

A MIND'S EYE VIEW: Processing Psychoanalytic Treatment Through Artwork

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While visual images have often been used in clinical assessments and diagnosis, this paper will explore how we may now utilize their unique capabilities to communicate unconscious, primary process material, to monitor and enhance ongoing long-term psychoanalytic psychotherapy within the framework of expressive analysis. This paper presents several clinical vignettes that illustrate this monitoring process and demonstrates how the clinical work can be deepened with the exposure and integration of creative images as the patient and analyst process these visual metaphors within the expressive analytic session. A variety of sensory motor systems and perceptions are monitored and explored. These examples will follow the expressive analytic model, clearly focusing on transference and resistance, while also bringing in more contemporary life issues through visual metaphors.

The concept of expressive analysis was first described by Otto Kernberg as the inclusion, within the analytic framework, of expressive elements, brought to the process by patients who tended to communicate primarily through non-verbal mechanisms, (Kernberg, 1968). This concept has since been expanded and refined to focus on all types of sensorimotor communication that exists between the analyst and the patient (Robbins, 1998). These elements then became the focus of, and eventually the theoretical model of, the expressive analytic experience (Robbins, 1980).

One of our first sensorimotor perceptions is visual (Deutsch, 1963, p. 106; Freud, 1900). We discover the world around us through images. We dream in images (Fisher, 1960) and only later add words, as secondary revisions, to form a coherent story. This paradigm becomes a prototype of psychoanalytic work, through “regression in the service of the ego” (Beres, 1971; Kris, 1988), as

we move back and forth between primary and secondary processes within the analytic session. The process becomes particularly clear as we work through our dreams within the psychoanalytic frame. Unconscious material may be most clearly communicated through our sensorimotor system, which circumvents secondary-process defense mechanisms (Suler, 1989) in order to communicate with ourselves and others on a preverbal, sensorimotor, primary-process level.

If we understand the power of this process, we may then apply it as a technique to explore unconscious reactions to clinical material as these are produced within a psychoanalytic session, while also fostering our clients' imagination and an appreciation of their own creativity.

While visual images have been used in clinical assessments and diagnosis for some time (Hammer, 1958), we are now able to utilize their unique capacity to communicate unconscious, primary-process material, and thereby to monitor ongoing, long-term psychoanalytic psychotherapy. As an aside, and not fully pursued here, I have also explored the "image induction" experienced in the analyst's countertransference (Wolf, 1985).

The production of artwork can therefore be used to monitor, stimulate, and engage unconscious material in the analysis. Images create visual metaphors and enhance communication as they provide us with a direct connection to deeply rooted unconscious material. This paper presents several clinical vignettes that illustrate this monitoring process and demonstrate how the clinical work can be deepened with the exposure and integration of these images as the patient and analyst process them within the framework of the session.¹ All sensorimotor systems are monitored and discussed. These include the manner in which patients present their artwork, feeling states communicated through the affect and tone of their description of the artwork, and statements of outright resistance. Within the analytic model we focus on transference and resistance (Freud, 1914), so the processing of these clinical vignettes will often focus on transference and resistance while also bringing in more contemporary life issues. Because images are filled with symbolism, each image may have multiple layers of meaning, as it is formed by the intersection of several unconscious thoughts (Deri, 1990). These may include references to early formative internalized object relationships, as well as

more contemporary object relationships, life issues, and conflicts, which tend to be externalized, replicated, and reinforced through current behavior, if they are not carefully confronted, contained, and analyzed.

THE DIRECTIVE PROPOSED TO THE PATIENT

Patients were asked to do the following: “Draw a picture that is inspired in some way by your psychoanalytic session. Draw it at home after each of four consecutive sessions, and bring it back to discuss as a starting point for the following session.”

While this might be seen as a “parameter” (Cooper, 2008) in the psychoanalytic process, because as a directive it may interfere with the free-associative process and the formation of transference, it is no more so than asking a patient to lie on a couch or bring in his or her dreams for exploration and analysis. I suggest that any transference contamination elicited by this parameter can be analyzed in a productive manner that further deepens analytic work.

THE ANALYST'S CHALLENGE

As the analyst, I watched closely for manifestations of any sensorimotor communications, such as transference, resistance, or acting out issues in the presentation of this material, and carefully processed the visual content of the images. The context within which the material is presented—including the affect, tone, and all implicit and explicit communications—are considered and processed in the interactions between the patient and the analyst.

