

## **Art therapy as an Adjunct to Psychotherapy.**

Script of lecture given by Mrs. H.I. Champernowne to The Art Therapy Conference at Cumberland Lodge, 1968.

'Mr Chairman, ladies and gentlemen,

Thank you very much for allowing me to be a member of your Society or Association, for I have been busy over more than 20 years helping to found the Art Therapy Association and have been associated in practice with art therapy since the middle thirties.

I think I should introduce myself a little further to you. I myself painted a great deal in my training analysis under Dr C.G. Jung who fostered this method. I enjoyed it. I am not an artist, but art had a very profound effect upon me, so I know it first-hand. And then later, through the National Association for Mental Health I tried to help establish an association for art therapists. That was in 1946/47 with Adrian Hill and Edward Adamson and others. So first hand I have been closely associated with your work and it is a great privilege and pleasure to feel that I am still attached to the Association in some way.

The next thing I would like to say is that when I became a psychotherapist I used patients' paintings very often, but I felt that this was not enough, and in 1937 I tried to get into connection with an artist and art teacher who would help in this artistic work. Actually the outcome of that was the foundation of the late Withymead Centre in 1942, where for 25 years we worked with art therapy as an adjunct to psychotherapy.

And this is the subject of my- talk: 'Art Therapy as an Adjunct to Psychotherapy'

The pictures I shall show are illustrative of this. More than thirty years ago in my work I became acutely aware of the fact that words, particularly in prose, were a difficult medium through which to convey our deepest experience of life. It was clear that the mind was filled with visual and oral images, which are comprehensive and suitable containers for emotions and ideas that are otherwise inexpressible. I found that the expression of these visual images was not only a means of communication between one human being and another, but a means of communication from the unconscious levels of experience to a more conscious understanding in the individual himself.

So it was not purely diagnostic. It was the actual process happening in the individual. As Erich Neuman said in his paper 'Art and Time',

*The individual's consciousness is almost blind to the underlying forces. His reaction to the terrific forces of the psyche is not to reflect, it is to obey and execute its demands. But the psychic undercurrents which determine man's feelings of the world are manifested through colours and form, tones and words which crystallise into symbolic figures expressing man's, relation both to the archetypal world and the world in which he lives.*

From the very beginning of my professional and psychological career I worked through art media of many kinds, painting, modelling, dance and poetry as well, and music and drama. And in those days it was by no means accepted as it is today. As I was saying it was for work of this kind that the late Withymead Centre came into being. It had over the years been built up jointly by artists and psychotherapists under Dr. Joyce Partridge for 15 years until her death. I cannot say how profoundly my own work has been enriched by the fact that Dr. Partridge and I worked in the very closest partnership with my colleagues who are artists and art teachers with psychological training. I doubt if I could work without them anymore. It is not only in our time that there is this feeling and interest in the educational value and the psychological power of the image. As far back as the second century a Greek physician, Galen by name, became aware of the power of the visual image on the life of the individual. He says,

*I am of the opinion that those who by a process of reasoning convince themselves that some evil is present or impending are not moved to fear or grief by that process but by conjuring up images of these things. For how can the irrational be affected unless it be moved by some analogous imagining, some picture brought to the senses*

It is quite useless for us to speak from our head to the head of the sick person, and expect it to be taken up at any deep, emotional level Only the image will suffice .

It does sometimes happen like that, I do not believe it is the words, I believe it is the picture in the mind or affect in one's voice or one's attitude or something else. Perhaps even more today when the intellect and cerebral activity is too highly valued to the exclusion of feeling man is turning for very life to the means of expression in the arts.

