Art in Psychotherapy

Robert R. Schopbach

Follow this and additional works at: https://scholarlycommons.henryford.com/hfhmedjournal

Part of the Life Sciences Commons, Medical Specialties Commons, Psychiatry and Psychology Commons, and the Public Health Commons

Recommended Citation
Available at: https://scholarlycommons.henryford.com/hfhmedjournal/vol15/iss3/7

This Article is brought to you for free and open access by Henry Ford Health System Scholarly Commons. It has been accepted for inclusion in Henry Ford Hospital Medical Journal by an authorized editor of Henry Ford Health System Scholarly Commons.
Art in Psychotherapy

Robert R. Schopbach, M.D.∗†

Art is a tool too often neglected in psychotherapy. A careful study of a patient's drawings will provide information concerning diagnosis, dynamics, and progress. If, in addition, the patient explains and elaborates upon the content and symbolism, the drawings become excellent psychotherapeutic devices providing an entry into the patient's unconscious.

Pictography has been used by man since the beginning of time to express his thoughts. Even today with more highly developed verbal communications, we are aware that “one picture is worth a thousand words”. This is especially true when we are dealing with subconscious concepts or emotions. Unconscious material often only reaches consciousness in the form of imagery, dreams, or phantasies. When attempts are made to communicate these percepts or related emotions, most persons find their vocabularies woefully inadequate and inexact. From these pallid, skimpy symbols the hearer must attempt to reconstruct the speaker's percepts. There is also the additional problem that verbal symbols may have somewhat different connotations for the hearer. Thus, in each attempt to communicate percepts, many details are lost and distortions are introduced. A more accurate apperception of the speaker's concepts would be achieved if the number of translations were reduced. This can be done by having the speaker reproduce his concepts in concrete form by drawings.

Dynamically oriented art therapy is based upon the concept that “unacceptable” ideas and feelings cannot be expressed openly and are forced back into the unconscious. They do, however, gain expression in disguised forms as phantasies, dreams, slips of the tongue, etc. These phantasies and dreams are much more visual than verbal. They can often be recorded as drawings when they could not be expressed verbally since drawings are not censored as carefully as verbal statements. If this material is not recorded, it is usually rapidly “forgotten” (re-repressed). However, if it is recorded in the form of a drawing, the evanescent imagery is permanently captured. It becomes available for therapeutic consideration and reconsideration, perhaps even months later,

∗This paper is an extension of material originally published in the Henry Ford Hospital Medical Bulletin, Sept. 1964. (Vol. 12, No. 3).
†Division of Psychiatry
without the possibility of subsequent distortions by a censor who had become aware of certain dangerous implications. At the moment that the drawings are made, the patient is frequently completely unaware that the drawings have any significance and, indeed, they may seem sheer nonsense. The therapist may have some notions concerning the meaning of various symbols either from his own experience or from a study of the works of such persons as Jung, who stressed the universality of symbols and designs. It is advantageous to be aware of such possible meanings of symbols. I believe, however, that the individual’s variations are of even greater importance in therapy.

Meaning Seen in Art

Back in the nineteenth century Caesore Lombroso first reported some sense and meaning in the pictures drawn by psychotic individuals and concluded that they were expressing ideas incapable of being verbalized. This was quite an advance over previous conceptions that such drawing were unfathomable. Interest remained focused upon the art of psychotic individuals with an increasing apperception of its possible significance. The image-making capacity of the unconscious, as revealed in dreams, was described by Freud. Unfortunately he neglected the recording of such imagery in patient art.

Nolan D. C. Lewis investigated the use of symbols in the art of schizophrenic patients. He concluded that these could only be understood properly in terms of Jung’s collective or genetic unconscious. He seems to be the first to describe the analysis of art productions as an adjunct to psychotherapy. Currently Margaret Naumburg is one of the most verbal advocates and teachers of art in the therapy of both psychotic and neurotic patients.

Mosse published in 1940 the first paper devoted to the therapeutic use of analyses of paintings in the treatment of neurotics. He utilized the paintings as manifestations of the unconscious. He had the patients free associate to them in attempts (1) to discover the alterations effected by the censor and the super-ego and (2) to uncover the basic theme. He states, “As the patient thusly looks at his picture, he sees for the first time in his life, as if looking into a mirror, the distorted features of his own personality. He is suddenly confronted with his unconscious drives. The resulting comments are most necessary for the total understanding and cure. The therapist, through his experience, intuition, and theoretical knowledge, recognizes the rough framework; the patient has to supply the details to correct this and to fill it in.”

