

Making Art for Professional Processing

Harriet Wadeson, Evanston, IL

Abstract

Although art therapists readily recognize the value of art-making for their clients and for themselves, do they utilize its potentialities for professional self-processing? In the hope of encouraging art therapists to use this valuable resource, this paper presents examples of art expressions for professional processing by many art therapists working with various populations in different kinds of settings. In addition to spontaneous responses to strong feelings aroused by clients, systematic procedures are illustrated that were designed to deal with specific difficult reactions. Examples include identification and shock in work with adolescents; grief over dying children; dehumanization of developmentally delayed clients; dream work; exploration of racial prejudice; work with sexual abuse; poetry combined with art; utilizing clients' themes, symbols, styles, and materials; and selection of media to enhance particular ways of processing.

Introduction

As art therapists, we appreciate the great gift of expression in imagery and the sensual experience of manipulating art materials that we bring to our clients. We are aware of art's cathartic and soothing potentialities as well as its capacity to enhance insight. We are also cognizant of how making art can enrich not only the lives of our clients, but our own lives as well. Nevertheless, do we take full advantage of the possibilities art expression offers us for our own professional development?

Reflection on our art therapy practice more often takes the form of discussion—for example, with a supervisor or colleague or in case presentations—and of writing—as in charting or for professional presentations and publications. Many of us may neglect to add to these standard modalities the great potentialities art offers us for reflection, insight, understanding, and problem solving around work with our clients. We may fail to recognize the subtle less-conscious awareness art may bring to us for processing our art therapy work.

Editor's note: Harriet Wadeson, PhD, ATR-BC, HLM, LCSW, is Professor Emeritus and former Coordinator, Art Therapy Graduate Program, University of Illinois at Chicago. In a somewhat different form, the material in this article was presented at the 33rd Annual Conference of the American Art Therapy Association in Washington, DC in November 2002. Dr. Wadeson can be contacted concerning this article at wadeson@uic.edu.

Literature Review

A relatively small amount of examples of art therapists' art in the literature and in exhibits addresses professional processing. There are several examples of art used in supervision: Robbins and Erismann's (1992) stone sculpting workshop that illuminated countertransference; Riley's (1996) stress reduction group for therapists of severely abused clients; Horovitz-Darby's (1992) use of art in her own self-examination of her identification with her clients; Durkin, Perach, Ramseyer, and Sontag (1989) in their use of art to explore the supervisory relationship; and Wadeson's (1993a) supervisees' use of poetry and art. Most of this work dealt with countertransference and/or strong reactions to the horrors of clients' lives. Lachman-Chapin (2001) created artwork with her client and found that she dealt with countertransference and her own personal problems that surfaced in the art.

Postsession art for one's own processing outside of supervision has been presented by Wadeson, Marano-Geiser, and Ramseyer (1990), by Fish (1989), and by Wadeson (1993b) in a case study of countertransference. In interviews with art therapists who made posttherapy session art, Kielo (1991) found that most saw their artwork as helpful in aiding empathy and clarifying confusion. I found no sources in the art therapy literature that presented a spectrum of ways in which art therapists might explore their reactions to their clinical work by devising various structures and utilizing particular media that related to the nature of what they wished to examine.

Examples

This paper provides examples of a number of ways art therapists have utilized artmaking for professional processing. Some of the work has been spontaneous; other examples were part of systematically established art-processing procedures (Wadeson, 2000). Examples include art made in various media by a number of art therapists working in a variety of settings with different populations. In some instances, themes, symbols, and styles of particular clients have been used in attempts to understand them more thoroughly (Wadeson et al., 1990). There are also examples of media selection to obtain specific results. The work presented here was made by students in the Art Therapy Graduate Program at the University of Illinois at Chicago, where emphasis is placed on utilizing art for professional self-processing.

Spontaneous Responses

Strong Reactions to Adolescents

The most obvious and customary use of art in response to clients is the spontaneous reaction, especially when strong feelings have been aroused in the art therapist or when she ponders a puzzling clinical issue. Angela Tarasiewicz found that she identified with the confusion and excitement of her adolescent patients on two inpatient units at a psychiatric hospital (Wadeson, 2000). Art therapists may identify with patients' adolescent struggles toward separation and individuation through strong reminders of one's own adolescent struggles. Angie made art after particularly emotional or otherwise impactful sessions, or when she felt confused. She also made art for up to 8 months after her work with particular patients had ended when feelings about them resurfaced. Angie found no other reports in the art therapy literature of postsession art made over such a long period of time.

Fifteen-year-old Star was Angie's first patient. She reported that she had been physically abused by her parents, raped, and was involved in satanic-cult rituals in which she was almost killed. With a history of anorexia, bulimia, and active drug use, she was learning disabled and diagnosed with bipolar disorder, manic type. Angie recognized Star's strengths in her creativity and straightforward self-assertiveness. Her hair was neon green in the front and she wrote poetry. As Star spoke of her friends, how she was always on the run, and showed Angie her extensive photo album of people she loved and hated, Angie began to recognize that she was feeling "a reluctant envy for her exciting, unpredictable, wild, law-breaking life" (Wadeson, 2000, p. 78). Drawing a portrait of Star helped Angie understand her feelings. In it the head floats amidst a sea of psychedelic twists and turns that signify her drug-induced surreal lifestyle and family history. Her eyes sparkle with silvery glitter. Angie recognized that she was vicariously participating in the events of Star's life. Eventually, Angie began to feel satisfied just hearing Star's stories; she realized that she did not want to live them.

