

Clinical Expressive Arts Therapy in Theory and Practice:

Psychodynamic Snapshots

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By

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CHAPTER ONE

THE CONTRIBUTION OF SELF THEORIES IN UNDERSTANDING THE THERAPEUTIC POWER OF EXPRESSIVE ARTS THERAPIES

Introduction

The contribution of self theories in understanding the therapeutic power of expressive arts therapies.

The following articles in Chapter One begin at the very end of Kossak's comprehensive article (2009), in which he demonstrates, in depth, and at great length, how psychodynamic theories explain psychic processes in the course of expressive arts therapies (EAT).

We face criticism, and suspicion, that psychotherapeutic practice, which simultaneously incorporates a number of arts (intermodal expressive therapy) is superficial, or even dangerous. Some psychotherapists claim that a person in distress cannot be treated while being exposed to different modes of expression (such as music, movement, plastic arts, drama, and poetry). And even amongst us (J. B. Kim, M. Kirchhoff and S. Whitsett 2011), we may find advocates who claim that EXA generally does not focus on pathology in client's artwork, but instead uses the artistic product to increase self-expression and to deepen self-awareness. This emphasis on process rather than product, they claim, provides less interpretation of images compared with traditional models of psychotherapy and art therapy. We hear colleagues questioning an approach that is perceived by many as being pretentious and megalomaniac, and flagrantly overemphasizing the experience at the expense of healing. Therefore, it is highly important to analyze what actually happens to the psyche when people are engaged in psychotherapeutic expressive art therapies.

In a previous article (1997) I referred to the problematic aspects of combined arts therapy. I referred to the professional growth of the

expressive therapist, and the distinction between clinical therapy and the experience of self-growth, and I discussed the need to conduct research that will illuminate and clarify what happens in expressive arts therapy from a clinical and aesthetic standpoint. Nevertheless, I am convinced that the therapeutic potential that exists in flexible transitions when integrating arts in expressive therapy is great, important, and possible.

There are, in my view, three theoretical approaches that strive to explain the practice of expressive arts therapy. The first covers all possible attempts to adopt psychodynamic concepts from psychological theories (such as Gestalt, Jung, object relations, Rogers's humanistic approach, etc.). The idea is to use basic theoretical concepts as deciphering keys, to comprehend the miraculous phenomenon of healing processes that occur while using and experiencing arts. The second approach is represented by S. Levine and P.J. Knill's team, which stresses the philosophical and historical roots embedded in the nature of performing arts. The third approach is an attempt to explain the EAT phenomena in intrinsic EAT therapeutic terms. One pioneering example of this last attempt was my original 'creative axis' – a diagnostic and intervention tool (1997).

Unfortunately, except for Kossak's article, I did not find any explanation in my literature research as to how intra-psychological processes (while experiencing arts) actually cure, nor did I come across any solid or valid information. When D. Hinz and colleagues (2009) present the expressive arts continuum (EAC), they claim that the expressive therapies continuum can provide suggestions about where to begin a course of therapy, the direction of therapeutic work, and the choice of therapeutic art media. They mention nothing regarding the manner in which the EAC creates change or cure. The EAC falls into the trap of how to practically execute expressive arts therapy best, but does not explain how it heals: “The ETC indicates steps toward improved functioning and helps therapists determine the appropriate time to change course in therapy. The ETC does provide an organized and efficient manner in which to assess client skills and abilities, devise individualized treatment goals, and conduct treatment. (D. Hinz and colleagues 2009, 193). They do not explain what is actually curing or changing people involved in expressive arts therapies. Pat B. Allen, in her review on P.J. Knill, S. Levine and their colleagues' recent book (2011), says, “The authors argue that expressive arts are potentially capable of catalyzing social change in the face of current upheavals in the world, due to the inherent improvisational nature of drama, music, dance, and, to a lesser degree visual art, to use what is at hand. Often, this means broken pieces of a past reality”. However, the enigma remains: how does

improvisation cause social change? When H. Hanevik presents a comprehensive article in favor of expressive art therapy for psychosis, a multiple case study (2013), she reports satisfactorily that: "all the patients met our preposition that they would be capable of exploring their psychotic experience through art therapy. Two of the participants described how they, by the help of art therapy, were able to control their psychosis. The rest reported an improvement in mastering their psychosis. One of the participants described that the exploratory artistic work had created a new ability for her to distinguish between her helpful spiritual experiences, and her hallucinations and religious delusions connected to her psychotic experience". Nevertheless, there is no analytic explanation on how this miracle happens. J. B. Kim, M. Kirchoff and S. Whitsett, in a report about expressive arts group therapy with middle-school aged children from military families (2011), come up with a serious attempt to explain 'principles from expressive arts therapy'. They state, "expressive arts therapy draws on the strengths of the creative art modalities to elicit, amplify, or contain, the therapeutic experience of participants". Still, I ask, how does this happen? They further state, "In addition, expressive arts therapists often utilize a process of intermodal exchange (Knill et al. 1995), where the same material can be explored through different modalities, such as moving, drawing, writing about a drawn image, or representing a feeling state in music". I absolutely agree, but I must understand how this intermodality changes or cures people – what is the psychic mechanism which onsets or acts in the process of expressive arts therapies.