CLINICAL VIGNETTES

Kenny

Kenny, a 35-year-old musician, was working as a bartender and struggled in handling authority figures, which led him to retreat, through an excessive consumption of alcohol, from further advancing in his career. His analysis stagnated for some time, and more traditional attempts to explore resistance were unsuccessful.

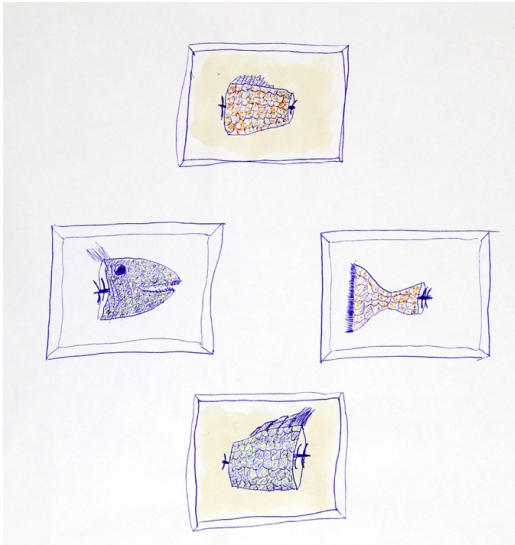


Figure 1. Kenny: Drawing 1.

ful. He was asked to draw after each session and brought in his first drawing reluctantly, stating that “he didn’t want to do it *for me.*” I pointed out that he seems reluctant to do something that might benefit him if he feels it might also benefit another, and this might be a self-limiting dynamic. He reluctantly agreed.

In the next session he brought in the drawing shown in Figure 1.

K: I actually enjoyed drawing these. I am allowing my ideas to “swim around” and it was quite liberating and helpful. It’s not clear here who’s eating what! The fish head is pursuing the tail; circular, one becomes another. I see the “Cross,” the Catholic trinity, Father, Son, and Holy Spirit. The mouth should have been more open . . .the big fish is eating the little one. It’s an elemental part of life.

R: Is there something more about that mouth not being open enough?

K: He’s passive in his pursuit, unable or unwilling to devour the smaller one to make himself stronger. It’s my own dilemma; Catholicism is a part of me: Offer yourself up; self-sacrifice, like my mother did. She also had faith in a “supreme being” and

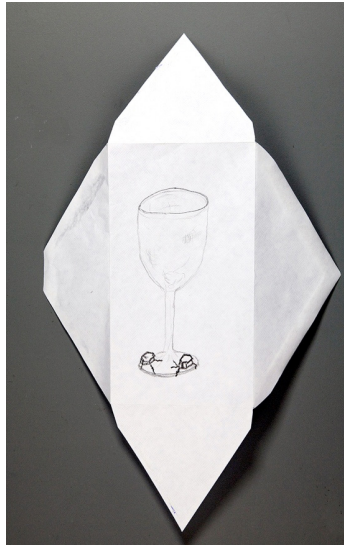


Figure 2. Kenny: Drawing 2.

abdicated her own will to my father. There's irony here; there's nothing to devour; it's just about the chase!

R: I notice there are bones in the fish parts. (*drawing attention to a detail in the artwork that was not yet discussed*)

K: It's the connection that binds each piece together; it was once all one fish . . . now I am in pieces, chasing my own tail! I realize it's hopeless, tragic, the ultimate sadness; my father is dead! He will never be who I needed him to be.

R: If you can mourn the father you never had you may find your way out of this tragic loop. Your father could never be who you needed him to be for you, when you needed him most.

For the next session he drew, on an unglued envelope, a wine glass tightly bolted down and cracking (see Figure 2).

K: The bolts are so tight that they cracked the glass at the base.

R: I notice that the envelope is "unglued."

K: It's an "alcohol reference" . . . I stay out late drinking. This wasn't my initial idea when I thought of the drawing, but it is

clearer now! The glass is fragile, at work glass is all around you, but if I bolt it down it cracks. It's ironic, you can't drink from it either. I feel like I'm telling a story about myself. I am feeling empty. I feel bolted down to something I can't see because it's not there. I can't let myself feel full because then I couldn't empty myself out.

R: You drew this on an envelope?

K: I'm delivering a message to you, Robert, telling you I am an alcoholic.

R: That is an important statement. Are you also telling me that you are feeling "unglued"?

K: (*defensive*) No, I like to drink *and enjoy getting drunk*. I work in a wine bar and realize there is so much to learn about wines. Then I feel futility; there's *too much to learn*.

