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Countertransference in Art Therapy*

Summary

The article is dealing with the phenomena of countertransference, which is part of every therapeutic relationship along with the transference. The article will further investigate the countertransference in art therapy and the specific use of artwork in the search for a therapist's own emotional, physical and/or behavioral responses to the client.

Two groups are compared - psychiatric patients and Holocaust survivors having personal trauma in common.

In the first group trauma triggered the disorder, initiated emerging of symptoms with persons of sensitive biological and/or genetic structure and from a relatively acceptable reality brought them to perception and behavior disorders, to the development of the disease. On the other side, the Holocaust survivors, experiencing the completely irregular conditions, unbelievable and unacceptable reality of circumstances of war were the trauma and resulted in Posttraumatic Stress Disorder and different psychological problems.

Art therapeutic symbolic approach to the images, leaning on the idea that the picture touches the depths long before the surface is disturbed (Bachelard, G., 1969), we explore the visual content of the response art and analyze emotions and thoughts, associations and physical events in the body to examine and trace the source of the countertransference and elevate the therapeutic relationship in order to bring the client to healing.

* Članak je na upit autoru dostupan i na hrvatskom jeziku.

In the examples of artwork exploring the countertransference in working with these two populations, reader will be able to see the benefits of the respond art, the subconscious content which keeps the secret answers to dealing with own personal issues, which can (negatively) influence the therapeutic relationship, client's transference, relationship with the client and his insights, ideas and directions for continuing working with them.

Key words: Art therapy, countertransference, transference, therapeutic relationship, psychiatric patients, Holocaust survivors, trauma

Kontratransfer u Art terapiji

Sažetak

Članak se bavi fenomenom kontratransfera koji je, uz transfer, dio svakog terapijskog odnosa. Članak će nadalje opisati kontratransfer u art terapiji te korištenje vizualnog izražavanja kao metode istraživanja terapijskog emocionalnog, fizičkog i odgovora u ponašanju u odnosu sa i prema klijentu u terapijskom odnosu.

Uspoređene su dvije grupe – psihijatrijski pacijenti te osobe koje su preživjele Holokaust. Vezu između ove dvije populacije čini osobna trauma. Dok je u jednoj grupi trauma uzrokovala pojavljivanje simptoma kod osoba sa osjetljivom biološkom i/ili genetičkom strukturom, i iz jedne relativno prihvatljive realnosti dovela do poremećaja u percepciji i ponašanju – do razvitka bolesti; u drugoj su grupi, upravo suprotno, neprihvatljivi uvjeti nevjerojatne nadrealnosti rata predstavljali traumom i doveli do razvitka simptoma PTSD-a i različitih drugih psiholoških problema.

Art terapijski, simbolički pristup slici koji se oslanja na ideju da slika dotiče dubine prije nego uzburka površinu (Bachelard, G., 1969), istražujemo vizualni sadržaj likovnog odgovora na sesiju, analiziramo emocije, misli, asocijacije i fizičke odjeke u tijelu kako bismo došli do izvora kontratransfera i unaprijedili terapijski odnos u svrhu boljeg funkcioniranja i izlječenja klijenta.

Na primjerima likovnog odgovora na sesiju koji proučava kontratransfer u radu sa dvije spomenute grupe, čitatelj će moći vidjeti dobiti ovakvog načina istraživanja kontratransfera, podsvjesnog sadržaja koji čuva odgovor na pitanja nošenja sa osobnim problemima terapeuta, a koji mogu (negativno) utjecati na terapijski odnos, nošenja sa klijentovim transferom, odnosa sa klijentom i svih uvida, ideja i smjerova za nastavak terapijskog rada.

Ključne riječi: Art terapija, kontratransfer, transfer, terapijski odnos, psihijatrijski pacijenti, osobe preživjele Holokaust, trauma

About Art therapy

Art therapy is an expressive psychotherapy which uses visual imagery of the person to reach personal meanings and understand their individual intrapsychic processes. Each emotion, conflict and a complex psychological process has its own visual form in the imaginative world of the individual. Visual expression opens subconscious, less controlled content and makes it available through artwork where emotions and subliminal psychological processes are externalized. This is the base for the insight of the meaning and cause of processes and behavioral patterns. It is also space where different solutions of the problem are being investigated, where the foundation for their transposition to consciousness is being made until finally being integrated into the personality and the person becomes able to heal.

Not every artistic expression is therapeutic. The therapeutic process has to be kept in the borders of the therapeutic relationship and the artwork has to be viewed only in the context of the therapy session. Artwork, as used in occupational therapy or in the psychological counselling or psychotherapy, is not art therapy.

In art therapy, the art process is the means of communication and an expression of transference and countertransference, the third „person” in the therapeutic relationship through which all the communication evolves. This is why art therapy is especially beneficiary for the non-verbal persons, among which are the trauma survivors, one of most common reasons for psychiatric treatment (Floen, S. K. & Elklit, A., 2007) whether as a primary or secondary reason for a disease development.

Countertransference

Countertransference is a scope of conscious and/or unconscious responses of therapist towards the client (Cohen, 1952; Jacobs, 1991; Little, 1951; Reich, 1951). The responses can be affective (Ferenzi, 1955; Winnicott, 1949), ideational or physical, pointed at the client, his clinical material, his transference (Jacobs, 1991; Little, 1951) and reenactment and therapist's conscious and unconscious defences against the affects, intrapsychic conflicts (Freud, 1910; Jacobs, 1991; Maroda, 1991) and associations aroused by the client. The countertransference reflects the therapist's transference of significant relationships from therapist's past onto the client. These responses inhibit the therapist's ability to be therapeutic with the client (Cohen, 1952).

