

AN INTEGRATION OF ART THERAPY WITH
BIOENERGETIC ANALYSIS AND
GESTALT THERAPY

by

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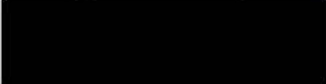
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Abstract

The problem to which this thesis is addressed, is how the art therapist might use the theory and technique of gestalt therapy and bioenergetic analysis to supplement the art therapy process in the following seven areas: philosophical or theoretical orientation, diagnostic tools, modes of symbolic interpretation or non-interpretation, directed therapeutic release of emotion, reidentification with alienated parts of the personality, establishing criteria for evaluating progress and establishing therapeutic goals.

The history of active art therapy was surveyed from its psychoanalytic origins to its present-day explorations into other psychotherapeutic approaches, from Jungian theory to the humanistic therapies with their focus on self-actualization.

Gestalt therapy was examined for the applicability of its theory and techniques to the art therapy endeavor, and was found to be of benefit to art therapists in six of the seven general areas proposed, with the exception of offering a coherent system for establishing criteria in evaluating therapeutic progress.

Bioenergetic analysis in theory and methods, was found to be of benefit to the art therapist in all seven of the proposed general areas of investigation.

It was concluded therefore, that gestalt art therapy and bioenergetic-based art therapy present two new theoretical orientations to the field of art therapy and they offer numerous techniques and methods to the art therapist for understanding and entering the creative inner world of the client.

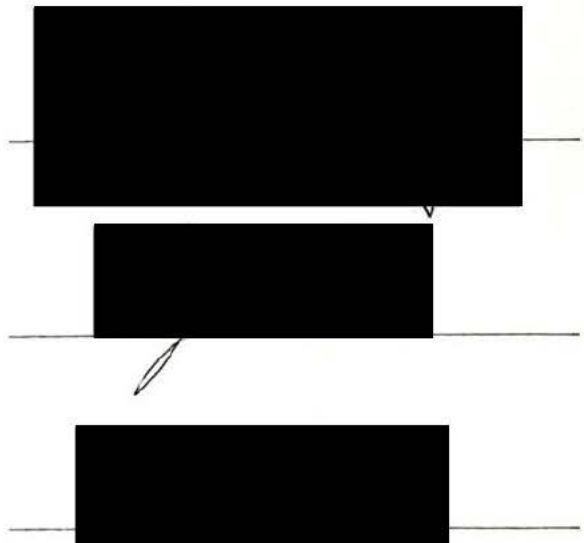


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I. THESIS INTRODUCTION

Art therapy has yet to establish for itself a conceptual theory of the nature of man and his behavior, and a congruent scheme of psychotherapy which accords with that theory.

Instead, it has of necessity, adapted itself to existing theoretical orientations, the foremost of which has been until now, Freudian psychoanalytic theory (Kramer, 1958).

It is the contention of this study that other psychotherapeutic orientations, particularly those of a humanistic outlook, are equally if not more applicable to the field of art therapy (Hodnett, 1973). Certain questions have arisen during my four year training as an art therapist at the Victoria Mental Health Centre, B.C., prompted by the dual use of art therapy and bioenergetic analysis by Kay Van Sickle, A.T.R., which instigated the proposed research. Among them are the following: Is there a need for art therapy to utilize other psychotherapies to buttress its own process or is it a self-sufficient therapy capable of inducing change on its own? What benefit can be derived from the application of therapeutic models other than traditional psychoanalysis, to art therapy? What do bioenergetics and gestalt therapy share in common with art therapy that might enable them to support and complement each other in the therapeutic

endeavor? Finally, how can the art therapist apply the tangential philosophies, techniques and goals of bio-energetic analysis and gestalt therapy to the process of art therapy?

It is to the investigation of these questions, particularly the latter two, that this study addresses itself.

Through the examination of gestalt therapy and bio-energetic analysis as possible resources of technique and theory, the following study offers a significant contribution to the field of art therapy by attempting to improve and expand the operational skills of the art therapist and by broadening the theoretical base on which art therapy at present rests. It has been hypothesized that these two therapies, when introduced into and combined with art therapy will enhance the therapeutic value of the process.

In the absence of its own theory of personality, art therapy has been umbilically tied to Freudian psychoanalytic theory (Kramer, 1971, Kris, 1952 and Naumberg, 1950). Hodnett (1973, p. 76) asserts that the time has come for an expansion of art therapy's theoretical ties to other systems that might offer as much or more to the field than psychoanalytic theory. She states:

. . . It is time to stop assuming that psychoanalytic theory explains all that is to be understood about mental health and unhealth as approached through art. Interpreting the same sets of circumstances in the light of various

theories of art (aesthetics) and psychology, could yield new, interesting approaches to art therapy. (Hodnett, 1973, p. 77)

It is proposed in this study that bioenergetics and gestalt therapy offer two such theories and that the art therapist can benefit specifically by drawing upon these models for a theoretical or philosophical orientation, diagnostic tools, modes of interpretation, criteria for progress and therapeutic goals.

Lacking an exclusive system of knowledge, theory and technique specific to art therapy, art therapists who have broken with psychoanalytic tradition, have of necessity forged their own directions with eclectic tools drawn from other therapeutic approaches.

Art therapy as a practice, denotes a range of activities from education and rehabilitation to depth psychotherapy.

"The field of operation for art therapy extends from locked psychiatric wards across a broad range of less severe psychotic levels from deeply neurotic through mildly neurotic persons and into school classrooms." (Hodnett, 1973, p. 75)

More often than not, the art therapist is a chameleon whose color depends on the nature of the institution by which he or she is employed.

Until recently the lack of communication between adherents, the dearth of confirmed research, the myriad input from varying disciplines and the necessity of creative

innovation in a rapidly evolving profession, rendered art therapists virtually unrecognizable to one another in practice. Ulman states:

Possibly the one thing common to all their activities is that the materials of the visual arts are used in some attempt to assist the integration or reintegration of the personality. (Ulman, 1961, p. 10)

This broad evolution of function and vague definition of process has precipitated an identity crisis in the field. Grappling with issues of self-definition caused by the divergent methods and theories of its practitioners, art therapy* is untethered by convention, versatile and open to invention, but remains nevertheless, unanchored to a specific body of knowledge or a confirmed system of theory and technique (Harms, 1975) (*refer to glossary for definition).

This is the crux of the current controversy disputing whether art therapy should be primarily an adjunct therapy, validated by the theoretical framework of an existing psychotherapy, or a self-sufficient psychotherapy in its own right. Kramer, one of the foremost authorities in the field, writes, "Art therapy alone does not usually provide leverage for the resolution of more profound emotional disturbance. On the whole, art therapy and psychotherapy reinforce and supplement one another. Art often becomes a preferred area for re-enacting the inner tensions and changes engendered by psychotherapy." (Kramer, 1971, p. 22)

She states:

So conceived, art therapy becomes an essential component of the therapeutic milieu and a form of therapy which complements or supports psychotherapy, but does not replace it.
(Kramer, 1971, p. xiii)

It is not my intention to enter the dispute by siding with either the adjunct or the self-sufficient therapy viewpoints. However, for the purposes of this study, I lean toward Hodnett's assertion and contend that in the absence of an independent, established and confirmed system of art psychotherapy, art therapy can be successfully integrated with one or more therapeutic approaches to create a unique adventure in psychotherapy. I propose that bioenergetics and gestalt provide new theoretical anchors for art therapy which are viable alternatives to traditional Freudian moorings. The study also rests on the assumption of J.M. Denny (1972, p. 17) that:

Art therapy is related to a variety of theories. The art therapist is well advised to utilize techniques well-rooted in a theory which he understands, for which he has a personal affinity and which seems relevant to the clinical situation.

Therefore, the intent of the following study is to research how the art therapist can use both bioenergetic analysis and gestalt therapy for the purpose of rooting the therapeutic process in theories and techniques which are compatible with and supplemental to the goals of art therapy.

Both of these relatively new therapies found their historical footing in psychoanalytic theory and extended their philosophical formulations into the realm of humanistic psychology. As such, they offer an analytic system as well as an optimistic theory of the nature of man to the art therapist. Both envision man as ultimately responsible for the quality of his existence. Both view man as a unified whole, tragically divided against himself in the struggle to actualize a culturally identified self-image as opposed to a realistic self-awareness, blended from limitations and potentials. Hodnett speculates,

Perhaps the two theories of personality, analytic and humanistic, will eventually be utilized together in some sort of tandem or leapfrog manner in the process of art therapy, shifting gears from one to the other as the patient/client's needs are met and understood. This is an area in which no research, to the writer's knowledge has been conducted, yet it obviously is one of the sensitive features of a larger view of art therapy. (Hodnett, 1973, p. 77)

It is to precisely this end, of integrating analytic and humanistic approaches in the form of these two therapies, that this paper directs its research. Lowen, the founder of bioenergetic analysis, writes:

I have always believed that therapy requires a double approach, one focused on the past, the other on the present. The work on the past, is the analytic side, which stresses the why of a person's behavior, actions and movements. The work on the present stresses

the how. Therapy in my opinion, should not be an either/or process, either analysis or learning, but a judicious combination of both. (Lowen, 1976, p. 269)

It is the contention of this study that the combination of these two models of psychotherapy is relevant, therefore to the clinical art therapy situation, and is of significant value in contributing to the existing resources of the art therapist, psychotherapy, and the field of humanistic psychology at large.

The Hypothesis

It is hypothesized herein that bioenergetics, gestalt and art therapy can be utilized together to supplement the art therapy process, specifically in the following seven areas:

- (1) theoretical or philosophical orientation;
- (2) diagnostic tools;
- (3) modes of symbolic interpretation or non-interpretation;
- (4) directed therapeutic release of emotion triggered by painting;
- (5) re-identification with alienated parts of the personality;
- (6) establishing criteria for evaluating progress;
- (7) establishing therapeutic goals.

The Delimitations

1. The study has investigated only the bioenergetic and gestalt therapy perspectives for their application to art therapy. It has of necessity, excluded the possible contributions of many other humanistic psychotherapies with a similar emphasis on the creative expression of the whole person. Therapies such as psychodrama, music therapy, dance or movement therapies and other body-oriented or expressive arts therapies invite further research as to their applicability to the field of art therapy, but they have been omitted from the scope of this study.

2. The study has been limited to an examination of current and existing literature, illustrated with clinical examples taken from the author's experience. However, the study makes no attempt to conclusively exhaust the subject, nor does it claim that the clinical examples provided are conclusive proof of the validity of the hypothesis. The examples provided are merely illustrative in nature.

3. Further research will be necessary to determine and validate the effectiveness of these psychotherapies when used in combination.

Assumptions

1. It is assumed for the purposes of this study, that some benefit can be derived from the application of other

systems of psychotherapy to the field of art therapy.

2. It is assumed too, that library research and clinical examples for the purposes of illustration, are sufficient means of investigating the proposed questions, but that further research will be needed to verify the effectiveness of these psychotherapies when used in combination.

3. It is assumed within the scope of this thesis, that the context in which bioenergetics and gestalt techniques may be applied to art therapy, is the depth psychotherapy situation, not educational or rehabilitation settings, although further studies may well prove their applicability.

Method

The investigation of this thesis was conducted through a comprehensive theoretical examination of the current research and literature of bioenergetics, gestalt and art therapy. This information provided a basis for the comparison of philosophical and practical aspects of each area.

The library research is supplemented by illustrative clinical examples taken from my experience as an art therapist in training at the Victoria Mental Health Centre and as an art therapist for the Victoria Bioenergetics Self-Help Society with Dr. Bennett Shapiro as primary therapist.

These clinical examples consist of photographs of paintings and transcripts of taped sessions for the purpose of illustrating and exemplifying the integration of techniques in the therapeutic process.

The author has obtained consent from the patient/client and art therapy trainee, whose material is exhibited, in full knowledge of the intended purpose of the use of this material.

Conclusion

The problem under investigation is therefore, how the art therapist can apply bioenergetic analysis and gestalt therapy, in theory and method, to the process of art therapy. In summation, the reader can expect to find in these pages, a review of the history of art therapy in which the necessity of applying other theoretical approaches is examined in light of the trends in the evolution of art therapy.

Of the humanistic therapies sampled, gestalt therapy and bioenergetic analysis are explored for their applicability to the field of art therapy as viable theoretical orientations offering diagnostic tools, modes of symbol interpretation, techniques for the release of emotion, and the recovering of alienated parts of the personality, as well as therapeutic goals.

Art is a fundamental means of orientation born from man's need to understand himself and the world he lives in. - Rudolf Arnheim

Review of Literature

II. A SHORT HISTORY OF THE EVOLUTION OF ART THERAPY

A. Introduction

Although art therapy is considered an infant in the field of psychotherapy, its roots extend deep into the sources of western civilization. Harms, the late editor of the Journal of Art Psychotherapy has written,

That art can be an important aid in procuring health in humans is considered by most to be the result of intensive extension of the search for successful therapeutic tools of modern medicine. If we turn our view back into history, we find in the world of primitive men, as in earlier cultures, knowledge of and time adapted practices of applying art and aesthetic elements as a means of healing. Biblical sources tell how David tried to cure King Saul's depression by playing the harp. Greek physicians recommended music and recitation in various forms as medicine against melancholia. (Harms, 1975, p. 189)

(Knowledge of the power of artistic experience to heal emotional pain has been an intuitive certainty of mankind throughout history.) The ritual and totem images of the primitive, his close identification of self with the universe and his projection of these images in dance, art, song and

ritual enriched his life with self-expression. Ritual art constituted a means of interpreting the world by expressing the world through the self; thereby awakening a greater understanding of oneself as well as of the world (Prinzhorn, 1922, Freud, 1961)

From primitive man to the present, creativity has existed as an undeniably vital force in the life process of humanity. Not only in primitive cultures, but in Egypt, Palestine and ancient Greece, art and ritual were so closely linked as to suggest a common origin (Harrison, 1913, p. 21). (From earliest times, art has played a therapeutic role in the spiritual, emotional and practical life of man.) It is the aim of this thesis to attempt an explanation of the uses of art in healing, its evolution to the present and the possible areas for the expansion of its use in therapy, through gestalt bioenergetic therapies. In earlier times, a strong, almost inseparable association existed between art, ritual and healing. "Abundant material has now been collected from among savage peoples of an art so primitive that we hesitate to call it art at all, and it is in these inchoate efforts that we are able to track the secret motive springs that move the artist, now as then." (Harrison, 1913, p. 24)

Harrison cites the earth healing ritual of the Huichol Indians as an example of the inseparability of art and ritual.

Whenever the Huichols feared an extreme drought, they performed a ritual employing a clay disk painted with the face of father sun emanating his arrow-like rays. On the reverse side, the sun was depicted in its journey through the sky's four quarters, surrounded by a decorative edging of yellow dots symbolizing the cornfields. Other symbols adorn the shield depicting rain, birds and scorpions. The disks were left in the god-house on the altar as the concluding part of the ritual. Harrison debates the question as to whether these disks are works of art, or merely ritual, and contends that they are both. She writes, "We distinguish between a form of prayer and a work of art and count them in no danger of confusion; but the Huichol goes back to that earlier thing, a presentation. He utters, expresses his thought about the sun and his emotion about the sun and his relation to the sun" (Harrison, 1913, p. 24) and in doing so, he paints a prayer, combining the highest elements of ritual and art, in a healing ceremony. For the Huichol and most other primitive peoples, spirituality and creativity were not the separate streams they are today.

In The Republic Plato declared that the purpose of art is to imitate objects which themselves are copies of higher and finer realities. However, in this example of the Huichol prayer disk, imitation is only a part of the artistic endeavor, certainly not its sole purpose. Harrison corrects

the Platonic definition of art with her own, "It desires to create an emotion, not to reproduce an object . . .

At the bottom of art, as its motive power and its mainspring, lies, not the wish to copy nature, or even improve on her - the Huichol Indian does not vainly expend his energies on an effort so fruitless, but rather an impulse shared by art with ritual, the desire that is, to utter, to give out a strongly felt emotion or desire by representing, by making or doing or enriching the object or act desired. (Harrison, 1913, p. 26)

The motivation behind both art and ritual is therefore, the need to express emotion and desire.

According to Harrison, art as we know it today, "did not arise straight out of life, but out of that collective emphasis of the needs and desires of life which we have agreed to call ritual." (Harrison, 1913, p. 206) With the decline of a cohesive religion and the introduction of other cultures into the Greek world, the ritual gradually gave way to drama, becoming a pure art form. Through the centuries art has gradually loosened its tie to religion and ritual, and the collective concerns of the community, to become in keeping with the disintegration of the tribe or community, and the decline of organized religion, more of an expression of the individual and his own visions. Where once ritual and art functioned as a mystical representation of life with a practical end, now art divorced from ritual acts as a "representation of life and the emotions of life, but cut loose from immediate action." (Harrison, 1913, p. 135).

The individual's inner life is no longer defined in terms of a totem or group identity. Hans Prinzhorn, an early explorer of schizophrenic art, noted that the primitive artistic ritual expressed a totally inclusive world system and that much of schizophrenic art served a similar purpose. Ultimately, the schizophrenic's world view failed where the primitive's succeeded because the latter was a shared vision of which every tribal member partook and contributed toward. The schizophrenic, in his autistic turn from the world, merely retreats farther into his solitary vision, severing his foothold to a practical reality. Even so, Prinzhorn believed the thinking processes of the primitive and schizophrenic are similar. He states:

In short we are concerned with the totally mystical collective method of conceptualizing, commonly called pre-logical because it makes no provision as yet for the law of contradiction. . . . Levy Brul calls this kind of conceptualizing "the law of participation". The objective characteristics of objects are far subordinated to the emotional components of collective conceptions. (Prinzhorn, 1923, p. 253)

In the case of the primitive, "The individual is incapable of forming his own individual world view independent of that group The members of a tribe whose totem is the lizard call themselves lizards, i.e., they identify with their totem completely, not just in the only logically possible sense of transference." (Prinzhorn, 1923, p. 253) In primitive

conceptualizing, the self, the community and the environment are inextricably linked. Aside from the schizophrenic, (who has lost the social context of his vision and who has lost his concept of self-hood to the overwhelming power of the mystical consciousness), we could not have come farther from this collective mystical experience in our world today.

Instead we exist with a great deal of personal autonomy in our present day society and this individual expression is reflected in our art. Our symbols are deeply personal and the artist touches others because of the common emotional experience from which he creates. His symbols, however, remain his own. Only when the artist touches and expresses the archetypal symbol in his creation, does he draw upon what Jung (1939) called the collective unconscious which is a collective pool of inherited understanding which reflects the accumulated experience of life welling up from its ancient sources; sources from which the primitive cultures first drew their rituals and thereby gave birth to art.

It may be speculated that the present alienation and anomie (Erikson, 1968, Lowen, 1972) that characterize our modern world is a symptom of this loss of communal ties and loss of the intimate connection with the primal instinctual sources that gave breath to the primitive's world as expressed in ritual. Hence our art is no longer

an integral part of our lives but is divorced from ritual and severed from practicality. It has become according to Harrison, "an esoteric luxury" (Harrison, 1913, p. 128), or a commentary on modern life from the outer fringes of the established society. Art in today's world has been relegated to the realm of subculture.

Certainly art no longer functions as the hub of the community, the central means of tribal expression, Edith Kramer, a strong spokeswoman for both the art therapy and art education movements, laments this state of affairs.

I believe that this deficiency (the satisfaction derived from the joy of making things and the reflection of the character of the people in their creations) has created a hidden hunger, a feeling of emptiness and a fear of loss of identity that drive people to seek out art experiences where they can still be found. (Kramer, 1971, p. 2)

Art has ceased to function as a cohesive factor which binds man to a sense of self, of belonging to a community and a cosmos beyond the personal. To the extent that many people never tap their creativity they are cut off from a vital source of self-knowledge. Kramer continues,

Often it seems that the attempts to introduce artistic experience as a remedy for emotional suffering are comparable to the reintroduction of vitamins into foods that have lost their innate vitality through excessive processing. (Kramer, 1971, p. 2)

Our communities and our psyches are depleted of spiritual nourishment when we fail to tap the inner resources of creativity. At a time when the artistic experience is denied so many, the growing focus on art as a form of therapy takes on great significance. Kramer counterpoints her bleak description with the positive possibilities of our condition.

(In the absence of folk-art, where traditional patterns are imitated and entrenched at an early age, modern man is free to draw from an unlimited ocean of possibility to express his individuality through art. Without prior training and restrictive traditions, we can do nothing but express ourselves without restriction, without defense.

(Kramer, 1971, p. 3)

Perhaps no other reason holds as strongly for the focus on the development of the use of art as a therapeutic tool. It has the potential to help the individual discover his creative potentials, regain his self-awareness and find his way back to a meaningful sense of community.)

To return to the historic process of this development, art has been used from primitive time to heal the earth, to affirm the tribal identity, the individual's place in the tribe and its place in the world. In early Greek culture, art was equally employed to depict psychic and emotional forces and to provide an emotional catharsis for the community, a concept coined by Aristotle (Packard and Anderson, 1976, p. 22). Prinzhorn writes, "These psychic

and emotional forces cannot be depicted in the narrow (literal) sense, but can only be represented symbolically . . . " (Prinzhorn, 1923, p. 27). Art therefore is necessary to symbolize these psychic and emotional forces that so powerfully influence human life; the very same forces which are the concern of psychotherapy. Hence an inherent connection between art and psychotherapy can be established.

B. One Hundred Year Historic Survey

While the healing potential of art has been an integral part of human life from antiquity on, art only recently has been employed in active therapy (Boenheim, 1970).

"Efforts have been underway since the beginning of the century to understand the pathological expression of the human mind and to apply aesthetic expressions toward the understanding of specific pathologies." (Harms, 1975, p. 190) The history proper of art therapy as a field begins some one hundred years ago.

Le Foy, in his introduction to Prinzhorn's historic work, writes,

To a certain extent art therapy was created by the patients themselves. It has taken the rest of society some time to catch up to the hospitalized schizophrenic . . . Between the years 1890-1920 . . . there was no formal occupational therapy provided for hospitalized mental patients. The patients who

made these images were driven to do so by strong inner needs, often in the face of frustrating circumstances. Paper for drawing was rescued from wastebaskets. Some drawings were made on the insides of folded envelopes or on toilet paper. Prinzhorn remarks about the small sculptures made from bread in evidence at the institutions he visited.

(Le Foy in Prinzhorn, 1922, p. xiii)

The first explorations into the nature of art activity in the insane were prompted by the compelling obsession of psychotics to paint and depict their agonies, delusions and secret inner worlds; an obsession which in itself is a symptom of the early stages of psychosis (Plokker, 1965). The pioneers in this endeavor were Max Simon (1876) of France, Cesare Lombroso of Italy (1895), Morgenthaler of Switzerland, Gadelius of Stockholm and Hyslop in London. Naumberg writes, "From such beginnings stemmed the first serious efforts to study the graphic productions of psychotics. The studies of neurotic art developed later as psychoanalysts began to compare the archaic patterns of psychotic art with the unconscious, dream and fantasy productions of their neurotic patients." (Naumberg, 1953, p. 119)

Naumberg asserts that although the early reports were mainly descriptive in the style of most psychological reports of that period, Simon and Lombroso in particular established a criteria for distinguishing between the different forms of psychoses. They were the first to relate

the spontaneous art products of their patients to their personal conflicts, and they were the first to observe the correlation between ancient art and the art of psychotics (Naumberg, 1953, p. 119) Of these men, Hans Prinzhorn (1923) made the largest contribution to art psychotherapy. His work will be discussed in relation to Freud and Jung in the development of active art therapy.

With historic hindsight, we see at this time, (three separate lines of research contributing to the development of art as therapy. First Freud's theoretical research lay the groundwork for the use of art as an adjunct to psychotherapy, as a tool of the unconscious, to be used by the analyst. A second area of research generated the use of art in diagnosis through the development of drawing tests and projective techniques. The third area of development began in the institutional setting with the birth of occupational therapy and the use of art within it. Before examining the contributions of Freud and his successors, I will briefly survey the other two areas of development.

1. Development of Projective Techniques

The breakthrough into the field of drawing tests was precipitated by Fritz Mohr (1906) with his recognition that "drawings as a means of expression represent an

indication of inner happenings." (Mohr, 1976) Naumberg (1953) and Harms (1975) cite the precursors of projective techniques; Kraepelin (1909), Jaspers (1913) and Aschaffenburg (1915), all of whom began to survey the possibilities of using art as a diagnostic tool.

The development of projective techniques was a major contribution to the psychotherapeutic field and paved the road to a more serious consideration of the use of art in therapy. These early researches culminated in the widely used Rorschach test (Beck, 1949) using inkblot designs, Helen Goodenough's Draw a Man test testing intelligence and maturity, the Bender-Gestalt test (Bender, 1938) using form release methods, the Thematic Apperception test (Murray, 1943) using the interpretation of mood expressions and finally Karen Machover's research into personality projection through the drawing of the human figure (Machover, 1949), which extended Goodenough's studies. Her research will form an important basis for this thesis, as a connection between artistic expression and body-oriented therapy (bioenergetic analysis).

2. Development and Contribution of Occupational Therapy

Prior to this period, mentally unbalanced people were hospitalized in institutions and asylums that offered little more than custodial care. Plokker posits;

Whereas previously a mental hospital was little more than a nursing-home or even in institution for 'putting away' individuals who could not maintain their place in society and who required some form of care, its character has changed completely since the introduction of so-called more 'active therapy'.