R: So, you give up your goals when you see that it will take discipline to learn new things to attain these goals?

K: I guess that's true.

R: Your drinking interferes with your attaining your career goals and what you are learning here is beginning to challenge your drinking.

K: I'm telling myself I have to bolt the glass down to stop drinking and get to work. The glass cracks if I try to lift it up. I compare myself to my peers who are so much more accomplished than I am. My glass is empty. I can either take control of my life or I can just give up.

R: What are you saying by bringing this cracked glass here?

K: If I bolt down the glass and try to pick it up, something will break.

Kenny then decided to cut back our sessions to every other week, a sign of increasing resistance.

At the next session he brought the drawing shown in Figure 3.

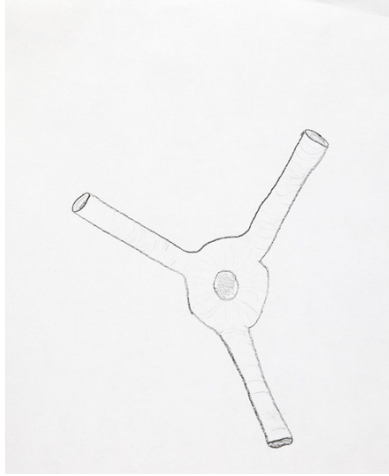


Figure 3. Kenny: Drawing 3.

K: I had a dream. This is “crude and brief” . . . It’s a valve made of connective tissue, like a false limb, or part of a circulatory system connecting the heart and mind, creating another way for things to flow—a bypass, diverting the blood flow to a better place.

R: What might this be about?

K: It’s a metaphor for my coping mechanism. It allows me to *get past things that get in my way*.

R: I noticed that you folded the paper in half.

K: It was too big, so I folded it in half.

R: You cut back your sessions here in half, too. Do you feel our work here is getting in your way?

K: Yes! I figured out an imaginary way to circumvent my liver and keep drinking (*laughs*); the “joke” is real and it’s on me.

R: So, by circumventing therapy you can avoid having what you are learning here get in your way of continuing your drinking?

K: Yes, I see that I refrained from drinking this past week.

R: So, you are experiencing some ambivalence about drinking?

K: Yes; I never told you that I had been drinking one bottle of wine each night *but I didn't this past week* after our last session.

Without notice, Kenny effectively terminated therapy after this session. He did not show up for his next session and never returned my calls. More than likely, he chose to continue drinking.

Discussion

Kenny's first reference to "doing it for me" brought out his initial transference resistance that had been interfering with his progress in treatment. While this may be considered a response to a parameter, it was beneficial to have it exposed and available for his reflection, rather than being subtly acted out. I carefully pointed out elements in the artwork that were not initially mentioned by Kenny, such as the bones of the fish and the unglued envelope. This material would not have been apparent within a purely verbal description of a dream. His image of the fish in pieces might be understood as a visual form of a compartmentalization defense structure, often seen in alcoholics.

His reference to the glass being "bolted down" may have been a precursor to his later decision to "bolt" from treatment to avoid giving up drinking. As a multidetermined image, it also clearly represented his ambivalence about giving up drinking and continuing in treatment while also conveying a sense of fragility while being held down too tightly. His abrupt termination precluded our further exploration of his "bypass" symbol. Psychoanalytically, this multidetermined image had many other levels of meaning, perhaps having to do with severed connections in his early life, while the center portion looked very much like a breast that was being pulled in several directions. Unfortunately, by suddenly terminating treatment, Kenny did not provide himself an opportunity to explore these deeper connections and their place in the formation of his addictive tendencies, which might have ultimately helped him to overcome his addiction.

It is my position that although it may be possible to conduct effective therapy with a client who is "using" an addictive substance, it is essential for the client to identify the addiction as a serious problem that he or she wants to resolve. Without this determina-

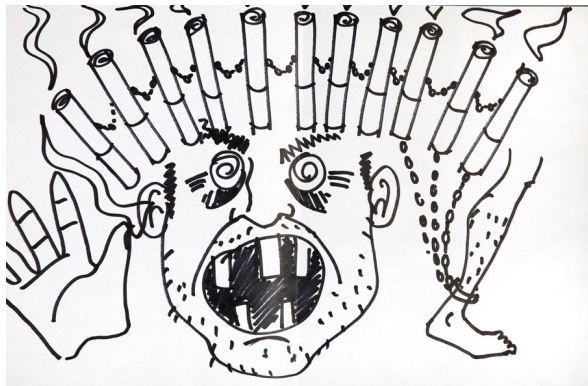


Figure 4. Stephen: Drawing 1.

tion, the therapy will inevitably fail. These last sessions brought to light Kenny's initial underlying resistance, which was manifested in his feeling stuck in treatment.