Sixteen-year-old Ben had been hearing voices for 2 years. His mind was filled with fantastic images that flowed forth in his many creative drawings. His hallucinations interfered with his struggle to be "good," telling him to pick fights and to join a gang. He had been involved in gang wars and robberies. His initial drawings centered on themes of yearning for inner peace. He told Angie that he liked drawing together with friends and asked her if she would draw with him. The resulting picture "was filled with humor and deep metaphor" (Wadeson, 2000, p. 79). Joint drawings became their modus operandi, and a strong therapeutic relationship developed through their combined creativity. The contrast between Ben's humble presence and his wildly imaginative artwork, his low self-esteem, and lack of pride in his accomplishments all reminded Angie of herself at his age. Enhancing his self-esteem became her goal in their sessions. During one session, he began feeling happy because he had not had an hallucination all day. He

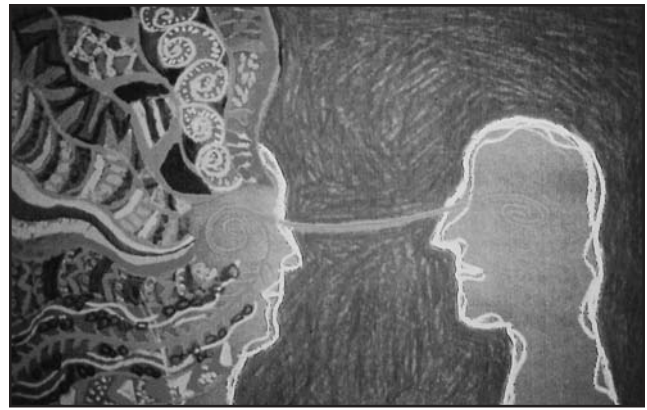


Figure 1

lifted his head and squinted into the distance. He was hallucinating. After the hallucination left, he started to cry, saying that he felt like a freak. Angie felt helpless because she could not identify with having hallucinations. She needed to draw after the session. Figure 1 shows Ben on the left hallucinating wildly and Angie on the right, getting a "tail" of the experience.

As time passed, Ben progressed, making many drawings with which he decorated his room. He was proud of his accomplishments. He advanced in the unit's level system. A change in medication diminished his hallucinations. As he and Angie planned for termination, they reviewed the highlights of past sessions and created a joint picture of the loss both would feel. Several months later, Angie's identification with Ben resurfaced. She still needed further closure and drew a picture in which he is floating free, being kissed by creativity, a gift they both shared.

The relationships with children and adolescents in long-term treatment are often very intense. Rita Nathanson worked on a state psychiatric hospital adolescent unit where patients remained for 2 to 4 years (Wadeson, 2000). Rita's patients were difficult-to-reach adolescents who were mistrustful, hostile, angry, and sometimes violent. All had been physically or sexually abused, and they defended themselves by lying, manipulating, and turning to delinquent behavior. Rita questioned whether she would be able to empathize with patients who were so hostile and guarded in relating to others. She utilized a "pursuit of the image" approach I have developed in which I suggest that artmakers "refrain from explaining and instead search for what they find exciting, surprising, puzzling, or intriguing in their own work (images)" (Wadeson, 1987, p. 265). Out of this response a subsequent image is then developed from what had been seen as intriguing or interesting in the first, which is then viewed in the same way, and another image is made. This process can continue indefinitely, but usually three pictures are created.

Krista was a 15-year-old Hispanic girl diagnosed with chronic schizophrenia. Having suffered sexual abuse at an early age, she had had six unsuccessful foster placements and a previous psychiatric hospitalization for a suicide attempt. She had a history of poly-substance abuse begin-

ning at 9 and of prostitution beginning at 11. She was tall and obese. Although most of the patients on the adolescent unit were initially unfriendly, Krista was friendly until Rita gave her a restriction in her second session that evoked much anger, and she refused to speak to Rita. Worried about how to respond to Krista, Rita drew a portrait of her. Although Krista looks innocent in it, a second face in her torso is bizarre and frightening. In her next picture in the series, the image of the inside face becomes a large egg shape with cracks and heavy-lidded eyes (Figure 2). Rita saw the cracks as giving it a fragile, brittle appearance and was reminded of feeling intense adolescent anger at her parents that she felt would split her open and explode out of her. She saw the picture as reflecting Krista's efforts to control her rage.

For several sessions Krista painted quietly, interacting very little with Rita. Feeling superfluous, Rita asked Krista what she got out of art therapy. Krista replied that she got to be a kid. Rita felt rejected and incompetent as an art therapist. She drew another picture to understand her reaction and her role in Krista's treatment. In it Rita is holding a large balloon that is Krista's face. There is a small child behind bars in Krista's mouth, representing her childhood. Rita saw herself as looking confused and frightened. She recalled how wonderful she felt in losing herself in her own creativity in her youth by playing with clay. She empathized with Krista's need simply to make art as a child, to compensate for the childhood she didn't get to have. The sewn-up wound on the figure of Rita represents a close relationship where she realized she was not allowing the other person to grow but had wanted to keep her dependent. The ropes that hold the balloon face are Rita's attempts to hold onto Krista, but this image made her realize that what Krista needed from her was support for her autonomy, not dependency.

Rita's art responses were quick and spontaneous. Immediate reactions without preconceptions can tap into unconscious processes that surface in the art, as opposed to the slower development of a finished piece. The slower work can be a meditative experience that deepens reflection and understanding. Both are useful processes.

Dream Work

Polly Cullen used her art to explore her own dreams about clients in order to understand the complexities of her relationships with them (Wadeson, 2000). She worked at a school that provided long-term residential treatment. Polly was particularly interested in projective identification.

Eleven-year-old Melissa looked more like 4. She was hospitalized at age 9 after alleged sexual abuse by her father and brother. She was placed in the custody of her grandparents, who gave her up due to her unmanageable behavior. Melissa sucked her thumb and often talked like a baby. She related to Polly on a symbiotic level, claiming that Polly's artwork was her own and that Polly knew what she was thinking. Her provocative behavior was often sexualized. Reports indicated that her mother treated her like a baby.