(Plokker, 1964, p. 4)

According to Plokker this change took place after World War I, and was motivated by Hermann Simon in Guttersloh. With this change, "all means which can bring about, promote, and intensify social contact are used. Everything which contributed to a sense of belonging with others is stimulated in every possible way. This includes such things as work, relaxation, sport, and movement in the form of therapy, music, dancing, etc. For this it was necessary for the attention of doctors in these institutions to turn to the artistic possibilities and potentialities of patients in so far as they contain socializing tendencies." (Plokker, 1964, p. 4)

This change in institutional atmosphere, while not often as successful as Plokker declares, still owes its progress to the development of occupational therapy which grew out of the need to motivate and occupy chronic patients with various forms of activity. At this time, art and aesthetic impulses were not especially emphasized, although their use blossomed in the years to come (Harms, 1975, p. 189) Reil, the German institutionalist was one of the first to

request cultural and theatre performances for his inmates. Music was the first form of creative therapy used in institutions, and was introduced in the Utica 'lunatic' asylums by Amariah Brigham (O'Sullivan, 1955). Many German institutionalists began using a total approach to aid the mentally disturbed, as well. Among the forerunners of this new movement were Guggenbuel and Karlkahlbaum in the Abendberg and Pedagogium institutions. This movement spread through Europe and North America, but art in the main, was relegated to busy work activity geared to the occupational therapy goals of manual dexterity and motivational enticement (Harms, 1975)

(Harms cites four types of art therapy currently in use: recreational, occupational, general therapeutic and actual art therapy (Harms, 1975, p. 30). Recreational therapy uses art to relieve depression through simple enjoyment of sport and physical activity. Occupational therapy uses art for the general therapeutic rehabilitation of the physically handicapped for the primary objective of strengthening the various muscles and limbs.)

Art as applied to art psychotherapy or "actual art therapy" is a much newer development and is, even here, distinguished by two different roles and goals. ("Art therapy can be used in the adjunct sense of supporting role

in a therapeutic process or as the core of the curative, the primary agent of change." (Harms, 1975, p. 191)

3. Development of Active Art Therapy

Art as a primary agent of change is a very recent approach to psychotherapy and is undergoing constant exploration into different areas of use. The former role of art therapy as an adjunct therapy has its roots in early Freudian research. I will attempt a brief survey of the psychoanalytic view of artistic productions in therapy and its development therefrom because (it was via Freudian theory that art therapy received recognition as a valid tool of psychotherapy,) and not merely as a custodial activity for the mentally disturbed.

Margaret Naumberg (1953, p. 120) cites several psychoanalysts associated with Freud in the early days, who paid attention to the primitive images of psychotic and neurotic patients and who were the first to apply the principles of psychoanalytic dream interpretation to their works.

(Among these were Paul Schilder (1918), R.A. Pfister (1923) and Oscar Pfeifer (1925). Simultaneously, a major contribution was made to the field of art therapy by Hans Prinzhorn (1922), who built his discoveries on the work of Simon and Lombroso.

(a) Contributions of Hans Prinzhorn

Prinzhorn was foremost among those early pioneers in disturbed art. In 1923 he wrote, "The fantasy, absurdity, incoherence, stylization, iteration, etc., in the pictures of schizophrenics force us time and again to consider especially schizophrenic productions as a still unutilized source of psychiatric insight." (Prinzhorn, 1923, p. 3) He was truly one of the few to respect the spiritual side of madness, to revere the inspirational aspects of schizophrenia and to consider the possibility that the psyche can attempt its own reintegration. He writes;

When people of the past spoke of the holy madness which seizes the poet during the state of inspiration, when they cultivated ecstasies, induced trances and called madmen holy; then all these forms of "madness" must have shared something profound.

(Prinzhorn, 1923, p. 6)

With such a statement, Prinzhorn discloses a revolutionary attitude to psychotherapy that was a precursor to the work of Jung, R.D. Laing, Maslow and other forerunners of humanistic psychology. He was one of the first to mention the term "actualization" in relation to the self and psyche. He believed, "furthermore, all expressive gestures as such are subordinated to one purpose: to actualize the psyche and thereby build a bridge from self to others." (Prinzhorn, 1923, p. 13) Such a statement could have been written by

Carl Jung. Art, as an expressive gesture, was considered by Prinzhorn, to be just such a bridge.

Le Foy, in his introduction to Prinzhorn's book, shows how his work not only bridged the gap between the thinking of Freud and Jung, but also set the stage for the later works of Reich and Alexander Lowen, in the area of body work, through his concept of mind and body. He states;

He returned again to the thoroughly romantic notion that only if man could be like the animals in relation to their surroundings could he have a truly harmonious inner life . . . Freud disclosed mankind at the mercy of rebellious drives, which disrupted elaborate human conventions and controls. The animal in man is held captive and breeds discontent. Prinzhorn fixed attention on the fact that these same rebellious forces, in the wild animal sheltered by its natural setting or *umwelt*, cooperate to produce a spiritual unity and beauty for which philosophers struggle in vain. In other words, man's closeness to the animal may as often be a source of psychic strength as of neurosis. (Prinzhorn, 1923, p. x)

For Jung, the animal nature was embodied in the unconscious, (Jung, 1939), for Reich, the animal nature and the unconscious were literally embodied; by the body itself (Reich, 1942).

(Like Freud, Prinzhorn envisioned man torn by the conflict between the self-assertion of his conscious life and the surrender of the self to the life giving forces of his deeper nature. But Prinzhorn had a greater respect for the power of the unconscious forces to heal and actualize the self, particularly through artistic expression.)

When he declared, "Only a fool will convince himself that he can determine the significant element in the tone of a violinist by measuring vibrations or timbre, or the expressive content of a picture by Rembrandt, with its deeply glowing colors, by color chart analysis," (Prinzhorn, 1923, p. 12), he knew that the rational critical faculties of the mind were limited before the awesome power of the symbol-making unconscious. Hence, his approach to art valued the aesthetic, and was not limited to the diagnostic.

(Prinzhorn's psychological theory was based on gestalt psychology and the empathy theory of artistic communication. (Le Foy in Prinzhorn, 1923, p. xiii). He believed that the total impact of the picture was a sum achieved which was greater than the input of combined parts, and dissection analysis of a picture would do its emotional expression injustice. Its emotional impact is based on our empathic qualities of perception, and the power of the symbol to evoke an emotional reaction in us, as viewer.)

This respect for the schizophrenic artistic process and his aesthetic appreciation of their work was a very new step at the time. He acknowledged that the creative process operated in the same manner for both the schizophrenic and the recognized artist. Prinzhorn comments;

We must report a statement (a patient) made about his work which is in complete agreement with the most famous words delivered by the world's greatest sculptors . . . 'When I have a piece of wood in front of me, a hypnosis is in it - if I follow it something comes out of it, otherwise there is going to be a fight.' One can hardly describe intuition and the struggle for configuration any more vividly.
(Prinzhorn, 1923, p. 130)

As important as Prinzhorn's research was to the field of art therapy, he did little to establish active ways of working with art as a psychotherapeutic tool. Most of his research was descriptive and his contribution was not in the interpretation of content as was Freud's, (Kris, 1952), but in exploring and describing the underlying expressive tendencies. He listed five motivations for artistic creation which he saw present in primitive art work, in children's art and in the work of contemporary adults.

(These five are, an urge to play; which releases tensions seeking an outlet, an urge to ornament; or decorate which stems from man's need to impress traces of our human existence upon nature, the urge to order; through the use of rhythm as a living uniform movement and the use of rule as a mechanically uniform movement, the tendency to imitate or copy; which has only one aim, to render the picture as nearly as possible to the same conception that motivated the painter, and finally the need to symbolize; or create meaningful symbols which express emotional and preconceptual

impulses representing identifiable forces that affect us deeply (Prinzhorn, 1923). It is primarily with the expression and identification of those psychic and emotional forces expressed in symbols, that the art therapist is concerned.

Prinzhorn additionally contributed to the field, by identifying recurring elements that characterize most schizophrenic work. He noted strange complexities, different perspectives in one scene leading to a spatial disorientation for the viewer, double meanings, i.e. a wave of hair doubles as an eagle's wing, many scenes amalgamated into one, the free reign arbitrarily given to any idea in illogical combination with other ideas, a pointless logic relentlessly pursued which "leads a rational man into an endless maze (Prinzhorn, 1923, p. 70), a crass discrepancy between unity and integrity where "on the one hand a rule is exaggerated into pedantic absurdity; on the other, an alienating arbitrariness appears in individual elements or in their most basic interrelationships which refuse to submit to the overall form and instead proliferate throughout the system with sober logic." (Prinzhorn, 1923, p. 232) He writes that this arbitrariness is a symptom of the illness for no external object holds any inherent value for the schizophrenic, but is rather, "material for the autocracy of their inwardly directed autistic psyches." (p. 236) In the

absence of self-consciousness which accompanies the autistic turn, the world and its criticism no longer inhibit the schizophrenic, freeing him to develop a personal style that has a high degree of authenticity and integrity. As far as placing pencil to paper, there is no self-doubt about his ability to express his world.

Finally Prinzhorn's respect for the artistic endeavors of the mentally disturbed, is shown by the comparison of their work to primitive art. He was one of the first to explore this relationship and to deal psychologically with the existence of metaphysical ideas. He writes that the schizophrenic's pictures aim "at fundamental and metaphysical interrelationships . . . When a patient depicts a farmer casting seeds in a field which in the background is transformed into a feminine lap, we know that within that patient here exists an ancient symbolism of fruitfulness and that he is metaphysically attuned to the laws of existence, not realistically attuned to external facts." (Prinzhorn, 1923, p. 242) He continues in a later passage to sum up by stating:

We may already state with some certainty one result of the research to date; when numerous sculptures by the mentally ill prove to have close formal and expressive resemblance to numerous sculptures of primitives, and neither used models, we see a strong argument favoring the idea that these are concepts common to humanity, and against the idea of wandering concepts spread between tribes and

peoples by direct contact. In the newer terminology the argument would be in favor of the existence of elementary thoughts and against the intellectualistic transmission theory. Accordingly a whole row of function would be latent in every human being which under certain conditions would necessarily always and everywhere lead to the same processes.

(Prinzhorn, 1923, p. 254)

With this concept, Prinzhorn is a clear precursor to Jung and his work with the collective unconscious, and the notion that if these metaphysical ideas can only be tapped and made accessible to the conscious understanding of the individual, they might aid in the psychic reintegration of the personality.

(b) Contributions of Freudian Theory

(Freud and Jung made major contributions to the conception of art therapy by suggesting the analyst tap spontaneous art work as an uncensored stream from the reservoir of the unconscious.) Freud's psychoanalytic formulations were the basis of art therapy for over fifty years to the present. Most of the early art therapists were practiced in psychoanalytic theory and used art within it.

Freud turned the course of psychological thinking in this century by formulating a theory of personality, postulating the id; or primary process drives, the ego; with its integrative functions and defense mechanisms, and the superego; or the civilizing control factor implanted by

parental upbringing, as the three processes operative within the human psychological makeup (Freud, 1927).

Upon this theory he developed a workable psychotherapy in the form of psychoanalysis, which utilized the transference relationship with the therapist and the unconscious material of dreams free association and other uncensored data to uncover the central conflicts of the individual and resolve them.)

Several decades ago when art therapy was conceived and its development began in this country, there was but one commanding psychological theory in which it could have grown, within Fruedian personality formation.
(Hodnett, 1973, p. 76)

Many of the working art therapists today grew and developed the field within that formation. Margaret Naumberg (1953) and Edith Kramer (1971) view artistic release as the catharsis and sublimation of libidinal forces.

(Art therapy is psychoanalytically oriented, recognizing the fundamental importance of the unconscious expressed in the patient's dreams, daydreams and fantasies . . . The patient comes to understand that the release of his unconscious conflicts and fears, as expressed in his pictures, forms the basis of this therapeutic process.
(Naumberg, 1953, p. 3)

According to Plokker (1965, p. 91), Freud believed "the happy person never indulges in fantasies, only the dissatisfied person. Unfulfilled wishes are the driving forces of fantasies and each fantasy is the fulfillment of a wish,

a correction to reality which proves unsatisfying."

Naumberg, working within this Freudian framework, described the motivation of spontaneous art in nearly identical terms.

Spontaneous drawings as products of the imagination are satisfactions of wishes Desires, whether frustrated, repressed or partially fulfilled have the tendency to generate dreams, phantasies, and various bodily activities, some of which take the form of art and other creative expressions. A certain amount of freedom or release of tension is achieved in this way, although its real significance remains unknown to the subject. (Naumberg, 1973, p. v)

Naumberg also draws upon the Freudian concept of transference as a basis of art therapy. ("The release of spontaneous pictures is not by itself enough to complete the process of art therapy. The patient's capacity to understand the meaning of his symbolic expression takes place in this process within the transference relationship. When the therapist convinces the patient that whatever he releases from his unconscious is accepted, the patient then begins to project into images what he dares not put into words.") (Naumberg, 1953, p. 6).

Boenheim, reviewing Freud's contribution to the position of art within contemporary psychotherapy tells us,

Freud created a model of a one-to-one relationship which formed the basis of a new learning process: His method of free association and dream interpretation brought unconscious material into consciousness via

transference, and opened the way for using insight to revise immature attitudes and to facilitate adjustments and adaptations. Transference and counter-transference were seen from the early days of psychoanalysis as the crucial elements in the relationship between patient and therapist. It was held that analyzing the mutual projection of irrational, fictitious feelings, ideas, and wishes could lead to deep-seated improvements in a patient's life. Freud thus forged transference, in itself a frequent occurrence in all human relationships into a powerful therapeutic tool.

(Boenheim, 1970, p. 109)

Indeed most of Freud's theorizations and techniques became the cornerstone of current art therapy. Many art therapists are still working within this framework today. Kramer (1971) who uses Freudian concepts in art therapy with children, focuses in particular, on the process of sublimation, while Naumberg's interest is mainly on unconscious content.) Kramer writes, "The harmony of art is attained through the integration and balance of tensions, never through the simple elimination of dissonance. It mirrors a complex balance of inner forces. In psychoanalytic terms, this harmony is identified with the process of sublimation."

(Kramer, 1971, p. 67)

She cites the importance of the ego which having the capacity to perceive, manipulate reality, postpone immediate gratification and maintain the inner unity of the personality, ultimately serves the id drives, by redirecting a potentially destructive charge into a more constructive release.

As the individual matures, the superego develops and social demands and inhibitions become internalized . . . making individual behavior more predictable and protecting the continuity of the social organization. The ego could not fulfill its manifold and contradictory tasks of controlling impulses, avoiding dangers, warding off anxiety and obtaining pleasure without the aid of simple repression as well as various more complex mechanisms. Among the latter, sublimation constitutes one of the most efficient means of dealing with dangers threatening from the drives and of making constructive use of their potentially destructive power. It is a process wherein drive energy is deflected from its original goal and displaced by the ego and is in most instances, socially productive . . . An essential feature of sublimation is the great amount of genuine pleasure the substitute activity affords. (Kramer, 1971, p. 68-9)

Sublimation, in Kramer's terms, frees the energies to act beyond the confines of infantile conflict and primitive needs, and in the process, increases ego strength and autonomy, thereby neutralizing aggressive or libidinized energy (Kramer, 1971). Therefore, Kramer views art activity as a therapeutic sublimation process, and utilizes art therapy for the primary goal of building ego strength in the children she works with.

Without delving in further detail into Kramer's use of art therapy, it is clear that she uses Freudian principle and bases the use of art in therapy upon it. Ernst Kris in his Psychoanalytic Explorations in Art, draws both upon the cathartic and sublimation theories of Freud in relation to art.

Art, it is said, releases unconscious tensions and purges the soul. The progress of psychoanalytic knowledge has opened the way for a better understanding of the cathartic effect; we are no longer satisfied with the notion that repressed emotions lose their hold over our mental life when an outlet for them has been found. We believe rather than what Aristotle describes as the purging enables the ego to reestablish the control which is threatened by damned up instinctual demands. The search for outlets acts as an aid to establishing this control, and the pleasure is a double one, in both discharge and control.

(Kris, E, 1952, p. 45)

Another Freudian analyst, Stern (1954), applied the psychoanalytic method to art using the paintings of adult neurotics, just as one would use a dream in the process of free association. He felt that paintings were an excellent auxiliary tool in the psychoanalytic process.

While Freudian theory remains a fundamental tool of art therapy, Naumberg (1953, p. 3) asserts:

The technique and method of art therapy should not be exclusively identified with the practices of any specific school of psychoanalysis or analytic psychology . . .

(The field, then as now, remains open to input from many other sources of therapeutic research.)

(c) Jungian Contributions To Art Therapy

In the United States, Lewis (1925) conducted an investigation of the symbolic art productions of schizophrenics, using Freudian interpretation of symbols, and in doing so, recognized its limitations. He realized the

validity of applying Carl Jung's approach to the universal symbol and the collective unconscious (Naumberg, M. 1953) Naumberg identifies the essential difference between Freud and Jung in reference to symbolization.

Freud attributed the recurrence of archaic symbols to a uniformity in the human mind. But Jung stated that he considers Freud's interpretation of the unconscious as limited to a personal unconscious; that beneath this there exists a deeper layer which he calls the collective unconscious and this he regards as non-personal and universal.

(Naumberg, 1971, p. 21)

Plokker (1964, p. 100) quotes Jung's definition that, "The collective unconscious is the tremendous intellectual inherited mass from the development of mankind, reborn in every individual cerebral structure." Freud's concept of unconscious symbolism was reductive; the symbol represented repressed experience which was generally sexual in content. Like Prinzhorn, he had a reference for the restorative powers of the deeper nature, and the impact of the symbolization process. With this attitude, he encouraged the use of art in therapy.

It was through Jung's contact with schizophrenics that he uncovered his theory of archetypes. In this connection, Plokker comments;

As is known, he came to the discovery of archetypes by studying the experiences of the schizophrenics. These primordial images live in every person . . . in the lowest layers of the unconscious, referred

to by Jung as the collective unconscious, because it is, (in contrast to the personal unconscious described by Freud) common to all people. In schizophrenia the entrance to this collective unconscious is opened, the archetypes often appearing undisguisedly. The patient can express delusions and produce images which agree completely with the contents of ancient myths and fairy tales, even if he has never consciously heard of them. (Plokker, 1965, p. 44)

Jung's explorations into this rich source of imagery deepened his respect for the image-making powers of man and their spontaneous expression in art. Edith Wallace, a contemporary Jungian art therapist writes, "Jung's view of the unconscious gives us a different understanding of creative expressions, a different approach to art therapy. He paid great respect to the image and took it as a true statement, not a concealment." (Wallace, 1975, p. 84) For Freud the image concealed its underlying truth, the repressed wish, while for Jung it unlocked the doorway to many levels of truths; storing a multitude of personal revelations to be divined by approaching the symbol from different perspectives.

Consequently Jung's researches expanded the field of art therapy with new implications. He began to use the artwork of his patients within the therapeutic context. Henderson states;

In the early 1930's Jung began to refer to a 'picture method' by which many of his patients expressed the symbolism of the archetypal psyche. When I was a student

in Zurich, during that time such pictures were called 'unconscious drawings' which seems to have arisen from the assumption that an analysand in the process of therapy might use this method to discover unknown factors which could be analyzed in much the same way as dreams or other fantasy material which was thought to be accordingly enlarged, expanded in the sense of improved by their inclusion.) (Henderson, 1973, p. 135)

Jung believed this deeper level of consciousness provided material to be integrated into our conscious lives, thereby enhancing and actualizing more of our potential. The symbol in Jungian theory encapsulated experience that could be tapped time and again from various standpoints, before it was wrung dry of meaning. As Naumberg put it, "Jung, however, does not consider that a symbol is a sign, as does Freud, for something that can be expressed directly in words. But he regards a symbol as an expression of experience usable only when other modes such as the verbal are inadequate." (Naumberg, 1971, p. 121) He was vividly aware of the depth of such expressions, and he both preserved and revered the sense of mystery contained within the symbol.

He wrote;

For all its apparent obviousness, it does not explain itself and is always ambiguous. A dream never says, "you ought" or "this is the truth". It presents an image in much the same way as nature allows a plant to grow, and it is up to us to draw conclusions . . . let a work of art act upon us as it acted upon the artist. To grasp its meaning, we must allow it to shape us as it acted upon the artist. To grasp its meaning, we must under-

stand the nature of the primordial experience. He has plunged into the healing and redeeming depths of the collective psyche, where man is not lost in the isolation of consciousness and its errors and sufferings, but where all men are caught in a common rhythm which allows the individual to communicate his feelings and strivings to mankind as a whole.

(Jung, 1966 in Wallace, 1977, p. 185)

Packard, S. and Anderson F.E. (1976, p. 22) cite among Jung's contribution to art therapy, this emphasis on the unconscious symbol and the process of individuation.

Jung was concerned with letting go to some of the deep and often darker forces of our nature, to expand the limited sense of self and to work toward making ourselves whole again. He was a holistic thinker; a man who stressed potential and set the stage for the humanistic movement. As such, he had theoretical alliances with the gestalt concept of psychology which viewed man's perceptions and motivations as reflections of his need to create meaningful wholes.

Helen Champernowne, a Jungian therapist of some forty years, comments about Jung and herself. She states;

Some of us psychotherapists who are primarily interested in the world of healing, or 'being made whole', health, wholeness, holiness (describe it as you will) have for many years utilized and recognized the value of what is termed art therapy . . . I see the arts and psychotherapy as a means of transformation, creative change, growth, development, movement towards a goal and a setting free of life in its power to unfold. Man does not groan in dark despair, over the pains of meaningful creation, only over meaninglessness.

So perhaps the aim of therapy - to make whole - comes close to the hidden aim of the great artist who brings about a mysterious correspondence between the ego and the world of the unconscious from which the energy for creation is derived. Great art and therapy may at the greatest depth belong together. . . .

(Champernowne, 1971, p. 132, 142)

The two processes after all, draw upon the same sources, and seek the same goal; the reintegration of the self and the approach of the state of wholeness.

C. Further Developments In Art Therapy

The purpose of this survey has been to convey how three separate yet interrelated streams of research have nurtured art therapy from a seedling in the field to an active therapy with roots in various psychological theories.

"In dealing now with the actual application of arts and aesthetic means to active therapy, we face a virgin forest in terms of established principles of tasks and aims."

(Harms, 1975, p. 190) (In the developmental transition from occupational therapy to active psychotherapy, art therapy has opened itself to numerous philosophical and therapeutic approaches.)

Current research finds art therapists exploring the rich soil of the new humanistic therapies for philosophical orientations and techniques in which to transplant and nurture their own particular form of art therapy. Among the important contributions to date are the work of

J.M. Denny (1975) in relationships, S.E. Dreikers (1974) in the Adlerian approach to art therapy, M. Betensky (1973) in the use of gestalt psychology and empathic theories of perception with art therapy, M. Lachman (1973) on the relationship between movement and art therapy and J. Rhyne (1973) who uses art in the gestalt therapy approach to art therapy.

Josef Garai (1976) along with M. Hodnett (1973) are two of the growing numbers attempting to draw upon humanistic approaches as a foundation for the growing field of art therapy. In this context, Garai writes;

A survey of literature in the fields of art therapy and creativity development reveals a variety of approaches that utilize different theoretical frameworks of personality. (Garai, J. 1976, p. 157)

Citing the need for a more humanistic approach; one which emphasizes and seeks the regeneration of hope and belief in "the supreme value of the individual being", Garai (1976, p. 157) draws from the Jungian therapist, Kreinheder (1973) who traced the divergent sources of humanistic psychology to Heidegger, Buber, Leibnitz, eastern religions, Christian and Jewish mysticism, the Esalen experiments, and "a deepening interest in the broader bases of life; art, religion, poetry, mythology, and the occult studies, and participation by all those people who are interested in the validation of their inner space and creative self-expression." (Garai, 1976, p. 157)

Therefore humanistic theory offers a compatible foundation to the art therapist. Like Jung, the new humanistic therapists have a profound respect for the mystery of the inner experience.

The great introspectors - the poets, the artists and visionary seers have always been aware of the substance of man's soul which relies on all things that move across the face of consciousness, including dreams and visions . . . Man is not merely a reactor to stimuli but an active agent himself. He has an urge towards expressing and realizing capacities which Jung called the prospective function. This urge leads to the development of the authentic person who combines polarities in his individuation.

(Garai, J. 1976, p. 157)

Garai agrees with Otto Rank (1968) that the analytic approach falls short of success because it does not stimulate the creative process. Rank stressed creativity as a major determinant of human behavior. Creativity represents a positive drive toward the integration of inner and outer realities, or as Jung envisioned it; the combination of polarities within a balanced personality. This ability to encompass contradictory feelings constitutes the concept of integration.