The terrifying schizoid or schizophrenic condition into which intellect by itself can lead man has been demonstrated over and over again in individuals living in our society. '*I could do anything*' a young schizophrenic said to me one day, '*when I am cut off like this, I'm not human*'. But the very fact that she could say that was just some measure of the ego's freedom from it. But she demonstrated it to me by a painting she had painted in the studio, of an unearthly being. "***She could do anything***", she added, looking at the sub-human being in the picture, "*It's terrifying*" And she gave me the picture and

asked me to keep it because she couldn't bear to have it with her. And I had it at the bottom of my wardrobe for about ten years. I turned it out the other day. But even the painting of this picture was a small bridge, a tentative approach, a possibility of an inhuman Caliban across the bridge coming over under the control of consciousness and becoming a little human. It's the objectifying of the subconscious content into a shape that can be looked at and related to that is the healing factor.

The power the imagination *has* of creating fantasies *is* by no means merely negative, though just below Consciousness a lot of destructive content and negativeness lies, which has been repressed by conscious ness. And fantasy of course can be a seduction away from life's reality. It can, however, be a wonderful preparation for life. And it all depends on how the fantasy, good or bad or indifferent is treated. An individual can be in bondage to the unconscious and to fantasy and can be driven even to act against his conscious intention, if that fantasy escapes into reality out of control.

From the point of view of the psychotherapist the suggestion to an individual that he should try to express the inexpressible has great meaning. It's a question of raising images of the unconscious and putting them on to canvas or clay, where they can be seen or experienced more consciously, and the creator can relate to them and live with them. No longer is there blind identification, because inside is now 'out there', somewhat removed though one still hopes there is a sense of belonging to its creator. For if a painting or poem is poured out onto the canvas or paper with such an unconscious drive that the painter hardly owns his creation, from the psychological point of view this is always useless to the individual. And I often wonder if a work of art is created in the highest sense by this method. This is why I disagree very profoundly with the coercive methods like the use of drugs to produce something from the patient's unconscious, hypnosis- or any other method which does not go with the organic rhythms of that individual's life. The doctor or therapist gets the answer but the individual out of whom it *is* being forced does not experience it passing through him, and his ego is unable to take hold of it. For instance if I got the information and I told the patient "You said so-and-so under hypnosis and drugs, therefore this is what happened to you when-you were a child" then the individual does not really experience it first-hand but by what I say; whereas if it comes out naturally and slowly through a dream or through unconscious fantasy, in many ways the individual's ego will own it.

But I might just add that I have a feeling that some consciousness is needed in the creation of the work of art, but this is a question and I would like to know the answer from you. I remember one patient who wrote poems, automatic writing, with not the slightest relation to what he wrote. I always felt that although they had great power and beauty they hadn't reached a point where I would have said "*This is a work of art.*"

The interesting thing is that from the psychological point of view it doesn't

matter the; slightest whether it is a work of art-or not. And this makes the position of the art teacher in remedial work extremely delicate, because the art teacher has a desire to see a result, and as a psychotherapist I feel that few art therapists without some sort of training in psychology can undertake this work successfully, because they must have a somewhat different attitude. The relation of the patient's creation to art may grow as he grows in consciousness but the validity and effectiveness of the small beginning depends on the therapist's understanding of the level from which the patient speaks, as well as the measure of the artistic ability by which he is endowed by nature.

Professor Jung, even if I do not quite agree with the way he puts it, says,

*Although my patients occasionally produce artistically beautiful things that may very well take their place in modern art exhibitions, I nevertheless treat them as completely worthless when judged by the canons of real art. As a matter of fact it is essential that they be treated as worthless, otherwise the patients may imagine themselves to be artists and the whole point of the exercise will have been missed. It is not a question of art at all and it should not be treated as art at this point,, but as something other than art, namely the effect upon the patient himself.*

Later on Dr. Jung points out that someone does not just talk about his life, his fantasies, his dreams, but he **does something** about it. In his words:

*The patient busying himself in paint (or in some medium) increases its effect upon him. Moreover the concrete study of, and concrete shaping of the image enforces a continuous study of it in all its parts so that it can develop its effects to the full. This lends it greater weight and driving power and these rough and ready pictures do produce an effect which I must admit is difficult to describe. A patient need only see once or twice how much he is freed from a wretched state of mind by working at a symbolic picture and he will always turn to means of release when things go badly for him.*

I should like to say one more thing on the question of art. I really have no right to speak on this subject; I am completely at the other end of the one looking over to your world of art from the psychologist's point of view. I am very interested, and I understand what Dr Jung means. But I have had a great opportunity of working with art teachers and I can see that in some ways the growth in psychological maturity can accompany very closely a growth in artistic expression.

