

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

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*(Parts of this paper have been taken from the Introductory Statement and Gallery Talk held in conjunction with COMPLEXITIES: An Exhibition of Wood and Stone Sculpture by Robert Wolf, at the Center Gallery of the College of New Rochelle, October, 1989.)*

## 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 countertransference (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

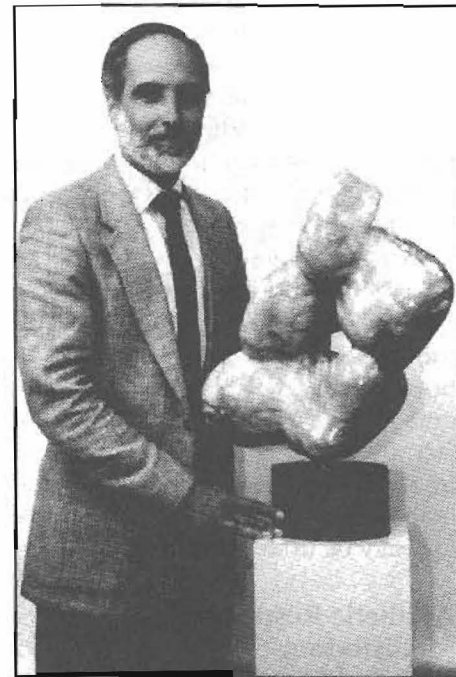
As I look back over my professional career which now extends through a period of over twenty-one years, I realize the difficult and complex task, I have faced in attempting to integrate my experiences as a teacher, author, art therapist, psychoanalyst and artist.

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,



Photograph of the author with a recent sculpture in orange alabaster

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.

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 spacial 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 high-

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er 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" or, 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 process, 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

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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 is often the case with complex transference/countertransference 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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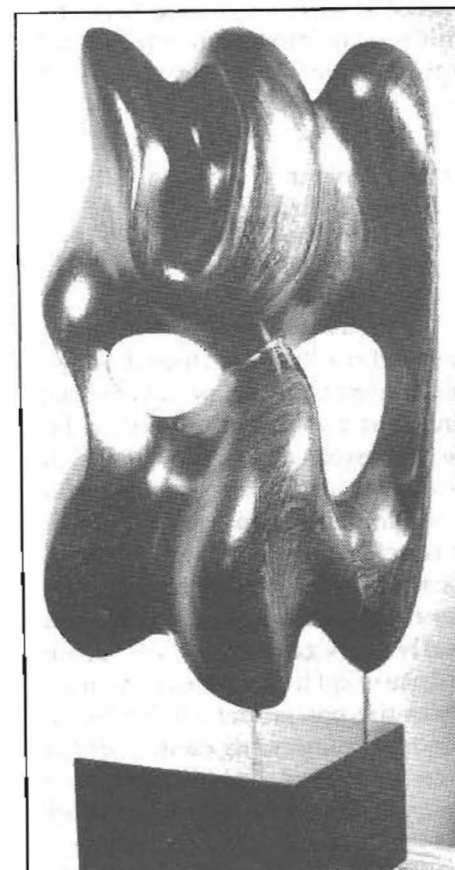


Fig. 1 "Complexities"