"The theories of Jung (1953), Rank (1968), Maslow (1973), Shostrom (1973), Frankl (1969), and Assaglioli (1971) converge toward a postulation of the need for a rhythmical balance between polarities such as love and anger, dependency and independence, strength and weakness, closeness and

distance, intimacy and privacy, cooperation and competition, contemplation and action, hope and despair and many others. The truly individuated person establishes such a balance." (Garai, 1976, p. 157)

This highly idealistic goal of therapy represents a movement away from the traditional medical models of mental illness. Garai states;

In reality every person has the potential for being mentally stable as well as that for being mentally unbalanced. Every single person is literally a bundle of conflicting tendencies which are frequently at war with one another within his own psyche. The way in which a person is able to reconcile these conflicting tendencies within himself and in relation to his environment determines his characteristic lifestyle and personal identity. (Garai, 1976, p. 158)

Art therapy as defined by Garai, a humanistic art therapist, is well-suited to the new optimism of the humanistic goals of self-actualization, intrinsic learning experiences (Maslow, 1970) and the balance of polarities within the personality (Kreinherder, 1973) to unify the individual.

Art therapy is sometimes described as an innovative technique to cure mental illness through the release of creative potentials . . . Art therapy is a way of perceiving inner and outer space or "reality" in one's own unique multifaceted perspective . . . The creation of a life style that permits an individual to experience genuine individuation and identity requires a conscious commitment to become sensitized to one's inner space, revealed in dreams, fantasies, imagery and symbolic messages and to relate these life events to "outer space", which reflects one's perception of the world. (Garai, 1976, p.157)

Hence by definition, art therapy is humanistic. Ulman corroborates Garai's sense of art therapy; "Its motive power comes from within the personality. It is a way of bringing order out of chaos - chaotic feelings and impulses within, the mass of bewildering impressions without. (It is a means to discover both the self and the world and to establish a relation between the two.) In the complete creative process, inner and outer realities are fused." (Ulman, 1961, p. 20)

Creativity is definitely one of the major focal points of the "third force" in psychology which stresses the positive aspects of personality and living. (Fagan and Shepherd, 1970) Consequently many art therapists are seeking among the humanistic theories for a therapeutic model which espouses the healing potential of creativity, a commitment to the individuation process and which provides tools for understanding the subjective "inner reality".

In the context of this thesis, gestalt therapy is presented as just one such mode which on many levels confirms and anchors these goals of art therapy. (With its focus on awareness, gestalt therapy stresses the values of spontaneity, sensory awareness, freedom of movement, emotional responsiveness and expressiveness, enjoyment, ease, flexibility in relating, direct contact and emotional closeness with others, intimacy, competency, immediacy and presence,

self-support and creativity) (Fagan and Shepherd, 1970, p. 2)

Each of these values is readily adaptable to the practice of art therapy. In addition, gestalt therapy offers the art therapist a non-interpretive means of entering and understanding the symbolic world of the painter.

Naumberg comments;

As patients are encouraged to make their own explanations of their spontaneous art, their interpretations seek to confirm no single psychoanalytic approach, but rather give evidence of the validity of differing viewpoints in current schools of psychotherapy. (Naumberg, 1953, p. 4)

Since no consistent method of universal symbolic interpretation exists, art therapists have long been seeking a theory that helps patients unravel their own symbolization and which stresses the process of creating as its own reward. The process of creating for the creator is far too vital an experience to be submerged in the interpretive web of tangled observations, projections and categorizations of the viewer. Hodnett affirms this opinion;

To a distressed, inadequately functioning person, the realization that he has created something beautiful, something that is genuinely his - can give a great boost toward restored mental health, and repetitions of his own uniqueness, no matter how small, can be increasingly restorative.

(Hodnett, 1973, p. 77)

Hence the process of painting itself, serves an important if not greater function than interpretation and diagnostic assessment of the finished product.

Rudolf Arnheim has written, "The interpretation of art is little more than a suburban area in the vast development of psychoanalysis" (Arnheim, 1966, p. 2) and he ridicules the interpretation of the holes in Henry Moore's sculpture as evidences of cannibalism, according to traditional theory. While Arnheim is pushing for a greater understanding of symbolism in art, I believe that interpretation, particularly psychoanalytic, has all the shortcomings of the suburbs. It is too far from the centre of things, outside the mainstream of what is intrinsically happening, and hence isolated and out of touch with the actual process.

The problem is therefore, to find a vantage point from which art therapy emphasizes the restorative powers of the here and now process of creating, and de-emphasizes interpretation as a means of understanding another individual's subjective world of experience. Can we replace interpretation with some other technique of recovering the meaning of the symbolic content in the artistic creation? It is the contention of this thesis that a gestalt-based art therapy satisfies all three of these criteria.

III. GESTALT THERAPY AND ART THERAPY

A. Synopsis of Gestalt Therapy and Technique: Philosophical Orientations And Therapeutic Goals

(Gestalt therapy was developed by Frederick (Fritz) Perls) as an active psychotherapy drawn from the varied sources of psychoanalysis, Reichian armor therapy, the gestalt psychologists and the existentialist dictum that man must take responsibility for his own existence. Perls assimilated ideas from these as well as the disciplines of philosophy and semantics into a comprehensive gestalt; into a theory that offers a practical psychotherapy (Perls, Hefferline, and Goodman, 1951)

The focus of gestalt theory is on the concept of awareness; for awareness constitutes the organism's intrinsic understanding of its experience of reality.

Betensky, an art therapist who is based in gestalt psychology has come to the same conclusion as Perls;

All psychological events are anchored in awareness. Awareness is a conscious psychological experience. It owes its rise to interaction, at a moment of the present, between subject and environment. The experience of awareness combines feeling and thinking and can be clearly stated in words. Art expression fostered and promoted the experience, as was shown in most of the case studies, by first giving rise to awareness on a preverbal level and then on a verbal level in an act of communication of the rising awareness to the therapist. (Betensky, M., 1973, p. 334)

Like Perls, she noted that awareness begins as a preverbal, bodily experience and rises to consciousness on the verbal level. The aware organism has no blocks to its inner experience; it has a sense of inner harmony and unity that is essential to healthy functioning. Most of us are handicapped in this area. Perls et al comment;

The average person having been raised in an atmosphere full of splits has lost his wholeness, his integrity. To come together again, he has to heal the dualism of his person, of his thinking and of his language. He is accustomed to thinking of contrasts of infantile and mature, of body and mind, organism and environment, self and reality, as if they were opposing entities.
(Perls, Hefferline, and Goodman, 1951, p. viii)

The person who functions with these dichotomies in his integrity has lost access to vital sources of awareness and cannot rely on the self-functioning wisdom of the organism. Betensky writes;

Awareness or unawareness of body feelings, thoughts, environments and social situations I learned, could constitute the difference between a well-functioning person and one so profoundly disturbed as to be unable to function. Experience in psychotherapy still teaches us that people's problems often arise from lack of sufficient awareness and from blocking of all awareness. (Betensky, 1973, p. 334)

Perls writes (1972) that gestalt formation, the ability to bring a strong gestalt to closure, always accompanies awareness and that incomplete gestalten represent "unfinished business" which clamor for attention and block the formation

of new and vital gestalten. Betensky reiterates this concept.

Some people bring some processes to completion as they quite naturally combine their piecemeal thoughts into wholes. Others for a variety of reasons inside and outside themselves are unable to do so. In their solitary, most inner being, such persons are perturbed and worried about themselves. They do not know, however, how to put their fragmented thoughts and feelings together, let alone how to express them or communicate them to others. (Betensky, 1973, p. 335)

Like the contemporary art therapist, gestaltists are concerned with the harmonization of inner and outer reality. Gestalt therapy actually consists of a series of techniques for reawakening awareness and directing and integrating it. Perls et al write;

We retrace in proper order the steps by which symptoms and blocks have developed. What usually happened is that first as a child we inhibited overt muscular approaches and expressions when they made too much trouble for us in our social environment. Gradually we became unaware that we were deliberately inhibiting them. In other words, since their suppression was chronic and the situation held no promise of changing in a fashion that would render the suppression unnecessary, this suppression was transformed into repression. That is, (by no longer holding our attention which requires change and development), it became unconscious. Then since constriction of muscular action tends to constrict the senses and make them inefficient, we began to lose our orientation. In these experiments, we reverse the process and sharpen our sense of where we are and what we feel.
(Perls, Hefferline, and Goodman, 1951, p. 117)

(Gestaltists believe that we not only have lost the awareness of repressed feelings, but also the process by which we do the repressing. They emphasize recovery of the blocked awareness as well as the need to take responsibility for the blocking and "how" or the process by which one inhibits awareness.)

Increasing the client's awareness of his patterns of inhibition, enables him to begin to change or reverse this process. His increased awareness of his avoidances, and his relief as he becomes able to expand his experience and behavior, are felt immediately as increases in capacity for living.

(Fagan and Shepherd, 1970, p. 2)

Another foremost gestalt therapist, John Enright expands, "Unfinished business is perhaps the major consequence of the blocking of awareness. Needs cycles cannot be completed; tension is aroused not reduced; affect mounts and is unexpressed . . . The individual becomes "hung up" on the unexpressed; life slows down into despair and boredom with lack of autonomy, spontaneity and intimacy."

(Enright in Fagan, and Shepherd, 1970, p. 113)

Perls explains the goal of gestalt therapy (1969, p. 69)

The object of every treatment, psychotherapeutic or otherwise, is to facilitate organismic balance, and reestablish optimal functions, to remove the additions and make up for the deficiencies and to replenish the aware person with those parts of himself he has rejected.

The neurotic person has indeed cut off parts of his personality which are unacceptable. (Healthy children are naturally centered, because they have an awareness that is uninhibited and spontaneous in its reaching out, adapting and changing with the environment. Their sensory and motoric systems work together and they are one with body and mind. Children live in the present, giving full attention to what they are doing and want to do) (Rhyne, 1973a, p. 237). Within our culture, the socializing process forces us away from our own intuitive awareness. In order to obtain approval and acceptance, we give up ourselves for what others expect us to be (Perls, F., Hefferline, R. and Goodman, P., 1951). Early in life the neurotic person has inhibited vital but parentally unacceptable impulses and in the chronic dissociation from these internal feelings has not only lost his awareness of the feeling, but of who he really is.

In Perls' terms, we substitute self-image actualization for true self-actualization. In this process the neurotic individual characteristic of today's society, has alienated and disowned parts of the self that are unacceptable to a culturally rewarded self-image.

R. Wallen in (Fagan and Shepherd, 1970, p. 16) defines the characteristics of neurotic self-regulation as poor perceptual contact with the external world and the body

itself, or rather, a lack of awareness between inner and outer reality, along with an inability to openly express needs due to muscular armoring which represses the impulses and prevents the formation of good gestalten since large areas of sensitivity are cut off from awareness.

Perls discovered that both the schizophrenic and the neurotic have holes in their personality. He comments;

One neurotic has no eyes, many have no ears, others no heart or memory - or legs to stand on. Most neurotic people have no center. (Perls, 1972, p. 140)

In Gestalt Therapy Verbatim he continues;

So what we are trying to do in therapy is . . . to reown the disowned parts of the personality until the person becomes strong enough to facilitate his own growth, to understand where the holes are, what are the symptoms of the holes.

(Perls, 1972, p. 4)

The medium for achieving this end is the reintegration of attention and awareness. (Therapy aims to assist the patient to become aware of his self-defeating behavior and engages him in experimenting with changing.) Fagan and Shepherd write;

The task of the therapist is to help the patient overcome the barriers . . . that block awareness, and to let nature take its course, (that is let awareness develop) so he can function with all his abilities.

(Fagan, and Shepherd, 1973, p. 41)

By becoming aware of how one inhibits awareness the patient can utilize his choices and learns to control the "means whereby" he can effect desirable changes.

Diagnostic Tools and Technique

Gestalt theory claims there are four basic ways in which individuals block this awareness; through retro-flection, desensitization, introjection and projection. Retroflection which is based on Reich's concept of character armor is the process of negating, holding back, or balancing the impulse tension, by additional opposing sensori-motor tension. The individual here, has by holding back muscular and emotional impulses, deadened his awareness of himself in relation to the environment. A similar process takes place in desensitization, whereby the blocking of awareness results in loss of physical sensation, sensory dullness, emotional frigidity, etc.

Introjection is the process whereby complex ways of behaving learned from significant people in an individual's life, are adopted or swallowed whole without being assimilated and integrated into the self. Plate 7 (p.141) is one such example of introjection in an art therapy painting. The seductive yet hostile mother has been introjected in her entirety. The patient was not able to critically separate the messages and assimilate what she needed from her mother, while rejecting the frightening parts of her. Instead the whole mother, ambivalent messages and all, have become a haunting piece of the patient's personality.

The introjection of the parental figure constitutes the top-dog vs. under-dog fight that Perls parodies in his autobiography.

In current life, introjections are the chief actors in the endless self-nagging and inner argument between the ideal and the real self, in which people fritter away their lives. (Perls, in Fagan, and Shepherd, 1973, p. 49)

The under-dog is the "helpless" child whose defiance toward the parent generally takes the form of some passive resistance. In the transcript of a demonstration session which follows, this inner fight is dramatically illustrated.

Finally we block awareness by means of projection; which is the process by which the individual attributes disowned aspects of himself to others.

A projection is a trait, attitude or feeling or bit of behavior which actually belongs to your own personality but is not experienced as such; instead it is attributed to objects or persons in the environment and then experienced as directed toward you by them instead of the other way around.
(Perls, Hefferline, and Goodman, 1951, p. 211)

Gestalt therapy presents some of the most useful psychotherapeutic techniques available for re-owning projected parts of one's personality. The task in short, of the gestalt therapist "is to unblock awareness by helping patients relax their retroflected energies, restore sensitivity, assimilate introjects and change projections into direct expression." (Enright in Fagan and Shepherd, 1973, p. 56)

It is this last technique of changing projections and introjections into direct expression of feeling that is of particular interest to the art therapist. The canvas is both the repository of projections and a mirroring device which reveals the direct expression of the individual.

(Art therapy in conjunction with gestalt technique offers the patient a means of direct expression and reowning projections through painting.)

Reowning Disowned Parts of the Personality And
Reidentifying With Alienated Energies

The human organism always functions as a whole physically and psychically and any expression of the individual is therefore, essentially a physical manifestation of psychical processes (Arnheim, 1966, pp. 64-9). In this respect, then, any expression; a foot tap, a finger twitch, one's posture, a dream or any creative expression of the individual, is a source for tapping the psychic processes, or revealing the inner reality. In many ways these direct expressions are more truthful of a person's inner state than that which he conveys verbally. Naumberg, well-known art therapist agrees;

In this therapy the image frequently escapes the denial of the censor in a way that words cannot. The patient is then faced with evidence of a concretized image of his conflict projected into outer consciousness in the shape of his graphic designs. In this way a patient's

artistic productions become like a mirror in which he can begin to find the pattern of his motives revealed and objectified.

(Naumberg, 1953, p. 6)

The canvas then, in art therapy speaks in the private language of one's own subjective images (Milner, J., 1973). It acts as a mirror to one's projections in much the same way that the gestalt therapist mirrors the patient's present behavior to enable him to become aware of his immediate reality; his experience in the now. In gestalt therapy, "this active behavior of holding a mental mirror in front of the patient, aims at a synthesis, integration-recontacting the isolated parts of the personality."

(Perls, 1972, p. 73)

It is the contention of this thesis, that the painting in art therapy functions in much the same way as the dream is utilized in gestalt therapy; as the repository for symbolic content and existential messages of parts of the personality that have been disowned. (Gestalt therapy with its emphasis on re-identification with alienated parts of the personality, offers an ideal medium through which the therapist helps the patient reclaim his symbolism for himself, by "getting in touch" with the inner significance of his own paintings in much the same fashion as the gestalt techniques unveil the existential message of the dream.) Because gestalt therapy prides itself on its integrative

and non-interpretive methods, it presents useful tools which allow the therapist to refrain from imposing his interpretations on the patient. Perls et al write:

The more you refrain from interfering and telling the patient what he is like or what he feels like, the more chance you give him to discover himself and not be misled by your concepts and projections.

(Perls in Fagan and Shepherd, I, 1970, p. 29)

Gestalt techniques enable the artist to recover his own meaning, to take responsibility for his inner reality, and thereby admit the therapist into the creative inner world of the patient as well.

1. The Painting and The Dream

Rudolf Arnheim has written of the dream,

Carl Gustav Jung and other writers such as Erich Fromm have . . . pointed out that symbols serve to reveal rather than hide their referents. We are beginning to understand that during sleep, man re-enters into fuller possession of a basic and most valuable capacity of the human mind, which consists in representing abstract states of affairs by striking images. (Arnheim, 1961, p. 220)

For Perls the dream is the most spontaneous production we have, and he too believes that it reveals in its spontaneity, the symbolic message, rather than obscuring it. He posits;

Gestalt therapy is an existential approach which means that we are not just occupied with dealing with symptoms or character structure, but with the total existence of a person. This existence and the problems of existence, in my opinion, are mostly very clearly indicated in dreams. (Perls, 1969, p. 66)

He stresses two essential processes; of identification and alienation. Alienation is the process of disowning conflicting parts and identification is the process by which we reclaim and integrate them into our sense of self. The dream as a source of unintegrated parts of the personality is a reservoir from which to refill the holes in the personality.

The dream is an existential message. It is more than an unfinished situation; it is more than an unfulfilled wish; it is more than a prophecy. It is a message of yourself to yourself, to whatever part of you is listening. The dream is possibly the most spontaneous expression of the human being, a piece of art that we chisel out of our lives. And every part, every situation in the dream is coincidental . . . Every aspect of it is a part of the dreamer, but a part that to some extent is disowned and projected onto the other objects. What does projection mean? That we have disowned, alienated certain parts of ourselves and put them out into the world rather than having them available as our own potential. We have emptied a part of ourselves into the world; therefore we must be left with holes, with emptiness. If we want to own these parts of ourselves again we have to use special techniques by which we can reassimilate those experiences.

(Perls in Fagan and Shepherd, 1970, p. 27)

The means of recovering the lost pieces of ourselves is through re-identification with the lost piece; by re-enacting the feelings and the sensation of being that projected part of ourselves; by reversing our standpoint by relating from the vantage of the object to ourselves.

Fagan and Shepherd write;

Every image in the dream, whether human, animal, vegetable or mineral, is taken to represent an alienated portion of the self . . . By re-experiencing and retelling the dream over and over again in the present tense from the standpoint of each image, the patient can begin to reclaim these alienated fragments, accept them, live with them and express them more appropriately. (Fagan and Shepherd, 1973, p. 63)

Gestalt Therapy Used For Non-Interpretive Recovery of Symbolic Meaning In Painting

I contend that his same process of recovering the meaning of the existential message in dreams can be applied to art therapy by reliving, re-enacting and projecting oneself into the components, color and forms of the painting or sculpture.

As far back as 1925, Lewis, a psychoanalyst had recognized the essential similarity between the painting and the dream.

All art is basically a confession and is created largely from unconscious motives, the producer creating the world according to his own image . . . Since graphic productions are similar to dreams in their construction, including the expression of dreamwork mechanisms; condensation, displacement, dramatization, secondary elaboration, etc. and are composed of the same material, the additional and more permanent and perhaps more detailed presentation of this material in a drawing or other graphic form affords an exceptionally favorable research and therapeutic opportunity.
(Lewis, 1925, pp. 316-322)

Milner, an art educator agrees, "In one sense, such drawings could be looked upon as a kind of waking dream, for the study of the dreams of sleep shows what a richness of meaning can be concentrated in a few visual images."

(Milner, 1973, p. 73) Since the painting utilizes the same mechanisms and symbolic material as the dream, it would seem likely that the same techniques employed in gestalt therapy to uncover the meaning of the dream might be useful in recovering the symbolic intent of the artistic production.

B. Clinical Applications

Presented below are two clinically illustrative examples of the use of gestalt dream technique in the art therapy process, with an emotionally disturbed school boy, and a young woman who is a trainee-patient in art therapy.

(It is within the contention of this thesis that gestalt therapy can be utilized by the art therapist both with children and adults.) The rationale for including these illustrative examples is that gestalt is an active process-oriented therapy, focused on experiencing the "here and now". To avoid exclusively talking "about" the therapy, which removes one from the actual experience, an illustration of the process in progress is presented. The examples are not presented as case studies, but rather as illustrations

of the use of techniques in a process.

1. Gestalt Art Therapy In Practice,
Example I

The first example is an excerpt of three sessions from an art therapy practicum conducted at the Sidney Elementary School with a nine year old, hypertensive boy whom I'll call Andy. He walked stiffly, with raised shoulders and talked with a timid voice. I asked him to paint anything he liked this first session, but ignoring my paints, he pulled out his pencil and drew a war scene. I suggested then that he try the colors and close his eyes while painting. This was an attempt to loosen his control over the experience. He did so, and drew a huge spiral. When he opened his eyes, he seemed surprised at the large size of the thing, and even frightened of it. I had no idea what it meant to him and any interpretation on my part would have been premature. However, from the gestalt viewpoint, if we are afraid of something which we have created, then we are afraid of, and disowning, a part of ourselves. I asked Andy at this point to tell me what he would be and how he would feel if he were that big thing which he had painted. In other words, I asked him to reown his projection, by becoming it, and to re-experience a feeling that he has disowned and projected into a symbol.

"I'm a tornado", he said promptly.

Then he took his pencil and drew a steering wheel on the tornado. "I'm going to drive my tornado", he said. I saw this as an attempt to once again regain control over the tumult inside. At that point, he spontaneously began to tell me some of the problems going on at home. There had been a fight, in the kitchen and he heard glass crashing. He disjointedly jumped to retelling a movie about a murder with blood all over the kitchen. Then he jumped back to how he watched from the window as his mother walked out the door with her suitcase. While he talked, Andy's face was set, and his tone of voice was very matter of fact; deadened. I could see Andy sitting bravely on top of his feelings, but I realized this was our first session and opted to wait until we knew each other better before encouraging the opening up of affect. He blinked several times and told me he got a lot of headaches. I gave him a back massage before he left, and told him if he ever felt like crying, it was okay with me; this was the place for it.

On his second visit, Andy drew tanks again and German bombers. In an effort to get him involved and identifying with the action I asked him to tell me a story about it. In Perls' terms, this "aboutism" is even too far removed from present awareness, and indeed, Andy remained distant from the brutality by scoring the action like a sportscaster.

Finally he drew a little figure falling from the plane and said it was a parachuter. I asked him to try being the parachuter, in an attempt to have him share his experience in the "here and now". He said he could feel the wind, "It is like a leaf floating, soft and free." What a contrast from the tightly controlled little bombers! I loaded up the brushes with rich paint, got a fresh sheet of paper and had him close his eyes. With soft, free, easy strokes, he painted the feeling he was experiencing, floating down in his parachute. This feeling seemed quite different to him from driving his tornado. In contrast, he seemed to be expressing that side of himself which was still relaxed and trusting.

By the third session, this had become a favorite game; he painted and talked about his mother living with someone else, and his children, and the fact that Andy was forbidden to visit. In doing so, he revealed some of his sadness. He painted a purple mountain, a cactus and a lake. I asked him to role-play the mountain which turned into a cave. Andy, in turn, took the part of each form he had painted.

"I'm a cave. I've got a stiff back. I'm hard inside . . . and outside! If I were a cave I'd have a real stiff back." He looked up surprised. This was one of Andy's main physical complaints. He began to make the connection,

or re-identification of the cave with himself. Then he continued, "I can't move. I'm covered with dirt. I have icicles hanging down in my mouth, and a pool of acid in the middle where my stomach is." At this point Andy showed signs of recognizing the cave as his body. "People come in and think they'll go swimming in my pool - but they'll get eaten up by the acid." He smiles wickedly. (So here is some of that held in anger, I thought.) "When miners come and try to lay a cable or something, I fall in on them, an avalanche!"

At this point I asked Andy if any people in his real life reminded him of the miners. He said,

"Yeah, like when a miner picks at stuff, so does my brother, (age 11), he picks at me." We began to talk about his brother for the rest of the session; of some of his anger and frustration about the circumstances of his family. Through painting and re-owning the forms he had painted, Andy was able to admit to and re-own some of the tension, stiffness, and underlying fear, sadness and anger that he had alienated from himself.

Time and the informal conditions of conducting these sessions in the nurse's station, restricted the depth of these interviews, and unfortunately my sessions terminated with the end of the school term. However, these gestalt-oriented painting sessions displayed a valuable technique

for encouraging the expression of the inner world of Andy and tools for working with his life problems. In offering the paint and paper at the moment Andy experienced some feeling of freedom or sadness, the painting became not only a repository for the feeling, but an actual process of experiencing the feeling in a physical, visual, immediate sense. Then, the finished product was available to return to in the re-owning and recovery of his alienated pieces, and his awareness.

2. Gestalt Techniques in Application

(Most of the techniques of gestalt therapy aim at recovering immediate awareness of the present situation and one's place in it.) Firstly the gestalt therapist stresses the importance of "here and now".

The most effective means of integrating past material into the personality is to bring it as fully as possible into the present.
(Fagan and Shepherd, 1973, p. 63)

Anxiety is created by the gap between now and later; a fear future which Perls calls, "stagefright". Awareness of what's happening in the "now" dissolves this fear, and allows us to flow. "Don't push the river," says Perls, "It flows by itself."