But the conscious ego must not interfere in order to obey the outer canon, overstepping the mark and refusing to be the servant of the creative drive, Technique must follow, needs to follow, but it must not lead. It must shaped the inner energy in a way which gives the latter greater freedom of choice, not less. It is a question of the individual and his value

over and against the collective canon and the relation between them.

I want to quote from von Keyserling and his book 'South American Meditations.' He says,

*Representation transposes a given state from the virtual to the actual, thus fixing it in the world of phenomena. Thereby only does it reveal itself for what it is. But this at the same time creates the possibility of passing beyond the state in question.*

And so the actual dream, the actual painting has removed this individual just that much from a complete identification with what he was before, although he may not yet have a fully conscious relation to himself as he is, and von Keyserling goes on,

*One of the typical ways of psychological development is to elevate things from the level of the object to the level of the subject. Man begins by experiencing his inward reality a something outside himself and he draws this reality back into himself in the course of integration. It is precisely this mechanism which enables man to progress beyond what he was. On the other hand once he has exteriorised an inner state the latter state for him becomes a new point of departure.*

*Thus man must Again and again represent his inner reality in external form in order to progress. But what has taken an external shape instantly turns into a model, be it in the positive or negative sense. Under all circumstances the mere fact that an inner reality has been exteriorised means that growth has passed beyond it. Thus spirit must create world upon world in order to realise itself.*

I would like to say more about the relation of the psychotherapist to the art therapist. Now the analytic involvement of an art therapist, which is very common if art therapy is more than a diversion, must be recognised. Many psychiatrists fear a splitting of the transference or the encroachment of the art therapist on the psychiatrist's or psycho-therapist's preserve.

It is clear that this overlapping of functions can and does happen, and unless there is a rapport of understanding between art therapist and psychotherapist great damage can be done by a confused view of or direction of the patient.

At the Centre where I worked this was something of which we were well aware. The psychiatrist and psychotherapist kept in very close contact with the art therapist. Indeed, we almost felt that it was a staff group in contact with patients. This was effected not only by personal meeting between art therapist and psychotherapist but also through the weekly joint staff meetings.

I agree entirely with an Article in the American Bulletin of Art Therapy dated

January 1968 which emphasises how, *"important it is that both therapists accept and understand (both) their roles if conflict and competition are not to disrupt therapy."* The psychotherapist in the hospital mentioned was recognised *"as the primary therapist who set the pace and determined the focus of treatment. The art therapist was in a secondary position and assumed a more passive role."* But *"as time wore on the art therapist's role changed when his or her more active participation became appropriate."* This "later change in the interest and emphasis of therapists is subtle and depends on a responsible and humble attitude by all. Only by a united standpoint can this very effective method succeed. Success depends on the integrity and self-knowledge of the therapists. If the experiment fails, it fails very badly and is very destructive. We often found that success at the Centre depended on two therapists being able to play roles which met certain facets of a patient's problem. Sometimes a male and female therapist working jointly contributed wonderfully to solving a parental problem. Or the two aspects of treatment might be represented by two temperamental types, by an intuitive, by a thinker, by a person with more feeling and so on. But once more may I emphasise | the great need for the therapists to reconcile their approaches which have afford coherent meaning to the patient.

It is outstandingly clear that art therapy gives a patient a chance to express in terms other than words some of the things he or she longs to communicate to analysts, to art therapists or to the whole community. It is also a great emotional release. The art therapist is often in close or even in first contact with released emotion, and therefore needs a psychotherapist to come in and share the load at his or her request and guide the reactions. The fact that they are received into a joint community of at least two people is healing in itself.

