't matter" and women act as if "the past is too important," perhaps referring to her mother's obsession with the past.

Responses to the sentence completion test indicated that Ann may have turned to her father for warmth and nurturing. For example, her second response to the question regarding the earliest memory of her

father was of "comforting" her. In interviews she explained that her father was the one who came when she had night terrors, and it was he who cuddled her. However, responses referring to Ann's current relationship with her father expressed a more ambivalent picture, indicating that she felt "uncomfortable" around him and wished he would accept her as she is. Her responses about fathers in general were that they "don't really know their children" but "worry about their daughters." The contrast between early memories and current relationship suggested that a change had taken place, and raised questions not only about who was responsible for the change but also as to the cause of such a change. It might be speculated that Ann's sexual maturation threatened her father; that something in Ann prevented her from accepting comfort from her father; or even that Ann's mother played a role in their lack of closeness. The psychiatrist described Ann's father as a warm affectionate man with a strict moral code who enjoyed helping ladies in distress. The question remains as to why Ann's father was not able to help Ann in her distress.

The confusion in Ann's relationship with her father was mirrored in her confused expectations with other men. She described herself as "sexy" and having "pleasure in sex without shame" on the Q-sort and rated her sexual desires as "strong" and "insatiable" on the sentence completion. However, about sex and intercourse, she limited herself to say they were "fun" and "okay," respectively. She appeared to select men who were unlikely to meet her needs. In interviews Ann stated her preference for free spirit type men despite the fact that they were not likely to make commitments nor would be around when she needed them.

She described men in general as "unaware, not in touch with their feelings, indifferent, irresponsible, [and] not that good as lovers." Her selections tended to confirm her mother's belief that men would always let her down. Ann's approach to relationships with others was essentially positive at the outset, and she described her initial impressions of people in the sentence completion test as being "good, friendly, likable, warm feeling." However, her responses showed that in the long view she saw little hope of getting the love she sought: "a woman in love is about to take a fall" and love is both "elusive" and "a good feeling often destroyed by expectations." Her comment that "marriages don't work out as hoped" was probably derived from personal experience.

The relationship pattern described in the foregoing, of initial optimism and certainty of eventual disappointment, was carried through in Ann's relationship with the therapist. Ann began therapy with high hopes for creativity and friendship, but at the end of the study she concluded that all therapists, including the present one, make her feel inadequate and do not understand her needs.

Ann's Analysis

Focus

Ann said she did not want "therapy" but did want to open up her "creativity." She said she was often quite lonely in the evenings when her babies were sleeping and she was often disappointed because people let her down and her male friends did not call when they promised. She found it difficult to get started doing things on her own.

It was hypothesized that Ann had difficulty letting other people know what she felt and what she wanted because she herself was unclear

about her feelings and needs and that perhaps she was blocked in her awareness by fears that some of her feelings and needs were unacceptable.

Environment

Ann was most helpful and cooperative when she came to work and waited for the therapist to tell her to get started on her own. She did not express preferences as to where she worked but reported that she could stick with a task longer when the therapist was with her. However, it was arranged to leave her working alone most of the time. Later when Mark and Ann had been left alone to paint, Ann stressed that Mark had been disappointed at the therapist's absence. Ann's report was interpreted as an indirect way of indicating her own wishes.

Ann was slow to clean up and leave and often stayed talking as long as possible unless she was worried about her babies. A few times she waited until she had no time to clean up when her "ride" came. These occasions arose during Mark's stay in the fourth period.

Ann was friendly with the other patients in the evening sessions but avoided those whom she knew elsewhere and who came in the afternoons. If she was left on her own for a long period, she stopped work to make pots of tea for herself and others. In the evenings she usually called home to check on the babies and sometimes left distraught when she could not get through to the baby-sitter. When she brought Mark, she was tending to his needs constantly and was unable to immerse herself in painting or having an interview with the therapist.

Ann displayed a variety of avoidance behaviours under the guise of cooperation and concern for the needs of others. Though she would talk

about how people let her down, she had difficulty saying what she felt about that or expressing her feelings and needs directly to the therapist. She later recognized leaving a disorderly environment as an expression of spite, most often toward her mother.

Approach to Work

Commitment. Though Ann expressed interest and commitment to painting during therapy, she did very little painting outside. She said she intended to paint, but the babies distracted her. She also said she intended to come and paint on her own after the study was over, but she did not. In the follow-up session four months later, Ann reported that though she had not continued to draw or paint, she had learned to set up projects which she could do during the evenings when she felt lonely.

Choice of subject. Ann asked for suggestions from the therapist who complied in the case of the mandalas and self-portraits. Ann cooperated with the instructions but let it be known that she did not enjoy those paintings. In the second period her subjects were suggested by the paintings of other patients (dreams and abstracts), by a book of wallpaper samples (plant motifs), and by ideas of what an acceptable painting should be. Most of her later paintings came from emotions she wanted to express in form.

Immersion and duration. Ann said she did not realize that she could spend more than one session on a painting until the eighth week after the conjoint mural session. Even then she only continued painting on one abstract for two sessions (A19). With that painting she also commented that she had wanted to do tiny patterns that would "take up a

lot of time." She appeared the most immersed in her paintings of Don and her later abstracts which she associated with emotional content.

Verbalization. Ann generally waited for the therapist's response to her paintings. She volunteered little and appeared to look for some acceptable reaction. She could talk about the "look" she wanted in a portrait, but she had more difficulty putting words to her later non-objective paintings.

Attitude toward art products. Ann compared her work unfavourably with the work of other patients and art students she knew. Though she liked some of her paintings she never considered them good enough nor as evidence of her painting ability. Her attitude reflected her general belief that she was less than other people, and could not really cope with her life.

Ann's behaviour toward her work suggested that she avoided making decisions and taking action that might not be acceptable to others and she sought to find out indirectly what the approved mode of behaviour would be. She was quick to demean her own efforts before anyone else might, and she indicated no further interest in keeping her paintings after the study was over.

Materials

Ann accepted the materials offered her, but complained that the brushes were too large for her work. At that point it was suggested that she work larger. She also indicated circuitously that she preferred the white cartridge paper over the manila paper but was not sure her work deserved it, remembering one of her elementary school teachers who

derided her for being messy and using too much paper.

Ann used very little paint until we painted together (A18). She was encouraged to paint over and cover large areas and she used more paint and brighter colours in her later paintings.

Again, Ann gave the responsibility for choosing materials to the therapist and only let her own preferences be known indirectly through her frustration to produce with unsatisfactory equipment. Possibly, Ann felt that by giving the therapist responsibility for the decisions, she would not be to blame for the outcome.

Technique or Form of Expression

Use of space. In the first two periods Ann generally placed her image in the centre of the page with the remaining paper left blank. Some of her designs were scattered over the paper but the space between was empty. The effect was of floating two-dimensional images. Later non-objective abstracts utilized the entire sheet in mainly two-dimensional compositions. A26 suggested some depth by overlapping but still in a narrow plane. The composition of two early doodle paintings (A3, A5) follow a counter-clockwise spiral composition which may relate to Ann's continual use of spiral and serpentine motives throughout her painting.

Use of line and texture. Some of Ann's first lines were light and "tentative," either made up of small strokes or forming a meandering or zigzagging line. Where the zigzagging lines were heavily drawn they gave an "agitated" appearance as in A2, A3, A5. In her later abstracts, Ann's strokes were longer and wider, using greater arm movements. The

dotting effect in the plant paintings suggests texture also found in the early fantasy painting A13 and in the hair of portrait faces. In attempting to make the portraits more realistic, Ann worked on highlights and shading to give a more sculptural quality. In A29 a texture effect was obtained by scratching through the black paint covering the red and yellow.

Use of colour. Ann worked on various skin tones for her portraits but did much less mixing of colour for her abstracts. She tended to use primary and secondary hues for her later abstracts and tended to use every colour in every painting much as she "covered all the bases" in her adjective check lists.

Content

General considerations. Complexity of design had great appeal for Ann, as seen in A3, A5, A19 and A26. The doodle, A3, gave the impression of having no beginning and no end, and she continued working on it as long as she talked or until she was asked to do something else (the mandala). She said she had wanted to paint a lady in A19 who would have many tiny patterns in her dress, like a Klimt painting which could possibly reflect her wish to fill in time. These paintings also suggest Ann's difficulty in setting limits for herself, for defining the beginning and end of a task.

Ann showed continuity in her choice and treatment of subject matter. She depicted full front faces, spiral and serpentine motifs, and containers from her first drawing to her last paintings. Her portraits were basically representational though the directed second image

of Betsy was abstracted to express Ann's feeling about her. The plant forms ranged from one representational tree to formal and fantastic patterns.

Ann used no backgrounds or settings for her people: they have no context, no place and no ground on which to stand. In the conjoint mural the therapist added a volcano base for Ann's explosion and ground for the plants. Ann's pictures were reminiscent of her behaviour observed elsewhere. In discussions, for instance, Ann de-emphasized her own background and the context of her current family relations.

Ann's associations with colours were also consistent through all her paintings. Blue and purple in the beginning were associated with anger and coldness. Purple was dropped early. Black was not used at first, but later was added to define and contain forms. Her second picture of Betsy utilized red and black for explosive anger. Green appeared to be a neutral or safe colour. She used it for the plants, Don's shirt, and a little in her last abstracts. Pink, orange and yellow were associated with her babies, softness and warmth. After a session of expressing her frustration with her babies' demands and her anger with Don for rejecting them and her, she used yellow and orange to paint rounded shapes contained and covered with black and scratched through to depict those feelings (A29). It appeared as if she had wanted both to contain her feelings and to let them out as well.

Specific subject matter. The narrow range of Ann's subject matter could be categorized as self-symbols and portraits, other portraits, plant motifs, and non-objective paintings.

The images identified by Ann as herself were A1, A25, A33, all requested by the therapist and A5 identified as "self" after painting. Eyes were a prominent motif for the first three; in the third her eyes were turned away, but a male profile appeared to be looking at her breasts. The first self-portrait (A25) was tiny in size compared to the portrait of Don (A24) painted immediately prior to it. Though she was asked for a full figure portrait, Ann left off the body as "unimportant." That statement is congruent with her comments about being less than others, and losing any sense of herself around others but does not fit with her "insatiable sexual desires."

Other people she painted are also represented without bodies. The full face presentations with emphasis on their eyes reflect the constant unblinking eye contact Ann kept with people. She talked about certain dreamy visionary looks in the eyes of Don and other boyfriends as attractive and about relating with Don on some transcendental plane beyond mere physical reality. Ann complained that people did not "see" what she needed and yet she was also afraid of having her faults seen. She described her mother as never being satisfied and quick to blame her for mistakes. So keeping a "sharp eye out" was necessary to Ann's survival.

A second notable element of her portraits was the softness of the male faces and the harshness of the female ones, a painting style which led to some confusion by viewers as to gender. This might be interpreted as reflecting Ann's own confused expectations of males and females. Her reports of warmth and cuddling from her father and unmeetable expectations from her mother tended to lend credence to this speculation.

Outside of pictures of Don and Betsy, Ann painted few portraits and none of her parents or siblings. Considering that her parents came to help her several times a week, their omission is significant. Other sources such as the structured sentence completion test and her former psychiatrist's report suggest that Ann's relationship with her parents was difficult. At the same time she was dependent on their care and may not have been willing to confront those issues.

Since the plant motifs have already been discussed they will be passed over here. Two themes from her non-objective paintings are of interest. First, recurrent fiddleheads and spirals take various forms and associations. Ann described these motifs as "reaching out" and extending herself (A1), as parts of growing plants (A15), as bursts of feeling (A18, A22). Later on, they take on fist-like appearances (A30) and in another painting (not shown) they look fetus-like inside a womb-like container (A28). The tender and angry qualities of these forms are like the two sides of Ann's feeling toward her babies. While recognizing them as possibly related motifs and noting their development, it would be necessary to explore their function further before their meaning for Ann could be deciphered.