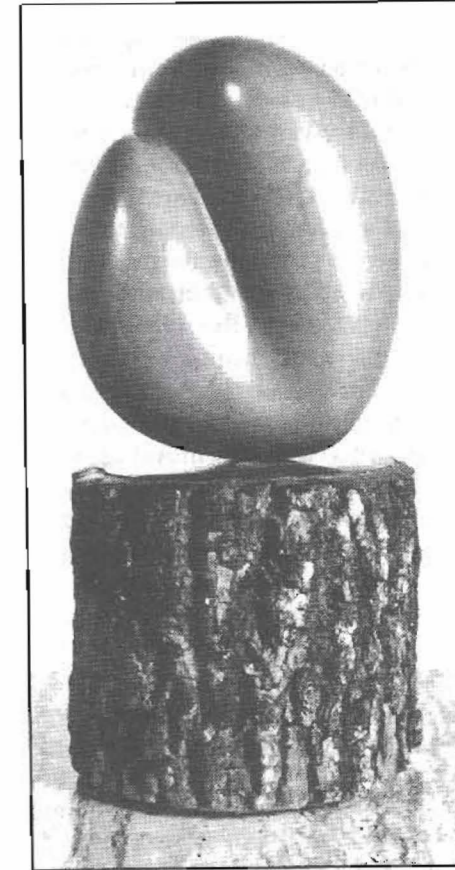
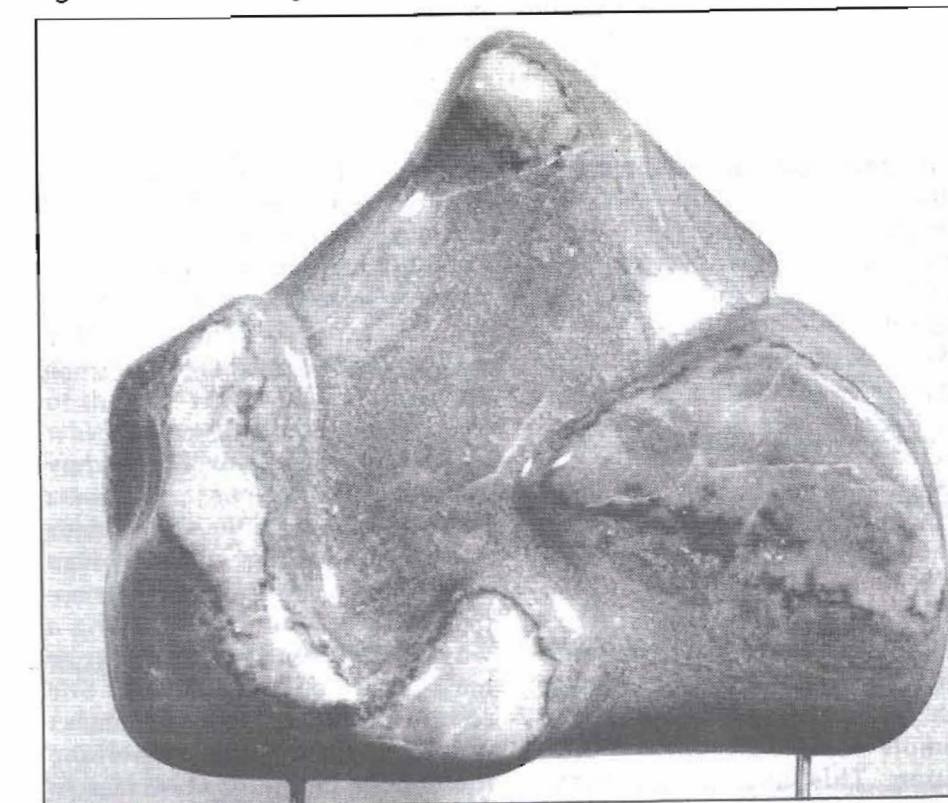


Fig. 2 "The Beginning"

Fig. 3 "Woman Holding a Secret"



impact of my 'sympathetic pregnancy' and parallel emotional experience was revealed to me. Another piece, THE WOMAN HOLDING A SECRET, was named by a close friend who took one look at the finished sculpture and spontaneously articulated what I had been trying to communicate, but had been unable to 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 a 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 ability to practice 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 harness the power of their individual 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 and Art Therapy Faculty member, I have discovered that one of the most helpful and provocative concepts which I can use in my clinical work and demonstrate to students, is how to get in touch with one's inner non-verbal imaginal responses or reactions to one's external experience, and how to use it both clinically with patients and within oneself to promote psychic growth and integration. This concept is demon-