Even if we search the interface between mindfulness and expressive therapy, we will find again that L. Rappaport, in her edited *Mindfulness and the Arts Therapies: Theory and Practice* (2014), bases her thesis on McNiff and Allen, who offer insights into how intentional, present moment awareness is cultivated in the expressive arts therapies. Both writers describe not only the therapeutic benefits for clients of integrating mindfulness and art making, but also articulate how the clear sight that results from engagement in mindfulness practice enhances therapists' capacity as witnesses. McNiff uses the term 'mindful witnessing', and refers to a therapist in session as 'the presence of another person who helps to establish and hold creative space largely through silent and contemplative witnessing' (McNiff and Allen 2014, 43). Here we may grasp a hint, as McNiff speaks of D. Stern's 'evoked companion' (1985).

As previously mentioned, an emergent attempt to explain how the practice of EAT works can be found in M. S. Kossak's (2009) article, especially

when he focuses on the concept of attunement. He states, "Attunement is defined as a felt embodied experience that can be individualistic as well as communal, that includes a psychological, emotional, and somatic state of consciousness. Attunement can also be thought of as 'bringing into harmony', or a feeling of 'being at one with another being'. (Kossack 2009). Attunement is most closely referred to in transpersonal psychology as a 'unitive' experience, sometimes amounting to a felt sense of union with other people, other life forms, objects, surroundings, the divine, or the universe itself (James 1982).

In the next three articles I shall use concepts from three leaders of the self theories (H. Kohut, D. Stern, and C. Bollas) to illuminate how the practice of expressive arts therapies rehabilitates the un-cohesive self of our clients.

REHABILITATION OF THE SELF IN A GROUP EXPRESSIVE ARTS THERAPY PROCESS: A CASE STUDY ILLUMINATED BY H. KOHUT'S CONCEPT OF 'SELFOBJECT'

This article focuses on Kohut's theory of the self (1971, 1977, 1984). Through analysis of a group process, concepts from self psychology are applied to expressive arts group therapy. My intention is to prove that the use of the arts in a group context supports the healing and reconstruction of the self. The article deals with H. Kohut's concepts of 'selfobject' and 'artistic selfobject', and explains how to apply them to group art therapy. Thereafter, the article presents the author's 'triangular paradigm of artistic selfobject', clarifying the complex issues of transference and counter-transference.

I claim that group therapy which involves the use of expressive artistic means is able to effectively rehabilitate an individual with an underdeveloped or non-cohesive self, particularly an individual with a narcissistic wound, in terms of self psychology theory. The self is a vague concept that is not given to physical proof. However, it is accepted as the core of the mind, granting the personality power, balance, and gravity. The central claim concerning narcissistic personality disorder and narcissistic personality features, refers to a person who is successful according to most criteria, but in spite of that, is in bitter conflict with himself and with his surroundings. I will attempt to focus on H. Kohut's theory to prove that the experience of creating and working with arts in a group therapy context reconstructs the self. I will add my own understanding to this discourse in order to sharpen the great potential that such activities have in the mental matters of the self, particularly when done in a group therapy setting. Baker, a Kohutian psychologist, in his article on the painter Vincent Van Gogh (1990), presents a folk tale that recounts the process of creating the world, in which the universe was an empty space, and the creation of the world was done by a crow. Being immersed in the work of creation, the crow almost falls into a bottomless pit, but at the last minute, a tiny sparrow springs to his aid. At first, the crow had human form, but as he became more immersed in the work of creating the world, feathers

emerged, becoming wings, and finally he turned into a black bird. Baker turns our attention to three important elements in the tale. First, in the work of creation, the creator creates himself. Second, in the work of creation there is an element of practical danger, and third, (which is important to the matter of group therapy), at the time of danger, the presence of a significant facilitating other is of highest importance, even if it is a tiny sparrow.

At the time of the artwork's formation, in the presence of the created work, and when it is finished (while it is being preserved in the memory of the client, the therapist, and the group), we surmise that the experience of creation brings the 'creating client' (and the group members participating in the experience), to the client's earliest developmental stage - to infancy. This means the beginning of life; at a time when the parental figure and the toddler weave threads of initial emotional connection with vitality unlike any other, precisely by expressive means (particularly sound and movement) in the period that precedes the development of verbal language.

Let us observe an example. In an expressive arts group therapy session, members sit on the floor in the spacious studio. They have just finished making works of art as they saw fit. I ask them all, at the same time, to speak to the works they just created. A tumult ensues. They mumble. After a few minutes, I ask the group members to stop speaking and go over, one by one, the last sentence they said to their artwork. Dina says, "You aren't the way I planned you". I ask her to repeat the sentence three times. The repetition of the sentence serves as validation, emphasis, and prominence of the message said to the artwork ("You aren't the way I planned you. Not the way I planned you..."). "You are ugly," says Christina, a member sitting next to Dina, and repeats the sentence again and again. "If I had continued, I could have finished you," Alex declares, "Why do you always disappoint?" David asks, "You aren't to blame, I have two left hands" Judy says, etc.

When I ask them to, they change places and sit facing the artwork before them. As they do so, I say aloud, "be the artwork, and allow the artwork to answer you!" Tumult prevails again.

