Visceral Learning: The Integration of Aesthetic and Creative Process in Education and Psychotherapy


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Abstract

The author discusses and explains how being a creative artist has been an integrative factor and an influence on experiences as a teacher, author, art therapist, psychoanalyst and artist. With focus on non-verbal communication and symbol formation, aesthetic response and modification, and visceral learning (integration of cognitive and affective growth), the author discusses application on many educational and training levels. In graduate art therapy training the author gives, as examples, image transformation classes, phototherapy groups, and art therapy practicum groups. The application within psychoanalytic institute training offers examples such as advanced seminars on counter-transference (with a case example presented here). The application in clinical practice offers a case illustrating the resistance conflict through drawing and the working through this resistance through creative imagery exercises as well as working with the transference. This many-faceted article outlines how the author integrates concepts of aesthetics in the creation of two- and three-dimensional art within studio art training, art therapy training, psychoanalytic training and clinical practice.

The Artist's Introduction

As I look back over my professional career which now extends through a period of over twenty-one years, I realize the difficult and complex task, I have faced in attempting to integrate my experiences as a teacher, author, art therapist, psychoanalyst and artist.

I have discovered that my own creative work, particularly my sculpture, has facilitated this process of integration. This article is an attempt to explain how my experience as a creative artist has influenced my work in these various areas of my life.

PART I

Non-verbal Communication and Symbol Formation

We all, at first, experience our early environments on a non-verbal level. As perceptual experience becomes more differentiated we react viscerally to what we perceive as images, sounds, smells and feelings. We express ourselves through action and gesture. Later, we learn to organize our thoughts into symbols and eventually we further synthesize our experience into secondary process language. For most people, words and cognitive thought begin to take precedence and cover over the more powerful precursors of language, even though these affective perceptions continue to be present on all levels of interactive experience.

As artists, we continue to explore our non-verbal imagery and by doing so, become familiar with and seek to integrate our primary process functions with secondary process (Robbins, 1987). Through the process of creating artwork we can go back to our basic visceral form of experience and learn to re-own powerful, pre-verbal parts of ourselves.

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Our unconscious and pre-conscious are receptive devices which collect raw perceptual data; we never truly forget what we experience. We are constantly collecting data on a variety of perceptual levels. In fact, most perceptual information comes to us non-verbally and is held in our unconscious; otherwise our conscious thought processes would be quickly inundated. We condense and store much of these data as visual images or symbols but we can learn to recapture the importance of these experiences, and foster integration, only if we train ourselves to encourage the ego regression which we must undergo in order to reach these primitive places within ourselves. Once we retrieve these symbols, we must learn how to work with them in order to unlock their meaning and power. In fact, they may even be distorted and in need of aesthetic restoration or modification before their true meaning may be understood.

Aesthetic Response and Modification

The concept of aesthetics may be seen, within this framework, as a physical manifestation of what feels subjectively 'right' on a variety of levels. We often say that something is aesthetically pleasing or not pleasing based on this inner subjective experience which monitors the variety of affective levels described above.

Certain aspects of aesthetic response may be culturally or personally influenced, such as one's sense of optimally spatial distance between the subject and the object, while others may take on a more universal quality, such as when we agree that a particular work is indeed a 'masterpiece' or 'classic.'

Certain schools of art therapy and expressive therapy suggest that if we discover that a person's sense of aesthetics is 'out of balance' with what is our accepted norm, we can influence him or her to correct this aesthetic sensibility to conform to higher aesthetic standards, and in doing so, we may simultaneously improve his or her inner state of psychological balance. Simply stated: as we strive to correct aesthetic distortions in our artwork, we are simultaneously attempting to reshape the impact of our earliest visceral experiences which have contributed to the original formation of the art/image. This can have an integrating effect on us.