I have myself received a good deal of criticism of this method from psychotherapists and analysts over the question of the so-called "split transference". I know this can be so and I know there are times when it is utterly impossible to share something going on in the consulting room or studio outside the situation. One cannot share it directly by telling what happens. It must remain in a tête-à-tête transference situation. But one must allow the patient, in the hands of the art therapist to say in other words or pictures something of the same things as are communicated to the analyst. Each therapist in his or her department, consulting room, or studio, receives a transference. This may be complicating and confusing to a very orthodox analyst. But I agree with the writers of the American article when they say that the very reverse seemed to be true. They actually attributed the success throughout with their patient in part to the split in the therapeutic transference between psychotherapist and the art therapist. The patient was more secure.

We too have experienced this at the Withymead Centre, for the patient feels accepted by a community even if at times only in that small community of

two. And I would agree wholeheartedly with the values implied when the authors remark that *"the patient's negative feelings were divided, permitting the expression of attitudes which she would have been too frightened to talk about if she had needed to rely on only one therapist."*

And this is where the division sometimes take place. The analyst may hold the positive temporarily while the negative may come out in the art studio; then the art therapist may hold the positive while the analyst is holding a great deal of the negative.

After twenty-five years of this therapy I am fully aware that there are many problems needing to be solved within the method, and that developments arising out of experience need to be studied. We have still a great deal to learn and put into practice. The psychodynamics of a staff group and the possibilities of the partnership between psychotherapist and art therapists offer a wide field for research.

It is most important to accept all creative expressions as an extension person's life and personality. We are, very particular that we don't take pictures away from their owners because it is a part of their whole psychic make up. And although one may want them from the point of view of scientific record and record collection, I feel that this must be a secondary consideration. I have no doubt that there is an effective healing method here in art work and it rests on human relationships. The research lies in the mysterious realm of the psyche and the interaction and exchange between human beings, and this needs great patience, tolerance and humility; and above all the integrity of the human heart and mind.

I hope that we shall soon see a much greater co-operation between the art therapist and the psychotherapist in the actual treatment of the patient, but I am quite sure that in your hands and in the studios you have *"the life giving stuff"*. And if this is not able to be taken up by the doctor by virtue of his great burden of numbers, then we have to find some other way by which what I call the *"Life giving stuff"* is mediated to the patient more than you can do within your classes.

Now I should like to show the pictures. These pictures were done by a woman straight away by herself before she met me and said *"I know that you are rather interested in pictures and psychotherapy. A whole series has happened to me and I am rather frightened by them and I wonder if I could come and see you and bring them."* She had heard about Art Therapy and tried to work it out in herself and by herself. But it was too much. She was a career woman and very remote, living very much a masculine life, a sportswoman, very eager and driven by life.

PICTURE I. Here is a desert. Something died in the desert. Here in these pictures we are enacting a death and a resurrection and a rebirth. I am quite

sure if this woman had not painted these pictures she would have been driven by a death wish into some form of nothingness, although she was quite outwardly placid when she came.

PICTURE II. The dead figure here seems to sink into the sand.

PICTURE III. It goes down to the water table. So this is something, some pattern of her life which is descending into the depths. And she fell into quite a heavy depression at the time of painting.

PICTURE IV. And then this figure seems to round itself off in a rather strange way. Becomes encysted. The sand begins to make some sort of pattern. You must watch these little lumps on the surface.

PICTURE V. The cyst is starting to look something like a starfish. There is some sort of development going on in whatever this figure symbolises that died. It now goes down into the unconscious and there transformation takes place.