Stephen

Stephen is a 33-year-old gay man who has been in psychoanalytic therapy for only several months. He had suffered a traumatic childhood at the mercy of his unemployed, alcoholic, and physically abusive father, with whom he and a younger sister were often left alone when his mother was out of the home working to support the family. He ran away from home at age sixteen after standing up to his father in a physical confrontation. His intimate relationships had been, up until the time he began analysis, only with abusive partners. In his career, he was stuck in a job where abusive bosses took advantage of him.

Issues of abuse and addiction began to emerge more clearly as he tried to give up smoking cigarettes and generally improve his health. He then brought in a drawing (Figure 4) and reported that he had torn up his first attempt to draw *because he had made his father, the figure in the center, look too handsome!*

S: As a kid I often felt a sexual attraction to him.



Figure 5. Stephen: Drawing 2.

R: (Referring to the torn-up image) You don't want to look at that part of yourself that's attracted to abusive people?

S: "I guess that's true." (Referring to Figure 4) He's yelling at me, like he's going to hit me; he has crazy eyes; he's chain-smoking cigarettes, just like I have been.

In the next session Stephen brought in the drawing shown in Figure 5.

S: I'm looking out of the door of my house as a child. My father is strangling me with cigarettes. There are wolves all around.

R: Your reference to "wolves" could have something to with me? [My last name is Wolf.]

S: Yes, I try to keep you at bay. I protect myself by holding back in here.

R: By holding back here you *keep alive* your belief that I would want to hurt you.

S: The figure in front of the moon represents "liberation."

R: It also looks like a submission.

S: I realize that I am just beginning to get to know who I am here, but I don't know yet.



Figure 6. Stephen: Drawing 3.

R: Does the work we do here feel dangerous?

S: Yes, you try to dig into me and help me find what I really feel but I try to protect myself from what I don't want to see. I sometimes resent having to come here.

R: There are things you don't want to look at, and analysis challenges this.

S: I feel trapped here!

R: I have my "wolf paws" all around you.

S: I realize I am frightened to confront things from my past but I always feel better when I leave here. It's not *fun* to be here but it is helpful.

In the next session Stephen brought in a drawing of a recurring dream, shown in Figure 6.

S: I arrive at the gym in shorts. My trainer says, "Oh my god, what happened to you?" I look down and see my legs are all bloody with cuts and bruises. I wake up and think I have bled onto the sheets. I had lunch with my agent who is like a snake squeezing money from me. Pieces of money are flying all around like in a tornado. People want me to do well so they can

exploit me. Money is also a metaphor for my career and financial independence.

R: Your legs are cut up in the drawing?

S: (*Suddenly angry*) Go ahead and take your best shot . . .

R: You're angry with me. Do you expect me to hurt you and exploit you, too?

S: (*Referring to the drawing in Figure 6*): I disconnect from my upper body and just see my emotional scars. I see self-mutilation and internal damage too. I feel vulnerable here, exposed!

R: Your scars are showing here.

S: I feel self-conscious: "What will *he* think I of me? . . . that I self-mutilate?"

R: What do you think about this?

S: I mutilate myself to punish myself every day, and I see it so clearly when I am here with you. I had a Catholic mother and I carry the cross for her. I whip myself; *I am damned, shamed*. I snap at anyone who gets too close.

R: Like you snap at me when I get too close?

S: Yes, I guess I do!

Discussion

Stephen's initial style of resistance was clearly indicated by his destruction of his first drawing as a resistance to "look[ing] at something unpleasant." In Figure 5 he began with "I'm looking out the door" at an image that contained himself. This is a clear indication of a dissociative defense that is common among people who have struggled with trauma and survived serious physical abuse as a child. They often imagine that they are outside themselves, looking at themselves from a safe distance. These drawings helped to identify a central transference resistance that was causing him to hide important material from me for fear that exposing himself would make him feel vulnerable and therefore a target for abuse. (Note the "cigarette" also looked like a smoking gun, a symbol of