McNiff (1979), one of the world leaders in the area of art therapy, strongly encourages the client to personify the artistic images and expressions that appear in artworks. He maintains that beyond the possibility of allowing the client's inner parts of the mind to be revealed through projection on the parts of the artistic product, the client can use the animation of its artistic

images as 'agents' of the change process. The creator responds as the autonomous spokesman of his 'speaking' artwork. This is an experience derived from the civilization of the shaman, in which the mask or object held by the ritual participant is experienced as autonomous, and the one who holds them relinquishes self and represents the 'artistic self-object', speaking out of the artistic representation. Back to the example. At my request, members of the group stop 'speaking their artworks' and are asked, (using McNiff's method) to repeat the last sentence a number of times for emphasis, while being their artworks: "If you look at me closely, you'll discover something", "you think that I'm ugly, I actually think I'm beautiful", "I'm sorry I disappoint you", "You are actually mostly pleased with what you do", etc. I ask them to go back to their original places (the place of the creator) and to continue the dialogue between them and their artworks, and thus to go, again and again, from their own place to the place of their artwork and back again, on their own, deepening the creator-creation dialogue. What does the text teach us, from a therapeutic point of view, that passes between the creator and his work, and what does the text teach us that arises from the artwork's response to the creator? The text displays to us the form of internal image the client has of himself or herself, and of the artifact made by them. In self psychology, this 'internal image' towards the object (the mother) is called 'selfobject', and in expressive arts therapy we will label it 'artistic selfobject'.

"Selfobject" is a concept coined by Kohut (1971) to denote the inner image (intra- psychic); the infant's inner perception of his parental figure. Kohut points out that, while the infant studies the parental figure and gradually learns its characteristics, he forms his perception of selfobject as an image of the supportive inner parent. This learning process of mental scheme building is applied in the creative process in expressive therapy. If the infant's parental image is perceived by him as providing optimal psychological conditions (that is, the infant senses consistency on the side of the parents, the expression of admiration combined with the optimal measure of frustration), the development and appearance in the infant's mind of a representation of a cohesive core self can be expected. The existence of an experience of selfobject is a fantasy, and it is a positive mental need that continues throughout life. We are always in need of a supportive inner image that actually comprises a representation of our self. The image of selfobject can also be non-human, an inanimate object, which Kohut calls a surrogate selfobject. Kohut (1984) speaks of a direct connection between the art product and the core self. When he relates to the art of the tragic hero (a client who is a group member in a therapy group exposed to expressive creation during the course of therapy, which

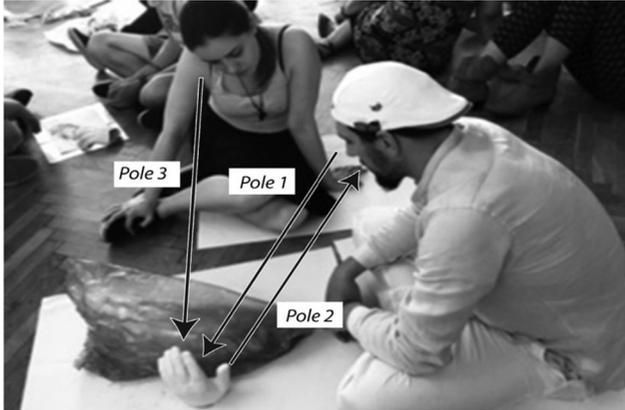
suits our subject very well), he indicates that the figure of the tragic hero, "if it is presented in a poem, spoken or written as an epic, as a musical composition, drawn on canvas, on stone, or presented on stage, it is always connected to the human effort to revive the individual's core pattern of self. The tragic hero, Kohut says, is a person who, in spite of his mental and physical brokenness, and even in spite of his biological desistance, will always be victorious, because his core self arises and overcomes (Kohut 1984, 37). When he relates to music, for example, he claims that it touches on a deep, pre-verbal level, and hearing music releases pleasure. In his view, a necessary condition for pleasure from music has two sides. One is the combined ability to go into regression, to early ego states that arouse fear and lack of control, due to the initially unclear musical material. On the other hand, is to simultaneously use advanced ego functions, and to identify and follow the line of sounds being formed while listening. Kohut asserts that the creative person, whether he is a musician struggling with musical material that is yet unclear to him, a poet attempting to put together fragments of words, or a painter and sculptor beginning working with material, all represent fragments of the self. Through connection and organization of the fragments, an attempt is made to create a new, whole structure, complete and significant (Kohut 1984, 286).

It appears that, in the initial state of the group exercise, in the dialogue between the creator and his artwork, most of the members reflect an image of a critical and hostile 'selfobject' that has developed through the presence of a parental image of a non-empathic, critical figure, upholding high expectations at the primary stages of their lives. Here, what comes to my mind associatively, is Alice Miller's (1979) conjecture that therapists who come into the mental therapy profession, do so due to a narcissistic injury in childhood. The dialogue with the artwork (when the artwork takes on a life of its own and replies to its creator from an autonomic monologue), and the presence of the facilitator and the group in the situation (as a third identifying and active factor) create a dynamic triangle of space, a 'room', or 'analytical third'. This dynamic triangle takes place between (1) the creator, (2) his artistic personified creation, and (3) the group/therapist, as representatives of the 'present significant other'.

My Triangular Paradigm of the 'Artistic Selfobject'

The triangular paradigm of the 'artistic selfobject' relationship explains the example of the therapeutic work done with the group at the stage

during which members of the group spoke to their artworks, and when their artworks ‘answered’ them.



The first aspect of the paradigm is that, according to Rotenberg (1988), from a psychological point of view, the creators (group members) are babies, whose artworks comprise a parental figure that aroused in them a ‘selfobject experience’. There is somehow a paradox here; the artwork actually comprises a ‘maternal figure’ for the creator, from a psychological point of view. Using the concept of artistic selfobject, coined by Levy (1990), I consider this situation to be the emergence of an artistic selfobject experience in the creator’s process. Just as the infant, gradually gets to know the parental figure and builds for himself the selfobject by internalization, so the creator (client) learns the product he created, and, by this gradual process, creates an experience of the artistic selfobject. The more the creator investigates his work, and its qualities are made known (like the infant), he grows, and experiences a sense of self-competence. In creating an artistic object in expressive therapy (whether it is movement, sound, or sketching), the created object becomes an artistic selfobject, which paradoxically comes into being for the creator.