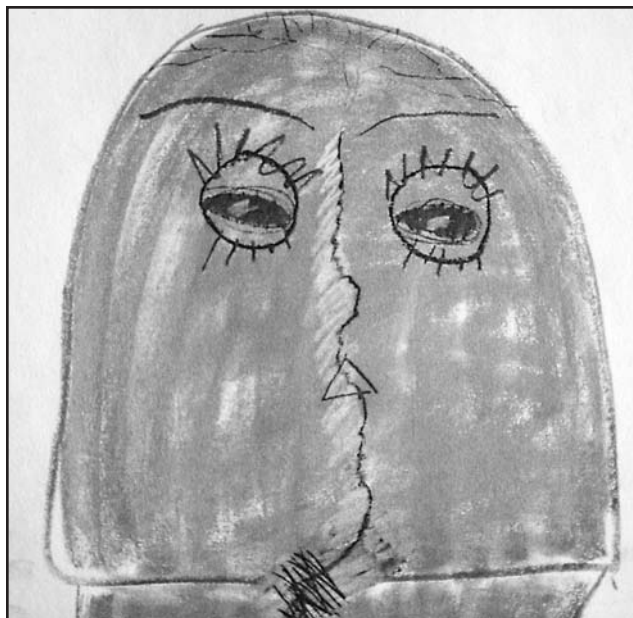


Figure 2

Polly drew a dream she had about Melissa in which they were in Polly's office. Polly is curled up in the lower right corner, naked, and Melissa is standing across the room in a position of victory with her hands over her head cheering. Melissa's teacher is looking in the window at what Polly considered her boundary violation and victimization by Melissa. Until drawing this picture, Polly had not realized how deeply her difficult relationship with this child was affecting her. Her dream and the resulting artwork enabled her to empathize with Melissa's position as a victim. Difficulties in Polly's relationship with Melissa's teacher surfaced in her appearance in the dream as a judge witnessing the therapeutic relationship. Polly was feeling responsible, as though she was causing Melissa's behavior. In further art and in their interactions, Polly struggled to foster a healthier relationship where appropriate boundaries were fixed. Eventually Melissa accepted these boundaries and began to voice them in terms of what was "mine" and "yours." Exploring their relationship through drawing her dream helped Polly to develop further clarity and to respond to Melissa accordingly.

Severely Ill and Dying Children

Heavy emotional demands are placed on art therapists working with physically ill and dying children. There is certainly the necessity for an outlet to express reactions of grief for those who are dying. Susan Gasman worked on a child oncology hospital unit (Wadeson, 2000). Figure 3 is a collage Susan made to help her understand her feelings when 8-year-old Louis, who suffered from Wilm's tumor of the kidney, was discharged to receive palliative care after surgical and chemical intervention had failed. Susan had worked with him through a number of hospitalizations. Most of Susan's paper shapes in the collage were torn, which Susan

said expressed how torn she felt from her work with him. Her profile is on the left, facing Louis on the right. Within her mind are images of herself now traveling alone on a road and wondering how much time is left for Louis. Out of her head float sadness and pain about his inevitable death. Out of her mouth come words of praise for Louis about how hard he worked with her and what it was like to know him. The newsprint represents their talking about the reality of his situation, that it is good for him to spend his last days with his family, and what it will be like to die. She tells him of her sadness not to see him anymore. Within his mind, he sees her as a friend who went to many places with him, who helped him to become an artist, and who supported his range of feelings. Through her artwork, Susan realized how much they had meant to each other.

After two sessions with 10-year-old Billy, who was diagnosed with leukemia, Susan noticed a drop in her energy level. By the week's end, she was exhausted and questioned her ability to work on an oncology unit with such ill children. She made art to explore these physical warning signs. She began with a watercolor wash of dark colors she saw as tragic. On the left is her own profile and on the right is Billy from whom a large wing unfolds, representing his future struggle with leukemia and its possible outcome of death. Susan portrayed herself with no ears to listen to him, and her lack of hair conveys how much she was identifying with his symptoms. She is not looking at him, but beyond him. Susan realized that the picture showed how transfixed she was on how poor his prognosis could be and how traumatized she felt by this possible reality. These feelings were unacceptable to her. With further reflection, she realized that she was also confronting the inevitability of her own death. Becoming aware of her distressing personal emotions through her art made her feelings more manageable for her. "With this," she says, "came a great sense of internal freedom from no longer working so hard to hold them at bay and sharpened sensitivities towards Billy's current needs" (Wadeson, 2000, p. 140).

Working in a treatment setting with severely ill young people can arouse strong responses even to patients with whom one has not worked. Julie Marchand was assigned to

a hospital medical floor where treatment was offered to a diverse population of young people for many medical conditions. Some were terminally ill. There were no other therapists to deal with patients' emotional issues. Julie established a routine for herself of using colored markers to create a scribble or cartoon after each session (Wadeson, 2000). She chose markers because they are easily transportable and because she was aware of her own tendency to blur boundaries. In addition to the sharp edges that markers produce, she used black ink for outlining to maintain clear boundaries in her drawings. Her response was particularly intense just from reading the chart of a 2-year-old boy whose chart read colostomy, posttrauma to rectum. She understood that his condition was caused by repeated sexual abuse. She immediately sought time alone to draw. She said about her picture:

The monster gripped, punctured, and mutilated him physically and spiritually from behind, as if the life in him (represented by blood droplets and a small puddle beneath him) pooled on the ground. I felt the urge to destroy this molesting creature as the only means to make it stop.... I drew a gun blasting and a spear about to impale the head. (Wadeson, 2000, p. 140)

She added "I hate you" in red. After creating this "vengeance," she felt exhausted and wanted to find a way to protect this patient and the others who were too small to protect themselves. Julie drew a nurturing woman to protect them. Making the art helped her to contain her powerful murderous feelings towards the child's perpetrator.

Dehumanization and Hopelessness

Riv Stein journaled and made art after each session in order to confront her "unacceptable" feelings toward her developmentally delayed clients (Wadeson, 2000). She often felt fear, disgust, confusion, and then guilt for harboring such feelings. She discovered herself not to be the accepting therapist that was her ideal, but often found herself wishing to avoid her clients. Through her artwork and journaling, Riv recognized that she was dehumanizing them by speaking to them as if they were children, avoiding physical and sometimes even eye contact with them, because she was so repulsed that she was pitying them and comparing their lives to her own. Her hopelessness in working with them resulted from being unable to see past their limitations and deficiencies and from projecting her own fears of loneliness and isolation onto them.