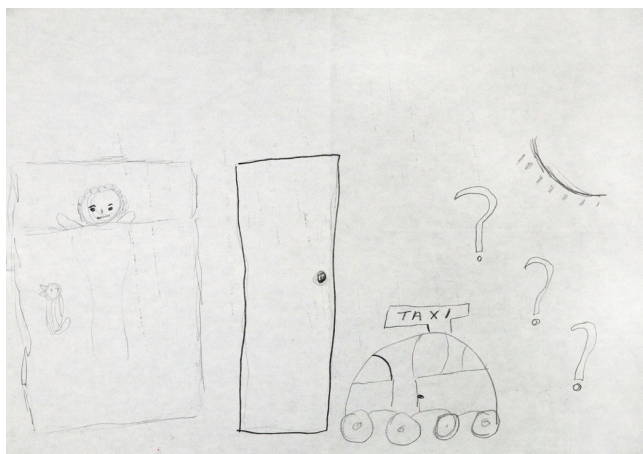


Figure 7. Gloria: Drawing 1.

his own dangerous rage). Once this was uncovered and explored, the treatment went on in a more productive manner as he exposed other parts of his life that were now open to examine and improve. His reference to his Trainer, as someone who is benign and concerned about his pain, might be considered the beginning of a more positive transference and a stronger therapeutic alliance.

Gloria

When she first came to see me, Gloria was a 64-year-old woman, the only child of parents with poor boundaries. Prior to coming to see me, she had been in psychotherapy, on and off, for over fifty years with two different therapists. Unfortunately, both previous therapists had acted out, perhaps due to strong countertransference inductions, with poor boundaries within the treatment structure. This confirmed her earlier belief that the world was unsafe. She had also been struggling with the vague feeling that her father, after an earlier loving relationship, had, while drunk, sexually abused her as a child. Any attempts at uncovering specific memories of this had been unsuccessful and were often accompanied by extreme anxiety/panic attacks and psychosomatic regressions. Her fear of illness, hypochondria, paranoia, and xenophobic anxiety kept her at home without much external contact. She lived an isolated, fearful existence, and had been on highly addic-

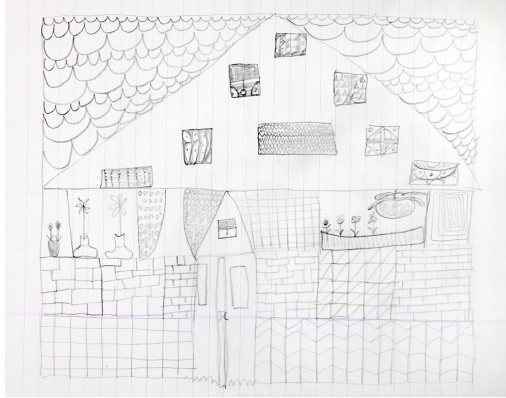


Figure 8. Gloria: Drawing 2.

tive prescription anti-anxiety medication for over 35 years. Her highly medicated state had interfered with her cognitive abilities and her ability to utilize psychoanalytic insight achieved during our treatment. She had difficulty facing and often retreated from any anxiety-producing situations in her life. In her treatment, she felt “stuck.”

Her first drawing (see Figure 7) was a childlike image of several seemingly unrelated objects.

G: This looks like it was drawn by a child.

R: The door seems to be drawn with more pressure than the other images.

G: I guess I wonder what would be behind that door . . . there is a doll in the bed, or maybe it’s a young child. I am afraid to go out in the world, so I take taxis everywhere I go. I question everything but my eyes are closed and I refuse to clearly look at things.

In the next session she brought in a drawing on lined paper that was less regressed and featured more obsessive/compulsive elements (see Figure 8).

R: You chose to draw on lined paper?



Figure 9. Gloria: Drawing 3.

G: I felt more comfortable drawing with strong boundaries in place around me. . . it's a fortress that I've built around myself. It's like a drawing of a seven- or eight-year-old.

R: That's the fortress you built around yourself as a child to protect yourself from things that were happening in your family back then, but today that fortress is no longer needed and it keeps you from leaving your room, going out into the world, and living your life more fully.

Gloria agreed with my observation, but seemed to be stuck in her fortress, unable to move out and into the world.

She then decided to begin, with the help of a psychopharmacologist, a one-year, slow detoxification process off her anti-anxiety medication.

Several months later I again asked for additional drawings. As an expression of her initial resistance to drawing, she canceled the first session after this request. When she came in next, she told me she wanted to see a hypnotist to get to the truth of what had happened.

R: Might this be a [negative transference] message to me that you feel I'm not being helpful to you with your attempt to uncover memories?

G: (*Reluctantly agreed and showed me a new drawing*; see Figure 9). If I do uncover a memory I don't want to be alone with it.