For example, Zierer (Zierer, 1987) has introduced the idea of the art therapist deliberately adding what she called "push strokes" to a patient's work to intentionally break up the aesthetic balance. The patient is then instructed to re-work the painting, this time pushing it toward a higher level of aesthetic integration. She claims, through this approach, to demonstrate a parallel improvement in her patient's mental functioning. Robbins (Robbins, 1989), in his discussion of Ehrenzweig's concept of "ego rhythms," proposes that depth-oriented psychotherapy which aims to promote structural change, must help patient move between the ego states of "formlessness and form," to put it differently, between primary and secondary processes. Because one's ego is most easily receptive to modification through assimilation on this visceral level of experience, one's sense of identity and 'self' are seen as being enriched or enhanced through the exercise of this rhythmic process.

My concept of being 'out of balance' and striving to achieve 'balance' moving back and forth between these divergent ego states adds further dimension to these ideas. By letting my art serve as a reflection of primary processes, on a level of visceral perception, I can then shift to secondary process functions which help me to recognize, organize and ultimately metabolize this energy in an integrative manner.

How These Concepts Effect My Work as a Sculptor

As a sculptor, I use this same process to externalize feelings stirred by intensive clinical work and personal experience. By creating my own art, I am able to see where I become 'out of balance,' as it is reflected back to me through the various forms which may then too, seem 'out of balance.' As the artist in me then strives to correct this imbalance, a subtle change often occurs within me which translates into renewed objectivity within my clinical work. Personal issues, not exclusively related to clinical work, but often interwoven within the experience, may also be unwoven and worked through in this process. This technique is often accompanied by secondary process associations which bring cognitive understanding to the experience, and may indeed be likened to Freud's concept of 'Self-Analysis.'

Each piece of my own sculpture reflects a time in my life within which an affective issue was externalized and restructured through this process. Some may represent clinical dilemmas stimulated by an interaction with a current patient, while others are more personal in nature. It is very likely that even clinically stimulated issues had some personal conflict interwoven, as it is often the case with complex transfer-countertransfer phenomena.

Certain of these experiences are clearer to me than others. For example the 'COMPLEXITIES' piece itself, which I chose as the title piece of a recent Solo Exhibition, took well over five years to complete and clearly reflects a time when I struggled to integrate seemingly diverse parts of myself, the artist and the psychoanalyst and to find a new integrated identity within these complex and challenging personal and professional worlds (see illustration 1). Another piece, titled 'THE BEGINNING' was created during a period when my wife was pregnant with our first child (see illustration 2). I sculpted the form with steadfast determination, moved by a driving force which I did not at that time understand. Months later, looking at the finished piece I was struck with the embryonic sense of form and gesture. It was only then that the full

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Fig. 1 "Complexities"

Fig. 2 "The Beginning"

Fig. 3 "Woman Holding a Secret"

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impact of my 'sympathetic pregnancy' and parallel emotional experience was revealed to me. Another woman holding a secret, the WOMAN HOLDING A SECRET, was named by a close friend who took one to be a development in sculpture and spontaneously articulated what I had been trying to communicate, but had thereby put into words (see illustration 3). In time I realized that this piece served to help me work through strong feelings of loss associated with another friend who had suddenly been diagnosed as having a terminal illness. She was indeed holding the secret which was to unfold throughout the next few months with devastating impact.

PART II
Visceral Learning: Integration of Cognitive and Affective Growth Through Creative Experience

This part focuses on the impact of conducting psychotherapy on creating artwork and the effect of creating art on one's emotional state in psychotherapy and teach. The concept of 'Therapist' is expanded to also include 'Teacher'.

There is great satisfaction in developing new ways to teach artists, art therapists and psychoanalysts how to recognize and acknowledge the power of their own creative energies. This process for me is yet another expression of my own drive for aesthetic experience and creative expression. As a Psychoanalyst, Training Analyst and Graduate Art Therapy Faculty member, I have discovered that one of the most helpful and provocative concepts which I can use in my treatment of patients and demonstrate to students, is how to get in touch with one's inner non-verbal imaginal responses or actions to one's external experience, and how to use it both clinically with patients and within oneself to promote personal development and education. This concept is demonstrated in the following sections, with specific modifications, for each of these educational and clinical settings.