The second aspect of the paradigm suggests that if we continue the therapeutic process (as the group members were requested to do), and we get the client’s consent to allow the artistic product to ‘speak itself out’ (for example, if the movement therapist suggests she will momentarily be the shivering shoulder for the client, and allow the shoulder to speak its piece, or if the music therapist encourages the client to sing the song of the fist that pounds the drum with rage, or if the art therapist turns the client’s attention to the cut-off tree stump and wants to hear what it will say to the

client who has, at this very moment, finished drawing it), then things will be turned upside down. In this situation, the creator will become a selfobject for the artistic creation. When we personify the artistic creation in expressive therapy, and give it an autonomous, independent experience, and enable it to speak itself to its maker (through personification, or, as McNiff would call it, through the autonomy of the image) the creator (paradoxically) becomes a selfobject for his personified artwork.

Now the artifact (that had been an artistic selfobject before) becomes an infant creator's creation. The client/creator has an opportunity to experience both of the roles of the subject (infant) and object (mother-parent) in the primary object relations alignment. He can also experience the 'good enough mother' for his artistic creation, as well as the infant's stand in developing the selfobject while being introduced to the artistic product before him. (Incidentally, this is done freely and spontaneously in children's games with a doll, when the doll is allowed to talk from their throat, creating a dialogue with it). The creator (the client) learns from this situation to develop good and beneficial (empathic) parental skills that reciprocally heal him, and become the reparatory act of the injured self. It is clear that the reciprocal relations of the client to his work are parallel to building 'object relations' of the client to the group. Note that I do not indicate the 'group members', rather the group as an inclusive entity; the individual as 'creator', and the group as 'art product'. The client who seeks an 'amazing group' doesn't know how to invest in the object so that it will be 'amazing' for him. Thus, the relation to the artwork I made can be transferred to the relation to the group to which I contribute quality by being one of its members.

The third aspect of the paradigm relates to the transference and counter transference in expressive arts therapy in the group context. Here, the therapist enters the picture (the observer and participant in the process) and the group (that experiences the dynamic event between the client and his work). We are engaged here with what they are experiencing at the time the group member talks with his artwork and changes roles. We know from Kohut's (1971) theory that a client with a narcissistic injury ascribes to his therapist the emotions that characterize the transference relationship of 'merger, or fusion' (I, the client, swallow you) and 'twinship' (you, the therapist, are substantially me, and I am substantially you). This is a known state in classic verbal therapy which is difficult and challenging for the therapist, requiring containment and tolerance. The therapist experiences himself being controlled by the demanding client. In group processes, it is found that the client with a narcissistic injury expects the

group members to understand him, to identify with him, and to accept him as if they *were* him. However, expressive therapy is a mediating agent in healing or in group intervention. In the experience of the artistic selfobject, in the presence of the client's art product, we encounter the third phase of artistic selfobject relations at the level of the therapist and the group. The group and the facilitator, who up to now, took part in the therapeutic process from the participant observer point of view, being free of the burden of direct transference on the therapist-client level (or client-group), can now relate to the client's art product and see it as an artistic selfobject for themselves. They can take the work from the client, with his consent of course. They may sample the relationship alignment in the presence of the artistic selfobject with the permission of the creator (owner of the artwork). Rotenberg (1992), who engages in 'art and the self', maintains that observing the esthetic artistic product is not only a matter of pleasure or suffering, rather, it has in it a deep mental experience related to change in the observer's self.

In this sense, the facilitator, and the group members who are mostly engaged in observing the artistic product of the group members, need to consider the process I will now describe. Understanding Rotenberg's paradigm clarifies the aspect of counter transference in expressive arts group therapy. Rotenberg analyzes the experience of observation from a psychodynamic point of view, and asserts that, "at the beginning, the observed artistic object is unfamiliar, and generates a sense of frustration (similar to the process the infant undergoes in getting to know the parental figure), but as the understanding of the observed object becomes refined, a sense of satisfaction and crystallization to the point of excitement arises in the observer".

E. Wolf (1989), a student and partner of Kohut, calls this experience 'empathic resonance', and this sensation, aroused by the familiar artistic product, causes a sense of wholeness and harmony in the self. In the context of expressive arts group therapy, this can be one of the group member's repeated movements which develop into a very personal dance, a pattern of sound played during a musical moment that develops into a melody, or stages in the development of a drawing. If we spoke of the group as a 'place' and artistic work as an artistic selfobject, the boundaries of the experience of selfobject fantasies, do not end in the physical area of the object that serves as a source of building an inner image. Grasping the concept of selfobject also includes everything that is found in the space, continuing from the object to the mind of the observer. Rotenberg says, "It will be a person, a stage, canvas, a screen, etc., all of these generate an

existential experience of self in the observer in the here and now, from the fact of their physical presence, but they continue to exist both in time and in future action, due to what they arouse within us." Self mergers are both psychological and spiritual in daily life, without having to channel them. Fusions between the self and the object are not necessarily archaic, primitive, regressive, hallucinatory, or paranoid experiences. When we say that a certain drawing, dance, or song 'speaks to us', it testifies to the fact that the organized form before us is proclaiming a language and voice of its own. Rotenberg speaks of a reciprocal relationship between the creator and the art he has created. He claims that the creator outwardly exposes unclear mental content and parts of the sensations of self, and then relates to these materials as if they were not his own. Whoever is immersed in this content seems to be controlled by the materials, demands a correct solution for them, and demands to be brought to wholeness.