The second noteworthy theme was the play between containers and contained (or uncontained). These elements again suggest Ann's struggle with the imposed structure from her mother and wish to be free of all demands and structure. However, as Ann's painting moved toward less and less structure she began to withdraw from painting. The unstructured experience was perhaps unfamiliar and frightening to her. Ann looked for structure from the outside which she resented at the same time as

she needed it.

Restatement of the Problem

Ann's initial concerns were that she was lonely and often disappointed by people and that she wanted to be more creative and able to do activities on her own. In light of the foregoing data, the problem could be reformulated to state that: Ann not only experienced ambivalence about her dependence on people who were, in her view, unreliable as were her male friends for instance, or manipulative as she claimed her therapists to be, but also about her efforts toward independence. Furthermore, the case material elaborated some aspects of Ann's conflicts in regard to dependence and independence.

Ann's dependence on others was apparently an outgrowth of her basic belief that she was less than others in ability to cope, self-confidence and self-esteem. Both verbal statements and artwork gave evidence that Ann held such a belief and that consequently she saw herself as needing a great deal of support from other people. Since she saw herself as powerless to meet her own needs and as reliant on the goodwill of those who had the power to provide for her, her continuous striving to please was evident in the test responses as well as interviews. Connected with this striving was her inability to express her feelings as she feared that in doing so she would alienate those whose support she required. She said that she did not trust people in power, but it was clear that any resentment she felt in her demeaned and vulnerable position would have to be expressed indirectly. The possibility that the high anxiety level associated with the need to survive in such an uncertain environ-

ment would lead to a narrowing of Ann's field of perception appeared to be borne out in the limited range of form and content in Ann's paintings.

The independence/dependence conflict Ann displayed in her relationships with others was reflected in her attitudes and behaviour during art therapy as well. In accord with her low opinion of herself she devalued her artistic efforts. She required continual assurance of the therapist's unconditional acceptance in order to keep on working. However, her responses on the sentence completion and comments she made elsewhere indicated that she had little faith that her efforts would be successful or acceptable to others. With the uncertainty about others expectations and her constant need to please, Ann's self-image became adaptive and vague, and it is not surprising that she did not attempt activities on her own or set goals for herself.

From the new understanding of Ann's problem, three hypotheses were suggested. The first was that Ann needed greater confidence in her own efforts, and this might be gained through encouraging independent endeavours. Continuing art activities on her own and working out a project that she chose and developed over time might have begun to give her a sense of her own accomplishment.

The second hypothesis was that there were factors in her circumstances which blocked her movement toward independence. It seemed likely that the good intentions on the part of her mother in redoing Ann's housework actually undermined Ann's ability to work on her own. Such interpersonal dynamics could be explored through a series of family pictures including childhood and concurrent relationships. Such an exploration might lead to Ann's awareness of any family pressures which

encouraged her to remain dependent.

The third hypothesis was that a long term commitment between Ann and the therapist would be necessary to support any changes Ann was willing to make. There were some indications that Ann would make inappropriate demands in order to reinforce her belief that therapy too would fail. Limits would have to be set without withdrawing support while permission was given to express negative feelings directly. These considerations might provide for Ann a stable, safe environment in which she could explore new behaviour.

The four-month follow-up session gave some evidence that Ann did take some steps in the direction suggested by the hypotheses. She was learning to set up "projects" to fill lonely hours and attempting to make clear demands on her tenant's behaviour. Though there was still much she did not understand about herself, she said she felt good about her efforts in these areas.

CHAPTER V

CARL

Background

Carl was born in northern Europe. When he was a young child he emigrated with his parents to a large city in eastern Canada. Carl grew up in a Catholic family, and during his childhood was a model and devout son. He described his relationship with his mother as being warm, and it was only with her that communication remained intact since he left home. Several important events in his early teens caused major shifts in his behaviour and attitudes. When he was 12 his brother died from a severe illness, causing Carl to doubt his faith and eventually to leave the church. About this time also, physical challenges were presented by his emotionally distant father who controlled the family through physical dominance and violent bursts of anger. At school, too, Carl began to display shyness and rebellion, behaviour which continued strongly until he left home to attend college. He received some counselling in college and his anxiety gradually lessened up to the present but never left entirely.

Carl dropped out of college after studying some psychology. Like many of the "counter culture" generation, he used hallucinogenic drugs, travelled over three continents and held various temporary jobs. By the time he came to art therapy he had begun to show some interest in finding a career. He said he had few close friends besides his girlfriend Alice with whom he had been living for over three years. He later

mentioned Esther, a woman in another city, with whom he was having an affair which, he said, was known to Alice and permissible in their "open" relationship.

Carl dressed in clean, worn denim pants, work shirts and running shoes to suit his bicycle transportation and casual life style. He wore his hair long, tied in back, and had a short beard. His frame was small and wiry with lean muscles built up from bicycle riding. His features were sharp and his stare could be piercing, seemingly alert to any new move. His jaw was clenched and his voice had a contemptuous and provocative tone. There was obvious muscle tension around his jaw and neck which may have contributed to his reported inability to laugh or cry deeply. He walked in an easy manner and sprawled or slumped in the office chairs.

The wish to explore the reasons for his fear of groups and the possibility of developing plans for a career were reasons Carl gave for joining the study. The therapist planned to explore not only the development of his fears, but how they might inhibit the expression of his feelings and how this in turn might affect his relationship with other people. According to Carl, his relationship with Alice was satisfactory and did not require exploration.

Summary of Sessions

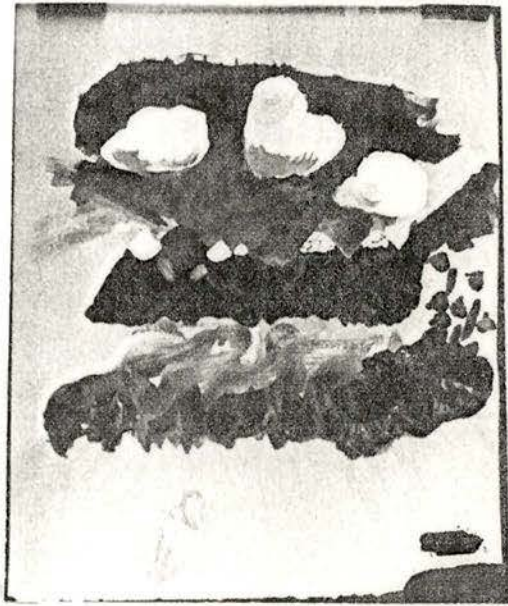
First Phase: First to fourth weeks (6 paintings: C1-C6)

During the first four weeks Carl came in once a week for the initial interview, the testing session and the first two painting sessions.

Artwork and behaviour. From the first, Carl questioned everything from the therapist's qualifications to any directions given. He



THIRD WEEK: C1



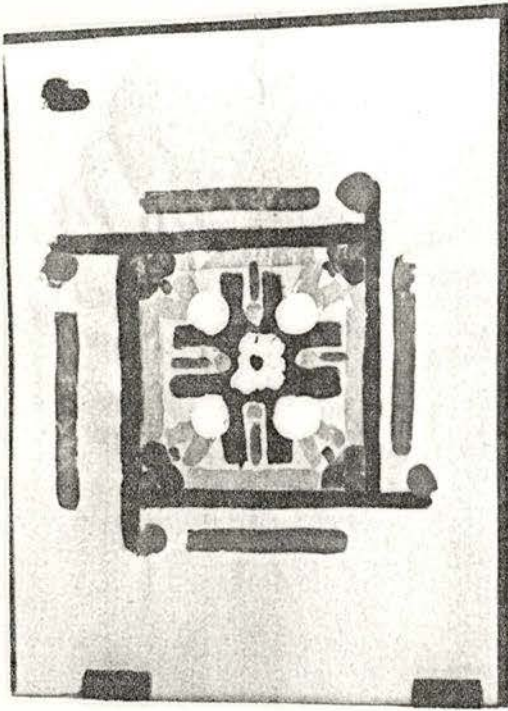
C2

expressed reluctance to try anything new without knowing the reasons for the procedure and any possible alternate ways of performing it. He was also wary of other people and their potential criticism of his work. He chose to work away from others and acted "on guard" if anyone approached his work area.

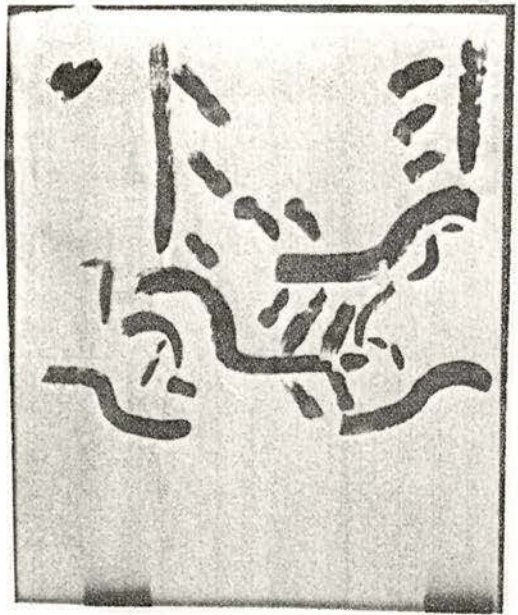
In the first painting session Carl was asked to explore the materials and find out what colours he liked. He painted the first six paintings on 24" x 18" newsprint sheets (later paintings were all done on 24" x 36" white cartridge paper). In his first painting reds and greens predominated and he explored random, calligraphic brush strokes (C3). The second painting was a land and seascape with mountains beyond the sea at sunrise or sunset (C2). The next three paintings, done a week later, were composed of multiple curved lines and dots often in groups of three (C3-C5). Red and green still predominated with black and yellow next in frequency. The forms appeared scattered to the therapist who asked Carl to paint a mandala in order to focus his composition as well as his attention. Though mandalas were described to him as being usually round, Carl chose to paint a square one enclosed in heavy black lines which gave to the composition an impression of being a maze with no way in or out (C6). The centre of the mandala was mainly blue and white surrounded by yellow. Straight red lines and grey dots were placed outside the black frame, reversing a motif from a previous painting (C5). Carl said afterward that he did not like the mandala and saw no need to do it.

Interviews and log. During the interviews Carl appeared more relaxed than he did while painting. He said that his lack of painting

C6



C5



C4



FOURTH WEEK: C3



skill frustrated him and that he wished he knew the "rules of painting."

His log began with his suspicions of people who "open up" too quickly and present themselves without "masks" and his concern for the "image" he presented to others. A poem he included, about waves that touched snow on the beach and "scurried back again at the strangeness of it," reflected his tentativeness about new situations. He described conflicts with his girlfriends: his struggle for control and dominance with Esther and his need for more autonomy in his relationship with Alice. In regard to the latter, he complained that he often could not write in his log because he was afraid she might see it and become upset by his feelings. In both interviews and log he expressed concern about his sexual fantasies and inability to control his sexual energies, and about the fears which permeated all his activities. He questioned the "elusive" nature of his problems and his powerlessness to resolve them.

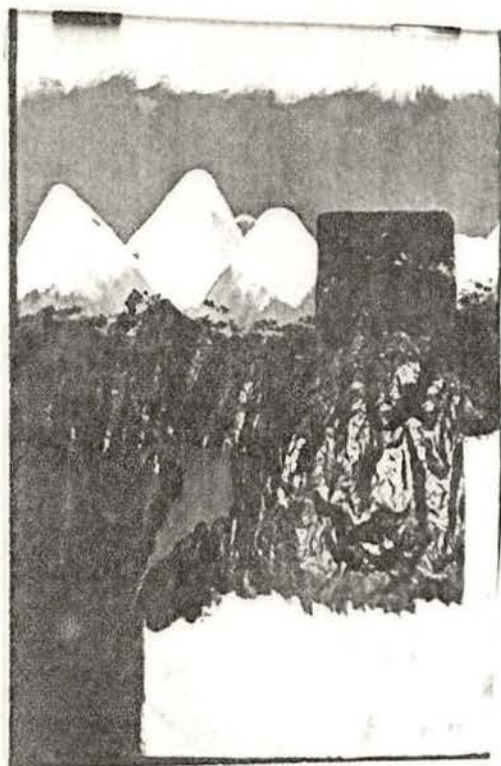
Impressions. In this initial phase Carl seemed to have a wait-and-see attitude toward art therapy, the therapist, and the study. His log comments about people who open up quickly and his poem about the waves suggested to the therapist that Carl had anxiety about the initial stage of forming a new relationship. At the same time he showed impatience with the therapist, complaining that she did not recognize his wants nor held the answers to his questions. Though he seemed reserved and never joked or laughed in the interviews, he did not show agitated or fearful behaviour. The number of people involved in the therapy program was small however, therefore no inference could be made about his reported fear of large group situations.