Application in Graduate Art Therapy Training

A. Bridge Courses:

Within the Graduate Art Therapy Curriculum I've developed what I call Bridge Courses which provide studio art experience quality within the framework of Art Therapy Training Groups. Students are exposed to sensory stimuli and are encouraged to react through visual images. These images are then transformed into three-dimensional pieces and finally into gallery quality stone sculpture. This process demonstrates the power and importance of personal images, as each finished piece generates a personal field of energy which within the student-artist may resonate awareness of a previously lost part of himself/herself. This reemergence of lost symptom and accompanying non-verbal affective reactions, similar to abreactive responses to well timed psychoanalytic interpretations which are designed to bring repressed material into consciousness. This experience demonstrates the power of art as a tool in an affective manner so the 'learning experience' takes on a vitality beyond the limitations of a purely didactic or cognitive exercise.

Example 1: Imagery Transformation Class

Donna, a first year art therapy graduate student, began to carve a piece of basalt in the shape of a mountain. This had been her hobby for some time. She found it to be very relaxing, the process of sculpturing seemed to have a mind of its own and resist her effort. As Donna was doing this, she realized that perhaps she was doing this out of something for us to understand, on a deeper level.

We decided to describe her feelings about the stonecarving experience, Donna began to explain that she had recently been hospitalized and found to have a previously undiagnosed illness. She described her reaction to this discovery as her being initially overwhelmed and helpless. However, after some time, she realized that this feeling of helplessness was less, but she had tried to overcome these feelings by surrounding them with an emotional wall, "for otherwise, I was not able to function effectively in my everyday life.

It soon became clear to Donna and the class, that the process of chip­ping away at the stone closely paral­leled the feeling of chopping away at her 'emotional wall.' Because Donna found it so significant to her, the student felt that she was unable to effec­tively cut through the stone which had become defensive stance, while displacing the affect of frustration onto the stone. As we explored this phenom­enon, Donna began to see that experi­encing her anger and guilt within was actually essential for her to work through this personal discovery. By looking at Donna's overall experi­ence in attempting to carve her stone and viewing it as an uncon­scious communication which was being sent out into the world, need­ing to be received and understood, of the non-verbal part of herself and could demonstrate how the student/art­ist may resonate and rediscover a piece generates a personal field of energy within which the student-artist may resonate awareness of a previously lost part of himself/herself. This reemergence of lost symptom and accompanying non-verbal affective reactions, similar to abreactive responses to well timed psychoanalytic interpretations which are designed to bring repressed material into consciousness. This experience demonstrates the power of art as a tool in an affective manner so the 'learning experience' takes on a vitality beyond the limitations of a purely didactic or cognitive exercise.

Example 2: Phototherapy Training Process

Melissa, a graduate art therapy student enrolled in a PHOTO­ THERAPY class, presented her family history elaboration project. The directive had been: Re-photograph various family pho­tographs taken when you were a child and then examine which would have liked to be different. Melissa began to explain that the process of chip­ping away at the stone closely paral­leled the feeling of chopping away at her emotional wall. Because Donna found it so significant to her, the student felt that she was unable to effec­tively cut through the stone which had become defensive stance, while displacing the affect of frustration onto the stone. As we explored this phenom­enon, Donna began to see that experi­encing her anger and guilt within was actually essential for her to work through this personal discovery. By looking at Donna's overall experi­ence in attempting to carve her stone and viewing it as an uncon­scious communication which was being sent out into the world, need­ing to be received and understood, of the non-verbal part of herself and could demonstrate how the student/art­ist may resonate and rediscover a piece generates a personal field of energy within which the student-artist may resonate awareness of a previously lost part of himself/herself. This reemergence of lost symptom and accompanying non-verbal affective reactions, similar to abreactive responses to well timed psychoanalytic interpretations which are designed to bring repressed material into consciousness. This experience demonstrates the power of art as a tool in an affective manner so the 'learning experience' takes on a vitality beyond the limitations of a purely didactic or cognitive exercise.