I seek, at this point, to go deeper, and discuss the therapeutic strength held by the artistic object created in a group setting. I ask, how does an artistic act that is an inanimate object, movement or sound serve the mental purpose of selfobject for the group? Rotenberg asserts that in an esthetic experience, the self, observing the art object (speaking of the group members and the facilitator, as well as the creator of the artwork) is influenced by the creator's personality, which is transmitted through symbolic meaning, as if the artwork is a sophisticated concentrate of the personality of the creator. In the moments of esthetic experience, the artistic gesture comprises a function of the selfobject, not only due to its visual qualities, but rather to the compressed communicative and symbolic tension it arouses in the self of the observer. (Here, there is a strong dynamic involvement of the facilitator and the group witnessing the client, who is working in the presence of his created artwork). I will demonstrate this in our case study example with the group members. On my request, the group members break up into pairs, so that every pair will have two previously created artifacts. I ask one of the partners to be the facilitator and the other person in the pair to be the client. Note that for every pair of group members there are four therapeutic entities; the client, his artwork, the group member (facilitator), and *his* artwork. We can now get a quadrilateral dialogue (not necessarily verbal) between the four role functions and their artworks. I asked those in the role of clients to stand before their artworks, to identify in the work a segment, or a more inclusive piece, that could be a choreographic scheme for movement for them. In doing this, I asked the clients to try and go through an experience of movement by means of their visual artworks, with the artwork comprising a choreographic sketch, a movement line for the client. This

instruction takes the client from passive verbal observation to an active position in space. The role of the group member facilitator at this stage is to follow the movement in order to give feedback to the client 'in motion', regarding what he saw (an act of mirroring). Slowly, the clients examine their artworks, and a very intimate approach to the artwork is evident, as if the client is reading a 'movement script' which is concealed within the work and is expressed in the contours, the dots, the protrusions, the creases, and the three-dimensional lumps, found in the work. These visual materials, which become movement developers for the client, contest with his or her defense mechanisms, transporting him or her to a gradual spontaneous flow that finally leads to new and surprising insights. Very slowly, we reach the 'world of movement therapy'. They start to move around their artwork and identify primary movement prototypes, beginning with moving limbs, according to what is drawn and sculpted in the artwork. I ask the clients to remember their artworks, to close their eyes while in motion, and, with their eyes closed, to develop the movement and reach a dance created from the seeds that have been etched in the clients' visual memory. We move strongly toward the unconscious, and obtain 'authentic movement', i.e., a mode of dance that is dictated by the self (a therapy method in movement according to Jungian theory). The moving group members begin to breathe strongly, grimace, groan, shout, or sing. The facilitator group members, observing the artistic act of movement, make room, protect their partner in motion, and experience what is seemingly external, but they are very stimulated within their own inner world. I ask them to mimic the movement of the dance of their client, in order to learn the meaning of the movement, and to be a mirror to their partner who is in motion. Finally, a conversation will take place in pairs between both sides, the client (what he sensed in his body and what he is aware of) and the facilitator (what he saw and what took place within him). Now the pairs are requested to change roles. The process is repeated. Later, there will be a discussion about how, and in what way, the movement and artwork of the first affected the movement and artwork of the second in the presence of his artwork. A strong emphasis is put on insights and meanings that the movement experience raised, relevant to their life. Transforming the artifacts into movement expression amplifies the healing power of the artistic selfobject, according to the theory expressed in my triangle paradigm of the artistic selfobject.

The reason I found it appropriate to combine movement with art in the group context, and how this experience contributes to the rehabilitation of the injured self, will be discussed in the next article, which relates to D. Stern's theory, applied to group expressive arts therapy.

In this article, I have tried to present a unique combination of heart-touching experiences interpreted by the Kohutian self-psychology concept of selfobject and artistic selfobject. The transference- counter transference triple self-object artistic paradigm is breaking the dual tension which lies between the client and the group, and locates it in the psychodynamic triangle of the creator, the group, and the artistic product.

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EXPRESSIVE ARTS THERAPY BASED ON D. STERN'S *THEORY OF THE SELF* (1985, 1995)

This article discusses a theoretical rationale that supports the practice of expressive arts therapies. It presents basic concepts from Daniel Stern's *Theory of the Self* (1985, 1995) which constitutes a solid and profound theoretical underpinning for implementing expressive arts in therapy. I shall advance systematic and enthusiastic support for the application of an intermodal rehabilitating self-expressive therapy, while considering potential criticism against intermodal expressive therapy, and alluding to risky maneuvers that may be damaging in the course of creative arts therapies.

Daniel Stern, child development psychiatrist and self psychologist, developed his theory through systematic observations of babies during the pre-verbal phase. This article explores basic concepts in his theory, and shows how they can be applied to expressive arts therapy, and how they actually bring the clients to positive regression, experiencing emotional events through art, music and movement.