Secondly, there is the I-thou rule, whereby one talks directly to, not at others. Thirdly one changes "it" to "I" in order to identify or reclaim what has been projected

and to assume responsibility for the opinion or feeling expressed. The cave, the floating leaf, the tornado and the steering wheel, are all parts of Andy which he has projected onto paper. His fantasies have an important communication for him, "here and now", reminding him of a sense of trust and freedom in letting go, which he is sacrificing in holding onto his negative and hurt feelings. The process of gestalt art therapy helps him reclaim this awareness on the feeling and visual level. Another technique is identification with one's body messages; through becoming aware of the stiffness in one's neck or the coldness of the hands, the client becomes aware and takes responsibility for body tensions and holdings, and realizes there is a choice in letting go to some of the underlying impulses. How we hold, is an important key to this awareness.

A fifth technique coined by Perls is the use of exaggeration. Levitsky writes;

There are many times when the patient's unwitting movement or gesture appears to be a significant communication. . . The patient will be asked to exaggerate the movement repeatedly, usually making the inner meaning more apparent.

(Levitsky in Fagan and Shepherd, 1973, p. 165)

Sometimes the client is asked to exaggerate the movement into a dance or painting. In art therapy, the painting exaggerates the feeling, emphasizes, and magnifies the fleeting images which convey it. Art serves both the exaggeration and the

mirroring functions of gestalt therapy. Perls in effect, endorsed this use of art therapy when he wrote, "The canvas is the one place where you can commit any crime without being punished." (Perls, 1972, p. 133)

Because there is little intellectual deliberation in the process of creating, the communications which escape the individual's censor, tend to be more direct. Perls writes;

Ultimate awareness can only take place if the computer is gone, if the intuition, the awareness is so bright that one really comes to one's senses. The empty mind in Eastern philosophy, is worthy of praise. So lose your mind and come to your senses.
(Perls, 1970, p. 49)

Janie Rhyne considers the art process as one of making explicit what had been implicit (Rhyne, 1973(b)). She is one of the few art therapists practicing in the gestalt mode, and her focus is not so much on therapy, as on experiencing and learning or unlearning how to open up and trust our experience. She believes that in creating, we explore alternative ways to be. This last idea is essential to gestalt theory. We are individuals in process. We do not teach permanent organismic balance, we do not reach any kind of self-actualized goal. We cannot remain static, but in growing, we can take the responsibility for giving our lives direction, purpose and meaning.

(The basic tenets of gestalt art therapy are as follows. Trust your perceptions, rely on where you are now by becoming aware of it. It is important to respect each individual's creativity as unique and natural to them. Freedom to become involved is essential, to let oneself participate and play is necessary for growth. Having response-ability is having the ability to take life by the horns; to accept it is enlivening, to resist is deadening) (Rhyne, 1973(b)). Perls et al expand on this notion in the following citation:

Let us not be afraid to enliven feeling and response to stimulation and stir up some conflict as may be necessary in order to achieve a unitary functioning of the whole (person). Our emphasis is on self-awareness, not because this is the ultimate attainment of living, though it is a good thing, but because this is where most of us are handicapped. Whatever lies beyond this, one finds out for oneself in one's own creative adjustments, when one has available the awareness and energy to make creative adjustments.
(Perls, Hefferline, Goodman, 1951, p. 76)

(The final focus is on awareness of sensation and experience.)

There is no tool more highly stressed in gestalt work.

As Perls writes;

And I believe that this is the great thing to understand, that awareness per se, by and of itself can be curative. Because with full awareness, you become aware of this organismic self-regulation, you can rely on the wisdom of the organism.
(Perls, 1972, p. 17)

Because gestalt therapy is non-analytical, non-interpretive, "the therapist does not solve the problem, but helps re-establish the conditions under which the patient can best use his own problem solving abilities" (Fagan and Shepherd, 1973, p. 41) to take responsibility for his own growth.

With these tenets and techniques in mind, the following session of art and gestalt therapy was conducted.

3. Gestalt Art Therapy In Practice, Example 2

The next clinical example presented is an unedited transcript from a teaching demonstration of gestalt technique given by myself to a group of art therapy trainees at the Victoria Mental Health Centre. The following experience was offered.

The group was asked to lie down on mats and given some relaxation technique instructions. Members were then taken on a gestalt fantasy journey extrapolated from the book Awareness: Exploring, Experimenting, Experiencing, (Stevens, 1973, pp. 175-185).

In this journey each individual was asked to imagine themselves walking in a city at night, to find themselves in front of an abandoned store and to envision an object left in the window. Then the subjects were guided into the

country, taken up a mountain trail to visit the cave of a wise woman, and were told to ask one question and to receive a gift in answer. The intent of the fantasy was to guide the individual to returning with an awareness of both a piece of their personality which they have disowned or abandoned, and a piece which they value as a gift from their higher self.

The subjects were then told to paint a picture utilizing the various images and objects which remained vivid after the fantasy.

Rhyne (1973) works with a similar combination of gestalt, art and fantasy experience. Her rationale for their combined use is as follows;

I had known that various schools of psychotherapy had used art as an auxiliary method for diagnosis, for expression of so-called unconscious material, for emotional release and as occupational therapy. Not until I encountered gestalt psychology, did I find support for my belief that the art experience could be a primary direct, conscious mode of acting out that often integrated fantasy and reality into actuality, immediately and constructively. (Rhyne, 1973(a), p. 241)

Subjects were then asked to reconvene with their paintings and one subject volunteered to undergo a therapy-demonstration experience with myself as therapist. This woman whom I'll call D. is in her late twenties and has been training in art therapy for two years. This was her first experience with gestalt technique and while she has experienced

help and counselling, she has not undergone any continuous therapy process. Presented below is a partial transcript of this demonstration session. Plate 1A is the painting of this experience.

Key To Abbreviations

D - client; D(B) - as bicycle; D(F.W.) - as front wheel; D(P) - as pedals; D(1) - healthy self-functioning client; D(2) - as top-dog; D(3) - as under-dog; T - therapist, myself.

The following transcript is presented as an illustration of the actual gestalt transaction between therapist and client in gestalt art therapy. The rationale for its presentation is that gestalt is a process-oriented therapy which encourages experiencing and awareness of the present moment. It consists of a series of techniques which are best described in practice. The transcript is a means of illustration for the techniques and direction of the therapist which encourage the re-attention and re-integration of awareness on the client's part.

This transcript depicts the techniques of the therapist in process and exemplifies various gestalt concepts already discussed; the emergence of the top-dog/under-dog conflict, the struggle with the "impasse", and the reintegration of disowned parts of the personality.



Plate 1A: "Gestalt Art Fantasy: Abandoned Bicycle

- T. I would like you to retell the experience by re-enacting it, as if you are re-living it right now.
- D. OK. I'm walking on the street, its really beautiful out and I'm striding along. I can really feel my body and my legs feel really good. And there's nobody else around and that feels really neat. I feel really warm, protected somehow . . . because its really quiet and there's no other people at all. And I come up to this store window and its really dusty and I look through the window and the store is empty except for this old bicycle, just propped up against the wall, and its black . . .
- T. OK, now describe yourself as if you are the bicycle.
- D. I'm the bicycle. And I'm not whole anymore, and I'm in pieces. (Sadness in voice) My pieces are propped together. And I'm sitting in the store and I can see all the dust on the floor . . . and its dark (some fear in voice) and its really quiet and . . . I feel all right. I can see out the window a little bit and the street light is shining in the window. And there's this girl looking in . . . and she's got a scarf wrapped around her head. Its quiet. I feel like, um, I'm just sort of waiting. And its OK. (resigned tone)
- T. What is it you're waiting for?
- D. I don't know. I don't think I'm worried about it. I am just here. I was surprised at first to find I wasn't whole. That I was in pieces . . . (long pause).
- T. How were you surprised?
- D. Oh when I was myself and I looked through the window, I saw the bicycle was whole, and when I became the bicycle, I wasn't whole anymore, I wasn't whole anymore, I was in pieces. My wheel was off and it was propped against the rest of me, and I had no pedals . . . Somehow I don't feel bothered by it. I feel like I should be bothered but I'm not . . .

- T. OK, come over and sit here (on second cushion) and talk to the bicycle now and tell it how come you are surprised that its not whole and . . .
- D. Well first of all bicycle, I'm surprised to see you here. I didn't expect to look through the window and see a bicycle . . . And now I'm surprised that you're not whole, that you are in pieces, and you are so old and you're black . . . but I feel okay about you being in there. I don't feel sad that you're in there by yourself or that you're broken . . .
- T. (softly) You sound a bit sad . . .
- D. Yeah, but its a nice feeling. (sense of acceptance) Its like I can see its dark and I'm really feeling good and I can look in there and its dark and its quiet and there's piles of dust, and somehow its protective . . .
- T. So you feel protected . . .
- D. Yes, its . . . okay to be that way.
- T. Can you say, I feel sad, but its okay to feel sad?
- D. (Nods her head, repeats statement) Its not . . . I feel sad but its not really a painful sadness, its just a quiet sort of a . . . a warm kind of a sadness. Its more a mellow feeling.
- T. Yes.
- D. Its not terrifying to be broken, to be in this room . . .
- T. (Correcting) Try, I'm not terrified to be broken . . .
- D. I'm not terrified to be broken, (sounds authentic, not mechanical).
- T. What part of you is broken?
- D. My head's broken off from my body.
- T. Is that what the front wheel indicates?
(Pointing to painting)

- D. Yes. (Sadly)
- T. Okay, drop your head on your chest. Drop your head and just breathe.
- D. (Takes some deep sighs) I think I'm surprised because I expected to be sadder. I expected to feel more pain . . .
- T. Okay, say this to the bicycle.
- D. I expected you to feel much more pain and sadness at being broken . . . but you don't.

Changes to red cushion to become bicycle (B).

- D(B) I'm surprised too, that I don't feel more pain. I used to feel more pain . . . but today I don't feel more pain, I feel okay.
- T. It sounds like you feel you're beginning to accept that more about yourself, your brokenness.
- D(B) Yes, I'm beginning to accept that I'm broken and that I'm not always going to be broken. I think I'm just sitting here waiting until I come back together again.
- T. Come over here and try being the missing parts. (Points to third cushion) What would make you whole again, what part do you need?
- D(B) Well to become whole again, I need new spokes and I need pedals and bolts to put my front wheel back onto the frame, and I need my seat stitched up and the stuffing put back in and I need new handlebars. I feel bad, because I have to have someone do all that for me, because I'm a bicycle and I'm sitting here and I'm broken and I can't do anything about it and I'm just waiting for someone else to fix me.
- T. How do you feel bad? (What feeling underlies the word bad?)
- D(B) I feel like I should be able to do it myself.
- T. Okay, come over here (to blue cushion) and tell the bicycle what it should be able to do. (Recognizes top-dog in should).

- D. Bicycle, you should be able to put yourself back together. You should be able to connect your front wheel to your frame and be whole. (Top-dog emerging)
- T. OK. What does the bicycle have to say to that?
- D(B) I can't. I'm only a bicycle . . . I'm inanimate. I just sit here waiting, for someone to put me back together again. (Sounds self-pitying, blah, depressed) (Under dog emerging)
- T. OK. Say this once again.
- D(B) I'm inanimate. I'm not alive. I just sit here and wait. (Some impatience emerges).
- T. Say this again.
- D(B) I'm just sitting here and I'm waiting - and I'm not alive. (Voice deadens again)
- T. Now emphasize it.
- D(B) I'm not alive. I am too alive! (Laughs loudly)
- T. Okay come over to the third cushion.
- D. "Its now true, I may be just a bicycle, but I'm alive and I can do something about it. I don't know what to do but I can! (Takes a deep breath)
- T. Take another one of those breaths.
- D. I'm really hot.
- T. Where in your body are you hot?
- D. All over . . . I'm giving off heat.
- T. How does it feel to be giving off heat?
- D. I feel alive! I feel the conflict between saying I can't do it myself and I can do it myself. (Between under-dog and top-dog)
- T. So you hear the two voices. Which one do you feel right now? Let's have a fight between the two of them. Choose one.

- D. This is my whole life. I think there's three.
- D(1) There's the me, I'm just feeling okay, I'm waiting, I'm just sitting. I'm feeling okay. I'm just waiting. And I'm warm and I'm in this big empty abandoned store and its all right. But I'm broken so there's another part of me . . .
- T. So sit over on the second cushion.
- D(2) I should be able to fix myself. I shouldn't just sit here and be content to wait, I should put myself back together again. I should be whole. I could be a bicycle - I could have some meaning for my existence. (Top dog)
- T. Try saying "You". (An attempt to have her separate out the introjected parental demand; the top dog in gestalt terminology)
- D(2) (Laughs with recognition) You, (accusingly) You could have some meaning. You could be a bicycle. Take someone from one place to another, and be whole and be connected.
- D(3) (Moves to third cushion and under-dog emerges) I don't want to be whole. (Spitefully) I don't want to be connected. I'm just gonna sit here until someone comes along and does it for me. (Laughs at her "poor me") I don't know how to connect myself (helpless). I'm just gonna sit here and wait. Maybe one day I'll know, maybe one day someone will help me.
- T. (The under-dog fights with passive resistance. Every now and then, D. senses the spite and undermining of her "poor me" helpless attitude and how it frustrates the parental top-dog, but she slips back into it again.)
- OK. Go back to that one, (top-dog cushion).
- D(2) You're a turkey. You're just sitting there waiting for somebody else to put you together. I'm frustrated and I hate you. You're not doing anything for yourself.

T. (While this is true, and D. is aware of how passivity undermines her life, as long as the top-dog is scolding her for it, and as long as she doesn't enjoy the power of her defence, she will not change.)

Now emphasize that.

D(2) Shouts, I hate you! I hate you! I hate you! I hate you . . . (externalizes and recognizes some of the anger turned inward).

D(3) I'm just content (trace of self-pity in voice)
I'm not doing anything, just saying "I can't".

D(2) You're not even content, you just sit there and say, "I can't". (Is angry)

T. What's happening now? (D. is stuck between the two and there is a long silence).

D(1) I'm just being myself. (Sounds exasperated).
This is me. I sit and I say I can't do it.
Then I hate myself because I really know I just won't!

T. Try saying I won't.

D(1) I won't! Why won't I? (She takes the power away from the defiance).

T. (Perls called this stuck place, the impasse, or the point at which the person is ready to give up the dependence on environmental support from others, but is unwilling to make the jump to self-support. D is aware of her bind, but unwilling to give it up, and she is unwilling to own the power in her helpless state and to accept it for the defiance behind it.)

Okay, I hear three people. The first one says, "You should do it", the top-dog. The second is the defeated, helpless part. And the third voice is the healthy part. There's a third voice and you are in touch with it.

D. Yeah, I was surprised that there were three.

- T. That is the one who said, "I'm alive.". You are angry at yourself, sometimes directly, sometimes passively, and both the should and the passivity angers you. So find the third side and talk to them.
- D(1) I'll put them both together. I don't like either of you. I don't like the part that says I should do something and I don't like the part that just sits there, blah. I like the part of me that's strong.
- T. And what are you like?
- D(1) I'm the strong part of me. I'm alive, I'm worth something. I'm solid, I'm growing, I'm struggling, I'm worth loving.
- T. Try saying that again.
- D(1) I'm worth something. I want other people to see that I'm something. I want to feel it more for me!
- T. Again.
- D(1) (Assertively) I want to feel it more!
- D(1) Sighs. The other two parts of me are really strong . . .
- T. OK. Come back and be them.
- D(2 and 3) We're really strong. Together we're a lot stronger than you. (Now she is acknowledging the power in the fight) There's two of us and we've been around a long time. A hell of a long time. (Laughs) We're very much a part of D. We're the habits of her life. We sit on top of the good part. We sit on you, (angrily) you'll never get out. (Plops on cushion).
- D(1) Well that's not true. I do sometimes. . .
- D (2 and 3) (Plops on cushion several times)
- D (1) (Laughing) It's no good. You're not sitting on me. I'm still here. You may cover me up and I'm scarey, but I'm still here. That's why I'm still alive . . . because I know that I'm strong inside and there's something there. And I know that I'm worth something.

T. (Here the sense of self takes a stand for self-support).

OK. Now see if you can try some sort of reconciliation. Think of a way to bridge the gap between the three.

D. This is so hard cause its all me. And I can feel how strong they all are.

T. Say we.

D. We're all really strong. We don't get along very well. And I don't see how we can bridge the gap.

T. Well, I hear a mutual respect of each others' strength. Perhaps that is one key. (D still wants someone to do it for her).

D. Yes. I guess that's why I felt OK at being the person outside the window and at being the bicycle. And I was surprised that I felt okay . . . So I guess its all right to be fragmented. I am accepting that more . . . Today anyway.

The group nods enthusiastically. D is beginning to accept her fragmentation, which is the first step toward seeing how she is stuck, how she maintains this stuck position, and what moves are available for reowning her power and missing parts.

T. I'm guessing you have a fuller sense of the three voices in you. Before we close, I would like you to explore some of the missing pieces. Perhaps try being the pedals.

D(P) I'm the pedals and I'm surprised I'm not there. I didn't realize at first that I wasn't there. And I'm not lying on the floor because there's nothing on the floor but dust. So I'm not there. I'm somewhere else - I don't know where I am, but I'm not near the bicycle. I don't know what I am. I'm like the moving part of the bicycle. Without me, you're not gonna go anywhere. I'm the part that's gonna propell you. So you have to find me before you can be whole.

(Again the passivity issue.)


- T. Want to give out a few clues as to where you can be found?
- D. Help! (Laughs, then sighs). I don't know where you can find me - I guess you'll just have to look. (Is serious). I don't know if you'll find me inside yourself or outside yourself. (Exactly the issue of self-support or environmental support). I'm the lost part of you. You have to look for me. (Sadly).
- T. Now I'd like you to be the front wheel. We'll just touch on some of these to get an idea of what's missing, 'cause the frame is still intact.
- D (F.W.) I'm the front wheel. I'm bent. Some of my spokes are gone. (Again the issue of support) And I'm just lying on the floor. I'm not connected to the rest of the bicycle. I used to be connected.
- T. Say this to the bicycle.
- D (F.W.) I used to be connected to you. But I'm not anymore. (Very quiet).
- T. What is happening?
- D. A lot. I got disconnected.
- T. How do you feel right now.
- D. I'm distant. I feel alone, I feel apart from you.
- T. Does the bicycle want to say anything back?
- D(b) I don't know, I'll have to check it out. (Switches cushions, studies painting). Well, I'm looking down at you and I can see you lying there underneath me. And I know you're a part of me and I'm not connected to you anymore. Somehow it feels okay. (Surprise) You're close, you're just underneath me, you are really not so far away. You shouldn't feel so alone and disconnected from me. I'm right here. You are touching me, see?
- (D is offering her own strength to her own brokenness. She is finding a source of self-support.)
- T. Reach out and touch her.

- D(B) (Gently touches cushion.) It's okay. I'm here. You're not alone. You're just waiting. So don't feel so lonely. You're not really disconnected.
- T. Now come back and see if the wheel feels differently with your contact.
- D (F.W.) (Switches cushion) I feel closer to you and I can feel that you're touching me now. I don't feel so alone. I can feel that I'm still bent and lying on the floor, but I can see you standing there over me, and it's ok, I feel closer. (D is beginning the process of reowning and reconnecting).
- T. Take a deep breath.
- D. (Cries)
- T. So I'm hearing some connection now between the stronger part of yourself and the disconnected part.
- D. As the disconnected part, I feel somehow sort of protected now . . . (D dries her eyes)
- T. And in finding some connection, one begins the process of becoming whole, and has a sense of hope.
- D. I knew it all along. This is a good painting, I like it!

C. Discussion

The demonstration session continued as we worked with the second half of the fantasy. This part was chosen to illustrate the richness of the inner landscape; the amount of material encapsulated in a single image, or a few related images. The issues of existential messages presented by the bicycle and its missing parts, represent D's life struggle with

becoming independent. Bioenergetically, she is tall, thin and displays many traits of the oral character structure which are discussed in the next chapter. The primal issue for the oral character is precisely the problem of having been fixated at a dependent stage of life where the child could not literally "do it for herself". Clearly this is one of the central messages of the bicycle, which is broken, and lacks a propelling mechanism; the pedals, and the front wheel. This is the impasse; for D does not fully believe as an adult, that she can rely on her own self-support, to meet her own needs and do something meaningful with her life. Instead, she is stuck, waiting for someone to come and do it for her.

D is in process, and clearly, a new sense of self-reliance is emerging, and in touching the wheel, the strength she has inside is nurturing the deprived and broken parts of her personality. Through the gestalt art fantasy, this life issue is illustrated and reenacted to visually and psychodramatically confront the client with her own symbolic messages. The art therapist, could interpret the bicycle image and the dynamics of the painting through form and color, as well.  Gestalt technique adds another valuable, yet non-interpretive approach to understanding the inner world of the client. In addition, it is an experience-oriented therapy that can well value the restorative and

growth process of creating. Gestalt emphasizes trust; trust of one's feeling impulses, trust of one's creative impulses and a faith in organismic self-regulation or the wisdom of the body. As such, it is highly compatible with the use of bioenergetic analysis, proposed in the next chapter.

If my legs had been a little longer, I
should never have painted.
(Toulouse Lautrec)

IV. BIOENERGETIC ANALYSIS AND ART THERAPY

A tree wants to grow up, not sideways and
so it pushes up. That is its way. And if
you want to be helpful, you get out of its
way.

(Maslow, 1973)

Philosophical Orientations And Therapeutic Goals

One of the fundamental directions in which humanistic psychological research has moved is toward an affirmation of the unity of the mind and body. (The theoretical bond linking art therapy, gestalt and bioenergetic analysis is their common quinessential belief in the wisdom of the organism to heal itself; to make itself whole.) All three have a faith in expression; that ability to reveal the personality in every gesture, through moving an internal impulse into the external world. They trust that yielding to the force of core impulses is not only natural but fundamental to healing. All three therapies affirm that the 'instinctoid' impulses of the organism are essentially healthy and that the tampering, overcontrol, denial and fear

of these inner feelings and forces, constitute the basis of neurosis.

Most of the humanistic therapists accept Freud's concept of the bestiality of man's primal nature but they reject the notion that these primal forces or id impulses are necessarily destructive. (Reich (1942), Lowen (1972), Maslow (1973) and Janov (1970) among many others, agree on the importance of accepting the body and its impulses as a vital source of self-knowledge. Alexander Lowen, as the leading writer and theoretician of bioenergetic analysis is quoted as the main source for discussion in this chapter. He writes;

Many people today are fascinated with the idea of growth, the human potential movement is based on this idea and they pursue a number of activities that aim to promote personality growth. Such activities can have a positive benefit, but if the body is ignored, they can also become games which may be interesting, perhaps even fun, but not serious growth processes. The self cannot be divorced from the body, and the self-awareness cannot be separated from body awareness. For me at least, the way of growth is by being in touch with my body and understanding its language. (Lowen, 1976, p. 116)

In discussing the Betrayal of the Body, Lowen continues, "On the body level, the human being is an animal whose behavior is unpredictable from a rational point of view. This doesn't mean that the body or the animal is dangerous, destructive and uncontrollable. The body and the animal obey certain laws which are not the laws of logic . . .

To the person in touch with his body, the feelings of the body make complete sense." (Lowen, 1969, p. 212)

(Bioenergetic analysis bridges the mind and body split with the concept that emotional disturbance manifests itself in the constitutional development and functioning of the body.) These dual processes, psychological and physiological are mutually bound; only when viewed as a unity, do they reflect the totality of human functioning. Lowen states;

In his emotional expression, the individual is a unity. . It is not the mind which becomes angry, nor the body which strikes, it is the individual who expresses himself.
(Lowen, 1958, p. xi)

Maslow also believes that therapy should help a person move toward full "humanness" via the process of self-awareness. He too points toward the body as a source of this self-knowledge.

To say it very bluntly and unequivocally, one absolutely necessary aspect of this self-awareness is a kind of phenomenology of one's own inner biology, of that which I call instinctoid of one's animality and specieshood . . . to . . . become conscious of one's animal urges, needs, tensions, depressions, tastes, anxieties . . . And what is one truly if not first and foremost one's own body, one's own constitution; one's own functioning, one's own specieshood?

(Maslow, 1973, p. 32)

Another humanist, developer of primal therapy, Arthur Janov confirms Maslow's viewpoint by sharing this subjective experience:

Now here's something fantastic. At one point today, when I was under great anxiety or fear or dread of something, I began to feel the inner working of my body - particularly the heart area, the breadbasket, the lower and upper intestinal areas. Really fantastic, I felt juices being secreted; I felt thumpings of some hammerlike machine. I felt the up and down motion of something else. I could feel rhythm, motion, placidity . . . That's what I mean about feeling being a total experience. I am convinced now that true and complete health means mental or emotional and physical togetherness.

(Janov, 1970, p. 176 and 189)

The discovery of the importance of body awareness to mental health has lit up a constellation of new therapies. Among them are primal therapy (Janov, 1970) Feldenkrais method (Feldenkrais, 1973) the Alexander method (Barlowe, 1976) and bioenergetic analysis, (Lowen, 1969). To date, little or no research has been published concerning the application of these new theories to the field of art therapy. It is the contention of this thesis that bioenergetic analysis in particular, offers a considerable anchorage for art therapy in terms of philosophical theory and orientation, diagnostic tools, goals and techniques.