Mosse described various forms of resistance erected against this type of therapy. These are not basically any different from those erected in standard verbal therapy. One patient may simply refuse to draw anything in order not to reveal any of his carefully guarded repressed impulses. Another may merely reproduce some bit of contemporary knowledge or an innocuous childhood scene. Such an intellectual barrier saves him from depicting more meaningful material and must be so interpreted. By such interpretations and, by the development of a positive doctor-patient relationship, the patient may gradually feel secure enough to depict some more meaningful material.
NOW ON TOUR is this prizewinning exhibit from Henry Ford Hospital which received the 1967 Ludovic Hektoen Gold Medal award of the American Medical Association. During October, it will be shown in Chicago for the meeting of the American College of Surgeons, and in Las Vegas for the District 8 meeting of the American College of Obstetricians and Gynecologists. In November, it travels to the AMA meeting in Houston. Booked for 1968 is an appearance at the April meeting of the American College of Obstetricians and Gynecologists, also in Chicago.

Drs. C. Paul Hodgkinson and A. Alberto Hodari (in picture) earned the Gold Medal for the best exhibit of original investigation judged on the basis of originality and excellence of presentation. At the same annual AMA convention, Dr. K. T. Burnham and Dr. T. R. Neblett received two awards of honorable mention for their exhibit, "The Immunofluorescent Tumor Imprint Technique to Detect Antinuclear Factors". One of these was for the effective use of medical photography, with John Kroll, Robert Mohr and Miss Myrna Murphy sharing this honor.

The Hodgkinson-Hodari award is the third Gold Medal won by HFH. In 1963, an exhibit by Drs. Frost, Elias D. Sedlin and Max Klein, with Antonio Villanueva, received the highest honor; and in 1927 the Medal was won by Drs. Howard P. Doub, Dr. Frank W. Hartman and Dr. Adolph Bolliger. The latter team also won a Silver Medal in 1926.
Recent changes in the permanent staff of Henry Ford Hospital find Joseph H. Shaffer, M.D., elevated to consultant, with Lawrence C. Sweet, M.D., now filling the position of Chief, Division of Allergy. Also named chiefs are Roger F. Smith, M.D., Second Surgical Division, and John H. Wylie, Jr., M.D., Sixth Surgical Division.

A member of the Hospital staff since 1964, Dr. Sweet is a graduate of the University of Michigan Medical School and completed his internship and residency at University Hospital, Ann Arbor. He is a member of the American Board of Internal Medicine and the American Board of Allergy.

Dr. Smith is also a U. of M. Medical School graduate and was an intern, resident and a clinical instructor at the U. of M. Medical Center before coming to HFH in 1954 as associate surgeon. He is a diplomat of the American Board of Surgery and fellow of the American College of Surgeons.

Before creation of the new Sixth, Dr. Wylie was associate surgeon of the First Surgical Division. He has been at Henry Ford Hospital since obtaining his M.D. from the University of California School of Medicine in 1950, serving his internship and two residencies here. He is a diplomat of the American Board of Surgery and fellow of the American College of Surgeons.

Recently appointed associates include the following:

**Dental and oral surgery:** Saule Evelyn Buivydas, D.D.S., a 1967 graduate of the University of Detroit School of Dentistry.

**Endocrinology:** Lewis B. Morrow, M.D., a 1960 graduate of the University of Rochester School of Medicine and Dentistry. He served his internship and residencies at Yale University and was a research and clinical fellow at Yale. Dr. Morrow also spent two years with the Public Health Service in the Atom Bomb Casualty Commission. He is certified by the American Board of Internal Medicine.

**Medical Division V:** Lewis Chakin, M.D., a 1961 graduate of the Temple University School of Medicine. He recently completed two years with the Air Force at MacDill Air Force Base, Florida. Dr. Chakin interned at Misericordia Hospital, Philadelphia, and served a medical residency at Philadelphia Veterans Hospital and a fellowship in metabolic diseases at the University of Pennsylvania.