Figure 10. Mary: Drawing 1.

R: You've been alone with this most of your life.

G: I feel like there's a wall. I'm pounding on it to get through to the other side, to learn the truth. Daddy has crazy eyes and is scary.

R: It looks like you're holding up the wall, not trying to break it down. You both need it and want to get rid of it.

G: That's my conflict: I both love and hate my father. This must be my resistance. I need to slowly take down the wall, brick by brick, just as I have been slowly going off my medication.

R: Transferentially, you may also experience me as a frightening figure who is on the other side of this wall and you seek to dilute this frightening transference by finding a hypnotist to work with. But a hypnotist would not help you to carefully deconstruct this wall in a way that would enable you to deal with your anxiety in a helpful way, without being overwhelmed. Tearing down the wall is not a healthy solution.

G: Maybe I feel like you are my father, asking me to draw, and I feel like spitting in your face!

R: So, the wall *also protects me from your rage!*



Figure 11. Mary: Drawing 2.

Discussion

Exploring Gloria's artwork helped me to remain focused on the transference and resistance issues. By pointing out the heavy-line emphasis of the "door" and the dual nature of the "wall" as a strong barrier that both protected her and interfered with progress, I was then able to uncover and demonstrate to Gloria this latent content in a manner that enabled her to identify and work through her unconscious conflicts. Relying solely on verbal material would not have uncovered as much material.

Mary

Mary was a forty-year-old graphic artist who had been in psychoanalytic psychotherapy for several years. Her initial work had been on improving the quality of her choices of men with whom she had developed intimate relationships. After a series of mildly abusive relationships, she has found a man, Jim, a "Wall Street" workaholic, who had greater potential, but who also had serious problems with immaturity and intimacy. Mary also wanted a child and was conscious of the increased risk of fertility problems as she grew older. These first drawings focused on her ambivalence in her relationship with Jim. We began by discussing the drawing shown in Figure 10.



Figure 12. Mary: Drawing 3.

M: My eyes are closed. There are things I don't want to see. Jim is demeaning to me.

R: The central figure is wearing black, like you are here today.

M: It's me, trying to get inside his "head" and secretly manipulate him to be more responsive to me as a feminine woman. He often seems uninterested in sex lately. I don't want to lose him so I try to reach inside his head and "change" that part of him.

In the next session she produced an image of two merged female forms, shown in Figure 11.

R: There's something growing out of one head and the forms seem cut off.

M: That's me holding my breasts. I added the second head after something happened with Jim. I guess I needed support from a woman. He said he's not willing to change and I said, Then it's time for me to leave. I'm holding my breast with strange arms, they're unrealistic. Am I being unrealistic with Jim about his changing? It looks like I am holding a baby."

R: What about the flower? (*pointing out a strong visual image that she had not yet commented on*)



Figure 13. Mary: Drawing 4.

M: Something is “growing here” . . . in my head. (*Produces an image on black paper; see Figure 12.*) It’s a woman’s face surrounded by breasts that combine with her hair. She’s expressive yet creepy. Lately, I feel cold, in a void, disconnected, it’s not a pleasant place to be. The dots feel compartmentalized. The bubbles look like eggs, like a pregnancy.

R: The figure is on the bottom of the page again. (*Referencing the beginning of a pattern in her artwork*)

M: It’s like she’s hiding something.

R: Are there still things you feel you need to hide here?

After this session, Mary stopped bringing in drawings and treatment progressed verbally for about one year, when she again began, on her own initiative, to bring in artwork after each session.

Mary then brought in a resistance drawing, made in response to a dream (see Figure 13).

M: I had a dream that I am embarrassed about so I made this drawing to “show off.”

R: You enjoy “showing off” your talent here, but are we moving away from the dream content? Your image is more abstract, and while it is quite beautiful, it also feels like a wall or obstacle.

Next session she brought in the drawing of the dream that she had avoided last session, shown in Figure 14.



Figure 14. Mary: Drawing 5.

M: Okay, this drawing is about the dream. (*Shows drawing*) The dream was that I am in the water with my friend who is trying to get pregnant. I put on a wet suit and dove in and there is no room for her.

R: Wet suit?

M: It's full body protection. I worry that I can't get pregnant.

R: You can't with a "wet suit" on! (*laughs*)

M: If I became pregnant I might not want to marry Jim because our relationship isn't stable enough yet. I might want to have the child on my own.

In the next session Mary brought the drawing shown in Figure 15.