Daniel Stern was a prominent American psychiatrist and psychoanalytic theorist, specializing in infant development, on which he had written a number of books, most notably *The Interpersonal World of the Infant* (1985). This theory is based on the systematic observation of babies. Stern analyzes the interrelating correspondences of affect during the preverbal phase, and he instinctively uses many examples taken from, or related to, the world of expressivity. Stern's theory contributes to intermodal expressive therapy on three levels. The first is the intermodality of the senses, which is central and foundational to intermodal expressive theory. Here, he uses concepts like 'amodal perception', and 'vitality affect'. Secondly, the occurrence of a dramatic recollection, where concepts like 'episode', 'RIG', 'self-regulating significant other', and 'evoked companion', create new language that can explain how clients choose a component in their artistic work, and start associating. Thirdly, is therapist-client-group nonverbal communication. Here, concepts such as 'affective attunement' and 'intentional communication' shed further light on the art of

communication between therapist and client, in the context of an intermodal expressive arts therapy group.

In my previous article, in relating to H. Kohut's self theory and its application to expressive arts therapy, I wrote, "We know from Kohut's (1971) theory that a client with a narcissistic injury ascribes to his therapist the emotions that characterize the transference relationship of 'merger', or 'fusion' (I, the client, swallow you) and 'twinship' (you, the therapist, are substantially me, and I am substantially you). This is a known state in classic verbal therapy which is difficult and challenging for the therapist, requiring containment and tolerance. The therapist experiences himself being controlled by the demanding client".

Stern goes deeper, and proves that the use of expressive arts therapy is embedded in paternal-child preverbal emotional relationships. I find Stern's ideas of rehabilitating the wounded self to be extremely important, therefore I shall now systematically survey Stern's concepts, and explain how they are applied in the therapeutic practice of expressive arts therapy.

Amodal Perception

While presenting the notion of 'the sense of an emergent self', developing between the time of birth and the age of two months, Stern uses the concepts of 'amodal perception' and 'vitality affect'. He states, "Infants thus appear to have an innate general capacity, which can be called 'amodal perception', meaning, to take information received in one sensory modality and somehow translate it into another sensory modality. Infants appear to experience a world of perceptual human expressive behavior, represent these qualities abstractly, and then transpose them to other modalities. The amodal perception capacity serves the baby's need to communicate affectively at a stage where verbal language has not yet been developed. Affect acts as the supra-modal currency into which stimulation in any modality can be translated. This is a kind of amodal perception too, since an affect experience is not bound to any one modality of perception" (Stern 1985, 55). We tend to abandon our amodal perceptual capacities while developing verbal language, yet it may be rediscovered in expressive activities. Stern believes in the potential of our early holistic-sensational perception, stating that "No matter whether an object was encountered with the eye or the touch, or perhaps even the ear, it would produce the same overall pattern or activation contour" (Stern 1985, 59). His conviction that, "All learning and all creative acts begin in the domain of emergent relatedness" (Stern 1985, 67), supports our belief that there is

a unity of the senses, and therefore a reason and a theoretical rationale for using intermodal expressive therapy.

We may identify amodal perception in intermodal expressive therapy, when a client expresses him/herself in one modality, while simultaneously stimulated and encouraged by others working in other modalities. His/her response should include gestures indicating that a vitality affect is perceived, namely, the individual will show signs of cooperation with the other modalities, while still involved with his/her activity.

Stern tells us that once a sense of self emerges, it prevails throughout life, enabling other senses to 'overlap' and enrich the personality. If we accept this assumption, we can rely on the amodal perception asset, while experiencing an expressive therapeutic activity. This is especially prevalent with adults who tend to neglect their amodal perception, while overusing verbal language for emotional expression.

Intentional Communication

While explaining the third stage of the development of the self, Stern relates to the sense of subjective self, which forms between seven and fifteen months. Here, he uses the concepts of 'intentional communication' and 'affect attunement'. The focus here, is on the fact that "infants at this point in development are still preverbal". The subjective experiences that they can share must be of a kind that do not require translation into language. Stern develops Bates's (1979) idea about intentional communication, and tries to answer the following question: "What are the acts and processes that let other people know that you are feeling something very like what they are feeling? How can you get 'inside' other people's subjective experience, and then let them know that you have arrived there, without using words? After all, the infants we are talking about are only between nine and fifteen months old" (Stern 1985, 138). It was clear to Stern that, "for there to be an intersubjective exchange about affect, strict imitation alone won't do" (Stern 1985, 39) He firstly demonstrates how affective attunement functions, by adopting Papoušek's (1981) explanation on "musical elements in the infant's vocalization: their significance for communication, cognition and creativity". Stern writes, "The mother is almost always working within the same modality as the infant. And in the leadings, followings, highlighting, and elaborations, that make up her turn in the dialogue, she begins to expand her behavior beyond affect attunement" (Stern 1985, 140). Stern maintains that attunement gives the impression that a kind of imitation has occurred.

Secondly, he claims that the matching is largely 'cross-modal'. That is, the channel or modality of expression used by the mother to match the infant's behavior is different from the channel or modality used by the infant. Thirdly, he explains that what is being matched is not the other person's behavior *per se*, but rather some aspect of the behavior that reflects the person's feeling state (Stern 1985, 141). The ability to perform audio-visual cross-modal matches of the absolute level of intensity seems to be a capacity that appears very early. Intensity level, timing, and transfer of the shape of a static object from the tactile mode to the visual mode, may be the perceptual qualities that the infant is best able to represent modally, and at the earliest points in development (Stern 1985, 152). In his findings, Stern stresses, "Most attunements occurred across sensory modes". In 39 percent of the instances of attunement, the mothers used entirely different modalities from those used by the infant (cross-modal attunement). In 48 percent of the cases, the mothers used some modalities that were the same as those used by the infant (intramodal attunement) and some that were different. Thus, 87 percent of the time, the mothers' attunements were partially, if not wholly, cross-modal.