**Metabolism:** Jean O. Partamian, M.D., who was educated at the American University of Medicine, Beirut, Lebanon, where he had been serving the past year as instructor in clinical nutrition. He was also a fellow in medicine at Harvard Medical School; resident, New England Deaconess Hospital in Boston, and assistant resident, Elmhurst City Hospital, New York.

**Neurosurgery:** J. Speed Rogers, M.D., a 1954 graduate of the University of Michigan Medical School and former resident at University Hospital, Ann Arbor, also doing postgraduate work in the Kellogg Basic Science Course at U. of M. Dr. Rogers served his internship at Rochester General Hospital and had been in private practice of neurosurgery at Wheeling Clinic, W.Va., and in Lansing, Mich. He is a former Captain of the U.S. Army. He is certified by the American Board of Neurological Surgery and a fellow of the American College of Surgeons.

**Neurology:** Foster K. Redding, M.D., formerly assistant professor of neurology at the University of Illinois and assistant at Presbyterian St. Luke's Hospital, Chicago. Dr. Redding received a PhD in 1964 from McGill University, Montreal, where he was Public Health Service post doctoral special fellow in neurophysiology. He is a 1954 graduate of the University of Pennsylvania School of Medicine, interned at University of Minnesota Hospitals, and served residencies at the Hospital of the University of Pennsylvania and the Montreal Neurological Institute. He spent two years in the Air Force as Captain, Medical Corps.

**Orthopedics:** Edwin R. Guise, M.D., formerly assistant professor of orthopedic surgery at Harvard Medical School, associate orthopedic surgeon at Boston City Hospital and consultant to the Veterans Administration. He is a 1954 graduate of Tufts University School of Medicine, interned at USNH, Albany, N.Y., with residencies at Boston City Hospital, Lahey Clinic and Massachusetts Hospital for Crippled Children. He is a fellow of the American Academy of Orthopedic Surgeons and the American College of Surgery, the Boston Orthopedic Society and New England Orthopedic Society. He is certified by the American Board of Ortho-
pedic Surgery and the National Board of
Medical Examiners.

Orthopedic Surgery: Louis Shifrin, M.D.,
who followed a residency in general sur-
gery here with two years as Captain in the
Army Medical Corps, then returned to com-
plete an orthopedic surgery residency last
June. He is a graduate of the U. of M.
Medical School and interned at Michael
Reese Hospital.

Otolaryngology: Donald R. Ingram, M.D.,
and Richard D. Nichols, M.D., both named
associate physicians; and Eugene Popielec,
M.S., associate audiologist and speech
pathologist.

Dr. Ingram recently completed his resi-
dency here. He received his M.D. from
the University of Illinois College of Medi-
cine in 1956, interned at St. Louis City
Hospital, and was in private practice in
O'Fallon, Ill., before coming to HFH. Dr.
Nichols completed a residency at the
U. of M. Hospital before coming to Ford
as associate. A 1961 U. of M. Medical
School graduate, he served his internship
and residency at St. Joseph Mercy Hospi-
tal, Ann Arbor. Mr. Popielec is former
director of the department of special
education for the Southgate Community
Schools and also served as a speech
therapist for the Trenton Public Schools.
He received his M.S. in speech pathology
from Wayne State University in 1961. He
is a Reserve Army captain.

Pathology: John F. Eisses, who received
his PhD in epidemiologic science from
U. of M. in 1967, is now associate in the
bacteriology serology division of the De-
partment of Laboratories.

Pulmonary: Ralph D. Parks, M.D., for-
merly assistant professor for one year at
the University of Cincinnati. Dr. Parks
received his M.D. in 1958 from Northwestern
University Medical School, interned at
Cook County Hospital, and served resi-
dencies at Cincinnati General before and
after a three-and-a-half year tour with the
Army Medical Corps as Captain. He was a
research fellow of the American Thoracic
Society at Cincinnati General and is cer-
tified by the American Board of Internal
Medicine.