A. Art Therapy In Relation To Body Awareness And Personality

The link between artistic creativity and body awareness is certainly a well-known phenomenon in the art therapy

world. Bender in her work with emotionally disturbed children writes;

Those of us working at Bellevue twenty to thirty years ago showed that dreams, art and other fantasy content of children always refer to problems of the body image, body function, self-identity, sexual problems and relationship to parents, expressed in symbol-like pictures.

(Bender, 1969, p. 20)

Bender cites the research of Ernst Jones, who extended psychoanalytic symbol interpretation further than Freud. Jones considered symbolism a psychic function expressing not only sexual primal issues, but other primitive material such as birth, death, body image, body functions and human relationships at the unconscious level, as well (Bender, 1969, p. 19).

J. Plokker (1964) systematically collected the art of schizophrenic persons and concluded that the body image was an important component of artistic production and mental health. He noted that the development of the concept of a body scheme was first introduced to indicate the spatial image each person carries of his body and its proportions, in relation to the environment. Plokker writes, "This image grows slowly in the child and has acquired a definitive form only at the end of the period of growth. It arises under the influence of all sorts of sensorial

impressions, such as those of sight, touch, movement and deportment which slowly unite to form a 'Gestalt', a totality which is more than the mere sum of the parts." (Plokker, 1964, p. 160)

Therefore the body image is a direct representation of the person's contact, connection and awareness of his body and its functioning in the environment, as well as a reflection of his feelings about the body he lives in. The body is our instrument of movement and expression. The body image is therefore alive and changeable since it is dependent on our contact and connection with our living, changing bodies. Our body images will reflect our feelings about our bodies and the degree to which we are in touch with them. As such they are a rich source of therapeutic information.

Robertson (1952) has pointed out that the term body image is used in four different meanings. "Firstly, as the whole complex of perceptions and sensations of the body at a given moment. All the senses do play a part here, although at any one moment . . . another sensory organ predominates, as a result of the which the image is always changing. Secondly, as the feelings of 'Ego-here-now' of the individual. These depend in turn largely on sensory impressions, but memory, perception and knowledge of surroundings also play a part. Thirdly as the more or less

static and permanent image which a man makes of his body and its parts. . . This image alters as one grows older and also depends largely on one's (self) knowledge. Sometimes, particularly in the case of people who are mutilated two schemes exist side by side, one being real and the other idealized. Fourthly, as the image which the individual has of the human body in general, its qualities, its spatial proportions and the like." (Plokker, 1965, p. 160)

For the purposes of this thesis, the body image will be primarily referred to in terms of the second and third definitions, or that image we have of our bodies which is based on our self-perception and self-knowledge and which changes slightly according to our momentary feelings about ourselves, yet which is a fairly stable indication of how we sense our own body in relation to the world about us.

1. What Is The Relationship Between The
Body, Personality and Art

Karen Machover was among the first to develop a systematic analysis of the direct relationship between a person's body image and personality, and she discovered this relationship is often most truthfully revealed through art. She writes;

Personality we know, does not develop in a vacuum, but through the movement, feeling and thinking of a specific body . . . It is safe to assume that all creative activity bears the specific stamp of conflict and needs pressing upon the individual who is creating. The activity elicited in response to "draw-a-person" is indeed a creative experience, as will be testified by the individual who is drawing. Wide and concentrated experience with drawings of the human figure indicates an intimate tie-up between the figure drawn and the personality of the individual who is doing the drawing.

(Machover, 1949, p. 4)

In the gestalt section of this thesis, the point was made that creative expression often involves some degree of projection of the inner world of the person. In the creative process as well as in the specific drawing of a person for the Machover test,

. . . the individual must draw consciously and no doubt unconsciously, upon his whole system of psychic values. The body or the self, is the most intimate point of reference in any activity. We have in the course of growth, come to associate various sensations, perception and emotions with certain body organs. This investment in body organs or the perception of the body image as it has developed out of personal experience, must somehow guide the individual who is drawing in the specific structure and content which constitutes his offering of a 'person'. Consequently, the drawing of a person, in involving a projection of the body image, provides a natural vehicle for the expression of one's body needs and conflicts. Successful drawing interpretation has proceeded on the hypothesis that the figure drawn is related to the individual who is drawing with the same intimacy characterizing that individual's gait, his handwriting, or any other of his expressive movements.

(Machover, 1949, p. 5)

Hence, Machover developed a technique of self-projection that has systematically shown over the years that various features which exist in the drawing constitute a predictable and stable reference to the personality structure of the artist, and she has laid groundwork for the hypothesis that all creative activity similarly reflects personality.

Alexander Lowen, developer of bioenergetics, confirms Machover's studies. "Figure drawings will inform us how the subject perceives his own body. It may astonish some to realize that each individual, neurotic or psychotic, perceives it as it is; that is, the body image reflects the functional body. Since function is also expressed in structure and movement, we can use body structure and movement as diagnostic tools and therapeutic agents." (Lowen, 1958, p. 376).

Lowen has developed a theory and therapy that are directly related to body awareness. He writes, "The body of an individual is his most immediate reality as it is also the bridge which connects his inner reality with the material reality of the outer world." (Lowen, 1958, p. 372) Bridging the inner and outer realities is a major goal of art therapy (Ulman, 1961, p. 60) as well, for body expression and creative expression are two modes toward the same end.

In his latest book, Lowen informs us;

Bioenergetics rests on the simple proposition that each person is his body. No person exists apart from the living body in which he has his existence and through which he expresses himself and relates to the world around him . . . If you are your body and your body is you then it expresses who you are. It is your way of being in the world. The more alive your body is, the more you are in the world. (Lowen, 1976, p. 54)

The figure drawing as an expression (and as in any artistic expression) of the individual, is a reflection of his connection with his body and hence his self-awareness. Lowen states that the healthy person has a realistic image of self that is revealed both verbally and graphically.

Figure drawings reveal many aspects of a person's body image. They tell us the degree of integration, the state of harmony among the body parts, the feeling for the body surface, the acceptance of sexual characteristics, the basic mood quality of the body and the overall attitude toward the body. One reason why figure drawings are so revealing is that the person doing them has no model but his own body image to follow as a guide. He will therefore, express in his drawing the way he perceives his own body. If a person lacks the feeling of pleasure in his body, he will be disturbed about drawing the human body and block out many of its features. (Lowen, 1976, p. 71)

This thesis intends to explore some aspects of the correlation between the bioenergetic character structure of a person's body and their creative expression while undergoing art therapy. Clearly there is a relationship between artistic expression and body awareness. The latter reflects the

former in as much as figure drawings and other creative expressions will reveal the same unconscious areas of conflict as the body incorporates. Assuming there is such a relationship between these two therapies, how may art therapy draw upon bioenergetic knowledge and work in accompaniment with it?

It has been hypothesized that bioenergetic analysis can offer art therapy a philosophical orientation toward a theory of personality. I will now discuss some of this bioenergetic theoretical material and its relation to art therapy.

The heart has reasons that the reason knows not of.

- Pascal

B. Synopsis of Bioenergetic Analysis In Theory

Bioenergetic analysis in theory stresses the following central concepts; the unity of mind and body, the connection between energy and personality, character structure, the principle of pleasure, the importance of breathing, involuntary movement and finally grounding, or the necessity of being grounded in the body and reality.

Lowen asserts that the failure of verbal therapies to produce significant changes in the personality is responsible for the current enthusiastic interest in the nonverbal and body-oriented approaches (Lowen, 1972,

p. 120). (Art therapy deals with unconscious material, fantasy and creation.) Bioenergetics deals with this material and the split between inner and outer reality as expressed through the body's structure and the gaps and denials in the perception of one's structure. To the degree that one is unaware of his physical tensions and repressed feelings, therapy will teach the individual to express those feelings by unlearning the mechanisms by which they are blocked from awareness and expression.

1. Unity of Mind and Body

Our alienation from our bodies has created an alienation from a sense of identity, our creativity and our inner selves. Much like Kramer (1971), Lowen surveys the major psychological disturbances of our day; depression, anomie, neurosis and schizophrenia and concludes that they are a function of the split between conscious and unconscious, mind and body, inner and outer reality. This is reflected in a lasting crisis of identity, in which the individual is often unaware of his feelings, out of touch with his body and hence cut off from those vital avenues of perception that ground us in reality. It is hypothesized herein that the split between mind and body is the cause of the severance of inner and outer reality in the individual's awareness and that both art

and bioenergetics can function in tandem to bridge the split.

Loss of contact and lack of identification with the body has created a modern epidemic of depersonalization. Abstracted from the reality of substance, identity becomes a social artifact, a skeleton without flesh. For the bioenergetic therapist, all awareness is feeling, firmly grounded in the body.

A person experiences the reality of the world through his body. The environment impresses him because it impinges upon his body and affects his senses . . . If the body is relatively unalive, a person's impressions and responses are diminished. The more alive (capable of feeling) the body is, the more vividly does he perceive reality and the more actively does he respond to it. (Lowen, 1969, p. 5)

Identity then, is a function of contact with the body, a contact which gives rise to a feeling of being substantially in the world. The emotionally dead individual replaces feeling, identity, action and interrelating with thoughts, images, roles and fantasies. To the extent to which we are out of touch, we are all sufferers of the "schizoid split", or the depersonalized disturbances which underly every problem of unity (Lowen, 1969, p. 1).

It is an axiom of bioenergetic analysis that what a person really feels is his body. He cannot feel the environment except through its action upon his body. He feels how his body reacts to stimuli proceeding from the environment, and then he projects this feeling on the stimuli . . . All feelings are body perceptions. (Lowen, 1970, p. 56)

Self-awareness then, is the summation of all body sensations at any one time. Our loss of self-awareness is caused by chronic muscle tensions which deaden an area and inhibit feeling from within and without the body. "This tension differs from the normal tensions of living by the fact that it is a persistent, unconscious muscular spasticity that has become a part of the body's structure or way of being." (Lowen, 1970, p. 59) Lowen writes that a muscle becomes tense only when under stress;

Stresses are of two kinds, physical and emotional . . . If there is no way to remove the stress, the muscle will go into spasm. An emotional stress is just like a physical one; the muscles are charged with a feeling they cannot release. They contract to hold or contain the feeling just as they do to support a weight and if the feeling persists long enough, the muscle will go into spasm because it cannot get rid of the tension. (Lowen, 1970, p. 60)

Lowen defines an emotion as a charge which presses outward for release, hence a muscle which is inhibited in releasing this feeling will be under a duress that coorelates to the strength of the charge seeking release. "The correlation between muscle tension and inhibition is so exact that one can tell what impulses or feelings are inhibited in a person from a study of his muscular tensions" (Lowen, 1970, p. 60) This in effect, forms the study of bioenergetics.

While a good deal of emotional release may be obtained from the cathartic reaction of painting, often the patient's

conscious identification with the feeling is missing. Only after the painting is viewed by the patient, does he begin to own it, as we have seen in the gestalt chapter. Frequently the painter is astonished and reacts as if someone else did it. When the feeling connection is made with the painting, the horror of his inner reality may terrify the patient (see Plate 5, p 136). Bioenergetics provides a direct mechanism for owning and expressing emotion through physical expression. Hence the art therapist can use some of these techniques for the directed therapeutic release of tension. I will return to a further discussion of this point (p.139).

Most individuals live with emotional tensions that have contracted their musculature for so long that these tensions have become structured into the body.

Because of this fact, the person is unaware that he has such chronic tensions until they begin to cause him pain. When this happens, he may sense the underlying tension but he has no awareness of what it means and why it developed. And he is completely helpless to do anything to relieve the tension. In the absence of pain, however, most people are completely oblivious to the way they hold themselves or move. They feel comfortable in their structured attitudes, unaware of the limitations which these attitudes impose upon their potential for living.

(Lowen, 1970, p. 59)

Each of these chronic muscle tensions represent an inhibition of feeling, a block to the pleasurable nature flow of feeling

and a limitation to the free, expressive movements of the individual. Together they form the "character structure" of the individual; or the body and personality attitude that characterize each person's approach to life, to relationships, to work and to pleasure and creativity.

These blocks are structured patterns of behavior that represent an unsatisfactory resolution, a compromise of childhood conflicts. They create a neurotic and limited self from which one seeks to escape or be liberated. By working backward into his past, a patient in therapy uncovers the original conflicts and finds new ways to handle the life-denying and life threatening situations that forced him to become "armoured" as a means of survival. It is only by making the past become alive again for a person that true growth in the present is facilitated. (Lowen, 1976, p. 34)

Lowen defines character as "a fixed pattern of behavior, the typical way an individual handles his striving for pleasure. It is structured in the body in the form of chronic and generally unconscious muscular tensions that block or limit impulses to reach out. Character is also a psychic attitude which is buttressed by a system of denials, rationalizations and projections, and geared to an ego ideal that affirms its value. The functional identity of the psychic character and body structure or muscular attitude is the key to understanding personality . . . "

(Lowen, 1976, p. 136)

The character structure determines the way an individual copes with his need to love, reach out for intimacy and his

striving for pleasure. In each case, the chronic tensions he carries will inhibit and subvert the fulfillment of these healthy needs, in order to protect himself from the recurrence of the pain of the primal traumas he experienced when he first sought the gratification of these needs. Lowen has written that character structure is fundamentally a gestalt way of looking at personality, but the therapist is always aware that he is dealing with a human being and not simply a structure. Lowen writes;

The aim of bioenergetic therapy is to restore the unity of the personality, to reestablish the identification of the ego with the body and to free the body from the chronic muscular tensions that block its motility and restrict its respiration . . . (Lowen, 1970, p. 134)

(The focus of therapy is on the individual in his immediate relationships; to his body, to the ground he stands on, to the people with whom he is involved and to the therapist as representative of the transference figure.)
(Lowen, 1976, p. 169)

2. Historic Development

Bioenergetics has been a developing therapy for about fifty years. Its roots are entrenched like most modern therapies in Freudian theory, however, there are some major differences between bio and psychoanalytic technique.

The problem which psychoanalysis faces arises from the fact that the analyst deals with body sensations and body feelings on a verbal and mental level, for the subject matter of analysis is the feeling and behavior of the individual. His ideas, fantasies and dreams are explored

only as a means to comprehend and reach the feelings and to influence the behavior . . . (but) In pose, in posture, in attitude and in every gesture, the organism speaks a language which antedates and transcends its verbal expression. (Lowen, 1958, p. x-xi)

Both body expression and artistic expression reveal this language of the unconscious in terms perhaps more appropriate to its symbolism than verbal therapy.

Some other differences between psychoanalysis and bioenergetics are delineated by Lowen. In bioenergetics, "the therapist analyzes not only the psychological problem of the patient as will every analyst, but also the physical expression of that problem as it is manifested in the body structure and movement of the patient. Second, the technique involves a systematic attempt to release the physical tension which is found in chronically contracted and spastic muscles. Third, the relationship between therapist and patient has an added dimension to that found in psychoanalysis. Since the work is done on a physical level in addition to the analysis on a verbal level, the resulting activity involves the analyst more deeply than do conventional techniques." (Lowen, 1958, p. xii)

The therapist has broken the psychoanalytic taboo of physically touching the patient and hence the bioenergetic therapist enters into a more open relationship with the client, is more accepting of the client's body, thereby bringing therapy and attitudes toward the body itself out

out of the dark closet of Victorian morality.

In an earlier section, the development of art therapy from its psychoanalytic roots was discussed. A parallel evolution occurred as some of Freud's students began to explore the use of the body in therapy. It was the research of Ferenczi (1919-1925) which precipitated this breakthrough into the somatic realm, for he noticed the correlation between physical and psychic problems, and while he remained loyal to psychoanalytic theory, he modified the techniques into an active psychoanalysis employing relaxation and muscular activity. Reich (1942) in the Function of the Orgasm established these new principles with a radical theory that the orgasm serves the purpose of discharging excess energy in the organism and that anxiety is both a cause and effect of the inability of the individual to discharge this tension. Lowen posits;

It may be possible for some individuals to work off the excess energy through muscular exertions and for others to decrease the anxiety by limiting the production of energy, but such solutions disturb the natural functioning of the organism directly on the physical level. At the same time of course, they decrease the possibility of pleasure which alone guarantees the emotional well-being of the individual. (Lowen, 1958, p. 13)

With this focus, on the individual as an energy system, Reich discovered the important connections between energy flow and personality, as well as the significance of

pleasure, two essential concepts of bioenergetic theory.

He placed tremendous importance on this elusive concept of bio-energy, as a major factor in healthy functioning.

Lowen explains;

Energy is involved in the movement of all things, both living and non-living. In current scientific thinking this energy is regarded as electrical in nature . . . I do not think it is important for this study to determine what the energy of life actually is . . . We can however accept the fundamental proposition that energy is involved in all the processes of life - in moving, feeling and thinking, and that all these processes would come to a stop if the supply of energy to the organism were seriously interrupted . . . We are not accustomed to thinking of personality in terms of energy yet the two cannot be dissociated. How much energy an individual has, and how he uses it must determine and be reflected in his personality. (Lowen, 1976, pp. 45-47)

3. Connection Between Energy and Personality

All activity requires the use of energy, from the beat of the heart, the peristaltic wave of the digestive system, the expansion of the lungs, the movements of walking, talking, working and sex. Through the use of this energy in expressive movement, the individual reveals his personality.

Physical energy can be observed directly through the motility of an organism. All movement, as Reich asserted, involves the tension-charge-discharge-release formula which

Reich proposed. Movement is the result of this discharge of energy. The bioenergy postulated by Reich and Lowen, is the physical energy expended in living and obtained from the digestion of food and the metabolic processes of the body. Lowen comments;

If we are to avoid becoming mystical, we must regard the concept of energy as a physical phenomenon that is capable of being measured. We must also follow the physical law that all energy is interchangeable and we must assume, in harmony with modern doctrines in physics that all forms of energy can be and eventually will be reduced to a common denominator. It is not important at this point to know the final form of this basic energy. We work with the hypothesis that there is one fundamental energy in the human body whether it manifests itself in psychic phenomena or in somatic motion. This energy we call bioenergy. Psychic processes as well as somatic processes are determined by the operation of this bioenergy. (Lowen, 1958, p. 18)

Accepting the fact that there is one fundamental energy in the body, manifested as either somatic or psychic phenomena, it may be suggested that the art therapist in dealing with art, dreams, fantasy and illusion; the psychic processes, is therefore dealing with the same bioenergy with which the bio-therapist works on the somatic level. The more an individual is in touch with his feelings and has the physical freedom from muscular blocks to express them, the more conscious he is of his inner reality. Both art therapy and bioenergetics offer tools to reconnect the awareness with the inner world. Lowen has gone so far as

to say, "The denial of inner reality is a form of mental illness." (1970, p. 2)

What is this inner world and how is it related to the body? As Lowen has said, both inner and outer reality are intricately connected through the bioenergy that determines psychic and somatic processes. Energy blocked in one area will be displaced into another, hence the ego image compensations and illusions of grandeur that are so often a part of the personality makeup of neurotic and psychotic persons. I will discuss these image compensations in relation to each character structure, however it remains that the individual grounded in reality, in the substance of his body has no need for a hyperactive fantasy life since his body offers him the fulfillment and pleasure in life in a more immediately gratifying way. His inner and outer realities are not divided, his psychic processes reflect the health of his somatic functioning.

A. Portmann, noted Swiss biologist has written that the inner world is not simply a function of mind;

No one can localize the inner world, for though we appreciate the central importance of the brain, we know that the inner life as a whole involves the body as a whole.

(Portmann, 1964, p. 35)

(Artistic expression and body expression are therefore linked in the very source of human consciousness; they are dual sides of the same coin. Lowen writes that any self-

expression is a function of both the ego and body.) "All creative actions are necessarily conscious, and the ego therefore plays an important role in formulating and executing the creative impulse. This impulse however, does not arise in the ego. It has its genesis in the body; its motivation in the striving for pleasure and its inspiration in the unconscious." (Lowen, 1970, p. 113)

Just as Kramer asserted that modern man has lost the intimate connection which the primitive sustained through his body, and his creativity with the cosmos, Lowen similarly declares that the loss of this connectedness between inner and outer realities has created a shift in our cultural values away from, even against the tide of natural life forces; pleasure, the body, the unconscious and creativity. For Lowen, the body, pleasure and creativity are intertwined. He states;

Every creative act begins with pleasurable excitation, goes through a phase of travail and culminates in the joy of expression . . . The initial excitation is due to an inspiration. Something enters the person and takes possession of his spirit; a new vision, a new idea, an exciting substance, or a sperm which fertilizes an egg to start a new life. This produces a conception which is then slowly given form and substance by the working through of an idea or vision. The completion of the creation is marked by the discharge of all tension, a sense of deep satisfaction, a feeling of fulfillment and the joy of release. From start to finish the whole creative process is motivated by the striving for pleasure . . .

The creative act may be defined as any new form of expression that adds new pleasure and meaning to life. (Lowen, 1970, pp. 29-30)

Any blocks in the body's energetic system, inhibit feeling, awareness and pleasure. Wilhelm Reich realized through his research, that a healthy organism has no severe energy limitation and his energy is not bound in muscular armoring. All his energy is therefore available for sexual pleasure, emotional expression and any other creative expression. His energy economy, as Reich described the amount of energy a person has available for the sexual charge and release of tension, is not depressed or driven, but meets the demands of his daily life. Lowen comments;

Reich came to the conclusion that emotional health was related to the capacity for full surrender in the sexual act or what he called orgasmic potency. Reich had found that there was no neurotic individual who had this capacity. A neurosis not only blocked surrender, but by binding energy in chronic muscular tensions, prevented that energy from being available for sexual release. Reich had also found that patients who gained the ability to achieve full orgasmic satisfaction in the sexual act became and remained free of any neurotic behavior or attitude. The full orgasm, according to Reich, discharged all of the organism's excess energy, and consequently there was no energy to support or maintain the neurotic symptom or behavior. (Lowen, 1976 p. 22)

With these findings Reich developed a rudimentary therapy called vegetotherapy which referred to a mobilization

of feeling through breathing and other body techniques which activated the autonomic nervous system and liberated these vegetative energies. Baker (1974) a neo-Reichian describes this vegetative energy more precisely. Although infinitely more complex, he claims that the human organism incorporates the same basic structures as the amoeba; the nucleus or core which Reich called the vegetative nervous system; the protoplasm consisting of our blood, lymphatic tissue fields; the membrane or skin and further, an energy field surrounding the body. Through human evolution, these basic sections have become highly specialized into the various internal organs, surrounded by the skeletal structure which maintains our characteristic form, the musculature and lastly, the skin, which provides our sensory contact with the environment and functions as our ego - a mediator between inner and outer reality.

Baker states;

The vegetative nervous system consists of two opposing nerve systems; the parasympathetic and the sympathetic. The former produces expansion or reaching out from the standpoint of the total organism (although the internal organs actually contract and force their contents toward the skin surface) and the latter causes contraction of the total organism, (even though the internal organs actually expand and in doing so keep their contents from going to the surface . . .

Like the amoeba the human is in a state of constant expansion and contraction. This is present in all the tissues of the body,

but it is most easily observed in the pulse and respiration . . . Excitation comes from the v.n.s. which sets the direction of the flow of energy by opening some blood channels and closing others . . . This energy flow is felt as emotion. (Baker, 1974, pp. 33-4)

This research set the foundation for the development of bioenergetic analysis and its emphasis on the breath. Reich's dual focus was the release of feeling through the muscular blocks by mobilizing the breath and the development of the ability on the part of the individual to surrender to the involuntary movement of the body, the expansion and contraction which he called the orgasmic response.

"It is important to understand that Reich defined orgasm as different from an ejaculation or a climax. It represented an involuntary response of the total body, manifested in rhythmic convulsive movements. The same type of movement can also occur when the breathing is completely free and the person surrenders to his body. In such cases, there is no climax or discharge of sexual excitement, since there is no buildup of such excitement. What happens is that the pelvis moves spontaneously forward with each exhalation and backward with each inhalation. These movements are produced by the respiratory wave as it travels down or up the body with expiration and inspiration." (Lowen, 1976, p. 22)

This reflex to those who have experienced it in therapy, gives the individual a sense of what it feels like to be free of inhibitions. He feels at once connected and integrated with his body and through it with the environment. Such surrender yields a sense of pleasure and wellbeing, an inner peace and a substantial sense of identity and integrity. Sexual energy is distinguished from this natural orgasmic response only by degree. Baker writes, "As energy increases, the body regularly builds up tension. At a certain point known as the lumination point, the tension is felt as sexual excitement in the healthy individual. Energy above the level of the lumination point may be looked upon as sexual energy, or the libi \ddot{d} o which Freud described." (Baker, 1974, p. 37)

Bioenergetic analysis has grown from this early Reichian formation but retains the principle use of breath and the involuntary reflex in its therapeutic endeavor. Lowen has written that experience has revealed that sexual functioning is not the sole key to personality and the ego which exists as a powerful force within our society demands our focus. Therefore, "the therapeutic goal is to integrate the ego with the body and its striving for pleasure and sexual fulfillment", as opposed to the ego's characteristic denial of the body in its striving for power (Lowen, 1976, p. 30). A body without a head is as useless as a head without a body.