Second Phase: Fifth to eighth weeks (4 paintings: C7-C10)

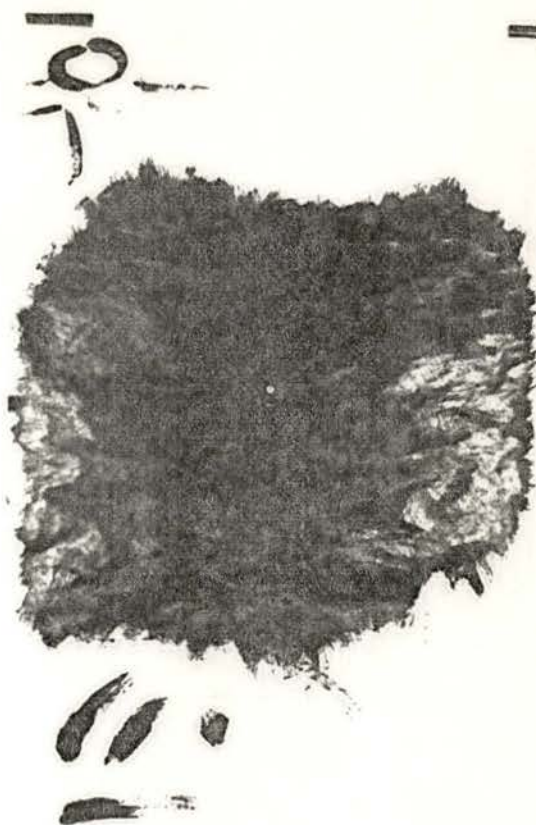
For the following four weeks, Carl attended evening painting sessions with one or two other patients. He painted fewer but more developed works. At that time he expressed increasing ambivalence about therapy and the therapist, and came to the eighth week session only after he was telephoned.

Artwork and behaviour. Carl set up his easel alongside the other patients and appeared calm but said he felt competitive with the others' skills and "protective" of their feelings. He began each session painting on his own but readily stopped for the interviews which he said he preferred to painting.

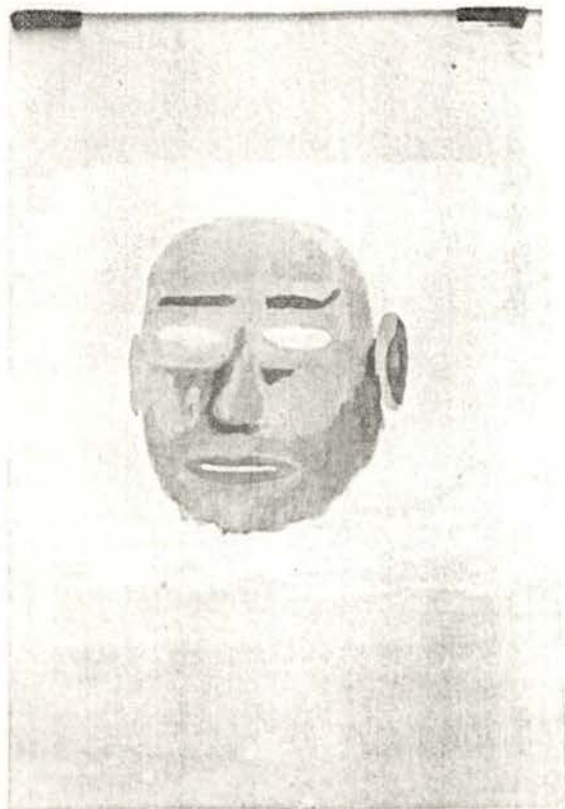
The idea for the first painting came from a collage he had done previously outside the therapy setting depicting the contrast between city and country life (C7). Though he said that both life styles were attractive to him, a red building representing the city jolts the viewer with its contrast from the quiet blue and green landscape. Carl spent a fair amount of time developing the landscape but abandoned the painting soon after beginning to paint the building, stating that he was frustrated by his lack of skill and that he wished to be able to paint something beautiful. The therapist suggested that he try the reverse and paint his images of ugliness and fearfulness instead. The following week he painted a large black field surrounded by white dots (C8). In the centre of the field he placed a solitary white dot which he said represented himself while he explained the other dots to be the people from whom he was separated. He stated that this image expressed his isolation and fear of others. The same evening he painted an "ugly"



FIFTH WEEK: C7



SIXTH WEEK: C8



SIXTH WEEK: C9



SEVENTH WEEK: C10

male face on a white painted field on white paper (C9). As the eyes were left unpainted the face had a mask-like appearance. He said he was not quite satisfied with the face but was pleased with it as a first attempt. The next session he painted a scene of tanks coming over hills and driving around a fenced-in area. The background was divided bi-axially with bright primary colours and framed in dark red. He expressed his pleasure with this painting at the same time as he expressed his anger at Alice. The following week he did not paint at all.

Interviews and log. During this phase, the interviews focussed on Carl's job search, his high personal expectations, his parents and the relationship with the therapist.

Carl's job search was not going well and he was considering looking for work further away, probably on a fishing boat. If his endeavour succeeded, he expected to be absent from therapy for some time.

Both in the interviews and the log, Carl talked about his high personal expectations. For example, he complained that he could not paint well enough to avoid criticism. However, he said he recognized that he was never satisfied with his achievements and tended to realign his goals higher so as to continue the "struggle." His ideal was to be in control of himself and free of the expectations of others.

Carl resented his father's taunts and challenges to test his physical superiority, bursts of irrational anger and inability to show tender feelings toward his children. In contrast, his mother taught him to "turn the other cheek" and forbade him to fight or to hurt anyone. These two models of behaviour did lead Carl to become involved in a

schoolyard fighting but did not allow him to win and resulted in his being beaten up every time. He recalled that suffering the physical pain was easier to tolerate than suffering the guilt feelings from having hurt someone else.

Carl's guilt feelings were also roused by his sexual feelings and fantasies and by masturbation. Just as he had expiated his guilt through confession in childhood, so now he reported that he felt relieved when he talked about these sexual feelings with the men in an encounter group and with the therapist. He wondered whether the embarrassment he felt with groups, which often resulted in his blushing, might not be related to the guilt he felt about his sexual fantasies, and whether the suffering he experienced on such occasions did not serve to expiate that guilt.

Carl had many complaints about the structure of the therapy and his relationship with the therapist. In regard to the former, he complained that he still had difficulty meeting the requirement to keep a log because he was afraid that Alice might read it, become upset and twist his words into an argument. He also had ambivalent feelings toward the therapist. On the one hand he complained that the therapist was too supportive and took her acceptance of his painting to be evidence of insincerity and manipulation. On the other hand he complained that he had hoped for a warm and close relationship with the therapist and that he felt her cool detachment contributed to his feeling vulnerable and distrustful.

Carl did not show up for the evening session of the eighth week. When the therapist phoned him, he explained that he was not sure he

would come since he needed to pack for an out-of-town job search. He subsequently arrived and the therapist confronted him with her anger about his continued reluctance to commit himself to therapy, about his deprecation of painting and his constant negative judgments of her behaviour regardless of how she responded. She suggested to him that he might be attempting in these and other ways to take control over the therapy and undermine the therapist's effectiveness. Carl responded to her anger with surprise and excitement and replied that he certainly was committed to therapy and was sure that it was "doing [him] good." He added further that while his job search would require his leaving town, he wanted to take art materials with him and to keep "in touch," and concluded that, for him, the issue was clearer now and that he was changing his expectations of the therapist and therapy.

Impressions. It seemed evident that Carl's ambivalent responses had roots in his parents' conflicting demands of him, as, for example, that he fight for himself (father) but never hurt anyone (mother) causing him to lose no matter what approach he took. He replayed this double-bind pattern in his relationship with the therapist in such a way that, no matter what she offered, Carl rejected her approach. In the non-directive phase, Carl wanted more structure at the same time as he resented any structure imposed, e.g., the mandala and log. Carl asked for more personal sharing from the therapist but rejected any moves toward informality as further manipulation. The therapist's supportive responses were met with general complaining and reservations while confrontation led to overt but temporary commitment to therapy. By committing himself as a direct response to the therapist's anger, in

effect, he placed her in the role of parental disciplinarian. In a similar way he put her in the role of "confessor" to relieve his feelings of guilt. Then he not only continued his rebellion against the structure imposed by these roles but also rejected the suggestions or demands which came from the direction of authority. So while Carl avowed new commitment to therapy he continued his evasive tactics.

It was interesting to note that Carl used the very qualities that he ascribed to the therapist, basically intellectual detachment, to control others and protect himself from their demands on him in turn. As he said in his log about Alice, "She's bugging me right now to talk to her, but I have the power . . . by not speaking, I have the control." He furthermore controlled the behaviour of others by alternatively inviting and rejecting closeness. For example, he indicated to Alice by his morose behaviour that he was bothered by something and then frustrated her attempts to find the cause. In a similar manner he volunteered information in an interview about his conflict with Alice and then told the therapist that he did not want to talk about it.

Carl's behaviours suggested a strong need for contact at the same time as they suggested an equally strong fear of being overwhelmed by the demands of others. Acting in this manner not only allowed him to control the behaviour of others but to define the parameters of any relationships he formed.

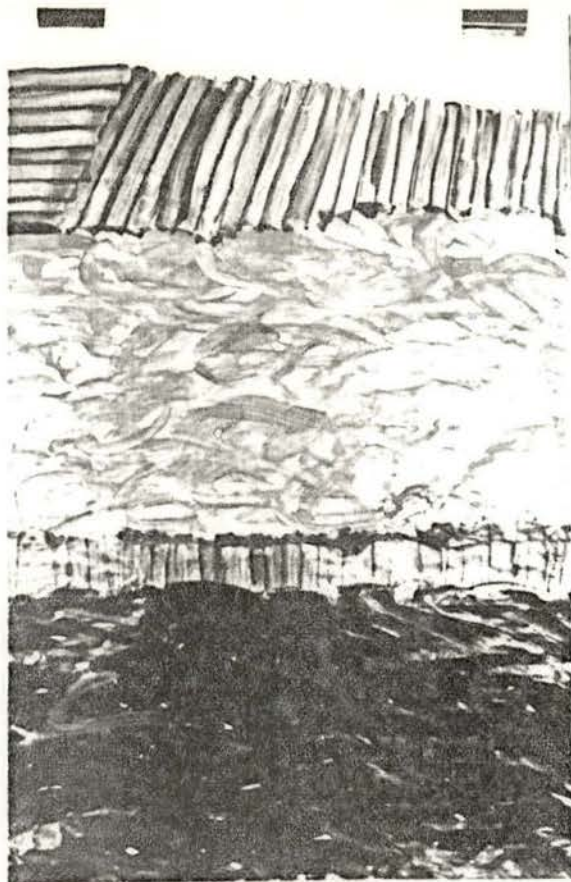
Third Phase: Ninth to twelfth weeks (8 paintings: C11-C18)

Because of his job search, Carl could not always attend the regular evening sessions; but he managed nonetheless to come to a weekly

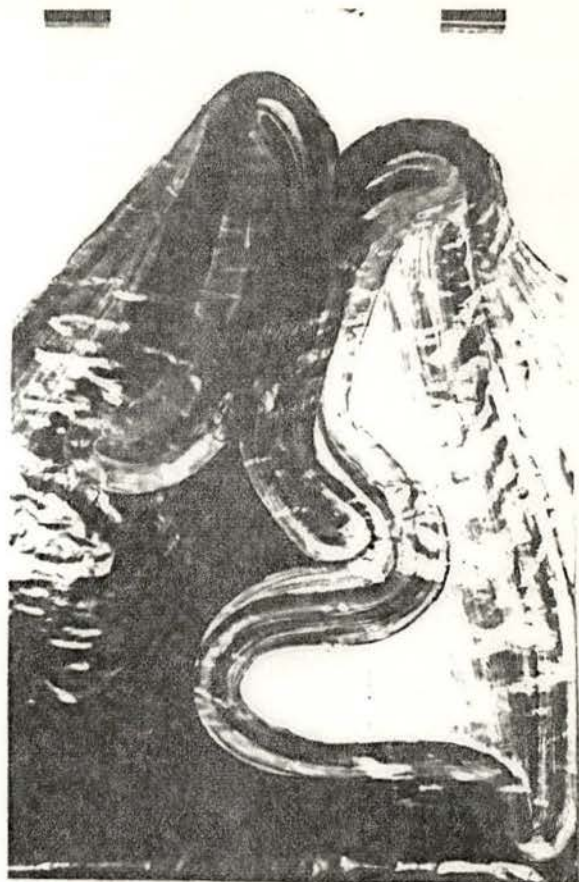
appointment; the tenth week was an evening session while the other three were conducted in the afternoon.