Radiology: Lawrence F. Campbell, M.D.;
Anthony S. Keller, M.D., and Eugene J.
Kochkodan, M.D., all named associates.
Dr. Campbell served a three-year residency
at Ohio State. He received his M.D.
in 1963 from the U. of M. Medical School,
interned at Midland and was resident in
radiology at Ohio State. He spent two
years with the U.S. Marine Corps. Dr. Keller,
who got his M.D. from Wayne State Uni-
versity in 1963, has been serving a three-
year residency in radiology. He is a mem-
ber of the Michigan National Guard. Dr.
Kochkodan, who was a resident at HFH
in 1962, is a 1961 U. of M. Medical School
graduate and was formerly in private prac-
tice as a radiologist in Allen Park. He is
a U.S. Army veteran.

Other Appointments

Also announced recently have been the
appointment of Miss Mary Ann Sweeney
as director of social work; Mrs. Diana Downs,
assistant director, Out Patient Nursing;
and Mrs. Kathleen E. Casse, medical record
librarian. Mrs. Sweeney, formerly assistant
director of social work, succeeds Mrs.
Pauline Carman, who retired and moved
to Florida last June. Mrs. Casse succeeds
Miss Jeanette Chamberlain, who left last
year. She was formerly medical record
librarian for 14 years at Sinai Hospital, Detroit.

Leslie Mitchell Days

C. Leslie Mitchell, M. D., retired chairman
and now consultant of the Department of
Orthopedic Surgery, was honored at a two-
day program, Sept. 22 and 23, in Buerki
Auditorium. Alumni, regional orthopedic
surgeons and other guests heard talks and
case presentations there and joined in a
luncheon and dinner in his honor.

Dr. John H. L. Watson served as chair-
man of a symposium on "Electron Micro-
scopy—1967" at the 25th anniversary meet-
ing of the Electron Microscopy Society of
America in Chicago last month. He is a
past president of the Society and its
present statistical officer.

Dr. A. Bruce Graham has been elected
first vice president and director of the
National Association of Hearing and Speech
Audiologists (NAHSA).
RECENTLY EXHIBITED at the American Society for Clinical Pathology meeting in Chicago (Sept. 30), this AMA honorable mention winner was also shown at meetings of the American Academy of Dermatology (Miami, Dec. 1966), where it won the gold award for original work; and at the American Society for Micro-Biology (New York, May 1967).

DR. PRATT HONORED

In recognition of his fifty-first year on the staff of Henry Ford Hospital, Dr. Jean Paul Pratt was honored at a testimonial dinner September 16 at the Detroit Golf Club. Close associates "from the old days at HFH", and their wives, made up a party of 70 people who signed a souvenir booklet. Vocal tributes were expressed by Dr. D. Emerick Szilagyi, who presided; Benson Ford, Dr. James T. Howell, Dr. Joseph W. Eschbach, Dr. Harry M. Nelson, Dr. Louisa Piccone and Dr. F. A. Henny. Now 85 years of age, Dr. Pratt continues active on staff as consultant, a position he assumed in 1952 after having been Gynecologist in Chief and Chairman of the Department of Obstetrics and Gynecology.

Dr. James T. Howell, executive director of HFH, has been elected to a three-year term on the board of trustees of the American Hospital Association. He was formerly chairman of the AHA Council on Professional Practices. Robert W. Burwell, assistant director, has been reappointed to the committee on Patterns of Hospital Services.

Dr. J. L. Ponka has been elected president of the Academy of Surgery of Detroit. Dr. Rodman E. Taber holds the same office this year with the Detroit Heart Club.

Edsel B. Ford Lecture Is On Senescence

Dr. Bernard L. Strehler, author, editor and noted authority on aging, will give the 16th annual Edsel B. Ford Memorial Lecture at 8 p.m. Tues., Nov. 7, in Robin C. Buerki Auditorium. Chemists, biologists, physicists and other medical scientists are invited to join HFH doctors and other Detroit area physicians for the presentation titled "The Genetic Programming of Senescence".

Dr. John W. Rebuck, chief of the Hematology Division, Department of Laboratories, HFH, will conduct the 24th Annual Tumor Seminar of the San Antonio Society of Pathologists Sat., Dec. 9, at Brooke General Hospital, Fort Sam Houston, Texas. The Society is making available slide sets of the seminar.

Dr. Lorne D. Proctor is now serving as chairman of the national committee for biocybernetics of the Aerospace Medical Association.