Robert, 54, was mildly retarded with various medical problems, antagonistic behavior, and poor temper control. His unkempt appearance repulsed her. To her surprise, he said he thought she was scared of him. In time, however, a relationship developed between them, and Riv drew him as she began to see him—a sad, lonely man behind the strange façade. She started to feel a degree of affection and admiration for him as a whole person. Riv noted that these feelings that came out in her art could not have been expressed verbally. Through journaling and making art of her fear, anger, disgust, and confusion, Riv was able to



Figure 3

accept her initial discomfort with her clients as natural instead of feeling guilty about it.

Systematic Art Self-processing Procedures

In addition to spontaneous artmaking responses, especially when strong feelings are aroused, some art therapists have developed systematic procedures for processing their reactions. Often these embody both spontaneous reactions and a slower, more developed, reflective process. These procedures have been designed around the particular issues each art therapist has faced.

Examining Racial Prejudice Toward Clients

Anne Coseo, a Caucasian middle-class young woman, worked at a therapeutic day school that served a low-income African-American community. This was Anne's first experience in such an environment (Coseo, 1997). The children had severe emotional and behavioral disturbances. Many had neurological impairment and had experienced physical and sexual abuse, neglect, and abandonment by their families. They exhibited developmental delay, attention deficit disorder, hyperactivity, conduct disorder, autism, and learning disabilities. Approximately 80% were male and 95% were African-American.

Having grown up in an all-white community, Anne realized it was necessary for her to address her own cultural biases in working with this population. Anne developed a systematic plan in which she kept a visual sketchbook to log potent feelings and attitudes aroused by her clients. She often made quick sketches right after a particularly arousing session. When issues or images recurred in her sketchbook or when they had a puzzling cultural content, she made larger mixed-media renditions to explore them at greater depth. She often combined oil pastels, acrylic paint, and chalk pastels with photocopies from magazines. To organize her exploration, she examined her experiences and beliefs about African-Americans, particularly those communicated to her by her family, community, the media, and society at large. She read literature on African-American culture, and she tied the information together with her current clinical experiences. Anne tried to separate her reactions to clients from responses previously learned from her culture.

Michael, a large 13-year-old, was placed in the school because of severe emotional and learning disabilities and a history of violence and aggression. Initially, he was friendly and cooperative, but he became more demanding and was often hostile. He stabbed a pair of plastic scissors into his stomach, yelling that he was going to kill himself. As Anne walked him back to his classroom, he threatened her by bringing his clenched fists close to her, acting as though he was going to attack her. Although she remained calm, inside she was terrified. Several hours later, she was still panic-stricken and did not understand her powerful response. Still shaken, she had no idea what she would do when she sat down to make a picture. The result is Figure



Figure 4

4, which shocked and horrified her. She saw it as half human and half animal. Sharp scissors and knives project from the female-looking face, and fangs protrude from the lips. Hands and claws rest against the cheeks, and a collar binds the wrists. Anne's first reaction was fear. That is what she had felt when Michael stabbed himself with the scissors and threatened her. She realized this was a feeling she had toward African-Americans in general, that from her childhood she had been taught that they were dangerous, cunning, and violent. They were regarded as having aggressive, animal-like impulses. Like the creature in her picture, the only way to control them was by chaining or confining them. Coupled with her fear of Michael was Anne's need to control him. She realized that he stirred up some imbedded feelings and attitudes she carried towards blacks. This recognition helped her to reduce her anxiety in his presence by reminding herself that part of her intense reaction was coming from her fear of African-American males. She noticed that the beast in her image looked like herself. Her association was that she too was bound—by her beliefs, biases, and prejudices.

An art therapy group for girls 13- and 14-years-old focused Anne's attention on communication styles. The group was very verbal, and conversation flowed easily among the members. Anne, however, had difficulty communicating with them. Frequently, she had to repeat herself or rephrase what she had said. Often she felt she was not making sense. In her art reaction, she drew herself with a very large head and a body that is small and restricted. The girls are turning cartwheels around her. Anne recognized that the main difference between her communication and theirs was in body language. The four tumbling figures illustrate the importance of body language for them. In contrast, Anne believed that highly verbal communication characterizes whites' interactions. The prominent mouth in her own face represents this characteristic, whereas the cut-off tiny body symbolizes Anne's lack of body language. As

a result of these recognitions from her art, Anne began to pay closer attention to the nonverbal dynamics of the group interaction. She incorporated expressive hand movements into her comments, which caused the girls to ask her to repeat herself less often. She also used more facial expression and body movement. For example, she would cross her arms and lean back in her chair or stand up when the group became rowdy. These actions gained the group's attention and allowed her to communicate more fully.

Combining Poetry with Art

A year earlier than Anne, Alexandra (Lexi) Mitchell worked at the same therapeutic day school. She too experienced strong reactions to the children. She wrote poetry and painted to address her countertransference (Wadeson, 2000). Lexi agrees with Bean (1992) that "the poem, like the dream, realizes 'a knowing' that did not exist before its occurrence. A poem does not know what it is going to say until it says it, so that it is discovered by its own writing" (p. 349). Lexi found that this was true for her painting as well. After a session with a child that she found confusing, frightening, and/or overwhelming, she immediately jotted down words or phrases. Later she would look at the words and think about the session. She would then write a short poem. From the poem she would choose an image that interested her or that she wanted to understand more fully and begin to paint it.

Darien, a 9-year-old African-American boy, fought constantly with his classmates, often requiring several adults to restrain him. His life had been chaotic from the start as his mother moved in and out of homes of various friends and acquaintances. There were reports of abuse and neglect. Lexi saw him in individual art therapy sessions. Because his needs had been met so inconsistently, Darien craved attention and nurturing and felt great anxiety, anger, and fear when sessions were about to end.

At the end of the second session, as they were preparing to leave the room, he yelled at Lexi that he hated her and grabbed a package of rice cakes from her desk. He stuffed one in his mouth and ran into a corner, alternating between laughing and yelling that he would not go back to his class. She was flooded with feelings so strong and so conflicting that she felt paralyzed. She wanted both to punish Darien and to give him everything he needed to fill his hunger. Lexi wrote the following poem:

You are in the corner, your mouth
crammed full, your arms flailing,
hands grasping at crumbs.
You are giggling stars that
sparkle and fall, turn to ash, sediment,
something heavy at your feet.
And I am before you dancing
with milk in my hands. (Wadeson, 2000, p. 47)

The last two lines of the poem puzzled and intrigued her so Lexi painted them to try to understand them further. A part of her was in agreement with what Darien seemed to be saying to her, that what she was offering was inadequate.