Artwork and behaviour. In this phase the therapist became more directive. Carl was instructed to begin painting right away without preliminary discussion and the therapist would talk to him from time to time while he was painting rather than during a separate interview. The ninth week he painted three non-representational designs, the first of which was a composition of a few green strokes on a yellow field which he said was intended to be another "success" like his "tank" painting but which he subsequently abandoned since he would not allow himself such a repetition. He began a second painting (C12) but soon felt stuck with that also. The therapist showed him how to work with his painting as the Gestalt therapists work dreams (Stevens, 1971) by presenting each part of the painting as part of himself in a first person, present tense description. He identified the black with his despair and depression, the red with his passion and love, and the green with his intellectual detachment. He went on to do a third painting in which he allowed the black to interact with the red unseparated by green resulting in a more dramatic interplay of colour and form (C13). Green was added along the top edge of the composition almost as if it were used to keep other content under cover.

In the subsequent evening session he was distant and disinclined to respond directly to questions about his painting but gave ambiguous answers which invited further inquiry. He painted "Merlin's woods" showing an altar and a burning candle and yet devoid of any human beings (C14). The painting has evoked a feeling of mystery and curiosity in



NINTH WEEK: C12



C13



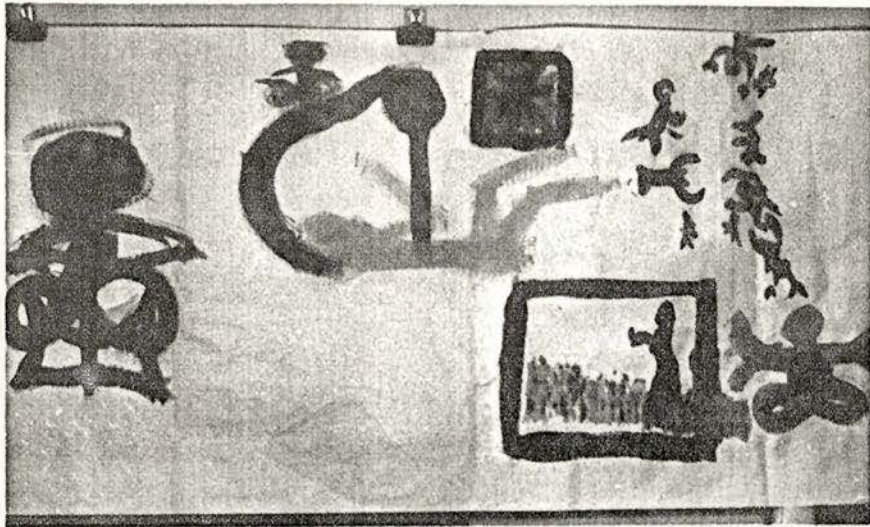
TENTH WEEK: C14

viewers as if to invite them to enter the woods while the fallen logs and strong diagonals of the composition presented obstacles to that entry. Carl entitled the painting "The light in the forest" but did not illuminate its meaning for him.

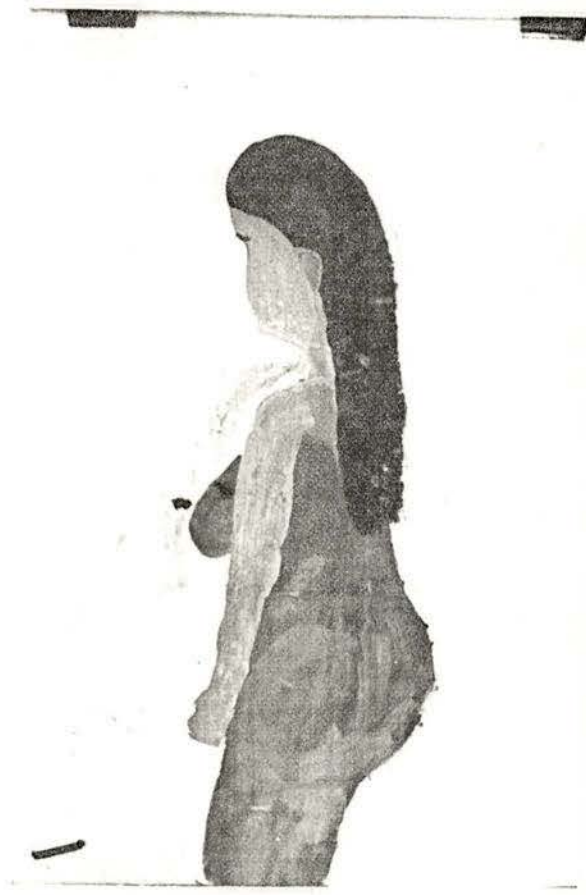
As the session in which Carl painted C15 will be described in the sample session following this section, suffice it to say that the approach to painting and dialogue was similar to the Gestalt dream work cited above.

The following week Carl chose an isolated corner to work on an image of the "Woman in black" which first appeared in C15. On his third attempt, he painted the body black to begin with and then gradually lightened it to pinkish grey (C18). He said he had trouble doing the face and abandoned the attempt with only the cheekline showing. He then spent a lot of time working on the arm and on what appears to be a fist. When the therapist looked at his work, he told her he felt resentful but did not know the cause. Further inquiry only increased the vagueness of his answers. He did say the female figure reminded him of several women with heavy bodies, such as his mother, the therapist, and Esther, adding that only the therapist had long dark hair corresponding to that in the picture. He decided to do the "grounding" exercise to loosen his tense back and legs and was shown how to sense the stretching of his leg muscles and his contact with the ground. It was suggested that he explore the connection between standing his ground and facing the people he feared, including the therapist.

Interviews and log. The interviews focussed on developments in Carl's job search, his struggle with anxiety and guilt, and the problems



ELEVENTH WEEK: C15



TWELFTH WEEK: C18

of the therapeutic relationship.

By the end of the four weeks his discouragement with his long search shifted to cautious optimism about his new job in a recreation program for delinquent adolescents. In the interview he described the job as "challenging, frustrating, exciting and boring"; while in his log he added that it was helping him overcome his defeatist attitude of the last few months.

Earlier in the month, he reported in his log, he had stopped masturbating in an attempt to gain more self-control. He said he felt that the concentration in therapy on his problem of anxiety in groups and his guilt about sexual feelings had served only to increase his self-consciousness while doing little to reduce his fears. Exploration with Carl of the development of his anxiety and guilt feelings led initially to his excitement that he was "getting somewhere" followed by resentment and withdrawal in subsequent sessions. This pattern was repeated twice in the four weeks. His anger with the therapist became more clearly expressed in his painting and in the association he made between her and his mother and Esther. The log entries of that time reflected his conflict concerning the risk involved in relinquishing the direction of therapy to the therapist. In his view he required more talking and less painting as he still felt "stuck."

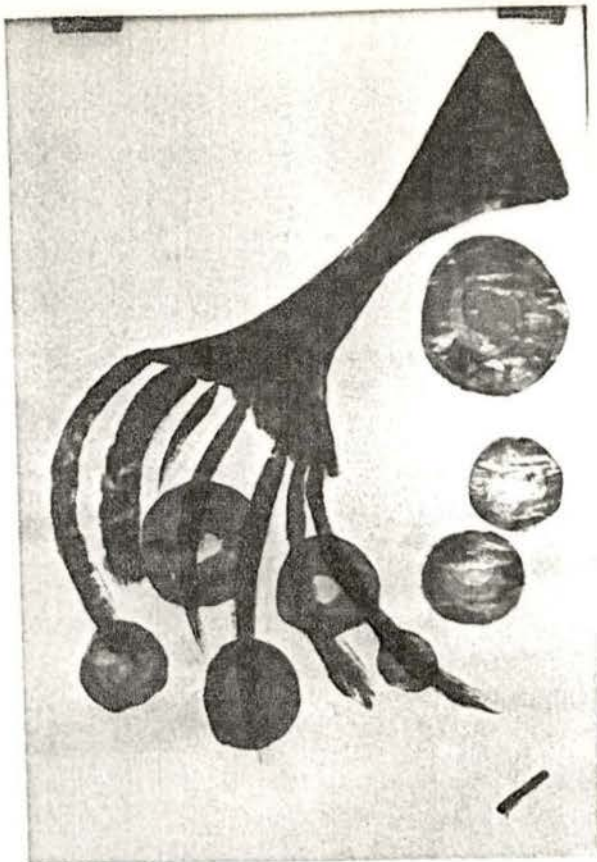
Impressions. Carl appeared to be reaching a turning point in therapy; either he could go deeper into the central issues or pull back and look at his overall situation. Though more of the elements of his internal conflicts were becoming explicit, each foray into feeling threatened to expose an irrational part of himself to the outside and to

demonstrate a deficiency in his self-control, much as blushing exposed his uncontrolled physical feelings to others. For Carl to feel safe enough in the therapeutic relationship to allow him to explore, understand and accept his feelings in order to be fully in charge of them would take time and commitment from both himself and the therapist and would not necessarily be productive as far as his job was concerned. On the other hand, therapy appeared to have had some positive effects for him. In view of his initial goals, Carl's finding a job and being hired was an important step for him. Toward other therapeutic objectives, however, Carl was ambivalent, and it was decided not to push him further but recognize his current need for control in his work and elsewhere.

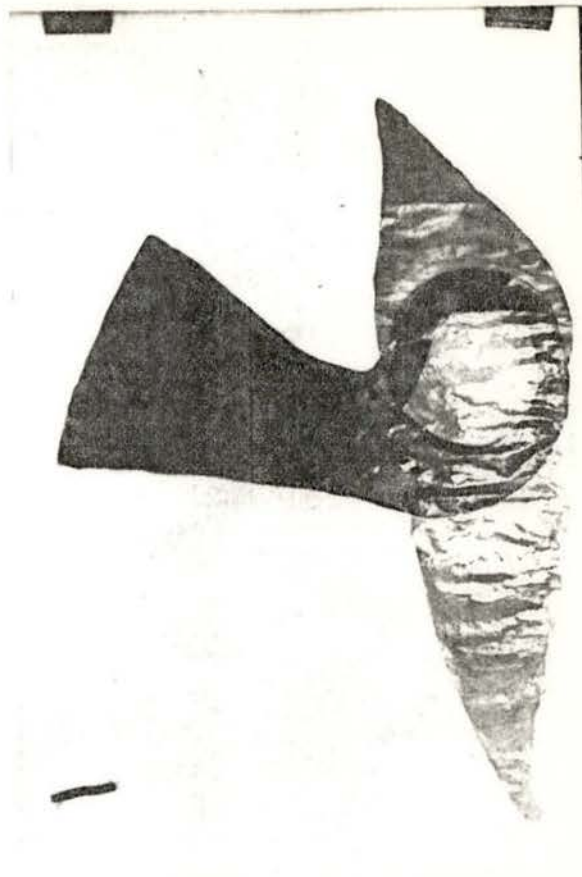
*Fourth Phase: Thirteenth to seventeenth weeks (5 paintings:
C19 to C23)*

The last five weeks included four afternoon painting sessions, a follow-up testing session, and an interview with Alice.