4. The Importance of Pleasure

It has been stated that the concepts of pleasure, creativity and body awareness are very related and that bioenergetics offers the art therapist a philosophical orientation toward an acceptance of the body that enhances pleasure and creative expression. Our civilization processes have decreed the subordination of the pleasure principle to the demands of the morality and reality principles. Lowen feels that the belief in the necessity and supremacy of ego control has severed the cord of faith; of a sense of spiritual union with the earth and cosmos; the birthright of primitive man. He postulates;

Modern man no longer recognizes a supreme authority. He believes nature is governed by physical laws, that if he can decipher those laws, then he can control nature.

(Lowen, 1972, p. 210)

He hypothesizes that the opposition of the ego against the id, the cause of neurosis, may be generalized to the cultural level, and in turn, the culture reinforces the split. He quotes Fromm, "The matriarchal principle is that of unconditional love, natural equality, emphasis on the bonds of blood and soil, compassion and mercy; the patriarchal principle is that of conditional love, hierarchy structure, abstract thought, manmade laws, the state and justice."

(Fromm, E., in Lowen, 1972, p. 253)

In pure matriarchal societies where the body and pleasure are emphasized, neurosis is virtually unknown. Pleasure is such a vital concept to health, that Lowen has devoted a book to it. The id and ego need not be opposed, for rather, when harmoniously balanced they support one another to create a healthy personality.

An ego (patriarchal principle) rooted in the body (matriarchal principle) gains strength from the body and in turn supports and furthers the body's interests.

(Lowen, 1972, p. 233)

The ego supported by the strength of the body is a realistic ego. The ego built as a denial of bodily needs, as compensation for the body's weakness, is a facade; an ego ideal or self-image which is not only out of touch with reality, but which is detrimental to the health and integrity of the organism.

Diagnostic Tools:

(a) Art Therapy, Ego Mask and Image Compensation

In art therapy, this mask or facade is expressed graphically in patients' self portraits, figure drawings and other works. They reveal vividly, not only the ego mask which often appears as a caricature in its distortion, absence or exaggeration of real feeling, but expose the mask as well, for the facade it really is. The art therapy

process readily unmasks this defense,) and unearths the "child"; or the feelings and turmoil beneath. In the clinical section of this chapter, I will include a brief survey of paintings which illustrate this schizoid masking of the personality, the energetic holding together of the body, the terror of disintegration underneath, and the oral deprivation of a woman undergoing bioenergetics and art therapy concurrently. In the particular area of "shrinking" the patient's illusions, these two therapies work extremely well in tandem. In the process of the above young woman's therapy, she learned to trust her body and the feelings of rage, expressing the terror of falling apart therapeutically through bioenergetic movement. In doing so she let go of some of the ego control, readily shown in less controlled painting style, in addition to the will power and holding together which kept her functioning in the world. In relaxing some of this rigidity, she became more integrated with her body, and able to accept her feelings as her own, whereas previously they were projected onto her environment and perceived as being directed against her. Hence her own rage was no longer terrifying, and she began to accept her inner reality, through the continued expression of feeling in paint and physical bioenergetic expression. In the course of this progress, she began to paint self-portraits of flesh and blood; paintings involving real

people rather than creatures, masks, caricatures and illusions.

The ego mask represents a coping mechanism whereby the child delivers to the parent a package of acceptable behaviors, and soon masks the feeling beneath to the point of convincing himself that they no longer exist. Most of us deny our negativity and suppress or repress it beneath conscious awareness. In denying these feelings, and believing our own masks, we sever a piece of ourselves, and deplete our energy systems in the maintenance of the chronic holdings which suppress this negativity. In doing so, we block both the hard and soft feelings, for the ability to feel is dependent upon an open and responsive system in which the pendulum of pleasure and pain swings both ways. To feel, is to experience deeply all feelings, and if the muscles contract to hold in any one feeling, the capacity to experience others will be similarly reduced. Lowen comments;

In the interest of survival a child has no alternative but to suppress his feelings and erect a facade of behavior that is acceptable. This facade becomes structured in his body and mind; in the former as a postural attitude, in the latter as an ego image. The ego becomes identified with this image, and dissociated from the body. Masked by this image, the individual sees himself again as an innocent person, unaware that in his unconscious he harbours hostile and negative feelings associated with the traumatic experiences of his

earlier life. The suppressed emotions show through and occasionally break through, necessitating a whole series of relationalizations to self-justifications to support the image. These constitute his ego defenses while his muscular tensions represent what Reich called, "body armoring".

(Lowen, 1970, p. 278)

When all the energy of the organism is subordinated to the striving for the ego ideal, the person is in the condition of betraying his body.

What are the forces that unify the personality? . . . In the normal person, body and mind are held together by the integrative function of pleasure. This refers to the capacity for pleasure. Since pleasure is a principle of the body, the mind which anticipates pleasure affirms its identity with the body on the deepest level of experience. The capacity for pleasure also guarantees a steady stream of impulses reaching to the world for satisfaction. In the absence of this pleasure function, impulses are tentative and infrequent. The schizoid person therefore depends upon his will to cement mind to body. But the will, though hard as steel, is brittle, whereas pleasure is flexible and pervasive. It acts like the sap in the living tree to provide strength and elasticity.

(Lowen, 1969, p. 46)

When these pleasure functions disintegrate, so does the body, for the will can break the body and create somatic illness. When the brittle will itself breaks, mental illness results. Lowen writes, "The ego normally works with images; the body image is one, the self-image is another and the image of the world is a third. When these images are true to experience, the person is in touch with reality. An image

that contradicts experience is an illusion; when it contradicts a self-experience, it is a delusion."

(Lowen, 1969, p. 228)

These images are expressed dramatically in the art therapy process and act as strong visual stimulants for both the patient and therapist in recognizing the severity of the disturbance. The body, self and world images are three recurrent themes in all art therapy work, (Denny, 1972, p. 120). Many techniques have been devised to explore, understand and restore a realistic awareness of these themes (Denny, 1972; Garai, 1976, pp. 157-167; Rhyne, 1973 (a), pp. 273-248). Bioenergetic technique certainly presents a valid additional avenue through which to deflate illusions and restore realistic images.

An understanding of the bioenergetic concept of pleasure is a great aid to the art therapist, for creativity is dependent upon it. "With pleasure, life is a creative adventure, without pleasure it is a struggle for survival." (Lowen, 1970, p. 259). Lowen defines pleasure as the creative force in life (1970, p. 11). The healthy ego serves the body which desires pleasure as surely as it needs oxygen to survive. "Though pleasure is ephemeral and insubstantial, hold fast to it, for it contains the meaning of life." (Lowen, 1970, p. ii) It is the source of good feeling and good thinking.

Pleasure biologically, is the sensation of a steady, rhythmic flow of pulsation within the body, for all living tissue is in a constant state of motion through excitation and discharge of energy. The heart beat, respiration, cellular activity keep the body alive and vital.

Lowen remarks;

These involuntary activities have a rhythmicity which varies according to the degree of excitation in the organism, and in its parts. The different rhythms harmonize with each other, and the separate movements flow together to create a spontaneous motility in the whole organism. The flow of feeling in the body is like a river which is formed by the confluence of many streams, each of which in turn arises from numerous rivulets . . . The feeling of pleasure that stems from a natural and undisturbed rhythm of life embraces all our activities and relationships. There is a time to work, and a time to rest, a time to play and a time to be serious, a time to be together and a time to be alone. (Lowen, 1969, pp. 236-9)

The human organism belongs to the rhythms of the cosmos.

"Through our rhythmicities we are part of the animal world and allied to the plant world. The rhythms of our activities are strongly influenced by the rhythms of nature; day and night, summer and winter, early morning and high noon and so on. This harmony between the inner rhythms of a person and the outer rhythms of nature is the basis of one's sense of identification with the cosmos, the deepest root of pleasure and joy." (Lowen, 1970, p. 240) Hence, the

primitive in his natural self-regulating life, is heir to this deep connection of self-creativity and cosmos.

Since pleasure results from the build up of excitement in anticipation of a bodily need being satisfied and the release of this tension in gratification, a dominating superego control will create chronic tension which immobilize the body and reduce its capacity for pleasure.

The concept of pleasure cannot be divorced from that of love. Lowen equates the love of joy with the joy of love. The heart is the core of the individual. Its capacity to feel and to be open, will determine the degree of fulfillment in our lives. In the truly healthy organism, the loving and sexual movement is unified, for heart and genital sensations are connected.

If the excitation remains limited to the genital area, only a partial orgasm occurs. If it spreads upward and reaches the heart, the whole body goes into a convulsive type of reaction in which voluntary control is surrendered to a primitive beat.

(Lowen, 1970, p. 257)

The openness of the individual to one's heart and one's body renders one open to the world. Again the primitive's connection to the cosmos stems from this heart connection. In a sense too, bioenergetics offers a philosophical orientation to the art therapist which grounds his or her work in reality. By viewing images and creativity as a body phenomenon, and always bringing the fantasy back

to the reality of living and functioning within a body, the art therapist escapes the danger of getting caught up in the symbolic world of the patient, and of questioning the validity of symbolic interpretation. Lowen states;

The goal of bioenergetics is to help people to regain their primary nature which is the condition of being free, the state of being graceful and the quality of being beautiful. Freedom, grace, and beauty are the natural attributes of every animal organism. Freedom is the absence of inner restraint to the flow of feeling, grace is the expression of this flow in movement, while beauty is the manifestation of inner harmony such a flow engenders. They denote a healthy body, and also therefore, a healthy mind.

(Lowen, 1976, p. 43)

The art therapist seeking to "become grounded in a therapy for which she has an affinity" (Denny, 1972), p. 117) can certainly share these goals, and utilize the comprehensive store of developmental and therapeutic theory which bioenergetics offers. Its definition of health and unhealth in diagnosis present an additional source of grounding for the art therapist. In the healthy individual we have shown that the ego serves the body. Since the body is the representative of the unconscious, the art therapist who works with this primal level of experience can benefit from bioenergetic theory, and use it to understand the human being, mind and body, in totality. Lowen posits;

The ego is the representative of the conscious self, while the body is the representative of the unconscious self. These two aspects of

the personality are not sharply divided from each other. Like a cork floating on the surface of the ocean, consciousness rises and falls with each wave of feeling that passes through the body. A self-awareness that is limited to one's conscious perceptions is very superficial. A deeper self awareness informs us that these conscious perceptions are strongly influenced and even determined by unconscious processes. A person's self-awareness is determined by how much he is in touch with his body.

(Lowen, 1969, p. 268)

The core of the body is the heart. Since the heart is the most sensitive organ of the body, and our life depends on its rythmical beat, we are most protective of it.

"When that rhythm is even momentarily affected for example, when the heart stops a beat or races, we experience anxiety at the very core of our being. An individual who has experienced such anxiety early in life will develop many defenses to protect his heart against the danger of any disturbance of its functioning. He will not allow his heart to be easily touched, and he will not respond to the world from his heart. These defenses become elaborated in the course of life, until finally they form a powerful barrier against any attempt to reach it. In a successful therapy, these defenses are studied, analyzed in relation to the individual's life experience and are carefully worked through until the heart of the individual is reached."

(Lowen, 1976, p. 118)

Bioenergetics anchors the Freudian personality constructs within the physical body. The id is the core

of the body, the emotional layer. In the heart originates the feeling to love and be loved which flows outward from the center of one's being. The autonomic nervous system encompasses the attending body expansions and contractions, as the emotional layer or id. This internal-most portion of our bodies contains the suppressed-repressed primal feelings of rage, panic, terror, sadness, despair and pain which are triggered when the heart is threatened. Here in the id, originate the unconscious impulses seeking gratification, pleasure, sexual release and contact.

The muscular layer of the body, is both voluntarily and involuntarily controlled. The involuntary holdings are controlled by the "superego" or the morality and that part of the reality principles which curb the gratification of these impulses. Chronic muscular tensions defend against the emergence of suppressed feeling and support the ego defenses.

The "ego" is the outermost layer and operates as the personality image presented to the world. Physiologically, the ego bioenergetically corresponds to the skin and sense organs at the periphery of the body which mediate between the inner and outer realities which form the boundaries and concept of self, and which buttress the ego image which is cut off from the body through the denial distrust, projection, blaming, rationalization and other ego defenses

noted by Freud. This is the layer dealt with in most verbal therapies. Art therapy taps quickly into the third or deepest layer, and bioenergetics deals primarily with layer two, but encompasses all three in doing so.

Lowen writes;

If one works directly with layer 2 (chronic muscle tension) one can move into the first (ego) or third layer (feeling) whenever necessary. Thus working with the muscular tension, one can help a person understand how his psychological attitude is conditioned by the armoring or rigidity of his body. And when advisable, one can reach and open up the suppressed feelings by mobilizing the contracted muscles that restrain and block their expression. (Lowen, 1976, p. 121)

Hence bioenergetics offers a total therapy with tools to reach and integrate all three layers of the personality.

Normal or healthy functioning is dependent upon impulses which are strong and rhythmic enough to reach the body surface, upon the ability of the musculature to relax and expand and to allow the impulses to charge the surface with feeling and color, and upon the maintenance of the integrity and flexibility of the surface by a continual charge from the core. In this picture of health,

Lowen writes;

The four layers would still exist but now they would be coordinating and expressive layers, rather than defensive ones. All impulses would flow from the heart, which is to say that the person would put his heart into everything he does. He would respond emotionally in all situations, his responses would always have a

feeling base . . . These feelings would represent genuine responses since they would be free from contamination by suppressed emotions stemming from childhood experiences. And since his muscular layer would be free from chronic tensions, his actions and movements would be graceful and effective. On the one hand, they would reflect his feelings, and on the other, they would be subject to the control of his ego . . . The basic quality of this person would be one of ease as opposed to disease; his basic mood would be one of well-being. (Lowen, 1976, p. 122)

5. Character Structure and Art Therapy - Diagnostic Tools and Mode of Symbolic Interpretation

How is the child deprived out of this basic healthy condition; a unified body and mind, oriented toward pleasure, and twisted into a characterological distortion, supporting his survival with illusions, compensation, images and denials, yet sensing nonetheless the confusion of unresolved feelings beneath the mask? This is unhappily the condition of most individuals who seek therapy. If the art therapist is to use bioenergetics as an orientation toward these people, and is to unearth some of the primal feeling beneath the mask, then s/he must understand how this distortion arose.

Lowen posits:

(Each character structure results from childhood experiences that have to some degree undermined the person's feelings of security and self-acceptance. In each character structure therefore, we will find images, illusion or ego ideals that compensate this injury to the self.)

The more severe the trauma the greater the investment of energy in image or illusion, but in all cases the investment is considerable. Whatever energy is diverted to the illusion or unreal goal is unavailable for daily living in the present. The individual is handicapped therefore, in his ability to come to grips with the reality of his situation.

(Lowen, 1976, p. 178)

Lowen has delineated five basic character structures which categorize defense positions which the child resorted to under the tremendous stress of conforming and coping with the family's demands. These five structures coincide with Freud and Erikson's developmental stages and represent the resolution of these conflict stages in an attitude which was viable for his survival. However, each resolution, simultaneously demanded a body with-holding of natural core impulses, to the detriment of the child's emotional health.

Briefly, I will describe these five structures, because the paintings and drawings done in art therapy so nakedly expose these holdings both in physical structure and psychological attitude. The earliest is the schizoid holding, which developed from prenatal experience to six months of age, during which time the child's right to exist was threatened by an ambivalent or hostile mother. The infant whose umbilical connection to reality is through the mother, and who perceives the mother as part of itself, feels her coldness as a hostile part directed against itself

and so in confusion and terror, splits from a part of itself and withdraws into its core. Steil writes:

The schizoid defense is a reaction to the threat of annihilation. In its most primitive form this threat comes from the mother's conscious or unconscious hatred of yet unborn child. The hatred has the dynamic quality of frozen love; the developing organism reacts to the coldness and threat of this intrauterine environment by contracting its life energy towards its center. The periphery develops into a frozen layer of defense within which the core can develop in relative safety. The result is an imploded structure with an alive core surrounded by a relatively frozen motor apparatus.
(Steil, 1976)

(The right to be, to exist in harmony with the mother is threatened at the core of its being and so the child in terror freezes its impulses to reach out to life. The holding of the schizoid is a holding-together. His sense of self never develops because he has lost his connection to his body (mother), and feelings, so he constructs roles and images to live by as opposed to an integrated sense of self.) Often he will see himself as special; a prince in disguise to counter a sense of rejection as a human being. In art therapy, the schizoid's mask appears in self-portraits as a clown or doll, both lifeless caricatures of feeling beings. See Plate 1.

It is a fair guess that behind the masquerade of the clown is a deep sadness and a poignant longing. (Lowen, 1969, p. 75)

Plate 2 clearly illustrates the mind and body split of the schizoid; the head is removed from the realistic body, balanced precariously on a stick figure, and the body feelings are again disconnected from the displaced body, for they appear to issue about in the left side of the painting. Plate 3 reveals some of the terror of the emptiness beneath the mask. A featureless, expressionless head sits as if on a volcano which must be deadened or kept dormant, by the painter, in order to dissociate from the fury within. If the volcano became charged with feeling, its eruption would spew feelings and life into the expressionless face. Instead the patient protects herself from these tumultuous feelings through dissociation and an autistic withdrawal, also an example of schizoid-schizophrenic behavior. Plate 4 graphically shows the emergence in red, of some of this underlying rage, and the terror of disintegration, or falling apart if the patient loses his willful control or relaxes his holding-together. This patient was unable to use color in painting at all, until these feelings were vented. The restricted use of black and white color, is another indication of the schizoid's need to control. In the art therapy process, indications of this character structure emerge with undebatable clarity. Plate 5, done by another patient with a schizoid disturbance in the art therapy department at the Victoria Mental Health Centre,



Plate 1



Plate 2



Plate 3



Plate 4

quite vividly reveals the force of the emerging rage and its fearsome power. To the degree that the schizoid perceives his own feelings as dissociated from himself, they are perceived as terrifying forces about to attack and engulf him. The schizoid has a strong fear of falling apart, much like Humpty Dumpty in the nursery tale.

The second holding described by Lowen is the oral structure which develops from six months to two years of age, during the period of breastfeeding and concerns issues of contact and nourishment. (To the extent that the child's right to be secure in his needing, to be nourished was threatened by an ungiving or uncaring mother, the child became fixated at that period with a weak sense of independence, and a strong need to be held, warmed and clinging.) His energy system is undercharged and remains so through maturation, for an undernourished core sends weak impulses to the periphery of the body, and the oral individual is crippled with a lifelong sense of inner emptiness. Since often the mother of an oral child was also cold, the schizoid disturbance is often found underlying the orality. Therefore Plate 3 shows in part the combination of the emptiness and terror of these two structures. The skin and musculature are often immature or underdeveloped, the body is often elongated or strung out, there is a tendency to collapse in the chest and it appears physically

weak. Often this person will cling or hold on to others, as compensation for his lack of ability to stand on his own legs, and will compensate with verbal acuity and intelligence for his lack of inner fulfillment. The illusion for the oral, is "I've got plenty" and a dream of being the centre of attention and having the ability to accomplish anything (Lowen, 1976, p. 178).

Plate 6 reveals some of this characteristically oral longing in the chest and eyes. The mother of the schizoid and oral structures is often difficult for the patient to acknowledge and to paint. When she does appear, as in Plate 7, she presents the therapist with a tangible sense of the child's confusion and anguish in responding to such ambivalence. This painting reveals the seductive drawing smile, and the simultaneously evil eye, which glares threateningly and warns the child to stay away. Typically this mother has her own strong schizoid split, as evidenced by the profile and full-face mixture of perspectives. Figure drawings readily reveal these characterological disturbances in the patient's body and self-image. On this level of diagnosis, interpretation and theoretical background, bioenergetic analysis offers a great deal to the art therapist, and in many cases, vice versa. The art therapist may use character analysis to understand each patient's defense mechanisms and their historic traumas

which are revealed in paint.

The third basic character structure developed from eighteen months through toilet training and solidified over the years, to become the masochistic holding. (The mother here, smothered the child with overconcern and threatened his physical integrity and emotional autonomy by overcontrolling his feeding and elimination.) Thick, powerful muscle holdings develop to keep out the mother; to keep her from invading both ends of the organism and to hold in the raging impulses and the need to say "No" which was literally crushed by the mother's dominance.

The bioenergetic condition of the masochist is a fully charged, but tightly held in body, which is burdened with tensions to the point of containing his feelings and all his impulses to reach out. The whine of the masochist is a steady stream of anger tightly compressed and released like a safety valve through a tight throat, somewhat like a balloon losing air from a small opening. Physically the masochist has a tucked in pelvis, chronically locked forward in submission, a short muscular body and a burdened back, for all the energy naturally being extended is tensed, held in and turned back on itself.

(Unable to assert or extend himself, the masochist will often provoke an attack that charges him with sufficient excitement and energy, to release his own aggression and

obtain the energetic discharge he so desperately needs.) More often, any expansive activity is so inhibited, that his anger travels up his back and since his contracted shoulder girdle and throat make expression impossible, it turns inward upon him, and is self-directed. It is not often that the masochist will paint, for artistic expression is an expansive gesture (K. Van Sickle, 1977). The amount of feeling expressed in paint will feel overwhelming, but it is one highly therapeutic mode of release for the held-in masochist. Quite frequently, the masochist morass can be seen in heavy dark, thick and impenetrable scenes in which there is no way in or out. There is in these paintings, a very definite sense of blocked energy.

The psychopathic structure develops from three to six years. Often the orally deprived child will reach toward the parent of the opposite sex for its nourishment but will find that contact is dependent on the child's performance, seduction or susceptibility to seduction from this parent, to meet his or her own narcissistic needs. (The essence of this structure is the denial of need and any soft feeling, for the child is placed in the horrific position of contending with her own mother for father's attention, or vice versa, and simulanteously is called upon to deal with that parent's sexuality.) Lowen states;



Plate 5



Plate 6

In this situation any reaching out for contact would leave the child extremely vulnerable. The child will either rise above the need (upward displacement) or fulfill the need by manipulating the parents, (seductive type).
(Lowen, 1976, p. 162)

Hence the psychopathic character denies his need, rises above his emptiness, and in doing so rejects his body, idealizes it, and seeks to live out an image which is so above others that no one can approach his directly. He has illusions of power, conquest and grandeur, which protects him from others through his contempt for their lesser natures. In this way, others seek his approval and help, and offer him contact, while they are dependent upon his powerful and charismatic image.

Physically, he holds up, is often overdeveloped in the chest with a narrow pelvis and the head is held high above the lower body which is undernourished and often not as developed as the upper half.

Finally Lowen describes the fifth or rigid character. This child was rejected by the parent of the opposite sex in regard to his sexuality. This rejection hurt the child's pride and in the rejection of his love, broke his heart. The child develops an intense pride to block this heart-break and to prevent its recurrence. The head is held high, the heart is held back, the backbone is straight, and the entire front of the body is armored to maintain the defensive

position of "I won't give in". (The impulses to reach out are jealously guarded and held back.) The personality is strong and ambitious in this structure with a good deal of ego strength. The main areas of the body in tension are the long back muscles and the proud neck.

The rigid character lives in the illusion that his love will never be appreciated. This is not a conscious illusion, for he consciously hopes his love will finally be returned, but he continually chooses people who will reject him, or rejects them himself first, so that he will be safe from the necessity of ever opening his heart; for to open his heart would mean to give in to the initial heartbreak he has defended against.

(Each person coming to therapy bears the stamp of each of these conflicts, but is fixated at or operates from mainly one or two of these defensive positions which have developed to form his character structure. The therapeutic task is to help a person sense these holdings in his body, to identify with them emotionally by uncovering the historic content of each holding and to help him to release these tensions through bioenergetic exercise, for they block the flow of pleasure, life, feeling and awareness in the body.)

I have attempted a synopsis of the history, type of body holding, emotional makeup and the illusions by which each of these character structures develops and operates.

The art therapist will often see these holdings, the ego defenses as well as body defenses in paint in the course of art therapy. All too quickly, in art therapy, these defenses dissolve and the underlying feelings emerge in what I call "the danger paintings".

6. Therapeutic Release Of Feeling And Art Therapy

These paintings signal red lights that primal feelings are threatening to spill over and are ready to be dealt with. At this point the art therapist can move the individual into the bio room to help release the rage, terror, grief and longing in bioenergetic movement. I have suggested that one essential use of bioenergetic analysis in art therapy is for the therapeutic release of feeling.

Hitting, tantrums and biting to release rage, screaming and involuntary movement to release terror, reaching to release the longing and crying to express the buried despair are therapeutic tools to safely encourage the release of chronic tension and primal emotion. Plate 5 with its emerging rage and disintegration is an example of one such danger signal painting. Plate 8, with its house so energetically packed with sinister foreboding and paranoia threatens an immanent explosion. The three upper windows

signal us like eyes searching left to right in confusion and terror. The anthropomorphic house begs for a release or way out. To allow the patient to leave therapy in this state, would be expecting her to close down these powerfully emergent feelings or deal with them alone. Clearly a bioenergetic intervention would be a valuable therapeutic aid. It provides the art therapist with an incomparable release valve for these feelings which surface so readily in paint.

Plates 9 and 10 reveal two animalistic, unrestrained expressions of the vital power of the unconscious or id drive which surfaces in the process. Jung has long expressed a profound respect for the enormous power wielded by the image-making unconscious and the necessity of having an outlet for these raw forces of life. Champernowne states:

In living life itself we are often so blind that we do not see what lies in our own unconscious until we have acted out the repressed feeling, perhaps in ways we deeply regret later . . . Only when we see ourselves as something at first we call "not ourselves", do we begin to know the measure of our shadow . . . We are also our shadow . . . and the shadow is not necessarily bad; it may be much-needed energy in a form which, under the control of consciousness, becomes a desirable part of the personality.