M: I had another dream that I was in running shorts and I felt exposed.

R: This figure seems isolated within a huge field of chaotic energy.

M: Jim is working late each night and weekends. He doesn't return calls for hours, then I find he was out with a friend hav-



Figure 15. Mary: Drawing 6.

ing drinks until 4 am. It's strange to see this "energy" outside myself because I feel it in my gut! It's the waiting for him to call, it's like someone has disappeared. Like when, as a child, I'd sit in the dark for hours and wait for my mother when she disappeared. [Her mother suffered from migraines and depression and often retreated to her bedroom, leaving Mary alone for hours at a time.]

R: There is a red area around the figure?

M: It's an alien with red wings like an angel. I went to Catholic school and aspired to be a saint, always "understanding others" at my own expense.

R: What about the alien?

M: The "saintliness" is beginning to feel more "Alien." Jim creates chaos in his life so I would have to raise a child on my own.

In the next session Mary brought in two drawings. Figure 16 shows the first one.



Figure 16. Mary: Drawing 7a.

M: I heard Bob Dylan singing “Just Like a Woman” . . . and drew this.

R: What is this image saying?

M: It’s part woman and part child. The hand is the woman’s: I’m taking care of things myself, so I don’t have to feel like a child waiting for Jim or my mother to come help me. I was always an overachiever and acted more grown up than I felt inside.

The second drawing was on dark brown paper (see Figure 17).

M: It’s a profile of a face growing into a rifle with a form hanging down into a bowl. Darkness, deception, lies! I get furious when Jim lies to me about why he is staying out late. The rifle is my anger, but it has no trigger. I am afraid to use it.

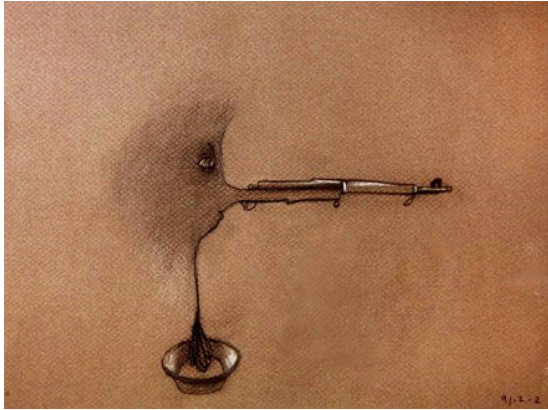


Figure 17. Mary: Drawing 7b.

R: You're afraid the power of your anger will be too destructive so you hold it in.

At the next session Mary brought the drawing shown in Figure 18.

M: I drew this before I just found out that *I am pregnant!* A rifle is now emerging from an egg among an ocean of eggs. I told Jim that I'm pregnant and he's both excited and terrified. He said, "I guess I have to grow up now." I now have a trigger but I was afraid I'd break all the eggs if I fired it.

R: You're searching for your power in this relationship. You feel that with this pregnancy you now have some control over Jim and hope it will encourage him to become more responsible.

M: Yes, I know Jim wants to move in now and get married. Being pregnant has given me ammunition for my rifle. I can be more demanding of him. Oh, my arm just went numb! . . .

R: If your arm is numb, you can't pull the trigger. Perhaps you're now frightened of the power you feel you have.

M: (*laughs*) Yes, that's true!

Figure 19 displays the drawing Mary brought to the next session.

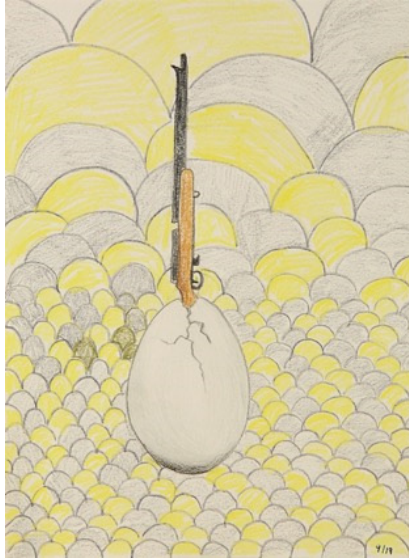


Figure 18. Mary: Drawing 8.

M: I had a dream that I am breast feeding a baby/monster and one breast is flat. It squirts something, not milk—like squeezing a pimple until it pops. I wonder how I will handle having a career and a baby. Will I have enough milk for my baby? The baby looks like a monster! Maybe it's also me. She looks mad, “monster-like.” I guess I feel like a monster when I hold my anger inside.