Artwork and behaviour. In the first painting session Carl worked alone and produced two paintings about his relationship with the adolescents at work (C19 and C20). He depicted them as round balls of red and yellow eluding a giant blue hand--the "policeman's" role which they expected Carl to play. He described his frustrations from trying to make contact with the boys and maintain the rules of the centre. Carl was asked to paint an image of how he would like to relate to the boys. He painted the hand "embracing" a red and yellow disc, but decided it looked more "grasping" than he wanted so he extended the red and yellow beyond in wing-like formations. The result was somewhat more satisfying to Carl and demonstrated to him his problem of wanting to be close to



THIRTEENTH WEEK: C19



C20

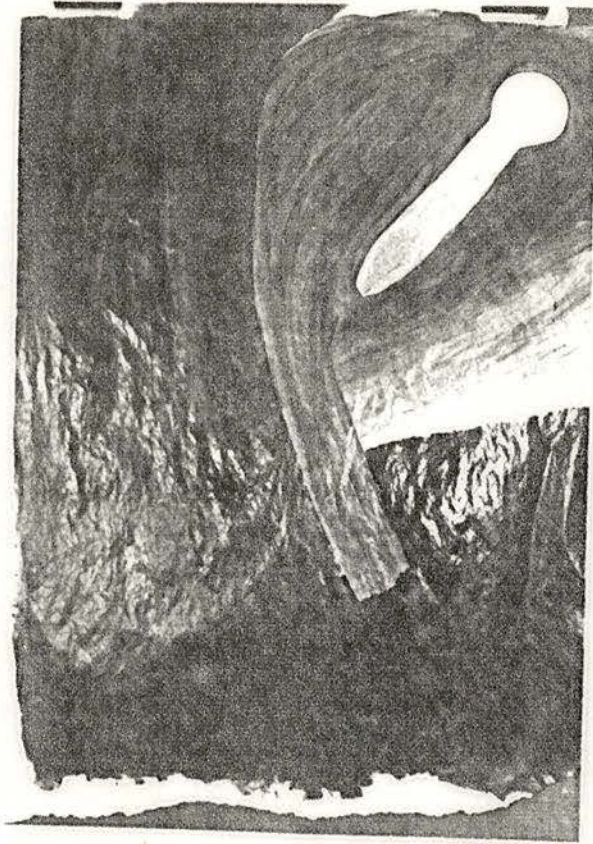


FOURTEENTH WEEK: C21

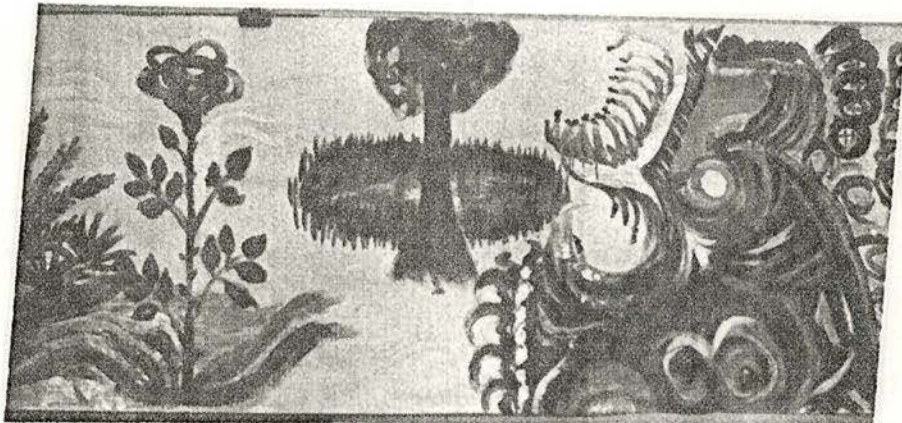
the boys and maintain control without keeping a stranglehold on them. The colours of the hands, blue and black, were associated with containment much as they were in his square mandala (C6). Red and yellow were colours he had previously connected with love and life. In reference to Carl's internal experience these paintings may also have been statements about his own conflict between being alive and "spontaneous" and the need for rigid self-control.

The next session he complained of stiffness in his neck, shoulders and legs, and asked to be shown the grounding exercise again. The therapist used minimal physical contact to focus his attention on tense muscles and to show him how to relax by bending his knees or letting his head drop or shifting his feet. Subsequently he was shown how to get started and then left alone to paint. He painted an organic abstract form in shades of pink and white and a curving purple area to the left (C21). He said he liked the painting because it was spontaneous and pleasurable to paint and the form was sexual, reminiscent of a womb and penis. Asked about the purple he conceded it to be his guilt, but his facial expression at the time he answered suggested that he might have given what he took to be the expected response.

The following week Carl was dissatisfied with his painting again. He used brown and yellow to paint a rounded form with an extension and an interior shape (C22). Rather than being mere background, the blue area which surrounds the rounded form assumes a dynamic, almost dominant place in the picture. Its mitten-like shape is reminiscent of the red building in C7 but where the latter appeared to have an arresting quality, the blue shape seems to engulf the brown form which in turn contains a



FIFTEENTH WEEK: C22



SIXTEENTH WEEK: C23

figure closely related to that which Carl had described as a self symbol in C15. After painting C22 he complained of being stuck once again and expressed his lack of trust in the therapist's "cool and distant" behaviour.

In order to provide an activity where the relationship could be explored more directly, it was decided to collaborate on a painting the following week. The format chosen was a mural, painted on paper 3' x 8' in length with enough paint available to cover the whole area. While Carl was talking about his distrust of strong women in general--he was attracted to them but feared being overwhelmed--the therapist initiated the painting with a large provocative thorny rose. Noticing this, Carl painted a tree the same size, surrounded by a blue pond and spiky green reeds. The two images were recognized by both Carl and the therapist as representing statements of challenge and defence, and it was agreed to make the right third of the paper a joint effort. The result was a rich collaboration to the point that individual contributions could not be distinguished. Carl decided when to stop and said he found that way of painting exciting and satisfying.

Interviews. During the last five sessions the issues were Carl's job, changes in his relations with Esther and Alice, his mother, and his experience of therapy (impressions included).

Carl found his job a mixed blessing: he had a new sense of purpose in his daily life, but he also had to learn to deal with "games" among the staff as well as the adolescents. At least, he said, the job provided him with opportunities to deal with concrete situations.

He became aware of the "power struggles" he had with "strong" women. At first he wanted more distance from Esther when he felt "invaded" but he became really upset when she ended the relationship. He also sensed a change in his relationship with Alice now that he was working and she was not. In the last interview he said he missed the warmth and protection of his mother and realized he had desired her sexually. However, he also recognized his anger toward her for inducing guilt about fighting and masturbation.

Carl had been complaining again that he was stuck, that analyzing his conflicts made him more self-conscious, that art activities were not doing him any good, and that all this was connected with his distrust of the therapist. The therapist at this point asked him what he required in order to trust her, and he replied that "physical contact" would make a "close" relationship but that he was not sure he wanted that. The therapist acknowledged his feelings but expressed the concern that such a direction might jeopardize the relationship. Though Carl said he felt "clearer" having voiced his desire, the issue of trust remained unresolved.

The following week Alice was interviewed and reported that Carl changed most in the six weeks since starting work: he behaved with more "self-confidence" and "sense of purpose." She said that his fears were not apparent in his outward behaviour but perhaps he was more aware of them since he was less aloof from people than when she had first met him several years ago. She did know that he had trouble expressing himself sometimes and that he would try to control a situation by controlling himself.

Log. Since Carl had stopped making entries in his log, he was asked to make a summary of his perceptions about therapy during the study. The following is the summary verbatim:

have just finished reading what i've written in this book. the word that really sticks out is "power". i really want some power. i believe that i'm not a particularly power-hungry person, that i can relinquish control of situations/people, but that when i feel very powerless myself i start to feel controlled by people/situations and feel a need for more personal power. i have been feeling very powerless while doing art therapy. there's a con job that happens with a lot of therapies, and this includes art therapy. you get a reward for getting into your feelings. how do you feel, [Carl]? i mean how do you really feel? it seems that some therapies (a lot) decide for you what you want. i think i feel enough, i want more control not feeling. art therapy has done nothing for me that i can ascertain. this statement is strong and not entirely true, what i suppose i mean by it is that art therapy didn't live up to my expectations. sure, i've felt things by talking about them, painting about them but i don't think i've basically changed at all due to art therapy. for a while, it made my life more difficult by making me more aware of my fears, but i don't think i broke thru anything. the two most important things that i feel came out of art therapy were one, that i became acquainted with painting, and two kay's introduction to bioenergetics, because so many people around me have been getting into bio, i'd developed a lot of resistance to it as a valuable therapy. kay broke that resistance down by getting me to do some exercises which i found very rewarding. so because of this introduction i will pursue bio knowledge now with more of an open mind.

Impressions. During this phase, Carl's central focus was control which was manifest in three areas: his job, his relations with women, and his relationship with therapy. Working with uncontrolled adolescents challenged Carl to deal with his need to control himself and others on a concrete situational level. His role with the delinquents forced him to exert more self-control as well as to play out his own internal conflict between rigid self-control and his spontaneous, lively and even erotic impulses toward pleasure. His log indicated that being in control was quite important to him in dealing with fears of being

overwhelmed by irrational feelings.

His paintings also reflect the themes of control and fear of being overwhelmed or engulfed. Hand-like shapes were a recurrent image which in C19 and C20 were actively grasping and controlling other forms. He used dark blue for these hands and the mitten-like shape in C22. Although the connection may be tenuous it was noted that in the Catholic religion blue has been associated with the madonna and so perhaps for Carl might be associated with his mother. The engulfed brown form in C22 paralleled the position and colour range of the red circles in C19 and C20. In the former, however, the self symbol was contained within the brown form suggesting perhaps that he identified with being held or controlled rather than with controlling as he had in the earlier paintings. The other side of the conflict was evoked when Carl expressed a sensual merging of what he identified as male and female forms in such a way as to suggest the former being absorbed by the latter (C21).

In fact, Carl experienced a conflict with several women between his attraction to their strength and warmth and fear of being overwhelmed by them. He reacted to his conflicts with Esther and Alice by either withdrawal or pursuit, whichever was opposite to their response to him. He expressed his ambivalence toward his mother explicitly at this time, saying he wanted both her warmth and protection but was angered at the guilt she induced.

His relationship with the therapist included both the withdrawal and resentment on one hand and the pursuit of more physical closeness on the other. The final painting served to sublimate these aspects of the relationship.

Finally Carl used the particular mode of therapeutic intervention as a further arena for conflict, claiming firstly that painting was not as good as verbal therapy and secondly that bioenergetic exercises were even better. He then proposed to pursue the new therapy with the same enthusiasm with which he had once sought the art therapy program, paralleling perhaps the enthusiasm he customarily displayed at the beginning of a new love affair.

Follow-up. A follow-up visit was arranged with Carl eight months later. At that time he concluded that it had been his job more than anything else that challenged him to take responsibility for his actions and to choose a direction. In the meantime he had requested art therapy with the supervisor of the art therapy program. However, he said he was still more interested in the bioenergetic exercises she used rather than the painting.

Looking back on the work he had done during the study, he said he thought that exploration had helped him separate his experiences of guilt and masturbation. He believed that his "obsession" with guilt had led him to describe any uncomfortable feeling as guilt and that he had used masturbation as an explanation for his guilt rather than looking on it as a sexual outlet. He said that he felt more comfortable with masturbation and that he now channelled his "obsessive" energy into dealing with people in his life. He appeared more relaxed in this meeting than he had been in therapy.