Example 3A:

Betty, a second year art therapy student, presents a case from her clinical fieldwork to her Art Therapy Practicum group. As she begins to drone on about her case which 'seems' interesting, her affective dis­connection from the material, along with her initial defensiveness and lack of openness, are reflected back to her by her classmates who have been instructed to react to class presentations by expressing emotional responses and share them with the presenter. This technique demon­strated how the peer group can focus on non-verbal levels of communica­tion offered by the presenter. The instructor structures the result­ ing discussion to explore images which arise in response to both the patient's and presenter's uncon­scious, non-verbal responses to these images ex­amined within this transference-countertransference paradigm. The group's drawings are com­partmentalized, rigid and im­plemented. Chaotic forms were drawn often encased in thick lines or shat­tered in splintered shards. Images by the group's response, Betty strug­gles to find the source of her discon­nectedness, and carefully reveals striking similarities between the pa­tient and an ill family member. As she describes this realization, she be­comes aware of her own feelings and the presentation proceeds in a more integrated manner, as her over-identification and initial defen­siveness are understood and worked through.

"...my work as a clini­cian has taught me to have a great deal of patience, which is also an important factor in stone sculpting."
seemed to be engaged in an internal struggle whether or not to present a case with which she was having difficulty. Fellow students quickly picked up her tension and questioned her about it. With reluctance, she admitted that she was about to ‘give-up’ and admit ‘defeat’ with a case of a six year old boy whose parents had both recently died of AIDS. He was living with an aunt who complained that he was out of control and she was at ‘her wit’s end’ in dealing with his abusive behavior. This boy had begun art therapy sessions and had consistently tested the limits which Marlene had established. She had adapted a position of trying to contain his aggression. This theoretical stance had led to a further regression whereby Tommy had most recently begun to throw bits of clay at her. Marlene had begun to close off this affective escalation of Tommy’s behavior seen in the case of Tommy being out of control, ‘what happens. ‘I’m spinning, bobbing, listening, ‘I’m afraid I’ll drown.’ She’s visibly shaken and I ask her now for associations. ‘Beaches, as a child, with pretensions, confusions, if we were together in the ocean waves, and we were both swept away, several times and almost drowned.’ What about mother’s presence, I asked? ‘She was hysterical, worse than me, she incited anxiety and panic around me.’ I said. Your patient reacted to your intervention with a sudden and startling feeling of being assaulted and this fright pinned you. You couldn’t, at that moment, call upon the soothing and calming presence of your internalized mother because your mother was no longer there, you had then shared your image of being assaulted, my artistic skills to scan material presented by patients and sense where there was an aesthetic imbalance. This intervention was in response to the patient’s request that you re-focus the patient in this direction and help patients to deepen your personal insight and understanding of these issues and promote in-depth communication, I can be able to listen and flow with the multiplicity of issues presented by this patient. I use my creative energy to react to her in ways which foster a clarification of these issues and promote insight, growth and integration.

Application Within Psychanalytic Institute Training

Next, at the Psychanalytic Institute Training Institute. I have developed tools for the analyst-in-training to become sensitive to his or her own affective and imagery responses to patients. I also realize how these responses may be visual in nature and show how and when we can use these responses in our clinical work (Wolf, 1985).

Example 4: Advanced Seminar on Countertransference

Mona, a psychoanalytic candidate, presented the following material: “During a recent session with my patient, which was middle aged woman, I’ve been seeing 3x a week for the past 2 years, the patient, who’ll I call P’ suddenly bolted up from the couch as I made an interpretation and announced, as she literally cringed, that she experienced my comment as an assault or attack upon her. Mona reported her own countertransference reaction as being confused, feeling suddenly in the middle of a turbulent place. I asked if she had any visual images and she replied: ‘I’m swept up in a tidal wave, spinning around and around.’ I explored this further and ask her to look into her eyes and imagine she’s in the wave now and describe to us what happens, ‘I’m spinning, bobbing, listening, feeling ‘I’m afraid I’ll drown.’ She’s visibly shaken and I ask her now for associations, ‘Beaches, as a child, with pretensions, confusions, if we were together in the ocean waves, and we were both swept away, several times and almost drowned.”