Dr. Leonard L. Dilella has been elected treasurer, and Dr. Lawrence C. Sweet has been named to the executive council of the Michigan Allergy Society.
Another difficult problem is that the patient, recognizing the therapist's interest in his artistic productions, may produce them as gifts to please the therapist. If the therapist is primarily concerned with their interpretation and is aware of this attempted seduction, the productions become more and more a means of self-expression and, less and less, a bribe. Similar alterations in the content of dreams is well known. Those patients undergoing Freudian analyses tend to have more sexual symbolism in their dreams than those patients undergoing analyses with Jungian and Adlerian-oriented analysis. Despite the fact that the patient chooses to express his unconscious in a language pleasing to his therapist, it is still his unconscious which is being expressed.

Encouraging Art Production

Unless the therapist actively encourages artistic productions it is unlikely that the patient will produce them, since this is not what is normally expected in psychotherapy by the public. When it is first suggested, most patients will demur, stating that they have no artistic ability. At this point the therapist must make it unmistakably clear that he is not looking for beautiful paintings but rather colors, forms, or even stick drawings which portray the patient's inner thoughts and feelings. Samples of other patient's drawings displayed in the office may help a new patient to "let himself go". The patient may be advised to choose the color which most closely fits his mood and make a smear with it upon a large sheet of paper. This process may be repeated with other colors and then a second sheet of paper placed on top of the first and the two rubbed together. When they are separated the patient should then study the resulting effect to see if some forms, figures, or designs begin to suggest themselves. Naumberg describes a similar technique in which the patient is instructed to scribble and then develop some forms out of the scribblings. If you suggest that it is like looking at clouds and imagining that they look like something, the patient readily grasps the technique — only in this case he is producing the cloud and it is much more likely to have personal significance. The fact that the respected therapist considers the patient's production worthy of serious study gives the patient a feeling of worth. This is something often sadly lacking. Since the drawings are created by the patient and interpreted by him, this form of therapy tends to increase his sense of personal responsibility for his therapy and to lessen any sense of dependence upon the therapist.

It is possible to have the patient do the drawings during the therapeutic session, but this requires more time than is usually available. Therefore, the patient may make the drawings at home and bring them to the next session. Since such a session will often require more than the usual 50-minute period, longer blocks of time should be scheduled if at all possible. The patient is first asked to describe the drawing, as his description of even common objects may introduce important personal variations which would otherwise be missed. The feelings and thoughts surrounding the moment of the production of the drawings are determined next. The patient is asked to free associate to the drawings. The therapist must then decide to what degree to bring the patient's recognition of his inner motivations closer to consciousness through correlation with
previous material and by pointing out discrepancies between the patient's association and the actual details of the drawings. By such procedures the patient will often begin to recognize his unconscious motivations without any direct interpretations by the therapist.

Some persons have feared that utilizing artistic productions would reduce verbal productions. This is not the case. On the contrary, when the patient finds that his drawings are accepted and that his explanations and associations are welcomed, he gains a feeling of self-worth and becomes more ready to offer other material without the initial stimulus of a drawing. He also becomes accustomed to the idea that he may express (draw) things that are not completely conscious and that these may turn out to have significance for him. This facilitates subsequent recognition by the patient of deeper significance of other material not-drawn.

While drawing, the patient is rarely aware of more than the most superficial significance of the recorded symbols and designs. If a series of drawings are produced, important symbols will recur over and over as evidence of some underlying concept. Attempts to interpret all symbols according to any one scheme, Jungian, Freudian, or other, severely limits this method. One symbol may be a condensation of a number of concepts from various levels of consciousness, or a number of symbols from various levels may be incorporated in one drawing. If it be deemed unwise to probe into some of these at the moment (Drawing 5), the drawing and the associations can be saved for a later propitious moment.

Case I:

A twenty-five year old housewife with two children came into therapy because she had become excessively nervous, irritable, and tearful. She would become so anxious upon riding in an auto away from home or upon entering a store that she would have to return home. Early in therapy we had discovered that she had great ability to portray powerful emotions through drawings. While drawing she would only be aware of the most superficial meanings of her production. Only through free association did she become aware of their deeper significances.