Sample Session

Eleventh Week: afternoon session
Painting: C15

Since Carl had been expressing different aspects of his internal conflicts, I invited him to paint these "inner voices" symbolically. We set up a large sheet of paper about 3' x 6' long. I asked him to start with a part of himself he liked. He painted a white shape like a circle with a stem and called it his "white shining self." Then he painted black creatures surrounding and touching the white self which he designated "devils of despair." When asked if there was any way to fight or escape the despair, he painted the self shape over to the left, this time in red. On being made aware of the change in colour, he said he had not realized that he had changed it and remarked that he associated red with love and passion. Questioned then whether the self had indeed escaped the demons, Carl replied that it still had to fight one which he depicted as a box. The box, he said, represented the pressures to find work, to choose a career, to settle down, and to generally "get it together." He expressed the belief that these messages had mainly come from his parents. On being asked how he might fight the box since it apparently caused him distress, he painted white over the box but said it had become merely harder to see and so harder to confront. He repainted the black lines and added an explosion in the middle. Since there was an intellectual tone to our dialogue and I believed that Carl often separated his ideas from his emotional/physical experience, I asked him to do Lowen's grounding position (1977, p. 11) and become aware of his body sensations. He was asked to relax, breathe deeply and

begin to associate the explosion and the box with feelings inside himself in the hope that he would become aware of any physical correlates to his ideas about himself and use his imagination to make connections between them. Following this exercise Carl related that he saw the box as his stomach and the "blast" as his head, commenting at the same time that he usually felt anxiety physically as a tightening of his stomach. The other association was apt as well since observations of Carl's behaviour indicated that just as he used the blast to free himself from the box, so he relied on his intellect to resolve his problems.

Right then a fire drill interrupted the session and interfered with any level of relaxation Carl might have achieved. After returning from a few minutes of fresh air, I asked Carl to repeat the grounding exercise before painting again. He then added to his previous painting a supine yellow figure at the base of his red self saying that this was the fear which kept him from dealing with his problem. This figure had arms and legs which appeared to be kicking. I asked about the connection between the figures and Carl said that, although they were warring among themselves, they were also united in order to fight the box. He painted a green line to connect the heads of the figures and added a small "yogi" figure in green as the "detached intellectual" part of himself which kept control over the other parts. While he was painting, Carl expressed his usual desire to rid himself of his fears and conflicts. At the same time his painting appeared to have vitality and his figures had a lively quality in their conflict which belied his intolerance of them. Since he seemed excited about the conflict, I wondered whether he might have some investment in perpetuating it. Asked if he really

wanted to get rid of the box or the fears, he said no, but that he wanted more control over them. Then, on request, he painted his ideal integration: the black box was smaller and somewhat squashed, the small yellow figure lay on the box and the red figure pierced through the other two. The green yogi (a meditating figure in the lotus position, incorporating an infinity symbol) was relatively much larger and covered the rest with his serenity and control. Carl said he liked the image.

His preoccupation with detachment was also evident when he did the grounding exercise. Rather than experience the intended increase of feeling and body awareness, Carl tended to become vague and "spaced out" or further removed from his physical surroundings, a state which he described as pleasurable. Despite his wish for greater detachment from his feelings and greater control over them, I urged him to explore them to some depth. It was my belief that Carl's progress toward integration could be furthered by exploring the feelings which he considered to be irrational and undesirable.

As Carl focussed on the box as that which kept him from reaching his ideal, I asked him to enlarge the box, "open it up" to see what might be inside. He painted it larger and added red, yellow, orange flames and a black figure. He said he had intended to paint his father but realized that it was his mother "pointing to the flames of hell." He associated hell with feelings of guilt and said that while his mother had not talked about sexuality, she had given him church pamphlets which had made her views clear. He added that he was surprised at the re-emergence of the issue because he thought that he had already dealt with it successfully. I suggested that he might have "walled off" that

part of himself and that, perhaps, there was "energy, excitement" in the fire that he could utilize. Asked what would happen if he opened the box, he said it would be "scary" but added a closed green door and a green yogi with arms turned down. I asked if the yogi was "all protecting," and Carl repainted the arms up and said it was "all accepting." When I suggested that he actually open the door and let the flames out, he did so and repainted his yogi yellow, declaring that the yogi was scared and did not have the strength to oppose the fire. In reply to the question whether there was a weapon or a source of strength that he could use or have ready to use when he needed it, he painted a red dot in the centre of his figure surrounded by a green circle and added two tiny fire trucks going toward the fire. He said the centre dot and circle were love and control but explained that the trucks were too small to put out the fire. I speculated that perhaps they could control the fire without extinguishing it and that the fire might have some good aspects. Carl said he was "not sure about that," but agreed to work on a painting of the woman the following week. He left saying that he had the feeling that something important was happening.

Structured Self-Reports

Adjective Check List. Carl took the Adjective Check List during the second, ninth and seventeenth weeks of therapy (lists 1, 2 and 3, respectively). Of the three lists, the second one stands out for various reasons. Firstly, Carl indicated more word choices on that occasion than on the others (list 1: 64 choices; list 2: 83 choices; list 3: 60 choices). Secondly, in addition to the 37 words which he repeatedly checked on all three lists, he checked more words exclusively on the

second list than on the other two, as the following examples indicate:

List 1:	apathetic complaining distrustful	egotistical optimistic quiet	self-controlled silent	
List 2:	active clever complicated energetic	excitable flirtatious hard-headed high strung	insightful moody peaceable reserved	strong stubborn tense worrying
List 3:	civilized defensive	distrustful dull	emotional withdrawn	

A comparison of the above points out a further qualitative difference among the three lists. The words chosen on the second list convey a sense of energy level which is absent from either of the other ones. For example, while optimistic, the only positive term chosen at that time, may be appropriate for a beginning, all other words chosen on list 1 were passive, unexciting adjectives, more like those in list 3. Those selected from list 2 display a much greater diversity and spirit.

Among those words chosen consistently from all three lists, two contrasting groups are apparent. One group suggests inhibition and contraction, for example:

anxious	dissatisfied	gloomy
cautious	fault finding	inhibited
confused	fearful	shy

The second group suggests display and expansion:

adventurous	goodlooking	self-centered
attractive	handsome	pleasure seeking
affectionate	intelligent	relaxed

While the first group could well designate the problems he presented in therapy, the second suggests a narcissistic attitude toward the world. Question marks, placed beside such terms as "feminine, effeminate and masculine" in the second list, taken in conjunction with his log entries

of that time pointed to concerns about his sexual identity and some curiosity about homosexuality.

Q-sort. As described in Chapter III, Carl sorted the Q-cards to reflect first his self-image and then his ideal self at the beginning of the study (first sorts) and again at the end (second sorts).

The statements which Carl consistently chose in the first and second sorts to represent himself were as follows:

Most like self:

- I am worth being loved. (38)
- I am sexually attractive. (37)
- I can be trusted and depended upon. (80)
- I can stand up for my rights if I need to. (15)
- I can give my love to another. (79)

Least like self:

- I am really worthless. (73)
- I really am disturbed--close to the breaking point. (65)
- Most of my troubles are not my own fault. (2)
- I have to protect myself with excuses. (35)
- I just wish I could be someone else, and forget all about me. (75)

These statements may have reflected stable aspects of Carl's self-image. He would appear to have a fair amount of self-esteem and low need to blame others.

Of several qualities that shifted from the first to the second sorts, the statement "I am afraid of sex" (34) moved all the way from column 2 to column 8, 0 standing for *least like self* and 8 standing for *most like self*. To a lesser degree the following also shifted toward *more like self*:

- I usually like people. (11)
- I have a feeling I'm just not facing things. (30)
- I live largely by other people's values and standards. (64)
- I often feel resentful. (42)
- I just can't tell anyone my real feelings. (76)

While item 11 may indicate a positive change, the other statements suggest a new negative self-consciousness that patients often experience when they begin to talk about their problems. The qualities that shifted toward being *less like self* may have also indicated the same kind of preliminary discomfort:

I feel that sex is a source of pleasure, without shame. (57)
 I have initiative. I can get started on my own. (21)
 I am no one. I am not a person in my own right. (26)
 I understand myself. (40)
 I get pleasure out of life. (52)
 I am too much the result of past experiences to hope for
 much change. (45)

Again item 26 may have reflected a concurrent shift in Carl's sense of self-importance.

In comparing self sorts and ideal sorts to see which statements showed the greatest discrepancy in placement (i.e., a shift of four or more columns in the concurrent sorts), it was found that twice as many discrepancies were found in the second sorts. These discrepancies were interpreted as indicating areas of strong dissatisfaction in Carl's self-image. The following areas of dissatisfaction appeared on both first and second sorts and were presumed to be fairly stable:

More like self than ideal:

I often feel guilty. (66)
 I am sexually attractive. (37)
 I am shy. (24)
 I am fearful, often dreading what may happen. (27)
 I am kept going by hopes for the future. (9)

Less like self than ideal:

I feel secure within myself. (4)
 I am full of life and good spirits. (13)
 I have confidence in myself. (8)
 I feel happy much of the time. (3)

The question might be raised as to how Carl saw being "sexually attractive" and being "kept going by hopes for the future" as less than ideal.

However, the other areas reflected the concerns he expressed about anxiety, guilt, shyness, and the like. The second sorts also turned up new discrepant statements such as the following:

More like self than ideal:

- I am afraid of sex. (34)
- I am confused. (49)
- I am a failure. (47)

Less like self than ideal:

- I understand myself. (40)
- I get pleasure out of life. (52)
- I feel sex is a source of pleasure without shame. (57)
- I have initiative, I can get started on my own. (21)

These may have reflected the deeper issues that emerged for Carl at the end of the initial phase of therapy. Item 34 together with item 57 may have indicated why sexual attractiveness was less than desirable for Carl.

Sentence completion. Many answers were the same for both administrations even in the case of complex phrases such as "a man who falls in love: is a lucky man indeed," or "after he made love to her he didn't roll over and go to sleep." These may have represented fairly stable response patterns less subject to the influence of specific experiences. One area where his answers changed radically was in relation to a boss. When he took the first test, he had not been working for several months, and he indicated that he saw bosses as authoritarian "ass kissers." By the second test he had a job he liked fairly well and he expressed his "surprise that he liked his boss" and that bosses could be "decent people." He retained the reservation that his boss might be the "biggest con artist [he had] ever known."

There was a strong undercurrent of hostility in Carl's responses. They clearly indicated that he did not like being told what to do and would either resist orders or do the opposite of what he was directed to do. His reaction to power in any form was negative. People in authority were, for instance, seen as "power trippers"; but he also resisted taking positions of power himself: "if I were king, I would abdicate," he wrote and indicated that he would take responsibility only when he felt pressured to do so. When put in charge he said he would create "chaos" or do the job too "humourlessly"; and if the job looked impossible, he would have someone else do it. Passivity was also apparent in his responses to statements referring to potentially frustrating situations: he associated being alone with being "afraid," being depressed with being "unable to communicate or reach out," being unable to get what he wanted with being "desperate" or by saying that he "doesn't care anyway." He ascribed his lack of success to "circumstances," "religion," "mother," "fears" and "guilt" as causes from the external world. He wished to be "centred" and "in control."

Carl indicated in the test that his central fears in childhood were fear of the dark, of blushing, of being caught masturbating and of having to fight. The relevance of these fears to Carl's current conflicts has already been shown in the summary of sessions section.

He both underestimated and overestimated his self-worth in relation to others. Responses showed that groups scared and made him feel "exposed, humiliated, and inferior." When it was his turn to speak in a group he "stammered" and "blushed." At the same time he expressed the feeling that he was superior to people in general, of being "more aware,"

"more gentle" and able to "out-talk" them. To Carl most people were "uninteresting, stupid, and unconscious." Men were "macho-types" and women "painted faces, conditioned, and fashion freaks."

Carl also appeared to have fears of relationships: love was "hard to define" but "needed more than anything" and still "not the answer." He saw marriage as a "farce, a silly mistake, and a contract for security." Sex was "just a game" and "mighty fine" but sexual desires were "not always satisfied" and "out of control." According to his responses, "he didn't roll over and go to sleep" after intercourse, and he indicated pride in being a good lover, yet apart from that his responses revealed little about his relationship with women. However, his response given in the second sentence completion that he was dissatisfied when his "sexual fantasies didn't materialize," when taken in conjunction with concurrent information from interviews, suggested that he could have been referring to fantasies about the therapist.