And in her picture she saw emptiness in her hands rather than the rich milk she had attempted to show. She felt most comfortable with the part of herself that wanted to give and to nurture, and that is the only part she has shown in her picture. She began to realize that her anger towards Darien was connected with a part of herself she found unacceptable—her identification with his primitive needs. She wrote a poem to the hungry child within herself:

You are a red wrinkled creature,
a small-fisted something,
a cactus in my soul,
a word that means impossible.
Your mouth is open wide,
your lungs on fire.
I wish you luck.
I wish you gone. (Wadeson, 2000, p. 47)

Lexi had hoped for a sense of acceptance from her poem, but it didn't come. The painting that accompanies it—an adult with her hand on a baby's head—appears as if she is trying to push the baby down. When she was able to see the hand on the baby's head as an attempt to soothe her, she was better able to integrate her conflicting emotions. In acknowledging the hungry child within herself, she became more tolerant of Darien's needs. As their relationship continued, he came to trust that she was reliable and able to manage the painful feelings projected into the therapeutic relationship.

Care for Caregivers

Because work with children with HIV/AIDS is extremely demanding emotionally, Stephanie Zentz involved other caregivers in an AIDS caregivers' art therapy group to provide emotional support for all of them (Wadeson, 2000). Stress in this milieu resulted from adjusting to multiple losses, recognizing one's own mortality, fear of contagion, helplessness, anger, and irrational, unfulfilled rescue fantasies. Early on in her work with AIDS patients, Stephanie recognized the stress she was bringing home after a day's work, often feeling she was riding an emotional rollercoaster. She began utilizing her own art and journaling to process her reactions. Out of this experience grew the idea of forming an art therapy group for interested staff and volunteers who were working with HIV-infected children, whose suffering and death were especially painful to the caregivers.

Stephanie utilized the art group to deal with the difficulty she was having in treating 7-year-old Marie, an AIDS-infected child. Marie was unaware of her diagnosis because her family did not want her to know. She had developed a chronic, life-threatening blood disorder caused by the medication she was given to treat AIDS. If untreated it can cause bleeding to death. Marie was unaware of this danger. Her life was shrouded in veils of secrecy. Because of the stigma of AIDS, she was not told of the death of her mother who had died of AIDS when Marie was 6 months old. Marie was living with her paternal grandparents who had adopted her and who had led her to

believe they were her parents. Her father, also infected with AIDS, had come to live with his parents and daughter in the final stages of his illness from which he had died 6 months earlier. Marie was told he was her brother. Shortly before his death, he told her he was her father. When she related this to her grandparents, they said he was crazy. Nevertheless, during their time together, Marie established a strong bond with him. Since her grandparents told her that she was not to speak of the dead, she used her drawings to express her loss. For months after her father died, she also wrote his name in many places around the clinic. Marie needed answers to her questions, but her grandmother, fearful of what she and Stephanie might discuss, was always present when Stephanie was working with Marie. It was difficult for the grandmother to keep her stories straight, which left Marie very confused. For example, she didn't know whether a relative of her own generation was a cousin or a nephew.

After spending almost a whole day with Marie and her grandmother, Stephanie needed to deal with her frustration. On a base of red construction paper, she began tearing and layering pieces of colored tissue paper. She left some partially unattached so she could slip pieces of black construction paper with oil pastel scribbles underneath them. These represented the hidden truths in Marie's life. With purple yarn and a large needle, Stephanie sewed around the layers of tissue paper to represent the grandmother's efforts to keep the truth hidden. Next, Stephanie placed a large piece of yellow tissue paper over the layers and added pieces of black construction paper to magnify the small pieces she had inserted earlier. The image resembled a fish, probably stimulated by the Play Doh fish Marie had made in art therapy earlier in the day. The fish is trying to bite the black form that represents the pieces hidden from view. Stephanie smashed a mirror and attached its shards to indicate that Marie is reflecting on her life and beginning to ask for some well-deserved answers. She also recognized the broken mirror as dangerous slivers that could cause Marie to bleed to death. Stephanie was concerned about the trail of questions and answers that would likely follow from the disclosure of Marie's illness: "How did I get the disease?" would lead to disclosures of her parents' identities and their AIDS-caused deaths, which in turn would lead to "Am I going to die?" Stephanie found both the deception and the possibility of disclosure extremely disturbing. Since it was difficult emotionally for Stephanie even to talk about Marie, creating the artwork about this child was very helpful to her.

Utilizing Clients' Themes, Symbols, and Style

Art therapists have become more attuned to their clients by trying out their forms of expression, utilizing their themes, symbols, and styles. Deborah Haugh, who worked at a residential school for emotionally disturbed children, re-created clients' symbols and styles in art to work out her relationships with them (Wadeson, 2000). First she made a spontaneous art piece to center herself. Then she copied the client's art piece, even trying to mimic

the body position while working on it and using the client's same chair. In the next two steps, she engaged in the "pur-suit of the image" approach, including the client's original imagery that she progressively manipulated by distortion, addition, or deletion of visual elements.

Eleven-year-old Evan was an African-American boy who was placed in protective custody after he and his siblings were found in a housing project, filthy and eating garbage. His mother, a drug abuser, refused to cooperate and subsequently lost her parental rights. During the 3 years Evan was in foster care, he was hospitalized three times for suicidal and homicidal behaviors. He was diagnosed with schizophrenia, childhood type with depressive features, and severe narcissistic personality disorder. Deb met with him twice weekly in art therapy as his primary therapist. His behavior alternated between being charming in one session and hostile and manipulative in another. In his artwork, he often created very original heroes and villains.