strated 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 quality experience 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 models 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 within which the student/artist may resonate and rediscover a previously lost part of himself/herself. This reemergence of lost symbols is often accompanied by powerful affective reactions, similar to abreactive responses to well timed psychoanalytic interpretations which are designed to push one towards bringing repressed material into consciousness. This experience demonstrates the power of art therapy 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 alabaster in the shape which she had evolved first in two dimensions. After a short while, it was apparent that Donna was having a very difficult time learning how to master the tools effectively. She seemed unable to have much impact upon the stone. The harder she tried, the more the stone seemed to

have a mind of its own and resist her effort. As Donna was as physically capable as any of her classmates, who were all pulling farther ahead in their work on similar stones, we became aware that this 'experience' was communicating something for us to understand, on a deeper level.

When asked 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 angry, frustrated and hopeless, but she had tried to overcome these feelings by surrounding them with an emotional wall, "for otherwise, I might not be 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 chipping away at her 'emotional wall.' Because Donna feared the reemergence of her angry, futile feelings, she was unable to effectively cut through the stone which had become a symbol for her defensive stance, while displacing the affect of frustration onto the stone. As we explored this phenomenon, Donna was able to see that experiencing her anger and futility was actually essential for her to work through this traumatic 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, we were able to help Donna re-integrate this important split-off part of herself.

#### B. Phototherapy Training Groups:

Within the Graduate Art curriculum I have developed a sequence of courses, starting in basic photography and leading to advanced photography and ultimately pho-

totherapy, which explores the value of non-verbal communication through photographic images. Here, at this most sophisticated level, technically skilled students work together as a group to explore their own reactions to creative exercises.

Students are assigned stimulating creative projects such as 'redesign your childhood through modifying family snapshots' or 'create a self-portrait photograph without using an image of yourself.' The results of these exercises are systematically explored and processed by the ongoing group. Eventually, the art therapy students may go on to develop and apply these and other original techniques in clinical settings. For the art students who engage in this process, the results can be quite gratifying as they experience the power of their unconscious and begin to understand its effect upon their creative imagery. The over-worked stereotyped view that 'therapy' inhibits one's creative expression is exposed as untrue and, in fact, is clearly experienced as just the opposite!

#### Example 2: Phototherapy Training Process

Melissa, a graduate art therapy student enrolled in a PHOTOTHERAPY class, presented her experience as she began to work on her FAMILY HISTORY ELABORATION project. The directive had been: Re-photograph various family snapshots taken when you were a child or later as an adult, and, using a variety of creative darkroom techniques, elaborate or change the images to express something that you would have liked to be different.

Melissa explained how as she began to sort out a batch of old photos, she had spontaneously burst into tears as she was suddenly gripped by intense feelings which seemed to come up without warning. She explained that she could not immediately understand her sadness, but had, upon reflection,

realized that she had been drawn to examining a particular time in her childhood when she seemed to suddenly look and obviously feel 'different.' She went on to explain that in spite of careful exploration of her childhood in ongoing psychoanalytic psychotherapy, she had been unable to understand, more precisely, her vague feeling that "something had happened along the way" which had had great impact upon her. This intrapsychic shift had eluded a more detailed verbal exploration until now. For Melissa had begun to see, when she spread out her family album photos, a particular time in her life when both maturational and familial factors converged in a traumatic way. Without this visual experience, these issues might not have been identified and explored. The impact of the visceral image was able to break through secondary process defense structures and overcome a therapeutic stalemate.

This shared experience was a wonderful learning tool as it communicated on a powerful, affective level, the effectiveness of using photographic images in psychotherapy. Both Melissa and her classmates were deeply moved by the experience.

#### C. Art Therapy Practicum Groups

In the art therapy Practicum, students learn to draw their image responses to clinical concepts and case material. As they become familiar with this level of communication we continue to demonstrate the power of the non-verbal part of ourselves which is constantly reacting to non-verbal parts of our patients and ourselves. Students become highly sensitized to the power of their own imagery, and its ability to transcend secondary process defenses.