In relation to his mother, Carl's responses indicated a certain level of ambivalence. Thoughts of her would bring a smile but when she came home he "retired." A fight between the parents brought a response of annoyance and sadness that "she wasn't stronger." His earliest memory of seeing her "undressing" may have indicated a special taboo in his family, especially since that response was repeated in both administrations. He felt that she had held him back, caused him to get hurt through "preaching brotherly love," gave him "smothering love" and on the second sentence completion he went as far as to say that when he thought of her "he knew true hatred." The range of his ambivalence toward his mother is evident in his response that on the one hand, he

wished he had "made love to her while she was still attractive" and on the other that he felt "pissed off that he'd been vulnerable to her."

Carl's responses also indicated ambivalent feelings towards his father. On the one hand he felt dominated by him: fathers "try to dominate their sons," "fight" with mothers, and by spanking, "show who has the power." On the other, there were indications that to Carl a reversal of that relationship was just as conceivable: "fathers are threatened by their sons," he wrote, and he was sure that he could beat his father in a verbal battle. A further dimension to this relationship was added when he wrote that spanking by his father gave him an erection and he wished his father "could make love with" him. Even the early memory of his father showing him "how to pinch the pimples on [his] legs" had a sexual tone to it. The closeness Carl seemed to desire in these responses went beyond the merely sexual to a concern for his father's feelings: "he wished his father were not afraid of him," and he recognized "the sorrow on his [father's] face" and that "he was crying." As he reported that his earliest memory was "pretty good," he may have felt the loss of a closer relationship which he once had with his father.

Carl's Analysis

Focus

Carl's presenting problems were his shyness and uncontrollable anxiety around groups of people and his need to find a job and commit himself to work. Since Carl had some intellectual understanding of the development of his shyness and the rebellion in his lack of commitment to a career, it was hypothesized that there might be an unresolved

emotional issue triggered by current situations. Since his symptoms were vague and elusive, the plan was to clarify both the circumstances of origin and the current personal interactions that evoked them.

Environment

While not appearing to be reluctant to paint, Carl waited at the therapist's office to begin a conversation, to help her carry equipment, or to be told to get started on his own. From then on he set up and worked until he was called for an interview, then he usually cleaned up and left after the interview was over.

At the beginning Carl preferred isolated areas to set up his work and though he worked in the same room as some other patients in the evening session-, he said he felt uncomfortable with any of them looking at his work. He also said he felt competitive with the others for the therapist's attention, and after four evening sessions and on confrontation over commitment, special afternoon sessions were arranged for him.

He was amiably reserved with the other patients, wary with the therapist and embarrassed and upset when the program supervisor dropped by to see his work. He said he blushed on these occasions and then was angry with himself.

His behaviour was congruent with his expressed fear of being "exposed" to others and not able to control his feelings of being "vulnerable." On the whole, the activity of painting appeared to be less important to him than his interactions with the art therapist.

Approach to Work

Commitment. Carl's avoidance behaviours and verbal statements suggested a low commitment to painting. He did not use time outside the therapy sessions for art work even after borrowing art materials to take along on his out-of-town trips. He said that he considered the interviews to be more valuable than the painting sessions.

Choice of subject. Carl chose his subject matter according to his beliefs about what a successful painting would be (C2, C7), ideas which he wanted to communicate (C19, C20), and suggestions from the therapist (C8, C9, C18). Although he complied with directions from the therapist, he resented any structure imposed on his painting (C6) and expressed pleasure with the activity only on those occasions when, as he put it, "spontaneity" entered his work (C21).

Immersion and duration. Though Carl would sit at his easel painting or contemplating his work, he was easily distracted and ready to stop when called for his interview and did not return to work on any painting not completed (C7, C9), nor work on paintings of previous sessions.

Verbalization. Carl was able to verbalize many of his painting themes. However, he did not volunteer information and appeared annoyed with questions. He was comfortable using images as pictographs (C15) for direct communication of ideas.

Attitude toward art products. Carl talked as if the paintings were somewhat interesting but of no real value to him. However, he asked the therapist to keep them for him and recently picked them up before moving out of the area.

Though Carl showed little evidence of commitment to the process of painting, he had some interest in the communicative function of his paintings.

Materials

Carl generally accepted the materials offered him and neither complained about their utility nor introduced other materials. His first few paintings were on newsprint, but from the first evening session with other patients he used white cartridge paper like the others. Also after his initial experiments he did not hesitate to use paint to cover the whole page but did not use excessive amounts. He also experimented with mixing colours to some extent.

Technique or Form of Expression

This category and the one on specific subject matter are grouped according to the four phases described in Carl's summary of sessions, as the content and mode of his painting did show variation over time. As form and content are closely allied, both categories will be reviewed before comments are added.

First phase. In most of these paintings (C1, C3-C5) the shapes were composed of curved lines and spots scattered across the paper. Similar shapes were grouped and repeated but not overlapped. The negative space, or what the Gestaltists call ground, was left unpainted. Exceptions were the landscape, where Carl attempted to interrelate shapes into a representational image, and the contained mandala.

Second phase. Several features stood out from the painting done at this time: the composition was centred on the paper, at times with the

top and bottom left unfinished while at other times a frame surrounded it (C10); the backgrounds were painted before adding the objects; experiments in shading technique were begun in the picture of the mountains (C7) and the face (C9); three of the paintings showed sharp colour contrasts--red against blues and greens (C7), white against black (C8) and blue against red and yellow (C10). Colours varied from those appropriate to natural landscape (C7) to the bright primaries behind the "angry" tanks (C10).

Third phase. Carl began to tackle complex composition problems (C12, C13, C14) and to make use of the whole sheet. At this time he also began to experiment with texture and subtle shades of greens while still maintaining his use of bright primary colours. In some of his compositions he introduced a horizontal dimension such as the layers of C12 and the structures of C14. C15 was composed of pictograms relating to the therapeutic dialogue, and C18 was an attempt to develop one of the pictograms into an independent image.

Fourth phase. The outstanding feature of these last, abstract paintings was the simplicity of the large shapes and the use of strong contrasting colours to define the shapes (C19, C20, C21, C22). The collaborative painting in C23 encouraged Carl to use a range of colours and overpainting to build up a rich non-objective composition.

Content

General considerations. Complexity of content reached a peak at the end of the second phase and continued through the third. After a tentative beginning the paintings flourished and again became simpler in

the end. This pattern paralleled one evident in the Adjective Check List in which the second list, done in the third phase, showed an increase in number and complexity of items checked.

There was continuity both in Carl's basic themes, e.g., landscapes, self symbols, and non-objective images--and in his association with basic colours: black as depression, red as love and passion, green as cool, and blue and purple as guilt and control.

Many of Carl's themes could be recognized as universal such as, for instance, a tiny dot in a vast black field to signify isolation. Some associations were more personal, as were his use of green and the yogi to represent his intellectual detachment.

Carl depicted representational scenes and objects in one-third of his paintings, and he attempted to make them realistic rather than fantastic. With many of his symbolic images and people Carl omitted backgrounds while he covered the full sheet and developed backgrounds in his landscapes and non-objective compositions.

Specific Subject Matter

First phase. During this time Carl initiated experimentation with non-objective shapes (C1, C3, C4, C5) and landscape painting (C2). His work suggested the first forays of an untrained painter into exploration with art materials and subject matter.

Second phase. A wider variety of subjects was introduced in this phase, such as landscapes (C7, C10) and face (C9) while non-objective subjects also continued. Two compositions showed contrasts between natural landscapes and man-made buildings or machines (C7, C10) while

one contrasted a small white dot against a great expanse of black (C8).

Third phase. The content of this time period was varied. It included a landscape (C14), a female figure (C18), some non-objective designs and various self symbols with the latter two motifs predominating.

Fourth phase. Of the five paintings done in this period two were symbolic expressions of Carl's ideas (C19, C20) while two others consisted of simple non-objective images (C21, C22). The last one was a joint effort which included both natural subjects, a rose and tree, which functioned as self symbols, and a non-objective design.

In summary, three aspects of Carl's paintings merit discussion. Firstly, it was noteworthy that his paintings lacked human figures. The only two he painted appeared not only isolated, but cut off from any attempts at communication. As Carl pointed out, "making eye contact" with people let them know that he was friendly; yet eyes were conspicuously absent from these paintings (C9 and C18). Despite the number of self symbols that Carl painted, he did not attempt to represent himself in a portrait.

Secondly, man-made objects were also rare but intruded on the three landscapes painted during sessions when Carl was angry with someone: Esther (C7), Alice (C10), and the therapist (C15).

Finally, the largest group of subject matter was non-objective designs which showed some development in the handling of composition. In the beginning the shapes were scattered and disconnected. Later on connected shapes were used, followed by large simple interrelated shapes. In this area Carl could be seen as gaining some control over his

material and subject matter. He was quite capable, for instance, of conveying his idea of "grasping for control" (C19, C20) and was able to produce to his satisfaction a nonverbal expression of emotion (C21). These simpler more straightforward paintings came at the time when Carl was shifting his attention away from therapy toward his new job.

Restatement of the Problem

Carl's restatement of his goal was to have more control over himself and less "feeling." He took a job which would require him to exert more self-control in order to control the delinquent youths under his care. In the follow-up session he said he realized that his problem with anxiety had in fact been decreasing gradually over the years.

The therapist's restatement concerned itself with the function of therapy for Carl, from which new areas of speculation emerged. To begin with, after leaving the church and the rigid structure of his home life, Carl drifted, looking for a new focus for his need to rebel and be nurtured. Therapy, like his church and his family, offered him a structure against which he could rebel: from the beginning he said he wanted to learn the rules so he could break them. Therapy also offered him the privacy and forgiveness of the confessional, including tasks to work off his guilt and the potential of nurturing protection from the world.

Coming to art therapy served Carl in various ways. It provided an opportunity to pursue activities which were valued by his peer group: to become creative and to gain in self-awareness. In connection with the latter it also offered him a safe, stigma-free opportunity to admit to the existence of some problems and a superficial involvement with their resolution.

Carl came to the program with expectations which were, while vague and undefined, essentially too high to be fulfilled. He hoped that art therapy in some way would help him find out who he was and who he might become. He also hoped to learn in this way to attain greater control over himself and his situation, controls which loomed quite large in the image he not only wanted and needed to present to others but which he also wanted others to accept of him.

The job Carl found at this time was probably more instrumental in resolving part of his problems than the therapy was. It forced him to commit himself to something and it forced him to confront some of his basic issues such as the opposition of his need for rigid self-control to his desire for freedom and spontaneity.

If Carl had chosen to continue working with this therapist, the plan would have been to focus on current work situations and significant relationships without being caught up in intellectualization.

As just mentioned, this work situation offered Carl opportunities to look at fundamental issues on a concrete level, i.e., how he dealt with his internal control/freedom conflict, with his commitment to working and with his need for distance/closeness in interpersonal relationships. The therapeutic relationship itself could have been used to help Carl become aware of his conflicting attitudes toward intimacy and his means of controlling relationships in order to help him find more successful approaches.

Painting activity could also have been used to reflect the emphasis on real situations rather than abstract problems. Carl could have explored representational images of people and self-portraits to develop

his objective observations of himself and others. Painting might have also become a safe arena in which to explore the possibilities of interpersonal relationships. Further emphasis could have been placed on the activity of painting in order to help Carl build his self-esteem through mastery of his materials rather than on verbalization or projecting an acceptable image.

CHAPTER VI

DISCUSSION AND CONCLUSION

Discussion

Presenting case studies is nothing new in art therapy. The literature abounds with examples. While interesting as narratives, most are unsatisfactory as objective evidence. Consistent systems of presentation are lacking and therefore they can neither be duplicated nor compared with the work of other art therapists on a point-by-point basis.

To deal with this problem, this researcher has aimed at developing a model which would permit not only a comparison between two cases but have the additional benefit of providing some definite reference points against which the progress of each individual case could be measured.