In reproducing one of Evan's pictures, Deb sat in his chair and assumed his position and movements. She copied "Itchy Fingers," a superhero who fights crime, holding a gun ready to shoot. In applying many layers of transparent tape to the red construction paper to form the frame, she felt that it provided containment and safety. She drew the figure carefully in pencil, filled it in with markers as he had done, and watched the color bleed through and distort the detail. The process annoyed her and she felt disorganized, fragmented, and trapped. The drawing looked empty to her, and she had the urge to give it a baseline and an environment. In her development of this image in a second picture, she did just that. She asked herself where she would be in the picture and added herself observing in the background. She was surprised to discover that she was in Itchy Fingers' line of fire. She became aware of Evan's fear of victimization and his need to defend himself. She suspected that he was afraid of killing someone or of being killed himself. Deb's third drawing shows the two of them contained in a yellow force-field sphere that Evan had drawn in one of his comics. Itchy Fingers floats above and points his gun at Deb. She no longer fears this part of Evan. This exploration helped Deb to see that she had been attempting to control Evan's expression of aggression. She felt freed from her fears and need for control. Rather than confronting his manipulative behaviors, she stressed his fears of being attacked by refocusing him on the art process. He seemed empowered as a result.

Needy, attention-seeking Laura was a 10-year-old child who was placed in foster care after being found roaming unsupervised and malnourished. She had had three foster placements and three hospitalizations for aggressive behavior towards peers and animals and for suicidal acts of running in front of cars. As her primary therapist, Deb met with her twice weekly in individual art therapy and in two weekly groups. Laura told Deb she resembled her mother, and Deb felt a reciprocal maternal countertransference. Creative and invested in the art at first, Laura's depression surfaced after a while and her energy flagged. Deb made several art pieces indicating her wish to nourish Laura. She created a mask on a mold in the same way Laura did.

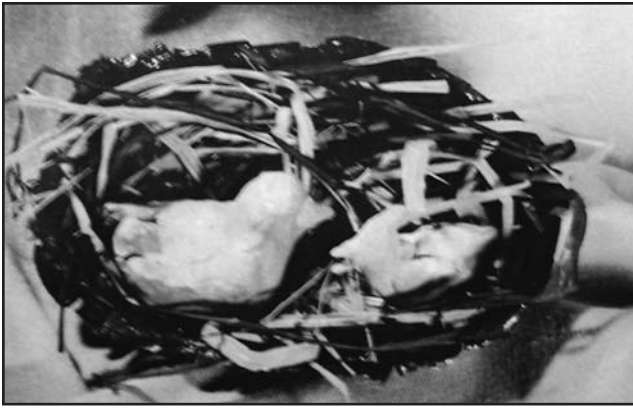


Figure 5

While making it, Deb felt frustrated, sad, numb, and empty. She then turned it over and created a nest in it with birds she sculpted to represent Laura and herself (Figure 5). She saw them as together but separate. Laura could sit in her depression as long as she needed, and when she was ready, she could fly out. Making the art enabled Deb to feel greater empathy and to recognize that Laura was stuck in a symbiotic phase of development and that she needed to step back from Laura's symbiotic orbit.

Following her work with Star, described earlier, Angela Tarasiewicz processed her own feelings through an art project Star had taught her and that they had made together. Star had shown Angie how to make plaster "friends" from plaster-gauze strips, "stark white, doll-sized little mummies" (Wadson, 2000, p. 78), each with its own personality. They made lots of them together. It was important for Star's sense of worth to be able to teach Angie. Eventually they even exchanged some of them as Star spoke more and more about her feelings surrounding the events in her life. They decorated the plaster dolls with glitter, and "they sparkled with new life" (p. 78). Star loved to use glitter, and sometimes she happily dusted her hair with it. By the time she was ready for discharge, she had come a long way in developing trust and expressing her feelings in art therapy. After her last session, Angie drew herself as one of the plaster dolls, limp and empty, with a hole in her chest to represent her loss of Star, her first patient. But subsequently, she developed a liking for glitter and began using it in her own work. Star was still an influence. When she realized this, she decided to make a tribute to Star from a plaster doll she had made in one of their sessions. She decorated the "friend" with metallic paint, glitter, and sparkling beads, and instead of a hole, she made a golden spiral on the chest. Thus, the patient's theme, style, and materials served Angie as a way to deal with her feeling of loss in separating from the patient.

Choice of Media for Expressive Potential

As all art therapists know, different media stimulate different forms of expression. Art therapists have utilized deliberate media choices to foster particular kinds of exploration and expression as a part of the systematic processes

developed. Terry Lavery, a young person himself, was not much older than some of his patients when he worked as a student intern on a hospital adolescent psychiatric unit. Coming from a middle-class suburban neighborhood, he was not prepared for the "culture shock" of hearing his patients' horror stories (Lavery, 1994). In addition to conducting art therapy, he also co-led verbal therapy groups. Since he usually felt tense after the verbal group, he developed a process to explore his feelings and find release from the painful negativity he had been hearing. Since the group met at the end of the day, he made quick postsession pastel drawings to release his immediate feelings before going home. Working on dark paper, he found that being able to cover the paper quickly with vibrant colors against a dark background captured the raw intensity of his feelings. Nevertheless, the relief was only temporary. He added a second step. He made a scribble drawing with his non-dominant hand and developed it in pastels with his dominant hand to tap into his unconscious and to gain a deeper understanding of his own reactions. His third step was a longer, more reflective process. Prior to art therapy training, Terry was an illustrator. He chose a material he had used to good advantage then—colored pencils, a more controlled medium. The time-consuming layering and finishing of details fulfilled Terry's need to make art. The steady work allowed a more meditative, reflective process that enabled him to empathize with his patients more fully.