The application of the above to expressive therapy calls for a holistic experience in which clients are exposed to stimuli from various modalities. The basic assumption is that, while the client relates to the modality that attracts him/her at a given moment, he/she simultaneously perceives other stimuli in alternative modalities. These contribute (according to the amodal perception principle) extra-sensory data that creates 'multi-dimensional experience'. After an experience of this nature, clients often report two main recollections: (1) the overwhelming intensity of the experience; or (2) surprise at the disappearance of defenses, thus opening up the possibility of new content, insights, or impressions. When amodal perception is applied in group expressive arts therapy, an individual may be involved in a process in one modality, while the group works in another. For example, in movement, while a client is drawing, the group may circle round him/her and dance his or her drawing as if the drawing is their movement choreographic lines. In art, while the client is busy drawing, the group may accompany him/her with an associated song. In music, while the client is playing, the group may move about. The therapist may include a third modality, or reflect that of the individual, by mirroring. A similar process takes place in an individual session. Here, the therapist may accompany the individual in one modality (for example, drumming) while the client works in the modality of movement. Such an experience has the power of tribal ritual and derives from the execution of

vital affects. What happens in such a dramatic and emotional process, according to Stern, is transference of affective metaphor.

Evoked Companion

Stern explains how a baby, at the early age of three months, associates with current routine experiences that involve the self, versus the 'other'. This sheds light on how clients decipher their acts, achieving significant insights, while gazing steadily at an artistic product just completed. When Stern describes the above process, he begins with the identification of an 'episode', continues with the baby's ability to generalize episodes through 'representation of interactions that have been generalized' (RIG), and explains the attachment to a 'self-regulating significant other'. Finally, he focuses on the 'evoked companion'. In the case of intermodal expressive arts therapy, the client may sit near his artistic work with a sealed face that possibly indicates lack of comprehension, or resistance. The information they report usually relates to the process embarked on while creating an artistic product. They may share with us the reason for choosing certain materials, making a certain movement, or preferring a certain rhythm. Stern's description of how a three-month-old baby functions mentally explains the process in which an object, movement, or melody, which was unconsciously charged in early childhood, is being discovered years later in expressive therapy. By using the intervention technique, that I label 'maintenance' (which you may read about in this book, in the article: "The 'Why, When and How' in Expressive Arts Therapy"), the client is advised to halt the process and concentrate on one component in his/her artifact which will evoke in him or her a process of growth (for example: relate to one fragment in the art work, or to a certain movement from the dance, or a particular bar, melody or voice from a musical piece and further explore its psychodynamic meaning). This artifact's fragment functions as an artistic evoked companion. As Stern tells us, "Evoked companions operate during actual interactions with another person, as well as in the absence of others. They operate by becoming activated, so that a self-regulating other becomes 'present' in the form of an active memory. They are a record of the past informing the present" (Stern 1985, 116). Now the selected artistic-fragment becomes the main expressive object, and is located in the center of the process. By personifying the object, by letting it 'talk' or 'act', the object suddenly reveals repressed memories. Evoked companions are connected to a significant other. Islands of memories, which burst out, create a chain of episodes which may be experienced and displayed as RIG. The therapist, and/or the group, function in this process as the

‘mother’. According to Stern, "Once (she) has so imbued an object and withdraws, the infant is likely to continue to explore it alone, so long as it has the afterglow of personification. It has become, for the moment, a self-regulating person-thing, because, like a self-regulating other, it can dramatically alter experience of self" (Stern 1985, 122).

We may identify RIG in intermodal expressive therapy, as a process in which the client concentrates on an item in his/her artistic work, revives episodes of memories through that focused object, and encounters significant others. All this takes place while the client is encouraged by someone (usually the therapist or group) who supports him/her in the revival of these memories.

(I should comment here that the same process of interactive developmental growth is described in different terms by C. Bollas. You may read more on this parallel process in this book, in the article "An Applied Point of View on Christopher Bollas's Theory of the Self, Related to Expressive Arts Therapy).

Affective Attunement

The preverbal infant transmits his affections through ‘intentional communication’ (eye contact, increasing signals, and changes in the form of signals). The mother communicates with her preverbal infant through affective attunement, which is her spontaneous response to the baby. She may respond within the same modality as the infant, or, in a parallel modality, lead, follow, and elaborate, in her turn in the dialogue, performing close or loose imitations of the infant's immediate behavior. In relating to this concept, I would like first to emphasize Stern's differentiation between Kohut's ‘empathy/mirroring’ concepts, and his (Stern's) ‘affective attunement’. Stern asks, "Is attunement sufficiently close to what is generally meant by empathy? No. The evidence indicates that attunements occur largely out of awareness and almost automatically. Empathy, on the other hand, involves the mediation of cognitive processes. Affective attunement, then, shares with empathy the initial process of emotional resonance; neither can occur without it. Attunement takes the experience of emotional resonance and automatically recasts that experience into another form of expression. Attunement thus need not proceed towards empathic knowledge or response. Attunement is a distinct form of affective transaction in its own right" (Stern 1985, 145).

According to the above explanation, the attunement of intermodal expressive therapists would appear to be their capacity for mastering and expressing themselves naturally in several modalities. They can take the experience of emotional resonance and automatically recast that experience into another form of expression. Since Stern attributes this ability to any normal intuitive mother, I am sure that to some degree, every expressive arts therapist conveys affective attunement spontaneously. This happens when we sing while a client is moving; or we move our neck spontaneously up and down, while the client is drawing a fluctuating line; or when we conduct or draw a client's melody in the air with our hands. One should notice that, as the client has his own unique manner of response to the therapist, so, too, Stern points out, the baby communicates affectively with the mother through intentional communication.