Here the arts help greatly, and the repressed elements, even evil and criminal aspects of the unconscious, can often be expressed in the less destructive way of an art form and temporarily be held there. I have seen pictures which contain terrible



Plate 7



Plate 8



Plate 9



Plate 10

violence - violence which belongs at least at one level to the creator of the picture even if it is fed by the collective violence of the time. (Champernowne, 1971, p. 133)

The bioenergetic analyst deals daily with the violent uncontrolled and involuntary movement that breaks through the control defenses of the body. Involuntary movement releases the tension and unleashes the life force to charge the entire organism, and the therapy redirects this energy from its potentially destructive intention, into a self-affirming assertive expression of the individual. Since the art therapist must daily encounter these forces in image, s/he would work well tangentially, with a bioenergetic therapist, or as a bioenergetic therapist to encourage a physical release as well.

(Lowen emphasizes the need for this emotional release to involve the whole person; the body, and not confine itself to a visual or verbal recognition of one's feelings.) He emphasizes the importance of involuntary physical and emotional expression in unblocking the energetic flow in the body.

The scream is like an explosion within the personality that momentarily shatters the rigidity created by chronic muscular tension and undermines the ego defenses in the first layer. Crying and deep sobs produce a similar effect by softening and melting body rigidities. The release of rage is also beneficial when the rage is expressed under control and in the therapeutic situation. Under these conditions it is not a destructive reaction and can be integrated into the ego of the

person, that is, made ego-syntonic. Fear is more difficult to evoke and more important to elicit. If the panic or terror is not brought to the surface and worked out, the cathartic effect of releasing the screams, the rage and the sadness is shortlived. As long as a patient fails to confront his fear and understand the reasons for it, he will continue to scream, cry and rage with little change in his overall personality. . . . It is nevertheless important for a therapy that these suppressed feelings be allowed expression. Readers who are familiar with my previous writings on bioenergetics, know that it is our consistent policy to open up and vent these feelings for their release makes available the energy necessary to the process of change. One has to tap these feelings again and again to make available the energy necessary for growth. (Lowen, 1976 p. 120)

7. Grounding and Breathing In Bioenergetics

Along with these exercises for expressing deep emotion, the body is mobilized in therapy in two specific areas, grounding and breathing. It is the contention of this thesis that these two techniques are also relevant for the art therapist's use. All people who come to therapy are hung up; or caught in emotional conflicts which immobilize them in daily living. We deny these hangups with compensating images and illusions.

We are not only blinded by illusions but are hung up on the ego images they contain. Being hung up we do not have our feet on the ground and cannot discover our true selves.
(Lowen, 1976, p. 183)

One essential goal of this therapy is to help a person back into his body and to ground him in reality. Hence Lowen

focuses on the individual's feeling in his legs and his contact with the earth.

In the present state of our knowledge we do not fully understand the energetic connection between the feet and the ground. That there is one, I feel certain. What I do know surely is that the more a person can feel his contact with the ground, the more charge he can tolerate and the more feeling he can handle. This makes grounding a prime objective in bioenergetic work. It implies that the major thrust of the work is downward, that is, to get the person into his legs and feet. (Lowen, 1976, p. 196)

Karen Machover discovered that the legs and feet in her figure drawings were prime areas of conflict and difficulty. She wrote from the art therapist's point of view, "We may understand why insecurity of footing, literally interpreted, is shown in most problem drawings. In addition to the potentiality for contact, which the legs and feet share with the arms and hands, they bear the added responsibility of supporting and balancing the body proper, and of making possible locomotion of the body." (Machover, 1949, p. 65)

Security of footing and emotional security are inseparable and functionally identical. The art therapist will encounter time and again a difficulty on the part of their patients, to draw hands and feet, and legs which substantially support the individual, particularly since most patients enter therapy because they are insecure and ungrounded in the world. Machover writes;

We build our image of "self" out of our impulses, our behavior and the reality about us, and the representation of the body image in drawings tends to invite the graphic expression of any conflict which might be experienced in any of these areas. (Machover, 1949, p. 59)

When the person begins to explore his hang ups, he will naturally find that he has a fear of falling, or letting down into legs that cannot support him. This is a physical and psychic fear. Falling means losing control as well as the loss of one's image. For the schizoid the fear of falling is the fear of falling apart since he is held together. For the oral, the fear of falling denotes the fear of being left alone, for if he collapses no one (the abandoning mother) will pick him up. The psychopath equates falling with failing and being controlled, losing his superhuman image is at stake. For the masochist, a fear of falling is the fear that his bottom will fall out, for he was forced to control his bowels before they were maturationally capable of such control. For the rigid character, falling denotes the loss of pride or face and the experience of heartbreak in surrendering.

However, only in surrendering to the deep pain of all these conflicts, does the individual give up the struggle to defend against feeling. "Slowly in the course of therapy, desperation gives way to despair as the patient stops running away from himself . . . Only at this point does he reveal his illusion. The yielding to despair is accompanied by

feelings of fatigue such as a soldier may experience after the battle is over." (Lowen, 1969, p. 117)

The art therapist can use these bioenergetic guidelines in understanding how each patient's lack of grounding in reality is both a defense and a detriment to his functioning, and what the fear of letting go would mean to each patient. When a person can let go and fall onto the mattress in therapy, in experiencing his fear, he will undergo his sadness and despair, thereby releasing some of his inner pain and underlying conflicts. He will release some of the chronic rigidity in his legs, allow more feeling sensation through them and begin to develop a more realistic sense of strength. The art therapist with knowledge of grounding techniques, can help the individual let down into his legs, let go of some anxiety and tension in falling and thereby become better grounded in reality. In addition, s/he unmask the images and shrinks the illusions by which the patient maintains his identity, in order to replace them with a grounded sense of self.

Breathing is another fundamental concept in bioenergetics. Breathing out, expiration, is equivalent to letting go.

Lowen posits:

Full expiration is a giving in, a surrender to the body. Letting go of the air is experienced as a letting go of control, which the neurotic individual fears. (Lowen, 1970, p. 40)

To the extent that the individual is hung up on an image of self, and pulled up from his legs, his sexuality and his breathing, he is out of touch with vital parts of himself. Inspiration represents the capacity of the person to take in; to reach and accept life, oxygen and nourishment.

The respiratory wave normally flows from the mouth to the genitals. In the upper end of the body it is connected to the erotic pleasure of sucking and nursing. In the lower end of the body it is tied to the sexual movements and sexual pleasure. Breathing is the basic pulsation (expansion and contraction) of the whole body; it is therefore the foundation for the experience of pleasure and pain.

(Lowen, 1970, p. 43)

It therefore is connected with sexuality and the ability to surrender to a full sexual release. "Unitary or total breathing, a respiration that involves the whole body leads to an orgasm that includes the whole body." (Lowen, 1970, p. 43)

Reich noted that children learn to hold their breath as a means of inhibiting feelings. He realized that holding the breath diminishes the organism's energy by reducing the metabolic activity of the body, thereby decreasing the body's energy output and the production of anxiety.

For Reich the goal of therapy was the development by the patient of the capacity to give in fully to the spontaneous and involuntary movements of the body that were part of the respiratory process. Thus, the emphasis was on letting the breathing take place fully and deeply. If this was done, the respiratory waves produced an undulating movement of the body that Reich called the orgasm reflex. (Lowen, 1976, p. 22)

Bioenergetic therapy aims at removing the obstacles to free and full breathing and to the spontaneous release of emotional and somatic tensions. Lowen writes;

A patient will not breathe deeply in a spontaneous manner unless his tensions are relaxed and his feelings released . . . Release occurs when the sadness is expressed in crying, the fear in the scream of terror and hostility by the expression of anger. All of these . . . require vocal utterances that are handicapped by the inhibition of respiration . . . The circle is broken by getting the patient to . . . sense the tensions which inhibit his breathing and to try consciously and relax them. (Lowen, 1969, pp. 155-6)

Just as the release of strong emotions releases the breath, so will the deep release of breath, evoke the feelings.

Breathing is the key to life; inspiration is the drinking in of life and expiration is the surrender to the universe. From breath we derive our energy to move and express ourselves in the world. It is therefore an essential focus in any therapy. Both breathing and grounding exercises offer the art therapist useful techniques for releasing feeling. Through such experiences the body heals itself. In this dynamic emotion-filled process, the reclamation of the body necessitates the awareness of much repressed suffering, but as Lowen consoles,

The ability to feel pain is also the capacity to feel pleasure. To give in to tiredness is to find the peace of rest. Every bodily feeling implies its opposite. To be without feeling is to exist in a vacuum, cold and lifeless. (Lowen, 1969, p. 231)

The person who is grounded in his body acquires faith in the substance and certainty of all things.

It is part of the therapeutic task to help the patient uncover and grapple with his repressed feelings. This involves a voyage to the underworld (his unconscious) and a struggle with its demons (his repressed feelings) if he is to recapture the power that is life! (Lowen, 1969, p. 231)

8. Summary

Both bioenergetics and art therapy encourage this journey to the underworld and the techniques and theory of both can work in conjunction to effect the resolution of the split between inner and outer reality and its underlying psychic pain. Both therapies offer the patient the reclamation of his body awareness as well as his creativity which once constituted the sustaining life forces of the primitive's connection to his self, his tribal community, his mother earth, and his conception of the universe. The human organism belongs to the rhythms of the cosmos.

Perhaps no one has described this fourfold connection of the primitive more poetically and lovingly than Laurens Van der Post in his description of the Bushmen in The Lost World of the Kalahari:

His ankles were slim like a race horse,
his legs supple, his muscles loose and
he ran like the wind fast and long . . .
There had never been anyone who could run

like him over the veld and boulders
 As I tried to form of a picture of what he
 was really like it came to me that he was back
 in the moment which our European fairy-tale
 books described as the time when birds,
 beasts, plants, trees and men shared a common
 tongue and the whole world, night and day,
 resounded like the surf of a coral sea with
 universal conversation.

This intimate connection with his body and land was reflected
 in the Bushman's creativity as well as his hunt. Vander
 Post writes;

There his culture had its greatest continuity
 and flowering and there he came to produce
 the purest form of a truly organic art the
 continent has yet known As fast as a
 painting faded it was either restored or a
 new theme painted over it It is
 astonishing how in this late hour, they burn
 within the aubergine shadows of cave and
 overhang of cliff and kran, and what power
 they still possess to provide an almost
 unbearable nostalgia for the vanished painter
 and for the spirit that possessed him.
 True, their fire is dying and the ruby coals
 are blown silver with the ashes of time.
 But underneath there is enough authentic flame
 to show the Bushman and his chosen companions
 on the enigmatic spoor as, with the mystery
 of life upon them, they spied out on the
 far side of the desert a land of promise for
 the wandering hosts of God.

(Van der Post, 1958, p. 31)

The family of man is fortunate to have within its own
 past, the eternal spirit of cultures which lived, created
 and flourished within natural law. They represent a state
 of grace, inner harmony; of being in touch with their
 bodies, their environments and their creativity. They are
 our inheritance of the vital spirit embodied in the

therapeutic goals of bioenergetic analysis and art therapy.

C. Clinical Applications;
Illustrative Example

In the following pages I will present a condensed, clinically illustrative case of a 22-25 year old woman, who over the course of three years underwent bioenergetics and art therapy concurrently. These paintings were created in the art therapy department of the Victoria Mental Health Centre under the supervision of Kay Van Sickle, A.T.R. and bioenergetic analysis was conducted by Dr. Bennett Shapiro through the Victoria Self-Help Society. It is expected that these art works will graphically indicate the strong schizoid-oral character problem of this patient and illustrate the process by which various aspects of this conflict surfaced in art therapy and began to move toward resolution.

Plate A was this patient's first encounter with art therapy. Having moved across the continent from friends and an overprotective family, having spent a year travelling with no home to return to and entering her first committed relationship, the patient was experiencing a great deal of anguish, which precipitated her seeking therapy. This very first painting evidences the strong schizoid element which underlies her personality and which was strongly activated under pressure of this crisis period in her life.

The red buttons which signal this disturbance for the art-bioenergetic therapist are her identification with the skull or death's head; showing the sense of lifelessness and the dissociation experienced by the schizoid. The silent scream of this anguish is inexpressible because of severe throat tensions evidenced by the mummy-bound treatment of the neck, (a recurring feature of her paintings). The blindness of the eyes and the rigidified form of the figure reveal the passivity and holding together of the schizoid. The head is not only blinded, but the figure is equally defenseless against its overwhelming environment. Glaring lights, chaotic splitting beams and colors appear to terrify and torture the helpless victim. The schizoid, locked in a core which was totally dependent upon the mother and its environment is fixated at a defenseless stage of existence. Since all of the energy of the organism withdrew to its core at the threat of annihilation from the mother, the musculature and the periphery of the body, which is bioenergetically defined as the ego boundary, is poorly charged with minimal energy. Hence the ego strength of the schizoid is not strongly developed, and persons with this disturbance will experience themselves as having no ego defenses against a hostile or threatening environment. In addition, they will project their own inner terror and rage onto the environment, dissociate from it and perceive

it is attacking themselves, in order to justify their defensive reaction and withdrawal. Any disturbance in the environment will be experienced as directed against the self.

Plate B is another example of the "clown" or caricature discussed previously in the text, which is a signal of schizoid dissociation. Again, this little dwarf is of uncertain gender, is blind and visualizes herself as a target or victim of the environment. The ears have heard hurtful things, but the organism is unable to protect itself. It is locked in victimization; in absorbing whatever is directed against it. The red claws and sharp tears signify the underlying rage, but it is a rage that is fundamentally ineffectual since it is frightening to its helpless owner.

Plate C reveals the combination of the schizoid-oral problem. The breasts are full with nourishment, but the arms and legs are blue and cold. The body is expressive of feeling, but only at the expense of the dissociated head, which is graphically broken and disconnected from the body feeling. The woman is holding herself tightly together (schizoid) as well as holding on or clinging to her own body warmth for support and nourishment (oral problem). As with her mother, the figure is ambivalently warm and cold.

Plate D is a further example of the strong body sense



Plate A



Plate B



Plate C



Plate D

of holding on and together. The legs are clutched tightly, the neck again exhibits a transparency treatment which Plokker (1965) cites as a schizoid disturbance, and the obstruction within again prevents the feelings from emerging vocally. The hands as noted by Machover (1949) as organs of contact indicate a conflict here because they are barely defined and exist as extensions of the blue binding arms which serve to rope the figure together. The face again, is a mask, and is so involved with the conflict within, that no sensory contact with the environment is possible. The patient also used these inner dramas to defend against making contact in the world.

I have included Plate E for emphasis of the repeated expressions of this disturbance. Again the Dance of Death, reveals the lifeless mask, the coldness of the breasts and body and the frantic desperation of the individual dissociated from the sustaining warmth and pleasure of an alive body. This frantic quality can be seen in the painting style of sparse and transparent brush strokes which resulted from a literal inability on the part of the patient to use the richness of the acrylic paint in full viscosity.

Plate F again indicates the oral coldness and the schizoid holding of the body. The black hand grabs the warmth of the nourishing breast and heart feelings. The arms appear to be seeking some place to hold on to, but are cold and lifeless in their desperate clutching. The

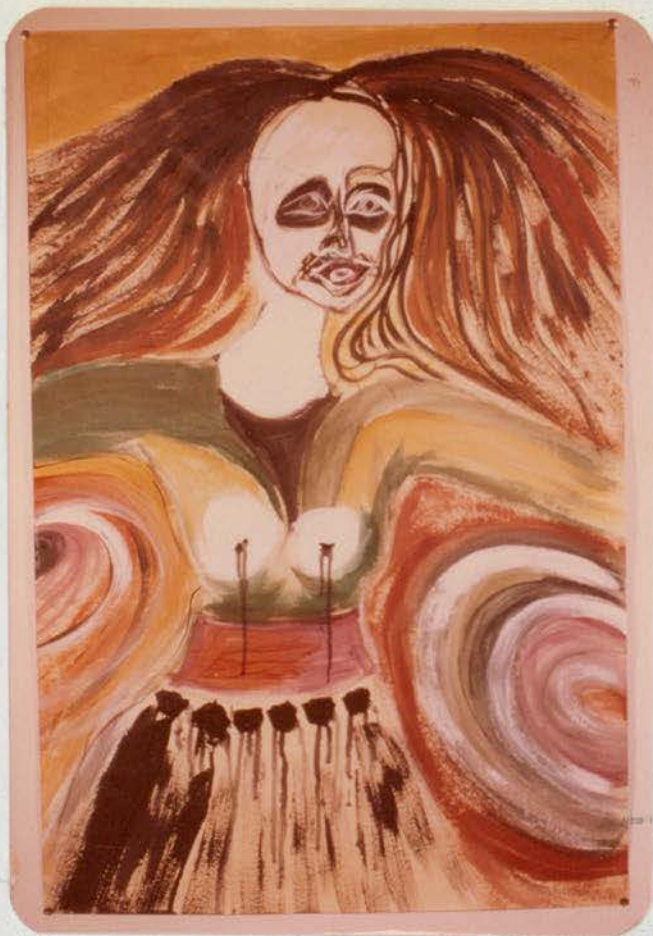


Plate E



Plate F

recurring tension in the throat is revealed in this painting as the experience of being strangled. By this time, the patient had her first session in bioenergetics and it is significant that in her first grounding experience, she felt a scream emerging which was blocked in her throat, causing a severe stiff neck that lasted four days. This was an enlightening experience for the patient because it was the first time she had physically experienced the strength of the chronic throat block which had already shown itself in paint. In this painting, she connected with some of the sadness and despair of living in such a cut-off, strangled condition.

Plate G represents the imprisoned child. It may surprise some that each painting so concisely reveals a disturbance, but it remains that none of these paintings were executed with forethought. The patient simply began painting on a blank sheet and let develop whatever emerged. This painting surprised and angered her. The window bars are externalizations of the iron rigidity within the musculature which is seen again in the squared off shoulders and stiffly rigid chest of the little girl. She is locked inside, looking at the world from afar, and locked outside, looking in as well. This is a metaphor for the schizoid's sense of being dissociated from a living body

life. The schizoid is an isolate, cut off from /her own mainstream of life energy, she is imprisoned from the mainstream of the world. The red bricks surrounding the cage-like window may symbolize the rage of this condition. Her face as well, has been obliterated; there too, the feelings are imprisoned and denied expression.

However, this painting represented a progress in therapy toward a more feeling-connection with her disturbance and the emerging anger toward it represented a healthy movement toward unlocking the cage.

Plate H is one of a series of frenetic and frantic paintings which revealed the tremendous amount of fear and projected rage, experienced as paranoia, with which the painter lived. It is necessary to explain at this point that the patient was not crazy. She functioned well in the objective world, received A grades in a Master's program, was involved in part-time work with university communication groups, as well as having a number of creative hobbies in addition to undergoing therapy. If anything, her neurosis was manifested in her overextension of self, in these activities. Her sense of strength was based on her determination and willpower to function successfully and not on a sense of inner security and stability.

Underneath this rigid control, existed the tumultuous feelings which had to be strictly denied in order to

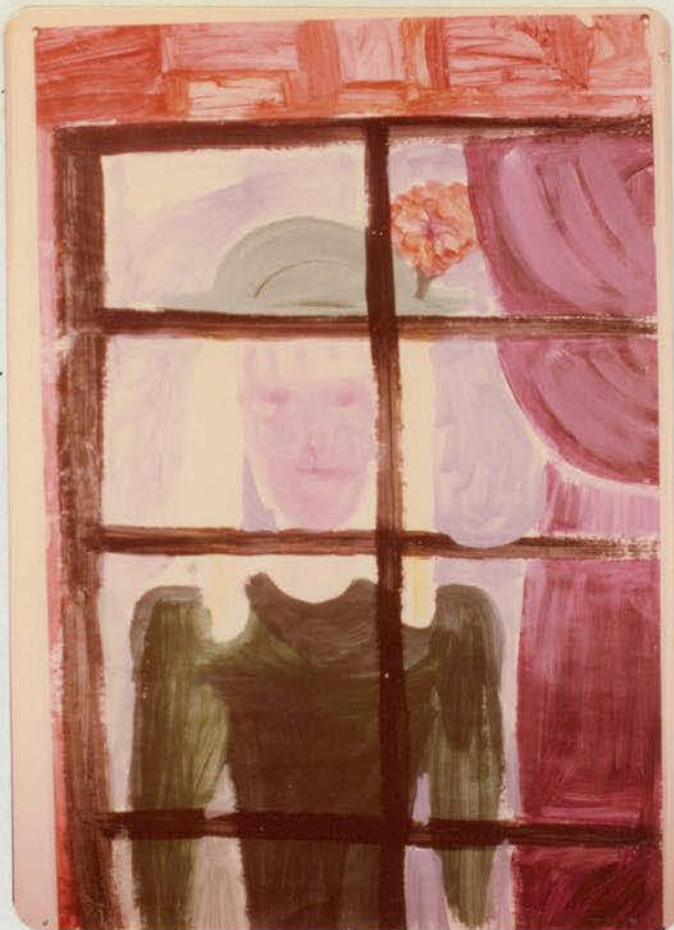


Plate G



Plate H

function and maintain her illusion of strength. In the dual art-bioenergetic process, these underlying feelings broke through the rigidity and are vividly revealed as they spilled onto paper. In addition, the crisis issues of leaving home and severing roots was devastating to the patient for a schizoid individual has so few sources of identity confirmation beyond the role they set as an ego image to live by. She also found herself under the spectre of several biopsies and medical difficulties. Hence, as revealed in this particular painting, she felt ungrounded, frantically desperate, paranoid and at the mercy of the overwhelming forces in her environment. Again this frantic hyperactivity also served as a defense to keep from feeling and to frighten others away.

Plate I was painted in the second year of her relationship with her husband. The painting clearly revealed the extent to which the patient was bound up in the symbiotic dynamics of the relationship and was unable to extricate herself from her dependence upon her husband, upon whom she had transferred her mother and nurturance issues. In asking him to satisfy the unfulfilled oral longings, she sacrificed her autonomy as an adult woman and became bound in a self-defeating cycle of resentment and dependence. With some humor, she recognized the denial of this state of affairs by the pleasant though completely unrelated

pointalistic landscape contrasting with the stranglehold reality of the marriage.

Within a year of this realization, the marriage dissolved as the patient began to assume more autonomy and responsibility for herself within the relationship. The separation, though difficult, was a necessary step in her evolution toward living alone, and dealing with the oral-nurturance and emptiness issues in therapy rather than burdening the relationship with them.

Plate J is a self-portrait from this period. Clearly it shows a more integrated sense of self than previously; for there is a fullness and a beginning though fearful and confused, step toward seeing and making contact with her self in the world. The parting curtains suggest a coming-out, a sense of self-worth emerging, though tentative, as an individual. Still the face is done in pale washes and the patient has yet to use the full thickness of paint.

Plate K is one of a series of self-portraits during which the patient became involved in the joy of the painting process. Previously, paintings were done hyperactively with a sense of frustration and desperation. Plate K was experienced as a breakthrough for the patient because she was able to nurture and care for this self-portrait as it grew. The skin is a monstrous green, but there is feeling in the flesh; a definite three dimensionality, and



Plate I



Plate J

shading to develop the tonal changes in skin color. The patient also identified this portrait with her mother as a young woman, acknowledging a bond and kinship which gave her a measure of self-acceptance unexperienced before.

Plate L reveals some of the sadness emerging. Again as in Plate H, the patient is immersed and overwhelmed by the environmental forces but there is a definite progression here. She is now able to stay in touch with and communicate her sadness. The energetic flow around her is sweeping into cornucopian forms which represent a fullness and beauty. One can stay in and with this painting without being repelled from it, as in Plate H. There is still a danger of losing control, to the strongly flowing forces, but the figure here is not fighting the energetic tide, she is flowing with it. And there is a sense of growing and movement which is at once existing and protected.

At this point, the individual had been in bioenergetic analysis and art therapy for over two years. Plate M is by far the calmest, most centered of all the paintings. The patient was well-established, living on her own and was preparing to leave Victoria for a summer job in another province. She felt herself "grounded", standing on her own two legs and looking forward to the change of experience. She stands in her boat, grounded yet moving with the tides of change; the chest is open, the body calm and the head



Plate K



Plate L



Plate M



Plate N

seeking. The serpent on the bow, was described as her mask in the world, wooden, rigid, suspicious and dangerous when crossed, but there is a clear separation from her facade as she stands apart, mistress of the boat.

Plate N, painted on her return, reflects her continuing awareness of the split between her healthy self and the turmoil beneath. There is a clear sense of womanhood in the alive face, and an understanding of the power of her terror and desperation beneath, which is now becoming a familiar piece of herself instead of an alien force. The joining of the hair is visual evidence of the connection and communication between these parts of the personality. It is the suggestion of the author that this communication, strengthened the identity of the whole woman, and her sense of health, for she began to trust her inner reality and began to make peace with the terrifying and empty places within. These two faces represent the joining of the "good me" and the "bad me". The healthy figure is warm, open and more available to contact in the world. The patient was also becoming aware of using the "bad me" as a defensive mask to frighten others away. Instead of being controlled by the defense, she was able to take responsibility for her own protection.