The research study presented here is limited in that it deals with only two cases and does not allow for longitudinal assessment. The findings, therefore, have limited generalizability. However, the model employed in this study suggests that a systematic approach to art therapy cases material using the following categories is both feasible and valuable.

Background

This section included all pertinent information in standard clinical intakes: presenting problem; development of the problem; essential details about family, education, work and relationships. This information establishes the context for developing hypotheses and setting

initial goals of therapy. The two case presentations of Carl and Ann could be compared and contrasted in the areas of presenting problem, relationship to family, lifestyle and commitment to long term relationships. It was found, for instance, that Carl presented more specific problems and goals for therapy: overcoming anxiety reactions and making vocational plans. Ann, on the other hand, presented a vague wish to be more creative and less lonely. Religion played an important part in Carl's upbringing and he was currently living far distant from his parents, while Ann was quite involved with her parents after having lived away from home for several years. While they diverged in many areas, there were also similarities: Ann and Carl shared the mores of the counter-culture generation, and both had been involved in extended monogamous relationships though Ann was currently on her own.

Summary of Sessions

The categories under this section--(1) artwork and behaviour, (2) interviews and logs, (3) impressions--were appropriate to the data employed in these cases. However the division between art activity and interviews was seen to be a hindrance to therapy even if it was convenient for the collection of data. On the other hand, putting the therapist's perceptions and interpretations in a separate category from observed behaviour aided the therapist in keeping the distinction between concrete data and interpretation in mind.

Under the specific data considered--art works, taped interviews, personal logs and structured self-reports (to be discussed in a later section)--all were found to enrich the quality of the material available

for assessment.

Art works not only express images that patients have difficulty putting into words; but, as Ulman says, they are "durable and unchanging; their content cannot be erased by forgetting and their authorship is hard to deny" (1975, p. 5). Therefore they gave the patients as well as the therapist a consistent point of reference in therapy.

While taped *interviews* provided primary data for analysis, the requirement of special equipment and setting and the cumbersome process of transcription limited the value of tapes as a regular part of therapy. In most instances, disciplined note taking immediately after a session might be a sufficient means to preserve essential data.

Even without consistent entries by the patients, the *logs* contributed to the therapist's understanding of the patients' experience. The logs included information about significant life events and relationships outside of therapy which formed a context for behaviour within therapy. They further proved to be of benefit in encouraging the patients to think about their experiences and become aware of the process of therapy. The log summaries enhanced the overview and assessment of the study period of both the patients and therapist.

Ann and Carl displayed contrasting patterns in the quantity of material they produced and their relationships to therapy. Ann painted almost 50% more paintings than Carl and utilized her log very little after the beginning. On the other hand, Carl, who had been overtly resistant to the structure of log keeping, actually turned out a great quantity of introspective writing.

Ann and Carl displayed contrasting patterns in their approach to therapy. The former began with high hopes and exploration of new expressive outlet which were gradually replaced by disappointment and resentment toward the therapist for not fulfilling her needs. In contrast, Carl displayed initial reluctance which was modified by some excitement and struggle for dominance in the intermediate phases to be followed by withdrawal and criticism of the process.

Sample Sessions

The amount of space required to present primary data might be prohibitive in publications, but where it is feasible, transcriptions of specific therapy sessions offer a view of what actually takes place between the therapist and patient. Excerpts from dialogue and behavioural descriptions are concrete data that enhance the presentation of case material and permit the therapist to stand back and observe the dynamics of the therapeutic process. Not only are specific techniques described but the therapist's mode of relating to individual patients becomes evident.

Although no great divergence was displayed from other material in this study, the sample sessions included did give evidence of different behaviour between Carl and Ann. For example, even though both samples involve sessions integrating painting and interviews, the greater length of Carl's suggests the greater quantity of verbal behaviour in his case. It is apparent that he approached the session intellectually and analytically while Ann approached hers emotionally and synthetically. These are characteristic modes for these two patients.

Structured Self-Reports

The three tests chosen had the advantage of being simple to administer and offering fairly interesting tasks for the patients. Not only were they a source of information about patients' self-perceptions, experiences and memories, but the tests provided observable data on how the patients approached new tasks and responded to external structure. At the same time it allowed the therapist to observe the patients' behaviour without being directly involved with the tasks. The standardized framework permitted comparisons of specific behavioural and informational dimensions.

The main drawback was found to be the difficulty of interpreting the response data. The information was taken at face value, not to be compared to group norms nor used as basis for diagnosis. The therapist developed working hypotheses from the material rather than absolute conclusions. For use with cumulative data and horizontal studies, it might be useful if researchers employed tests that offered standard group norms for comparison.

While in this study the test material was treated separately in order to provide a check on the therapist's observations during therapy, these tests might as well have been utilized to suggest areas of experience and personal issues to be explored.

Having standardized forms these tests allowed a number of points of comparisons as, for instance: on the Adjective Check List quantity of items checked revealed different patterns of which the following are two examples. Ann checked twice as many adjectives on the initial list as Carl and she checked progressively less on subsequent administrations.

Carl, on the other hand, checked one-third more adjectives on the intermediate list than on either the initial or the final lists. These patterns reflected differences in degrees of optimism and excitement in relation to various phases of therapy. Then on the Structured Sentence Completion both Carl and Ann displayed resentment of people in authority. Ann's responses were fairly generalized and remained stable, while Carl's initial suspicion of bosses was modified somewhat after he started working with one he liked.

Analysis

Focus. Though the presenting problem was presented under *background*, the problem and goals of therapy are restated so that the therapist has the focus in mind before looking at the quantity of data collected.

Collection and interpretation of data. The first three categories --*relation to environment, approach to work and materials*--are intended to catalogue some of the myriad behaviours that therapists observe around the art activities. These behaviours give the context in which the art works were produced; and they may be characteristic of the patient's approach to new situations, people and tasks. By describing them the therapist becomes aware of the observations that form the basis for impressions and decisions in therapy. It is important to make distinctions between concrete data and subjective reactions on the part of the therapist.

The *techniques* category posed some special problems due to art terminology used in descriptions. There is an abundance of art terms

used in writings of artists, historians and critics but often their definitions are multiple, vague or borrowed from other disciplines. Some terms are fairly concrete such as *line* and *mass*, but terms such as *archaic* and *traditional* as used by Simon (1970) may serve to obscure meaning rather than clarify because of their connotations in other fields. Further, some terms represent interdependent categories such as *form* and *content*, for example when form means shape does it become content? Perhaps Ben Shahn (1957, p. 7) summed up the matter when he said, "form is the very shape of content" and they cannot be separated. Looked at together these categories interact to form either a congruent or a dissonant whole which may parallel congruence or dissonance between verbal statements and nonverbal behaviour. This study could not begin to unravel these problems but points to the need for a consistent working terminology.

In setting up the *content* category, it made sense to gain an overall impression first, in other words to look for global information before looking at detail. The subcategories--such as complexity, self-portraits, and so forth--are not exhaustive but were wide enough to be utilized in this study as a check list from which areas explored and omitted became apparent. These specific headings will need to be elaborated, modified and refined before they can offer a flexible system for the use of most therapists.

Restatement of the problem. Even where the problem has not changed over time it is important to state it again and re-examine its validity in light of the data collected. Having done so, the therapist will have a clearer picture of the patient; should the problem shift or new areas

emerge, the therapist's subsequent interventions in each case will be based on concrete information. Restatements of this kind could, of course, be valuable in comparing the progress of two or more cases.

As this section covers so much data, perhaps just a few examples will illustrate the possible comparisons. In looking at each one's *relation to the environment*, Carl and Ann's characteristic avoidance behaviours offer an interesting contrast: while Carl engaged the therapist in intellectual conversation to avoid painting, Ann used her pre-occupation with her babies and baby-sitters for much the same purpose.

In *approach to work*, Carl's need for immediate personal mastery contrasted with Ann's need for unconditional approval. Though both belittled their art products, Ann forgot about hers as soon as the therapeutic contact ended while Carl asked the therapist to preserve his paintings which he later reclaimed.

The *content* of their art work exhibits even more striking differences. Ann's many portrait faces contrast with Carl's landscapes. From a comparison of their differing emphasis in subject matter, areas of omission in their work emerge. Carl rarely ever painted a person and never painted a self-portrait. Ann painted most of her portraits of Don and did not paint her parents or siblings nor any kind of scenes involving more than one person or action. These omissions suggest areas that could have been explored with Ann and Carl to see how they would have handled different materials and expressed their experiences of relationships.

As the foregoing shows, the systematic approach within this study has made comparison between two cases feasible and thereby has enhanced

the therapist's understanding of each patient. The contrasts helped to define the uniqueness of Carl and Ann. Had the study been wider, their similarities might have helped to define the group to which they belong.

The model used is inadequate in a number of ways as has been pointed out. For instance, the art terminology is imprecise, the interviewing structure is awkward, and the subcategories in the analysis section are not comprehensive. However, there are some definite advantages in using a model of this kind or of a similar nature. This researcher considers the main advantages to be, first of all, a preliminary checklist by which to identify and organize behaviours of individual patients at the beginning phase of therapy. Given the opportunity for a longer study period, these behaviours could then be compared with a similar list in a later phase to identify specific evidence of change.

Secondly, by recording and organizing data in this manner, the therapist has a method of stepping outside of subjective experience and making objective observations. The therapist can look at the data both quantitatively and qualitatively and become aware of areas which could be explored with the individual patient, then, in selecting appropriate techniques, the therapist's judgments would be based on empirical data.

Finally, using a systematic approach could enable the therapist to make generalizations about the population of patients who come to an art therapy program and about special needs that they might have in common.

Conclusion

In the beginning of this paper, the research question posed was: can a method of reporting cases be developed which permits the systematic collection of comparable data yet allows sufficient flexibility for individual case differences? The researcher found that it is possible to present case material in such a way that it allows for a systematic comparison of the data collected. The model is flexible enough to allow for at least two data comparisons. On the one hand, it enables the researcher to examine the wide array of individual behaviours and to recognize which, if any, patterns are peculiar to each case. On the other hand, through the examination and organization of a quantity of behaviour concerning several cases, common patterns of behaviour might become recognizable. From making many such comparisons it may be possible to arrive at some initial generalizations concerning the needs of a particular patient population and to develop treatment strategies accordingly.

For art therapy such a model means that not only is one therapist able to compare patterns among patients and find approaches appropriate to each, but art therapists will have greater access to each other's work. They will be able to move in the direction of finding out what works, with whom, under what circumstances and perhaps why. Researchers could use comparisons between case presentations of different art therapists to identify elements which are common to most practices and those areas where they diverge. More information about the role of the therapist, patient population, and setting might make clearer the differences in

expectations, approaches, and outcome. Cumulative studies could give general information about the field and lay the groundwork for longitudinal and historical examination of art therapists' work in order to discern the direction in which the profession is developing.

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VITA

Surname: LEONARD Given Names: KATHERINE MARIE

Place of Birth: SANTA MONICA, CALIFORNIA, U.S.A.

Date of Birth: July 20, 1945

Educational Institutions Attended,
with Dates of Entering and Leaving:

<u>UNIVERSITY OF CALIFORNIA, LOS ANGELES/TOKYO/BERKELEY</u>	<u>1963 to 1967</u>
<u>UNIVERSITY OF MICHIGAN, ANN ARBOR</u>	<u>1967 to 1969</u>
<u>UNIVERSITY OF VICTORIA, VICTORIA, B.C.</u>	<u>1973 to 1979</u>
<u>_____</u>	<u>_____ to _____</u>

Degrees, Diplomas, Etc., Awarded,
with Dates and Names of Institutions:

<u>B.A.</u>	<u>1967</u>	<u>University of California, Berkeley</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>
<u>_____</u>	<u>_____</u>	<u>_____</u>

Honours and Awards:

University of Victoria Scholarships, 1974/75 and 1975/76

Registration with American Art Therapy Association, 1978

Publications:

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A SYSTEMATIC APPROACH TO CASE PRESENTATION IN ART THERAPY

Author



Signature

KATHERINE M. LEONARD

Name

15 March 1979

Date