PICTURE VI it turns into a man coloured in blue. This has become important to her. Here a phallic hill sticks up on the surface. She told me that she was almost horrified when she saw a man appear on the paper when she was doing these all by herself. It is quite remarkable the way pressure from the unconscious can drive people to do these things. You see, she did know that this was the sort of thing that people did do, and that psychiatrists did know something about it. Having started the process, the latter took over like a runaway horse.

PICTURE VII. Now the figure has great power and the figure has shot up into the - outer world. This could have been a dangerous moment for her. Energy coming up from the sub-conscious at this pace could blow the ego apart. But something in the external world is corresponding. You have a phallic tree appearing. You see the man has his eyes shut, not fully conscious, is asleep, so this must have been some terrific unconscious emotional uprush within her. No wonder she felt driven.

PICTURE VIII. Now he tries to get out of the hole to come out into consciousness and he is attracted by this golden tree. This yellow, this light of the sun is some masculine consciousness that externalised itself from the womb of the sand. Before this she was identified with her masculine life, not related to it. Now he is externalising in this remarkable way so she can see him.

PICTURE IX . He embraces this golden tree, partaking, as it were, of its nature. This is what Professor Jung would call the animus of the woman, the male image which is the counterpart of her living femininity and so externalising it like this she is relieved from living identified with her very masculine side. She had had homosexual relationships and she had struggled to have heterosexual relationships but she hadn't really had a true relationship with any man.

PICTURE X. Here the man has apparently taken on the golden colour from the golden tree and becomes an Apollo figure himself and goes off. That was the end of the series. But we talked a lot about it when by this time she had worked through the whole series.

This externalising of the masculine consciousness relieved her of the tension, but although she had done them they meant nothing clear to her. It was not until we talked about them that the full relief came. Now that she had released, as it were, her psychic partner, she could live as a woman. It was true. That possession that she had before had died down and she became a much gentler, more sensitive person.

It is very difficult to explain how curative the pictures are. You see they brought her to me for one thing, and for another thing, I got such a lot of information about her via these paintings. I saw the effect they produced within her. I mean when she showed me the first one of the skeleton in the desert, she said that she felt in a desert and that she felt absolutely lost in life. *"Those dead figures are me"*, she said, and one gets into the drama of the pictures. I can't prove how it works. It may have been just because I listened to her; it may even be nothing to do-directly with the pictures, but they were within the situation. And this is how we both felt them as symbolic communication, as holders of emotional life.

I think these paintings rushed through her like automatic writing. She told me that she painted them day after day, and she said *"I really was quite 'mad' while they were happening."*

And she was quite alone with no one to talk to about this happening, and I think that the ego was stunned by this that happened to her. I have to take her word for it that this was the emotional impact on her. In fact, I saw it as we talked - that one in particular of the man coming up. We first of all took them one by one, and then we put them out in a series.

She brought them and stayed with us at the Centre. She was with us about three weeks, I think, the first time, and I saw her probably about three or four times a week.

It is the fact that something happens and that it happens in a certain situation and everyone in the certain situation is partaking of it. It is just that the psychotherapist or art therapist and the patient are working together on what is the problem of her or his life, and therefore it is quite purposeful. She would probably go to dance movement as well. She got a great deal of help from dance movement, dancing or miming some of the affect under expert supervision and guidance.

At the Centre we worked the way we did because we so believed in the environmental influence and the interchange. As soon as there is some release from what I can only call the masculine possession of woman, she becomes really a woman. I will tell you what I mean. This drive in her, this masculine drive over-rode her. There had to be an expulsion of that energy in fantasy. The mind sees this happen externally in the picture and thus is educated by virtue of the very thing it threw out, but no longer possessed by it.

And then she goes away and she has men to talk to in the environment, so that anything new that comes will be worked out in living life in some way. She sits down to a meal and starts talking to a man and so on; I can't say 'this causes this', I can only say that these things happen together.

There is generally a need to share our most vital experiences, but I would say that the most vital thing is that this woman understands herself by virtue of sharing and communicating, even if it happens via me I am only a catalyst in the situation.

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