Session 1: Identifying the resistance conflict through drawing:
P: ‘I’m not getting along with Jerry lately—I hate him, we’re always arguing. The baby threw up in the car and he was no help to me, he just spaced out, I yelled “Help me!” My friend Kathy just walked out on her husband, he was such a jerk!’ . . . Jerry says after all these years of therapy I’ve still got the same problems, I’m not making any progress, the sessions are boring, I feel like I’m wasting my time on a stupid group. She has recently experienced a strong phase of resistance to our work which has manifested in her ‘feeling stuck.’ The manifest issues which she presents have to do with problems she is experiencing with her two year old child, with her relationship with the baby’s father. As these sessions unfold we begin to see how these issues are woven into a fabric which needs to be responded to in creative ways in order for her to untangle these, and understand her problem on her life and integrate this understanding within a new, more resilient ego structure.

VANESSA

History:

Vanessa, a 29 year old artist, has been in psychoanalytic psychotherapy for five years (individual and group). She has recently experienced a strong phase of resistance to our work which has manifested in her feeling stuck. The manifest issues which she presents have to do with problems she is experiencing with her two year old child, with her relationship with the baby’s father. As these sessions unfold we begin to see how these issues are woven into a fabric which needs to be responded to in creative ways in order for her to untangle these, and understand her problem on her life and integrate this understanding within a new, more resilient ego structure.
TH: "Or, you could make your relationship work well."

P: "Yes, that's true. I use a lot of energy being stubborn and negative. I feel smug like a child sitting like a rock saying 'You can't make me do it, I won't do it for you! As a child no-body liked the way I was, so I tried to be whatever they wanted me to be. The ROCK was my way to say fuck you--I won't be what you want me to be.

TH: "Can you imagine yourself as the ROCK?"

P: "Yes, it's triangular, with two little feet and hands, arms crossed with a tiny head balanced on top (see illustration 4)."

TH: I ask her to draw, she reluctantly agrees. I laugh at her ambivalence, and say "you know, rocks really don't draw!" She laughs at my playful re-reading as it points out to her that while she may feel like a rock, only part of her is experiencing herself as the rock. I tell her that there is a healthier side which is striving to overcome this resistance.

She says: "I don't know how to describe what she sees in the drawing.

P: "Now I'm angry, infuriated—I feel I'm in a straight jacket, like my head could roll away, like it had no control. I know better, I don't want to go there now."

TH: "You act as though experiencing this image will give it power over you, but, in reality it won't."

P: YELLS: "I didn't do this to myself! Someone else did this to me! I didn't do this, someone should take me out. I don't have any responsibility for doing this. I'm mad, look at me, I didn't do this. I want to get away!"

TH: "It looks to me like the figure is actually behind the rock, HOLDING ON TO IT!

P: "I don't want to feel that I'm doing this to myself. I do want to take the responsibility for doing it, because then I'd have to control the way I do it, and let's get out of the complex layers of communication presented by this patient. Ultimately, however, I must rely on my knowledge of theory and experience as a trained psychoanalyst to synthesize my own levels of perceptual and affective experience and formulate appropriate interventions. As they were digging their way through the shit, until you are ready to move out."

P: "I felt like you took two wires out of my head and reversed them and stuck them back in a different way. It's like things are re-framed for me."

TH: "When you are ready to move on you will do so and feel empowered to make changes in your life, whereas if you're pushed out before you're ready, you'll feel helpless and powerless and 'rescued' by the powerful other person."

Over the next few weeks, Vanessa was able to slowly metabolize the insight gained through this creative therapeutic experience. We were able to use other drawings to articulate feelings and conflicts during this particularly important phase of psychosocial treatment.

If I had taken a more clinical psychoanalytic view and simply interpreted her resistance as merely resistance, I would have wasted an opportunity to explore and understand the significant issues which were being communicated through the resistant behavior. We needed to shift gears so to speak, and move from the language of the words to the language of images, and back to word language. I just engaged in power struggles with her. I'm afraid to be firm with her and I let her run wild, then I feel terrorized by her. I roll in the shit and complain of being powerless. I love wallowing in shit.