R: You're squeezing a pimple?

M: Relief! Getting my anger out in a healthy way. Until now it's been toxic. I want to be a good mother.

R: You can pop a pimple and get rid of something toxic without having to shoot it with a rifle which would also damage yourself. If you harbor anger toward Jim, the pregnancy and holding his child may seem like something toxic that you need to squeeze out!

Discussion

Mary's need to control her immature boyfriend, to feel safe and have a child with him, was clearly exposed during these sessions. Her early life experience had left her with a pseudo-maturity and



Figure 19. Mary: Drawing 9.

sense of fierce independence, unable to believe that anyone could be consistent, reliable, and trustworthy. The processing of images aided in uncovering and exploring some of these important current issues and relating them to deeper earlier unconscious material having to do with her relationship with her mother and a replication of her experience of her father as being immature and easily controlled by her mother. The phallic elements in some of her drawings were also multidetermined and reflected her fantasy of wanting potentially dangerous masculine power. Her fear of having “toxic milk” was later explored more fully as she worked on modifying her early internalizations of her inadequate, often toxic mother.

SUMMARY

These cases have been offered as a demonstration of how artwork may be used to periodically monitor and enrich depth-oriented psychoanalytic treatment. Since images contain many levels of meaning, the analyst used his clinical knowledge of each case to sift through the myriad of possible meanings within the unconscious material contained in each image and to select the content that most reflected where the treatment was focusing at that specific moment.

While psychoanalytic treatment focuses on the restructuring of the ego and not simply symptom reduction, in successful treatment we do see a marked improvement in the overall functioning of our clients and a reduction in symptomatology, as well as significant changes in personality structure and overall improvement in the quality of object relationships. This requires a longer period of treatment than briefer forms of cognitive behavioral or ego-supportive therapies provide, since the kind of changes we hope to accomplish take a longer time to become integrated.

Just as modern advances in neuropsychology have demonstrated clear evidence of changes in the brain because of verbal psychotherapy (Cozolino, 2010), it is my hope that the periodic “monitoring” of long-term treatment with creative art images will, with the further development of brain research, lead to clearly demonstrable validation of the value of integrating expressive art modalities within depth-oriented, long-term treatment.

NOTE

1. The identities of the patients have been carefully disguised by changing names, ages, and occupations where possible. All artwork is reproduced with the clients' permission.

REFERENCES

- BERES, D. (1971). Ego autonomy and the ego pathology. *Psychoanal. Study of the Child*, 26:3-24.
- COOPER, A. M. (2008). Commentary on Greenson's "The working alliance and the transference neurosis." *Psychoanal. Quart.*, 77:103-119.
- COZOLINO, L. J. (2010). *The neuroscience of psychotherapy: Healing the social brain* (2nd ed., pp. 33-36). New York: Norton.
- DERI, S. (1990). Metapsychology, symbol formation and the work of Susan Deri. *Psychoanal. Rev.*, 77:479-489.
- DEUTSCH, F. (1963). *Body, mind and the sensory gateways*. New York: Basic Books.
- FISHER, C. (1960). Subliminal and supraliminal influences on dreams. *Amer. J. Psychoanal.*, 116:1009-1017.
- FREUD, S. (1900). The interpretation of dreams. In J. Strachey, ed. and trans., *The standard edition of the complete psychological works of Sigmund Freud*, 24 vols. London: Hogarth Press, 1953-1974. 4:ix-627.
- _____. (1914). On the history of the psychoanalytic movement. *Standard ed.*, 14:7-66.

- HAMMER, E. F. (1958). *Clinical applications of projective drawings*. Springfield, Ill.: Charles C Thomas.
- KERNBERG, O. (1968). The treatment of patients with borderline personality organization. *Internat. J. Psycho-Anal.*, 49:600-619.
- KRIS, E. (1988). Quoted in Maynard Solomon, *Beethoven Essays* (p. 148). Cambridge, Mass.: Harvard University Press.
- ROBBINS, A. (1980). *Expressive therapy: A creative arts approach to depth-oriented treatment*. New York: Human Sciences Press.
- _____ (1998). *Therapeutic presence: Bridging expression and form*, p. 12. London: Jessica Kingsley.
- SULER, J. R. (1989). Mental imagery in psychoanalytic treatment. *Psychoanal. Psychology*, 6:343-366.
- WOLF, R. W. (1985). Image induction in the countertransference: A revision of the totalistic view. *Art Ther.*, 2(3):129-133.

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