This phenomenon often manifests in the intermodal expressive therapeutic process. We are talking about an intense, dramatic, non-verbal activity (even if this takes place within the client-therapist dyad), that is characterized by movements, sounds, and visual art creations. Clients need to communicate with the therapist, and the most effective manner will be through intentional communication. They will express aversion, satisfaction, fear, or eagerness through eye contact, increasing signals, and changes in the form of those signals. These will be perceived by the therapist, and will significantly deepen the relationship between the two.

We may identify affective attunement in intermodal expressive arts therapy, as a mode of communication in which the therapist senses an emotion from the client in one modality, and responds immediately and spontaneously from within the same or from another modality. Intentional communication is identified as any pantomime (bodily gestures) the client engages in, in order to transmit a feeling to the therapist, or members of the group, during nonverbal experience.

Summary

We have seen that analyzing the phenomena of intermodal expressive arts therapy takes us deeply into the theoretical issues of object relations. If we apply and integrate all we learned from Stern's self theory into expressive arts therapy, we may conclude that dramatic interactions between people using plastic arts, movement, and music, simultaneously, recreate parent-child pre-verbal affective states, where once again, new opportunities open up to reconstruct past developmental damages. Combined arts therapy, in addition to its creativity and richness, rehabilitates the self. Thus, such

therapy can well suit clients with narcissistic disorders, children and adolescents with behavior or conduct problems, or learning difficulties, as well as post-psychotic patients.

References

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AN APPLICATION OF CHRISTOPHER BOLLAS'S THEORY OF THE SELF TO EXPRESSIVE ARTS THERAPY

While searching for a theoretical background for the practice of expressive arts therapy, my reading led me to the exciting and original psychoanalytic wisdom of Christopher Bollas. Bollas (born 1943) is a British psychoanalyst and writer, and is a leading figure in contemporary psychoanalytic theory. By presenting the idea that 'the self is an object', he opens up a whole range of inventive concepts which illuminate our clinical practice in expressive arts therapy.

In this article, I shall present systematically a survey of Bollas's approach to the self, along with concepts which demonstrate how his ideas grant theoretical rationale to the immense healing effect of expressive arts therapies practice.

Following Winnicott, Bollas (1987, 1989, 1992) investigates, and profoundly expands, the analysis of the self. By presenting solid background in psychoanalytic literature in a language of practical virtuosity, he creates original concepts for specific aspects of the self. Bollas expands the dimensions and brings new horizons to the study of the self. The central core of Bollas's conception is that the self creatively and consistently attempts to bring itself into being, and to realize itself through objects. His three books have left me with the impression that Bollas is engaged in bridging the gap between the self as an object (along Winnicottian lines), and the self as an archetype (following Jung and post-Jungian conceptions).

The more Bollas, in his unique way, understands the self, the more he begins to use concepts such as destiny, and relates to the unconscious not only as a storage area for repressed contents (1992, 73), but as genera, meaning a dynamic, vivid, creative asset which dwells in the unconscious in an effort to manifest itself. Bollas (1992) states that the self does not evolve unconsciously; rather, the self is unconsciousness, a particular inner presence, reliably vectored by the forms used to find expression. I believe, says Bollas, "that each of us at birth is equipped with a unique

idiom of psychic organization that constitutes the core of our self " (1992, 51).

Following the analysis of a mental process, Bollas reaches the original conclusion that, "To create a day's residue, the person projects a part of himself into the object, thus psychically signifying it. This gives the object meaning, converting it into a tool for possible thought: the thinking that is special to the dream state. To do this, however, the subject must 'lose himself' in moments of experience when he projects meaning into objects, a type of erotic action that must be unconscious, and one in which the person is not being, as it were, thoughtful" (1992, 23).

Reading such a paragraph automatically reflects much I have divined in my expressive arts therapy experiences.

Bollas explains the dynamics of creativity, claiming that, "A poet or scientist or musician begins with a natural sense of an undeveloped and inarticulate task. At first, the ideas generated are trials, some seeming about right, others not so. In time, a set of ideas or representations feels more correct, and as these ideas set in, they give back to the scientist, poet, or musician, an increasingly specific vision of his object world, attuned to seeing things now with an enhanced eye" (1992, 89). Bollas is attracted to the bond between the unconscious-creative self (defined as 'genera') and its artistic production. He often uses illustrations from the arts, for instance his quotation from John-Steiner's writings: "Composing thus emerges as a process with demands – as do other forms of creative endeavor - an ability to synthesize germinal ideas into elaborative structures" (1992, 157). Bollas maintains that "his description of musical structure is a useful illustration of how genera work, involving elaborations which continue throughout a lifetime. Always 'there' for use, genera, like a composer's protean visions, remain in mind for re-using" (1992, 86). Bollas uses musical, visual, and sensational examples to illustrate the aesthetic transformational objects. In relating to movement, he writes: "This body memory conveys memories of our earliest existence. It is a form of knowledge which has yet to be thought, and constitutes part of the unthought known" (1987, 46).

His concept of "the 'third areas', which maximize the interplays of life, like a concert, a park, a beach, a sporting event, a party with friends, which will serve our need to conjure our self through the use of objects to be found there, just as they will delight us with the unexpected" (1987, 37-8),