After eight months in therapy, when she had lost most of her acute symptoms this patient produced the following series of pictures. (Drawings 1-3). The discovery of the confined giant depicts her recognition of previously unconscious forces.

This woman, who had lost all of her self-confidence though earlier life experiences gradually developed a facility in expressing her own ideas again. First she found that her drawings were received with respect and consideration. She then was better able to mention the ideas and feelings which were symbolized in the drawings and she found that these expressions were also accepted and given consideration. Subsequently, she became able to discuss meaningful material with the therapist without the need for artistic intermediaries. Finally she could voice her opinions to her husband or associates without overwhelming fear of being attacked or being considered to be such a terrible, unacceptable being.
Associations to Drawing 1.

According to the patient:

“This giant (drawing 1) recurs over and over. Here he doesn’t seem to fit into this room. He is unable to arise but has such will and determination that he keeps constantly trying. He has been kept here so long that he is weakened and almost dying. As this woman enters the room, she is shocked as she recognizes his critical condition. She feels incapable of helping him in any way he requests. However, the walls appear unreal to her so she attempts to push them down. She succeeds; whereupon, he is able to gradually struggle to his feet with assistance. (Drawings 2 and 3). He is grateful that he wasn’t really dead as he first appeared and he even has a look of endearment.

“Giants have reputations as damaging and horrible. They take over from normal size people like the giant in Jack and the Beanstalk who, when permitted among normal people, would trample them and destroy everything. It is therefore safer for him to be confined where he can’t move. He symbolizes my dangerous emotions. I was angry when my family ostracized me after I had to marry but I never expressed them until I would explode.

“Usually I’d take it out on my little girl. Now I express strong emotions in my drawings — hate, exultation, etc. I am less violent with others. My children are no longer afraid of me.”
The giant is freed and struggles to arise with the woman's assistance. (The clever techniques of having one eye serve both faces indicates the extremely close interrelationship between the conscious self and the unconscious feared self.)

Associations to Drawing 2.

“I now realize that feelings cannot be kept buried, especially if they do not want this. They will come out even if they have to explode. I feel all frustrated, closed in, and suffocated if I can’t express them. When I stop drawing for a week, I become more nervous. I’ve been more free in expressing my ideas during the past few months. I used to be afraid to speak up to my husband. Now others seem to respect me more, and my husband is happier with me, and even my daughter is calmer and doing better in school. At first I didn’t think I could handle my feelings; now I find I can handle them easily and pleasantly.”
The horrible giant has now become a genial small boy who no longer needs to be fettered. The frightened girl of Drawing 1 is now a matronly mother depicted in a close warm relationship with the previously feared giant. This woman actually produced and discussed many other drawings during her therapy. She was initially quite hesitant with any associations and interpretations but gradually became more facile as her efforts were praised. Her thoughts, when voiced, proved not to destroy her or to effect retaliation or rejection as she had feared. By expressing her long pent-up hostilities through this channel she had inner peace and increased self-respect.
Case II:

This very attractive 36-year-old woman, considering her second divorce, had had anxiety symptoms for 18 years. She sought psychiatric help for depression and for feeling "strange and disoriented." She dressed in youthful, provocative fashions and regularly seduced men in order to reassure herself of her powers and to gain attention. On two occasions she even married. She sought a rapturous Hollywood relationship with a Prince Charming, so she was always disappointed when the man, even in the better conquests, turned out to be merely human. Since she had been taught that all sex was dirty, guilt and depression would follow. She would refuse to admit any responsibility for these relationships but would project it upon the man, whom she would then angrily berate and dismiss. Alone again, she would return to her widowed martyr-type mother despite their frequent quarrels and tensions.

After six months I learned that she had dabbled in various artistic media off and on for years. In response to my request she began to bring oil paintings produced either earlier in therapy or currently.

Association to Picture 4:

"I painted this during my first week in therapy. It made me even more upset. I have gone through two abortions and these are the two children. What have I done! I didn't paint this with that in mind but it came to me when the painting was finished. I started out to paint geometric designs. The black is a child curled up in the womb. The straight black line is the umbilical cord. The hand on the baby is, on one hand, removing the baby and, on the other, preventing removal (abortion).