#### 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 defensive intellectualization, are reflected back to her by her classmates who have been instructed to react to class presentations by drawing their spontaneous image 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 resulting discussion to explore images which arise in response to both the patient's and presenter's unconscious process. These images are examined within this transference-countertransference paradigm.

The group's drawings are compartmentalized, rigid and fragmented. Chaotic forms were drawn often encased in thick lines or shattered in splintered pieces. Surprised by the group's response, Betty struggles to find the source of her disconnectedness, and cautiously reveals striking similarities between the patient and an ill family member. As she describes this realization, she becomes more connected to her feelings and the presentation proceeds in a more integrated manner, as her over-identification and initial defensiveness are understood and worked through.

#### Example 3B:

We recently began another Practicum supervision group and became aware that one member, Marlene,

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*"... my work as a clinician has taught me to have a great deal of patience, which is also an important factor in stone sculpting."*

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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 eight 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 justified her position quoting concepts by Bion and Winnicott, yet, something felt 'out of balance' given the escalation of Tommy's behavior and his subsequent refusal to come to future sessions.

The group absorbed her story and sat, for a few moments, in deep thought. I asked for people to describe their images to us. One person described wanting to reach out and shake Tommy, another described how she'd like to take a large bull-horn and yell at Tommy to "Stop it." This image struck Marlene, who described how her supervisor had mentioned that she seemed to be too uptight and needed to loosen up and 'play' more with her child clients. I asked her to elaborate this image and as a group we came up with a creative intervention for her to employ. She would draw a comic book for Tommy and in it, illustrate this cartoon of her 'giving up,' and letting Tommy 'win' the battle over control of the art therapy sessions. She would be able to distance herself enough from the feeling of being stuck to creatively articulate the situation in a humorous way, mirroring back to Tommy, a sense of being understood and

therefore, paradoxically, not abandoned. This felt aesthetically 'right' to her.

In the discussion which followed, it became apparent that the initial feeling of 'giving-up' was a multi-determined communication starting with Tommy, as a feeling of deep despair and loss, and projected onto Marlene, for her to either use as a device to deeply empathize with Tommy, or, to act-out and re-confirm that the world is indeed a hopelessly rejecting place. This experience of Tommy being out of control, touched a profoundly similar experience from Marlene's past and she had begun to close off this affective connection by adapting the defensive position of closing down and disconnecting. With the help of the group, Marlene was able to begin to understand this process. Her dilemma was clearly understood and a solution was discovered through the use of creative imagery which bound up the destructive potential of the projective identifications.

#### Application Within Psychoanalytic Institute Training

Next, at the Psychoanalytic Training Institute, I have developed ways for the analyst-in-training to become sensitive to his or her own affective and imagery responses to patients. I demonstrate 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, a middle aged woman who I've been seeing 3x a week for the past 2 years, the patient, who I'll 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 attack or assault upon her."

Mona reported her own countertransference reaction as being confused, feeling suddenly in the middle of a turbulent place. I asked if she could find an appropriate IMAGE and she replied: "I'm swept up in a tidal wave, spinning around and around."

I explore this further and ask her to close her eyes and imagine she's in the wave now and describe to us what happens. "I'm spinning, bobbing up and down, gasping for air, afraid I'll drown." She's visibly shaken and I ask her now for associations. "Beaches, as a child, with my mother I almost drowned. 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 and was no help to me."

I said: Your patient reacted to your interpretation with a sudden and startling feeling of being assaulted and this frightened you. You couldn't, at that moment, call upon the soothing and calming presence of your internalized mother because your mother was not, in reality, that way, so you grew panicky and were inundated and overwhelmed by your patient's intensity. In your anxious state, like that of your own mother, you couldn't be with your patient to calm her and explore where, for her, this sudden transference reaction was coming from!

As I said this, Mona relaxed. She was clearly less agitated and seemed to understand what I had said, on a visceral level.