Plate O was painted during a series life changes; moving houses, room-mates and jobs. Once again, the patient



Plate O



Plate P

was thrown onto the mercy of external forces and experienced herself as such. However, this time she trusted the movement to a greater extent. Compare this plate with plates H and L. Clearly this is the most integrated of the three similar themes. The external frenetic energy in H was subdued into various growing centers of activity in L and now is unified into a central mandala form in O. The plate is still passive against these forces, but she is now depicted as a full body, not a dissociated head, riding with the flow of changes. The fearful, accusing eye is still at the center of the vortex, but there is a calmness and a trusting of the movement in the quietude of the woman's face.

With this progress the patient was able, as she concluded her third year of art-bioenergetic therapy to begin to paint in depth. Trusting her inner world, she began to look forward to painting as a means of expression and creative activity. She was able to paint more regularly and with enjoyment instead of frustration. In addition, she spent more time with each painting. Plate P was her second scene, a self-created village requiring three sessions to complete and which represented a major accomplishment to the patient in her ability to stay with the process and work out technical details without being emotionally overwhelmed, as before. The fountain may well

signify its general universal meaning of regeneration and hope; for the scene through the village gate offers a vision of peace and abundance.

Plates Q and R are the last in this series. While this woman's therapy is still ongoing, these two paintings offer glimpses of other parts of the personality which are now free to emerge, and which she now has the ego strength to explore. No longer trapped against her fears and anguish, and no longer blindly and helplessly immersed in her own subjective hell, the patient is able to explore her own identity. These two paintings and the next few months, hold in store many surprises, as different aspects of her personality emerge and introduce themselves to her in paint. Plate Q is a coquettish woman whose eyes, though a trifle unsure, beckon and invite contact, revealing an awakening sexual expression of self.

Plate R is the last painting I will discuss in this series. Here the frantic energy displayed in the earlier paintings is tamed into control. The magician focuses and directs the environmental forces at will and with his wisdom. No longer a victim at the whims of these forces, the patient is now able to envision herself as a master of these energies. The eyes of the magus are vibrant with energy. Unlike the blind eyes of previous paintings, these eyes not only see the world, but "see" in the fullest sense of perceiving with wisdom. In his hand he holds the



Plate Q

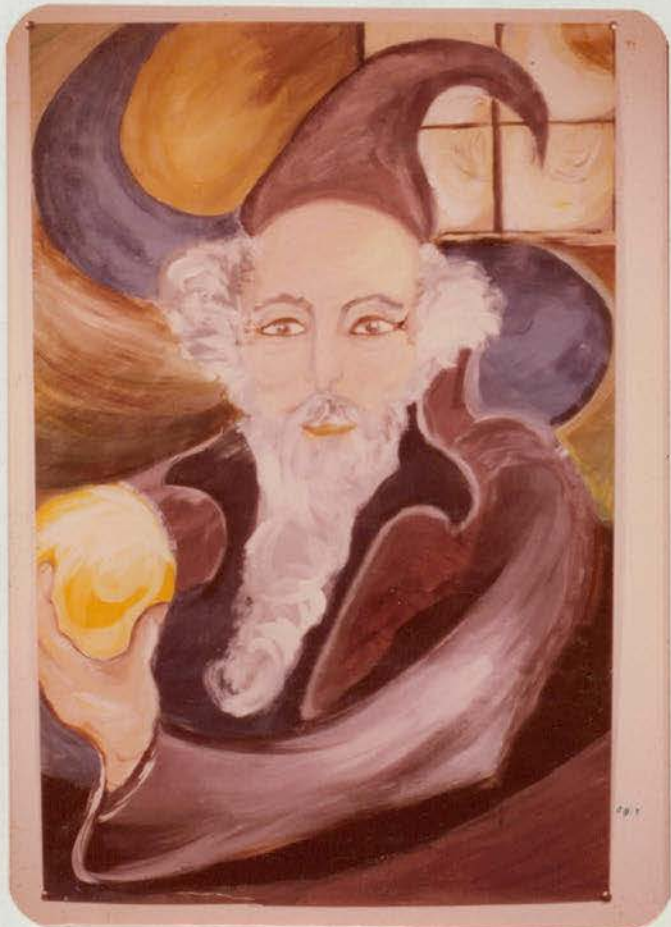


Plate R

crystal ball which symbolizes the hope and anticipation of a radiant future.

Therapy remains an ongoing endeavor for this 25 year old woman. The strong schizoid and oral disturbances of her personality are now familiar blocks to her functioning. The primal terror and emptiness are no longer projections of her inner reality onto the environment, but have become well-known reminders of her inner being; her past and background. They are a large part of her personality and as such they cannot be denied. Through therapy, these parts are easier to experience, express and live with. She is now able to accept these parts of herself and the limitations they place upon her.

In learning to live with these feelings, she is in touch. By working on them therapeutically, she will continue to grow within these dual processes. The basic conflicts of these paintings, will recur many times, but in each encounter, and with each turn of the wheel, they move closer to resolution. Such is the offering of bioenergetic-based art therapy.

V. DISCUSSION AND CONCLUSIONS

The purpose of this thesis has been to investigate whether or not the practice of art therapy can derive benefit from the orientations of psychotherapeutic theories other than the psychoanalytic mode and if so, how might gestalt therapy and bioenergetic analysis in particular be applied to art therapy in both theory and technique.

A survey of the evolution of art therapy revealed that actual or active art therapy; that is art used in the practice of psychotherapy as opposed to projective testing or occupational therapy, had its origins in psychoanalytic theory (Kramer, 1971; Ulman, 1961; Naumberg, 1953). However, it is currently becoming an open discipline in the process of exploring approaches from Jungian theory to the new humanistic therapies.

Research revealed that many art therapists have been calling attention to the need to explore new psychological theories and therapies in which to anchor the art therapy process (Hodnett, 1973; Denny, 1972, Harms, 1975, Garai, 1976). The application of either long-term gestalt therapy or bioenergetic analysis has not yet been investigated.

The humanistic therapies with their focus on potential, self-actualization, awareness, emotional expressiveness,

the inner subjectivity and creativity (Fagan and Shepherd, 1970) are highly compatible with the values stressed in art therapy (Wallace, 1975). In essence, these therapies espouse a profound respect for the power of the inner world and the creative process, to heal the psyche.

From this point, it was hypothesized that in as far as humanistic therapies provide fertile ground for application in art therapy, gestalt therapy in particular, embodies these ideals in a practical psychotherapy, readily adapted to the art therapy process.

In this chapter, gestalt theory was reviewed for its applicability to art therapy, techniques were delineated for the reader, the painting and the dream were compared for their similarities (Lewis, 1925; Arnheim, 1966) and gestalt dream techniques were applied to the process of exploring the symbolism of art therapy paintings. Two clinical examples of a nine-year-old boy and twenty-five year-old woman were used to illustrate this combination of gestalt art therapy in practice. Specifically, the techniques of gestalt dream work applied to the painting, appear to be useful tools for entering and investigating the creative inner vision of the painter in a non-interpretive manner (Perls, 1972).

Using gestalt theory and technique, the art therapist not only begins to understand the symbolism of each client, from the subjective point of view, but is given a series of psychodramatic techniques to stimulate awareness, separate introjections and projections and to help the client reown alienated parts of the personality and integrate or assimilate them into a more accepting, holistic sense of self.

This holistic sense of self is of necessity dependent upon an integrated body awareness, for the organism functions as a whole in body and mind; perception and awareness are a tandem body-mind phenomenon (Perls, Hefferline and Goodman, 1951; Lowen, 1976).

The focus on the unity of body and mind in the humanistic movement is also applicable to art therapy, since fantasy and art have been shown to incorporate problems of the body image, body functioning and sexual problems (Bender, L., in Volmat, R., and Wiart, C., (Eds.).., 1969). Research has also shown a direct relationship between body image, personality and drawings (Machover, 1949).

Assuming this three-fold relationship has been sufficiently accepted, bioenergetic analysis as a coherent theoretical and technical therapy which is based upon the correlation of body structure and functioning with personality development, presents another philosophical and practical

orientation for the art therapist. In Chapter IV, a synopsis of bioenergetic theory was reviewed and presented for applicability to art therapy, with a focus on the unity of mind and body, the connection between energy and personality, the function of pleasure, character structure and art therapy, and the therapeutic release of feeling in art therapy through physical expression, grounding and breathing techniques.

Betensky (1973, p. 333) cites the prevalence of the physical reaction in painting, which she terms a "psychological occurrence". During this experience, a physical reaction pattern occurs, accompanied by a rush of cognitive understanding and an emotional experience which touches the inner core of the person. This three-fold experience yields a true sense of awareness to the client. For this reason, the art therapist must have familiarity with some body-oriented theory that promotes the physical expression of feeling as part of the therapeutic process. Bioenergetic analysis presents just such a usable theory with techniques which are readily adapted by the bioenergetic-trained art therapist.

Finally a clinical example of a twenty-five year-old woman undergoing simultaneous bioenergetic-art therapy was presented as an illustration of various applications of bioenergetics to art therapy. The painting can be

used for the diagnostic purpose of assessing character structure, for the stimulation and release of feelings, and as a tool for the assessment of progress in therapy toward a more unified sense of self, which is readily evidenced by the paintings.

Conclusions

A. Gestalt therapy was found to supplement the art therapy process well in particularly six of the seven general areas of investigation proposed.

Areas 1 and 7: Philosophical Orientations And Therapeutic Goals

1. Gestalt therapy presents the art therapist with an existential approach to the total existence of the person, not just the symptoms of body structure of the person (Perls, 1970).
2. Gestalt theory offers a focus on the following:
 - a. on awareness;
 - b. on the completing of unfinished business and incomplete gestalten to help the client regain a sense of wholeness;
 - c. on the reattainment of wholeness which is regarded as the healthy condition;
 - d. on the "here and now"; the experiencing of one's actuality;

- e. on accepting oneself of what one is, not what others expect; self-actualization versus self-image actualization;
- f. the orientation and goal of gestalt therapy is toward the facilitation of organismic balance; toward the attainment of a sense of unity through techniques to reawaken awareness.

Area 2:

Diagnostic Tools and Techniques

Gestalt therapy presents the art therapist with the following tools and techniques for diagnosis.

1. The theory of the defense mechanisms; retro-flection, desensitization, introjection and projection is used in gestalt therapy to identify the means whereby an individual has lost his integrity and sense of unity.

2. Gestalt therapy offers the art therapist techniques to recover awareness and sensation of retro-flected energies, desensitized areas, and to reclaim projections and assimilate introjections. (Fagan and Shepherd, 1973)

3. Various techniques to achieve this end are as follows:

- a. getting in touch with the body and one's feelings in the here and now;
- b. changing "it" statements to "I" statements to reclaim and assume responsibility for projections.

- c. exaggeration into dance or painting allows the expression of feeling to emerge, to sensitize desensitized areas of the body;
- d. the top-dog versus under-dog conflict is diagnosed and dramatized, as in example 2, to help the client assimilate the introjected "should" of the parent.

Area 3:
Non-Interpretive Method of Recovering
Symbolic Meaning

1. The two clinical examples illustrated the use of gestalt technique as a non-interpretive method in the art therapy process. By re-enacting the different symbols of the painting, the clients reowned the messages in their symbolism and took responsibility for creating the image as a message from the alienated part of themselves to their conscious selves.

The therapist in gestalt art therapy does not interpret the painting, rather the client reveals the meaning of each symbol by role-playing or psychodramatizing the voice of the symbol.

Area 4:
Directed Therapeutic Release of
Feeling Triggered By Painting

1. While not as dramatic as the bioenergetic methods for releasing emotion, gestalt therapy does offer the art therapist tools to encourage and direct the expression of feeling through exaggeration, role-play and dramatization, i.e. by enacting the pool of acid in his stomach, Andy was able to vent some of the bitterness and rage he locked inside himself.

Area 5:
Reidentification With Alienated
Parts Of The Personality

1. The painting was investigated in the gestalt dream context as a repository for the existential messages and disowned parts of the inner self. Each symbol in the art work is taken as a projected part of the self.

2. Two clinical examples were presented to illustrate the gestalt dream techniques of role-play, dramatization, and the "two-chair" method in the art therapy process, for the recovery of Andy angry and sad feelings in example one, and the abandoned or missing bicycle parts which represented the self-motivation of D. in example two.

3. Projections of disowned parts of the personality are recovered by owning those parts, becoming them and

speaking with the voice of the alienated part. The client begins to sense or recognize the voice of the symbol as his/her own, and thereby reclaims its message.

In conclusion, gestalt therapy primarily provides the art therapist with a theoretical orientation toward a holistic concept of health via the reawakening of awareness. It offers in addition, useful, non-interpretive tools for the uncovering of the symbolic meaning of fantasies, dreams and artwork, as well as the recovery of projected parts of the client's personality and inner world for the reattainment of a sense of wholeness.

B. Bioenergetic analysis has been shown to supplement the art therapy process in all seven of the following areas:

Areas 1 and 7:
Philosophical Orientations And
Therapeutic Goals

1. The theoretical orientation and goal of bioenergetics is toward an affirmation of the unity of body and mind. The goal is for the individual to regain a sense of unity, integrity, and pleasure in his/her body.

2. The aim and orientation of therapy is to restore the unity of the personality, to re-establish the link between the ego functions and the body's needs, and to free the body from chronic muscular tensions that block

its motility, respiration and therefore, the individual's self-expression (Lowen, 1976).

Areas 2 and 3:
Diagnostic Tools and Methods Of
Symbolic Interpretation

1. Artwork and figure drawings have been shown to reflect body blocks and personality problems which can be diagnosed from painting with a knowledge of bioenergetic character theory. Revealed in paintings are the following:

- a. problems of character structure;
- b. ego masks and image compensations;
- c. Plates 1 - 10 exemplify the manner in which these bioenergetic problems surface in art therapy. Knowledge of the theory of character structure enables the art therapist to interpret the masks and symbols, body blocks and personality problems of clients. For example, paintings which exhibited hyperactive brushstrokes, an inability to focus the eyes, fragmented or disjoined figures, skulls, and masks were seen as indicative of the schizoid disturbance.

Paintings indicating longing, deprivation in the chest, hunger or a lost quality in the eyes, weaknesses in the limbs or organs of contact were seen as suggestive

of the oral structure, and its personality problems.

The seductiveness and paranoia of plates 7 and 8 respectively as well as paintings which show a displacement of energy and bulk toward the upper half of the body, or a strong phallic element were seen as suggestive of the psychopathic character.

Paintings exhibiting a stagnant energy, i.e., an impenetrable forest or unenterable scene such as a swamp or morass, tend to indicate the problems of the masochistic structure and its massive containment of energy.

Area 4:
Directed Therapeutic Release Of
Feeling Triggered By Painting

Bioenergetics offers a series of techniques for the art therapist in facilitating the release of violent emotion in a safe, directed manner. Plates 5, 8, 9 and 10 illustrate a few examples of the tremendously explosive power contained in paintings executed in art therapy, and confront the art therapist with the need for a familiarity with skills which allow for the ventilation of these surfacing feelings in acceptable physical expression.

Bioenergetic maneuvers for hitting, screaming, kicking, crying, tantrums and biting, provide the art

therapist with just such a means for the release of terror, rage, sadness, and longing in a therapeutically beneficial process.

Area 5:
Reidentification With Alienated Parts
Of The Personality

By reowning these impulses in physical expression and by painting these feelings in artistic expression, bioenergetic-based art therapy provides the client with a means of re-identifying with alienated feelings and parts of his/her body and personality which have either been repressed with chronic muscular tensions, desensitized, or projected. The process of bioenergetic therapy aims toward charging the entire body with awareness, feeling and life by opening the muscular blocks to motility, breathing and feeling. This process is, in effect, the process of reclaiming and reowning the alienated parts of the body and the disowned or lost sense of self-acceptance.

The goals of bioenergetic analysis are ultimately self-expression, self-awareness and self-possession (Lowen, 1976). These goals are clearly compatible with those of gestalt therapy (Fagan and Shepherd, 1970).

Area 6:
Establishing Criteria For
Evaluating Therapeutic Progress

Bioenergetic analysis offers an observable system of criteria for evaluating progress.

1. The degree to which the breathing opens and the orgasm reflex is established.

2. The amount of charge or energy moving through the body in vibrations and streaming sensations.

3. Improvement in skin tone and color.

4. The degree to which the person is able to stand and function on his/her own two legs.

5. The bioenergetic-based art therapist can also look for the above criteria within the client's paintings; i.e., in the final illustrative case example, the client's painting showed progress in her ability to paint a human likeness; with eyes which appeared to see, with a fuller sense of physical proportion, with expression and feeling, and with a sense of integrity in the painting style as opposed to the fragmented, hyperactive array of grotesque masks and caricatures which characterized the early paintings.

In summation, both gestalt therapy and bioenergetic analysis present useful therapeutic orientations for the art therapist in search of workable techniques and theories, in the seven areas proposed.

Suggestions For Further Research

The scope of this thesis has merely scratched the surface of the applicability of these two therapies to art therapy. The varieties, areas and manner in which they may be applied is open to innovation and research. Techniques for group work and individual gestalt or bioenergetic-based art therapy might be investigated.

Case studies of bioenergetic-based art therapy or gestalt art therapy from intake to termination are recommended for further exploration of the effectiveness of these therapies when used in combination.

Bioenergetic researchers might consider delving into studies of the art of specific character structures to investigate and codify the relationship between artwork, body images, and the personalities of these body types, i.e., the schizoid structure and art therapy, the artwork of the oral structure, etc.

Finally, as mentioned in the Introduction, other expressive arts therapies such as movement, poetry, dance, music and drama therapies as part of the humanistic movement in psychotherapy, present intriguing possibilities for additional orientations for art therapists seeking new approaches in which to ground their therapeutic work.

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VII. APPENDIX

A. GLOSSARY

Definition of Terms:

Art Therapy Terms

Art: "The production of symbolic configurations that successfully serve both self-expression and communication."

(Kramer, 1971, p. 54)

"Art is a means of widening the range of human experiences by creating equivalents for such experiences."

(Kramer, 1958, pp. 6-23) As such, "Art is characterized by economy of means, inner consistency and evocative power." Beyond such very general description, art defies definition (Kramer, 1971, p. 50).

Art is a process in which "inner and outer realities are fused into a new entity," (Ulman, 1961, p. 20), through the mediation of action and contemplation, impulse and control. "In each instance, private meaning and universal message intensify each other," (Kramer, 1971, p. 51), for "Art controls the road that leads from the immediacy of the senses to . . . 'the ultimate reality'."

(Arnheim, 166).

Art Therapy: A psychotherapy using artistic production as its chief therapeutic agent. "The use of art as therapy implies that the creative process can be a means both of

reconciling emotional conflicts and of fostering self-awareness and personal growth. When using art as a vehicle for psychotherapy, both the product and the associative references may be used in an effort to help the individual find a more compatible relationship between his inner and outer world. Art therapy can be used either as an adjunctive or primary therapy or it may be used in diagnosis and evaluation of individuals, groups and families "

(American Association of Art Therapy, 1976).

Art Therapist: "The art therapist makes creative experiences available to disturbed persons in the service of the total personality, using methods compatible with the inner laws of creation." (Kramer, 1958, pp. 6-23)

The art therapist is a practitioner of psychotherapy using art as the primary mode of communication between client and therapist. He or she is trained in psychology and the fine arts in accordance with the regulations for registration required by the American Art Therapy Association.

Psychotherapy: An "inclusive re-education of the individual at both the conscious and unconscious levels. The basic aims of psychotherapy are to assist the client to gain perceptual reorganization, to integrate the consequent

insights into his personality structure, and to work out methods of handling feelings originating deep within his personality. His existing defenses are usually modified to such a degree that readjustment is obtained. Thus psychotherapy emphasizes depth of involvement in the personality and is concerned with alleviating pathological conditions." (Brammer and Shostrum, 1968, p. 8)

Bioenergetic Terms

Bioenergy: "The energy in the living organism which provides the ability for functioning." (Baker, 1967, p. 25)

"Energy is involved in the movement of all things both living and nonliving. In current scientific thinking, this energy is regarded as electrical in nature . . . I do not think it is important for this study to determine what the energy of life actually is. We can, however, accept the fundamental proposition that energy is involved in all the processes of life, in moving, feeling and thinking, and that these processes would come to a stop if the supply of energy to the organism were severely interrupted." (Lowen, 1975, p. 45) Bioenergy was defined and discovered by Reich as organismic 'orgone energy' during the years 1936-40 and was described by him as "the primordial cosmic energy; universally present and demonstrable visually,

thermically, electroscopically and by means of Geiger-Mueller counters." (Reich, 1942, p. II)

Bioenergetic Analysis: Is "the study of the human personality in terms of the energetic processes of the body." (Lowen, 1975, p. 45) "Bioenergetics rests on the simple proposition that each person is his body. No person exists apart from the living body in which he has his existence and through which he expresses himself and relates to the world around him . . . If you are your body and your body is you, then it expresses who you are. It is your way of being in the world. The more alive your body is, the more you are in the world." (Lowen, 1975, p. 54)

"Therapy focuses on the individual in his immediate relationships; to his body, to the ground he stands on, to the people with whom he is involved and to the therapist." (Lowen, 1975, p. 169)

Bioenergetic Terms (Specific)

Character Structure or Armoring: "The total pattern of chronic muscular tensions in the body" (Lowen, 1975, p. 13) "which an individual develops as a defense against the breakthrough of emotions and negative sensations, especially anxiety, rage and sexual excitation," (Baker, 1967, p. 25) "resulting in rigidity of the body, lack of

emotional contact, deadness." (Reich, 1952, p. 10)

Block: "Contraction in the organism which prevents the free flow of energy or its excitation." (Baker, 1967, p. 25)

Core: "The vegetative nervous system from which involuntary stimuli arise to maintain functioning of the organism." (Baker, 1967, p. 25)

Cosmic Feelings: "The sensation of being a part of nature and the universe, of belonging to it rather than an isolated entity." (Baker, 1967, p. 25)

Energy Charge: The accumulation of energy throughout or in a part of the body with accompanying feeling sensation and body awareness.

Pleasure Streamings: "The perception of pleasant wavelike movement of energy in the body much as a soft breeze flowing through. It gives a three dimensional perception of the body." (Baker, 1967, p. 27)

Grounding: A technique for connecting a person's awareness with the ground he stands on, getting him in

touch with reality, and his legs which support him in the world. "Bioenergetically speaking, grounding serves the same function for the organism's energy system that it does for a high tension electrical circuit. It provides a safety valve for the discharge of excess excitation."

(Lowen, 1975, p. 196)

Organism Reflex: "The unitary involuntary contraction and expansion of the total organism seen when the organism is at rest and energy flow is uninhibited." (Baker, 1967, p. 26) The movements of the orgasm reflex "are produced by the respiratory wave as it travels up and down the body with expiration and inspiration," (Lowen, 1975, p. 22) and are not specifically sexual because there is no build-up and release of energy in the genital organs.

Vibration: "Is nature's way of releasing muscular tension. When a person lets go, his body will vibrate like a spring released from tension." (Lowen, 1975, p. 241).

Gestalt Therapy Terms

Awareness: "Awareness is a state of consciousness which develops spontaneously when organismic attention becomes focused on some particular region of the organism-environment contact boundary at which some especially

important and complex transaction is occurring." (Enright in Stephenson, 1975). It is always a "current perception of a current situation . . . If this view is accepted, a disarmingly simple definition of psychological malfunctioning becomes possible. Something is going wrong when awareness does not develop at this region of complex interaction, and the organism continues to struggle along in its task without awareness. And a correspondingly simple theory of therapy follows from this . . . (gestalt) therapy consists of the reintegration of attention and awareness." (Enbright, in Stephenson, 1975).

Gestalt: "Gestalt is a German word meaning whole or configuration. As one psychological dictionary puts it . . . 'an integration of members as contrasted with a summation of parts'." (Enright, 1975, p. 5)

In the human being, any unmet need creates an imbalance in the system, stimulating sensorimotor behavior which acts toward fulfilling the need and restoring organismic balance, thereby completing a gestalt. "When a need is met and the gestalt it organized becomes complete, and it no longer exerts an influence - the organism is free to form new gestalten. When this gestalt formation and destruction are blocked or rigidified at any stage, when needs are not recognized and expressed, the flexible

harmony and flow of the organism/environment field is disturbed. Unmet needs form incomplete gestalten that clamor for attention and interfere with the formation of new gestalten." (Perls, 1948, p. 571)

Gestalt Therapy: A therapy derived from a theory of personality structure and growth developed by Frederick Perls from "three quite distinct sources and influences which are psychoanalysis, particularly as modified by the early Wilhelm Reich, European Phenomenology-Existentialism, and Gestalt Psychology." (Enright, 1975, p. 14)

The major tool and goal of therapy is reinstating awareness for the purpose of helping the patient reclaim alienated, inaccessible parts of his personality in order to function more fully and holistically in the world, in accordance with a realistic self-awareness, rather than an unrealistic self-image.

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Title of Thesis

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BIOENERGETIC ANALYSIS AND
GESTALT THERAPY

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25th April, 1978