TH: "Can you imagine yourself in the shit?"

P: "Yes, I'm alone, going at my own pace, exploring it, feeling it, I don't ever have to stop." Inspect: "I never had the kind of 'unlimited space' as a child. Mother would always intrude on my space.

TH: "Now we can understand why you have needed this need to feel stuck, and not be pushed out of the shit until you are ready to move out."

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me to use my sensitivity to know when to dig more deeply, or when to retreat and back away. It has taught me to respect the power of the unconscious and to feel comfortable enough to permit ego regression, which encourages the externalization of highly cathexed symbols. It has taught me how and when to mirror a patient and as a result, I find a heightened ability to resonate with my stone, to reach a place where it feels like the stone is telling me what it needs to have done to it.

This experience may indeed be similar to Winnicott's 'Primary Illusion,' where the infant child believes that he magically creates that which he needs, i.e., that which is really coming from the outside is experienced as magically created from within (Winnicott, 1975). In my example, there is, through the process of projective identification, a remarkable reversal whereby I am identified with the stone and I feel as though I magically create myself.

As the years go by, for those of us who engage in depth-oriented clinical work, there is an increasing need to find some way to externalize the toxic inductions, projections and introjections which are inevitably taken in. As therapists, we learn to discipline ourselves, to not act-out these induced feelings with our patients. I have become increasingly aware of the importance of my artwork in facilitating an important avenue of discharge of these feelings. At times when I am struggling with how to deal with a particularly difficult patient, I seek the organizing effect of the sculpting process. Other times I may just need a more general experience of seeing some concrete change effected by my energy to counterbalance the painfully slow and imperceptible changes in certain patients, which tend to build up as frustrations within me.

Finally there comes the question, "When do you know when a piece is finished?" Here too is a parallel: "How do you know when a patient has gone as far as he can in treatment?" I have learned to listen carefully to the patient, to listen for clues that an integration of the resolution of issues which has led to growth has been achieved, and for the moment, the growth seems to be stabilized. There is often a feeling of 'balance' about this person, an inner peacefulness along with a sense of vitality and energy which has been freed from psychic conflict to now be used in the pursuit of quality life experience.

In deciding when a piece of sculpture is finished I look for a similar kind of balance and integration. The form should work well from all angles. There should be tension, excitement or energy present which had not existed before.

At times a patient may return to treatment at a later period of his life. What had been resolved sufficiently, at an earlier period, may now need further work. Sometimes certain people, especially young people, have had only limited life experiences and some conflicts may not have had the opportunity to be exposed prior to entering treatment therefore necessitating further treatment at a later time. I have found the same is true with my sculpture. I sometimes feel a piece is ready to be polished only to find that when I view the finished piece, there is still something out of balance or incomplete. Sometimes this feeling may not be immediately apparent to me, and I may wait months, or even years for the piece to become, once again, 'unresolved.' This may of course never happen to a piece which can remain 'resolved' forever (if there is such a time-frame). I believe that there are times when it is best to leave the piece alone, even if it loses some of it's power for you, and other times when re-opening and re-working the piece may lead to some further integration. This decision must be made intuitively, just as one must carefully weigh the decision whether or not to re-enter treatment.

CONCLUSION

In this article I have attempted to outline how I have been able to integrate concepts of aesthetics, or what I call 'Visceral Experience,' as found in preverbal perception and symbolization which occurs in the creation of two- and three-dimensional art, within the seemingly diverse areas of studio art training, art therapy training, psychoanalytic training and clinical practice.

On a final note, I truly believe that the very best way to enhance one's training as a depth-oriented psychotherapist, whether verbal, non-verbal or expressive, and be able to meet your patients on whatever level of relating they are functioning, is to develop your own artistic and creative skills. The flexibility of ego states which is constantly being exercised and strengthened through creative work, along with theoretical, clinical and personal knowledge, becomes your greatest asset in these challenging and demanding professions.

References