Next week in class Mona reported that it seemed as if her patient had been listening to our discussion in class the week before. She had reported that she felt confusion and turmoil during the session in which she reported feeling assaulted. Mona had then shared her image of being swept up in a tidal wave and the pa-

tient said, "that's right, I felt like I couldn't tell who was being swept away, you or me!" Once having cleared the air in this manner, Mona was able to go back to the patient's material and explore it in more detail. She was able to become a calming and soothing presence for her patient who needed this to counteract the intensity of the negative transference reaction.

Mona's image of the tidal wave served to help externalize her own countertransference feelings which were triggered by feeling "swept away" by her patient. For as she had been trying to maintain an empathic connection with 'P' by making interpretations, 'P' seemed overwhelmed, out of control and far away. As these issues were brought out into conscious awareness, Mona was freer to see the differences between herself and her patient. She was no longer swept away. She said "I can now see how my identification with my helpless, ineffectual mother was also a defensive reaction to being accused of attacking 'P,' and, by being stuck in that place, I couldn't piece this all together until now."

#### Application in Clinical Practice

Within my clinical practice I use my artistic skills to scan material presented by patients and sense where there is an aesthetic imbalance. I then refocus the patient in this direction and help guide patients to deeper personal insight and understanding through a variety of clinical interventions.

#### Example 5: Integration of Aesthetic Experience Within Psychoanalytic Psychotherapy

The following is a transcript of a sequence of three psychoanalytic psychotherapy sessions which demonstrates how the artist in me influences my work as therapist. As an artist, comfortable with the complexities of multidetermined levels of



Fig. 4 "Vanessa: The Rock"

communication, I am 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.

#### VANESSA

##### History:

Vanessa, a 29 year old artist, has been in psychoanalytic psychotherapy for five years (individual + 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 weight problem and with her relationship with her husband Jerry. 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

Vanessa to untangle them, understand their impact on her life and integrate this understanding within a new, more resilient ego structure.

##### 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'm still so miserable, complaining, unhappy and negative, maybe therapy isn't working for me and I should quit. Why do I hold onto so much old shit? I want to change but I keep waiting for 'it' to happen to me, I get so MAD when I realize that I have to do 'it' myself. I waste

so much time. . . . I realize I could set it up so Jerry would leave me if I keep this up."

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 nobody liked me 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 and I laugh at her ambivalence, and say "you know, rocks really don't draw!" She laughs at my playful remark as it points out to her that while she may feel like a rock, only part of her is experiencing herself as the rock, and that there is a healthier side which is striving to overcome this resistance.

I ask her 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's not attached, but 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 scream."

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

P: "I don't want to feel that I'm doing this to myself. I don't want to take the responsibility for doing it, *because then I'd have the control to let go of it!* I have such resistance to hearing you say this. It's so simple, how can I justify the past and all that pain if I admit that I caused so much of it by holding on."

TH: "So you'd continue to carry this rock forward into your life and risk your marriage and your daughter, in order to 'justify' your past behavior?"

P: Indignantly "Yes!" she cries. . . . "I'd be naked without my ROCK!"

TH: "What would you look like without the rock?"

P: (finding new strength from this idea) "I could buy new clothes that I liked. I see that I'm dead with the rock, but without it there'd be room to change. I need to chip away at this!"

**Session 2: Further working through the resistance through creative imagery exercises:**

P: "My life is too hectic, I need time for myself, to paint . . ."

TH: (Getting back to last session's image) "Paint ROCKS?"

P: "You'd be the one to chip away at my rock, you're the sculptor. I'd just be holding it. I'm so afraid to change it myself, afraid of what is inside and what would come out. I'm afraid I'd smash it or chip away too much so I couldn't put it back."

TH: (bringing in the weight issue) "Like the way you're afraid to lose too much weight?"

P: "Yes, I'd have less of a barrier between me and the world. I'd feel raw, vulnerable, yet ALIVE, but I'd have no insulation. Men would find me too attractive and I'd have to say yes. I'd have NO BOUNDARIES."

TH: "So loss of weight means loss of boundaries?"