Fifteen-year-old Jane told the group that she had been living on the street with her 5-month-old baby after her father had sexually assaulted her while her mother watched. She had taken her baby to the hospital after being scared by a rash he had all over his face. She had been feeding him candy and pop, with no idea that they could be harmful to him. This was Terry's first experience of hearing "such a gritty first-person account of adolescent life in the inner city"

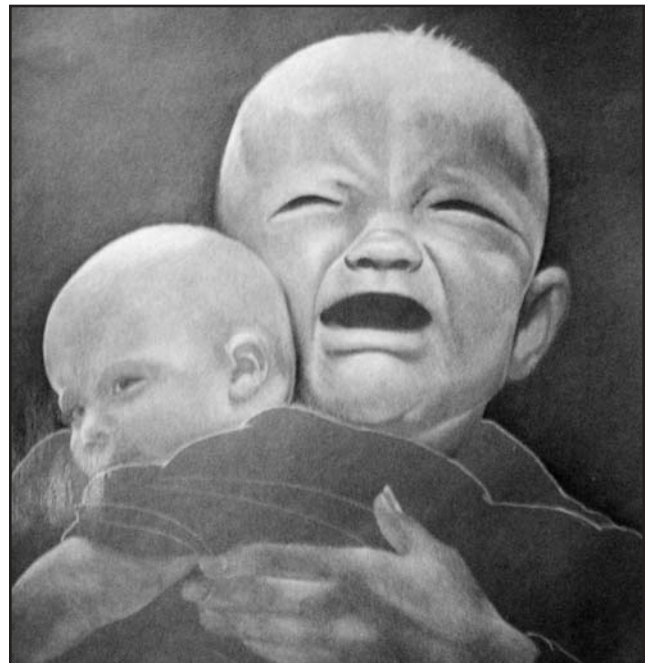


Figure 6

(Lavery, 1994, p. 16). In the scribble he made, the face of a crying baby emerged. In addition to thinking of the baby, he thought of this young mother crying for help. Figure 6 is the third picture of the sequence, a crying baby holding a baby, Terry's illustration of teen pregnancy. In his art sessions with Jane, he helped her to master the use of various art media to increase her self-confidence. They were then able to relate her frustrations and difficulties with the media to similar feelings in being a very young mother.

Belinda, a 13-year-old African-American girl, was admitted for depression and suicidal ideation. With 14 siblings, she lived in a four-bedroom apartment housing 20 people. A brother was missing, and a friend had recently been murdered. Her own future was uncertain as plans were being considered for making her a ward of the state and placing her in a group home. She was very angry in the group and said, "It doesn't matter what happens. I'm gonna be 6 feet under anyway" (Lavery, 1994, p. 16). Terry recognized that survival was a full-time job for Belinda. He felt hopeless for her and distant from her. His postsession picture was of a person as she described herself, "6 feet under." Noting that the figure is sitting up, Terry felt better about Belinda's possibilities. He wanted to show the picture to Belinda, but he was afraid that it might overwhelm her. He decided instead to tell her he had drawn a picture about her in response to the group session. She replied that she didn't know anyone cared, that in the past people had either disbelieved or ignored her suicide threats. She recognized that Terry's taking the time to draw about her and discuss it with her in their individual session showed her that he did care. In the next step in Terry's drawing/reflection process, his scribble developed into a hand holding a rope. He was reminded of a lifeline thrown to someone who had fallen out of a boat, which he saw as a metaphor for his work with Belinda. He could not calm her stormy seas, but he could offer her a line to hold onto to keep from drowning, which he developed into his final drawing (Figure 7). The rope looks strong, and Terry saw an innocent yet desperate look in the eyes of the child. This sequence helped him to become aware of how important his own feelings about patients were in what he was able to convey to them. His hopelessness about Belinda had changed, and she in turn was more positive in the group.

Sexual Abuse

Work with clients who have been sexually abused is extremely demanding and sometimes horrific. Art therapists see the terrifying images that accompany the shocking stories of people who as children had lost control of their bodies and were completely vulnerable to exploitation by those more powerful than themselves. Secondary trauma or vicarious posttraumatic stress disorder has been identified as a condition that therapists may experience from their work with these clients.

Jennifer Swerdlow experienced an impact on her perception of the world, as the stories and images of her clients were constant reminders of vulnerability and threats of violence in our society. They aroused feelings of anger and fear



Figure 7

in her. Most of her clients presented with symptoms of posttraumatic stress disorder including flashbacks, nightmares, avoidance of abuse-related stimuli, dissociation, emotional numbing, and increased arousal. Additional features included depression, low self-esteem, hopelessness, isolation, and impaired relationships.

To contain, explore, and understand her own traumatic countertransference to her clients and the effects of secondary PTSD on herself, she utilized the multiple steps of quilting to process her reactions (Wadson, 2000). Jeni noted that the properties of the materials used in quilting are intrinsically soothing, both visually and tactilely. The methodical, rhythmic, ritualistic, and sensory nature of the process provided a kind of self-care for her that she found necessary to continue treating her clients. In designing and constructing quilting squares, Jeni placed herself in the tradition of women who, for centuries, have given voice to their own personal narratives through the medium of quilting. This process gave Jeni the time, structure, and process to assemble pieces of her experience with women who had survived sexual abuse.

To create consistency in her quilt, Jeni decided in advance to use a black cotton background and black thread for each 12-inch square. Usually she worked on them at home immediately after returning from work. Jeni began a square when she had a specific question about a client or was experiencing strong feelings in relation to a client that she didn't understand. Since quilting is a time-consuming process, the first steps of designing, cutting, and arranging the pieces were usually the only ones completed in a first sitting for a particular square. Sewing was done after Jeni had established some distance from her initial feelings, during which she reflected on her own internal processes. Throughout the process, she dialogued with the squares and explored her reactions further in her journal.

Linda, a 53-year-old well-educated woman with a history of childhood abuse and a recent assault, was Jeni's first client at the agency. She presented herself as an authority on many matters, acted as though she had all the answers, discounted Jeni's empathic responses to her current complaints, and stated that she did not want to discuss her assault, the abuse from her father, or the abandonment by her mother. At the same time she questioned Jeni's competence and experience. Jeni became progressively more tense and quiet in the sessions and found herself doubting her own abilities as an art therapist. Feeling drained after her second session with Linda, Jeni created a quilt square in response. She worked for 3 hours, completing the square in one sitting.