"I get the feeling that I would like to pluck the two round things right out. They could be breasts. I've been unhappy that my breasts are small. Mother was almost complete flat and ugly. She blamed breast feeding for that. I felt guilty for having caused her such a sacrifice. Mother had wanted to separate from father but, when she got pregnant with me, she decided to stay with him. They were never happy. I used to dream that they were not really my parents and that one day my real parents would come along and rescue me. I still daydream and look for someone to take me away from all this. Yet I am a grown woman. This Prince Charming should be someone to whom I can show all my love and affection instead of constantly being angry with him. I've shown poor judgment and chosen the wrong persons. At present I've given up this pursuit and gone back to my husband whom I do not love but who can supply me with money. Still I hold onto this dream."

This led to an emotional discussion of her mother's life-long martyred attitude. The patient had never previously questioned the validity of the mother's blaming of the patient for the mother's loss of shapely breasts. The resulting guilt had made any realistic evaluation of the mother's selfish narcissism impossible for the patient. This guilt also had deeper roots as will be seen in Drawing 5 where incestuous desires toward her father appear. Although these seem to be glaringly obvious, the patient failed to recognize them in any of our discussions. I did not force the issue when a discussion of the more superficial guilt enabled her to hold some discussions with her mother as an equal. She was able to move away from the mother and to comfortably remain there.

The second, Prince Charming, theme led to discussions of her very immature desires and irrational anger when these were not gratified.
The second picture, brought in a few weeks later, led to a much more detailed discussion of her actual and desired relationships with her father.

This style is completely different from the previous series. Here multiple associated symbols spring spontaneously from her initial plan to merely dawdle with some geometric forms. Sexual conflicts are starkly and blatantly symbolized both here and in others (as Drawing 5).
Associations to Picture 5:

"I get a vague feeling—unpleasant—as if I want to run away from this painting.

"This picture makes me think of my father. Since I've been in therapy I haven't dreamed about my father as I did so constantly before. I've been avoiding discussing this picture with you. The hand up says: 'Hello', the hand down says: 'Stop'. 'Be happy but don't go too far. Be seen but not heard. You can be here if you do not express yourself'. Father is saying: 'This is my nice little girl' but the next moment I have displeased him. I painted this when I had my falling out with George (a boyfriend) who was very similar to my father (Italian, alcoholic, dark hair, many similar expressions, etc.). They both liked me but found me difficult to handle. I tried to hold onto George but the more I tried to hold on, the more he pulled away.

"The 'roots' indicate me. I am growing out of father and haven't severed myself from him. The eye is looking right through me without any warmth or friendliness —almost with a dislike. 'I like you but you are in my way. I'd like to appear interested in you, but really I'm not.' I
remember father as being very tired. When he wasn't, he would be pleasant. He slept all the time, including all day Sundays. I hated Sundays as I had to keep quiet. He worked two jobs. He did take me to a football game and to a picnic when I was 11.

"The penis — I slept in my parents' room when I was little. I remember crying and wanting attention one night so crawled into bed with them. Father had an erection and angrily scolded me for coming. Mother never enjoyed sexual relations so she did not object to my being there. Mother was always disciplining me as she wanted the house kept absolutely spotless. I never felt she was my ally. From that time on I felt that I didn't have him either. I hadn't thought about that for a long time.

"The red at the bottom (center) is a Christmas tree without any ornaments or it is a splattering of blood being given me by my father. 'I'd give my last drop of blood for you.' I'd like to think of him this way but he actually became almost a stranger to me when I was grown. As a rule, he was very quiet and withdrawn. Whenever he would show me the least attention, I would seize upon it as a sign that perhaps he really did like me."

As a result of these and many other discussions over a period of sixteen months, this woman began to relinquish her pursuit of the unattainable, and to seek more realistic gratifications. She dressed in a more appropriate fashion, and was pleased with the attention and sincere affections she gained from her warm, giving, feminine behavior. She returned to her husband, began to cook and keep house for him, (and to gain pleasure from this), and for the first time in her life achieved satisfaction in intercourse.

Summary. The complexity of another's personality are so difficult to correctly understand that every available means should be utilized if the therapist is to obtain the optimum results. Unfortunately, few therapists actively encourage the utilization of artistic productions. In these two examples the drawings greatly facilitated recognition of conflicts at all levels of consciousness.

REFERENCES