P: "Yes, that's what it is. I'd leak out into a puddle and lose my shape. My skin would be too thin to hold me together. I couldn't stay intact! I'd have nothing left, no core, nothing but dust!"

TH: Genetic interpretation of underlying conflict: "You never discovered how to establish boundaries without creating your rock, but you're beginning to understand the price you pay for holding onto this rock."

P: (confirms my interpretation) "I always separated myself from my family by being the 'fat' one. Jerry has been losing weight lately, he looks so great, I'm so jealous. . . ." (begins to go off on tangent)

TH: (feeling resistance come alive in the room) "You're feeling resistant now?"

P: "I'm very aware of holding the rock at this moment, and I don't know what to do with it. I can't chip away at it if I'm holding it, if I drop it it'll break and crumble, and if I put it down it's not covering me. I NEED IT!"

TH: "Talk to the rock."

P: ". . . I need you. I need to hold you, hold onto you forever, yet my arms get tired and I can't do anything else while I hold you. I have no freedom, I have to use all my strength to hold you, then I have nothing left."

TH: "Now you be the rock and answer."

P: ROCK: "I'm dead. I feel nothing, I don't care what you do with me, I have no purpose in all of this except to 'BE.' This is your thing—not mine!"

P: Insight: "When I'm the rock I feel dead, when I'm me I enfuse my energy into the rock. It's a neat package. It rationalizes my not doing anything to change."

**Session 3: Working with the Transference:**

P: "Still feel smug and defiant. I want you to make me change but if you dare try to push me I'll dig my heels in deeper. I want you to make an interpretation which will make all of this go away so I can move forward."

TH: "Maybe this is what you need to be doing, and it doesn't have to be the Met, or the greatest opera singers, or the greatest interpretations by other people that will make everything better."

P: "My child is so strong-willed, she's a mirror of me. We butt heads, I'm out of control, I'm her slave, yet I admire her strength. I want to be the child, but who will take care of me?"

TH: Transference Interpretation: "You're playing out your conflict over control and power with your daughter, and also here with me."

P: "I feel like this big baby and we battle for space. My mother said that I never did this with her. I was terrorized into not doing it. But by playing this out now, for the first time, I feel so powerful and in control of the whole world. I want to give my daughter this sense of being empowered, in a healthy and good way. But instead I just engage 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." Insight: "I never had this kind of 'unlimited space' as a child. Mother would always intrude on my space."

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

P: "It just 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 further articulate feelings and conflicts during this particularly important phase of psychoanalytic treatment.

If I had taken a more classical psychoanalytic view and simply interpreted her resistance as *merely resistance*, I would have missed the 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 words to the language of images, and back to words. These images contained the raw power and energy which had been split off and inaccessible to verbal intervention. As they were dis-

covered and explored, Vanessa began to play with her conflicts in a way which gave her space to see the issues more clearly and ultimately move ahead and out of the resistance phase. This is a clear example of how a creative act may be utilized to overcome a resistance (Robbins, 1975), as well as an example of how patients need to understand the value of their resistance and defense mechanisms (Robbins, 1989)

I believe that it is the same quality of elasticity of my own ego, which I exercise and utilize in my creative work as a sculptor, which I also utilize here in clinical work to move in and 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. This case presents to us a clear example of how this form of ego splitting within the therapist, along with his ability to move easily from secondary to primary and back to secondary process level of thought and communication, clearly benefitted this patient who might have continued to feel 'stuck' if a more traditional method of treatment had been rigidly adhered to.

### Some Thoughts on Parallels Between Personal Artwork and Clinical Experience

As I begin to think about the similarities between stone carving and clinical work I am aware of many parallel experiences. For example I can see how my work as a clinician has taught me to have a great deal of patience, which is also an important factor in stone sculpting. Perseverance, and an appreciation of the time needed to evolve and integrate new ideas and connections has been taught to me through my work in both of these disciplines.

My work with patients has taught

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 cathected 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 its 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.

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