She selected red gauze to represent herself and applied it in horizontal stripes without folding the edges under so that they remained loose and unsecured. On top she placed "shards" of red, fuchsia, and silver satin representing Linda. These pieces were sewn with a satin stitch completely covering the edges of each piece. The frayed edges of the Jeni pieces express how she was feeling, raw and undefended. Linda's pieces, on the other hand, are tightly secured, flattening and covering Jeni. Jeni describes herself as feeling overwhelmed and constricted by Linda. The "shards" of Linda reminded her of being stabbed and penetrated, whereas the strips representing herself suggested a brick wall to her with rows that did not quite meet. She reflected that her silence in the sessions was a way to defend herself, yet the spaces between the bricks left her vulnerable to Linda's criticism. Jeni experienced Linda as draining and impossible to please. Nevertheless, in the 3 hours it took to complete the square, Jeni noticed a transformation in her feelings. She no longer felt overwhelmed. The intense colors and smooth soft textures of the gauze and satin were soothing to her. Cutting the fabric was a cathartic release. The rhythmic quality of the sewing machine and the evenness of the stitching calmed her. Jeni slowed herself down as she worked and came to see that she was responding to Linda's damaged relational style more than to her trauma.

She decided to work on distinguishing the roles between therapist and client and establishing authority over the structure of the sessions. In the next session, Jeni directed Linda in developing and exploring the images she had drawn, suggested that she bring her own art materials since she had found fault with those supplied by the agency, and discouraged conversation during artmaking. As a result, Linda became engaged in the art process and gained meaningful insight from her work. Jeni became more comfortable in her role and came to respect Linda's strengths as a survivor.

Conclusion

As these examples illustrate, art therapists can be tossed about by tides of feelings and confused perspectives. The gift of art expression we bring our clients can serve us well to ventilate our feelings and to obtain clarity about this mysterious process we call art therapy. Spontaneous responses provide insight and recognition of unconscious

processes. More methodical work can function as a reflective and soothing process. Utilizing clients' themes, symbols, and styles can bring us more closely in touch with their feelings.

It is surprising to me that making art in response to clients is not a part of every art therapist's repertoire. Most of us are just too tired to set aside the time for some artmaking at the end of a busy day. One way to encourage this sort of clinical processing is to make it a part of art therapy training. At the University of Illinois at Chicago, art responses to work with clients and patients are a regular part of supervision. I hope the examples presented here will stimulate you to create your own professional self-processing through art.

References

- Bean, M. (1992). The poetry of countertransference. *The Arts in Psychotherapy, 19*, 347-358.
- Coseo, A. (1997). Developing cultural awareness for creative arts therapists. *The Arts in Psychotherapy, 24*, 145-157.
- Durkin, J., Perach, D., Ramseyer, J., & Sontag, E. (1989). A model for art therapy supervision enhanced through artmaking and journal writing. In H. Wadson, J. Durkin, & D. Perach (Eds.), *Advances in art therapy* (pp. 390-432). New York: Wiley.
- Fish, B. (1987). Addressing countertransference through image making. In H. Wadson, J. Durkin, & D. Perach (Eds.), *Advances in art therapy* (pp. 376-389). New York: Wiley.
- Horovitz-Darby, E. (1992). Countertransference: Implications in treatment and post treatment. *The Arts in Psychotherapy, 19*, 379-389.
- Kielo, J. (1991). Art therapists' countertransference and post-session therapy imagery. *Art Therapy: Journal of the American Art Therapy Association, 8*(2), 14-19.
- Lachman-Chapin, M. (2001). Self psychology and art therapy. In J. A. Rubin (Ed.), *Approaches to art therapy: Theory and technique* (2nd ed.) (pp. 66-80). Philadelphia: Brunner-Routledge.
- Lavery, T. (1994). Culture shock: Adventuring into the inner city through post-session imagery. *American Journal of Art Therapy, 33*, 14-20.
- Riley, S. (1996). An art therapy stress reduction group: For therapists dealing with a severely abused client population. *The Arts in Psychotherapy, 23*, 407-415.
- Robbins, A., & Erismann, M. (1992). Developing therapeutic artistry: A joint countertransference supervisory seminar/stone sculpting workshop. *The Arts in Psychotherapy, 19*, 367-377.
- Wadson, H. (1987). *The dynamics of art psychotherapy*. New York: Wiley.
- Wadson, H. (1993a). The active muse. *The Arts in Psychotherapy, 20*, 173-184.

Wadeson, H. (1993b). Crossing the boundary: Counter-transference conflicts. In W. Lett (Ed.), *How the arts make a difference in therapy* (pp. 35-44). Victoria, Australia: Australian Dance Council.

Wadeson, H., Marano-Geiser, R., & Ramseyer, J. (1990). Through the looking-glass: When clients' tragic images illuminate the therapist's dark side. *Art Therapy: Journal of the American Art Therapy Association*, 7(3), 107-118.

Wadeson, H. (2000). *Art therapy practice: Innovative approaches with diverse populations*. New York: Wiley.

IMPORTANT IMPORTANT IMPORTANT IMPORTANT

A change of address notice should be sent at least six (6) weeks in advance to the AATA National Office to ensure that all mailings, including the *Journal* and *Newsletter*, will reach you. AATA is not responsible for misrouted mail as a result of insufficient notification of an address change. Undelivered copies will not be replaced, but single issues may be purchased at the single issue price.

Change of Address Form

Name _____

Old Address _____

Old Phone Number _____

New Address _____

City _____ State _____ Zip+4 _____

New Phone Number _____

E-mail Address _____ Effective Date _____

I hereby authorize AATA to publish in any form or medium the above listed information.

Signature

Date

C a l e n d a r o f E v e n t s

November 10-14, 2004
 American Art Therapy Association, Inc. (AATA) 35th Annual Conference
Creative Fire: Identity, Passion, Professionalism
 Town & Country Hotel, San Diego, CA
 Contact: 1-888-290-0878 or e-mail: info@arttherapy.org

November 16-20, 2005
 American Art Therapy Association, Inc. (AATA) 36th Annual Conference
 Hilton Atlanta, Atlanta, GA
 Contact: 1-888-290-0878 or e-mail: info@arttherapy.org