Therapist's focus on the therapeutic relationship which is the basis of the therapeutic process especially with the trauma patients with whom the therapeutic relationship IS a therapy (Pearlman, 1995), where the patient rebuilds the trust and growth as the possibility of a healthy relationship as opposed to his past traumatic relationship experiences. In

this relationship, the countertransference is used as a rich resource and fundamental tool of the work (Jacobs, 1991 as cited by Pearlman, 1995) in the process of client's reliving and recreating his past important relationship. Thus the therapist must have an open, neutral, sensitive and respectful approach to be able to notice, make conscious, analyze and determine the source of both: transference and countertransference.

We examine our subjectivity, what we bring into the therapeutic relationship, honestly and without shame, to be able to gain full insight into the countertransference and elevate the therapeutic relationship. Concept of therapeutic relationship began with Freud and his concept of transference, his view of transference as a „resistance from remembering” is similar to interpersonal relations theorists' idea that transference and countertransference lays in the interpersonal dynamics of character and adaptation (Fiscalini, 2014). Further research in the field continued with conscious factors (here and now relationships) and unconscious factors (projective identification, transference). Until now the healing through the therapeutic relationship is developing and clearing the role of the transference and relations. (Pearlman and Saakvitne, 1995)

Countertransference in Art therapy

The benefit of using a medium to expose your thoughts and emotions is manifold. While tracing the immaterial substance of emotions and thoughts towards the client, we get distanced by new thoughts that inevitably visit our mind. The moment of concentration and a suspension after the session overwhelms us with different emotions and sensations. In the perfect situation, the art therapist will take the materials and try to externalize those sensations with the art material, listening closely to what they represent, what they echo in their shape, color, composition. Sometimes the shape or color will be known, sometimes the process will lead itself through and all that you need to do is trust it. The way we construct the lines and smudges, shapes and colors are similar to the way we construct our life (Wadson, 1980), our associations are bringing us to the symbolic representations that our subconsciousness is keeping (from us) and the only way to make those representations conscious is their analysis. We become aware of our patterns and beliefs that make the specific emotion, sensation or thought real. This way, we are able to distinguish the transference from countertransference and our impact on the client through our beliefs which are not connected to him. We are also able to clean our psychological issues and become better therapists and better people.

Sometimes the inability to understand the client can be surpassed by repeating the materials and techniques, and even the full artwork of the client, to put yourself in the client's shoes and reenact his experience. This is a powerful tool of understanding and approaching the psyche of the client.

Analyzing countertransference

The schizophrenic patient was admitted to the hospital after the sickness of the mother whom the patient lived with and who was the only person that took care of her. She passed another trauma in her early childhood when her family split up. Her condition deteriorated in the 6 months following the hospitalization. Her artwork was, unrelated to the theme of the group, always house or „letter to myself”.



„Letter to myself”

This letter comprised rows and rows of her own name written down. I tried to work with this person in many different ways: collage, coloring and decorating, beadwork, making *papier maché* of the huge amount of paper that was filled out with her name, but all the attempts were futile. She would just repeat the same list again and again and after the ritual, she would destroy the object. With time I became aware that this had a higher meaning, the importance was her spiritual practice. (Imber-Black, 2009).

I was aware that she was experiencing the deterioration of the brain, especially her memory was affected. So, while trying out her method of artwork, and writing my own name row after row, I could feel the amazing persistence, the mantra that was repeating as in a ritual, as a child that repeats something not to forget it, and repeating is mother of knowledge. This was the place where she was most concentrated and focused on each letter, again and again.

Her trauma took place in an oral phase of her development, and the hypotheses that oral trauma is a basis of the schizophrenic process can be applied here (Roheim, 1955). Other issues in her medical history could add on to this theory. Her amazing resiliency attempts, no matter the sickness and trauma, the self-invented ritual that functioned as

a self-care and self-preservation attempt was her way to keep her name if nothing else of her personality. I simply couldn't have had a worthy insight, hadn't I tried it myself.

In continuance, I will compare two groups with whom I worked for a period of eight months. My response art was the method of analyzing the countertransference in open group art therapy sessions in the Psychiatric clinic and in the sessions of the Holocaust survivors' group.

The respond art was made immediately after the sessions so the materials were the same as the ones used for the activity, or they were basic, like pencil or marker, things I had in my bag.

The procedure was to stop for a moment, concentrate, sink in and create without a will, as automatic, spontaneous drawings which were then observed and analyzed. Sometimes another drawing or a set of drawings were made for expansion, clarification or deeper insight.

Group of patients at the Psychiatry ward

The group consisted of 5-10 men in the acute psychiatric ward of Psychiatric clinic „Herzog” in Jerusalem, Israel. Since this was the acute ward, often I would see the person only three or four times, in many cases only once. The staff was not eager to cooperate with the patients or with me and had no interest in the persons and their stories that filled up the rooms. The hospital schedule left them with too much „free” time, the time they were getting so much more distraught and bored and their condition just went from terrible to worse. The only option they had was to use the occupational therapy room in the afternoon for 2 hours, the only room that had something more than walls and beds, the room I was also working in and the room that had 20 m² to cca 40 patients.

All through the eight months I was visiting the male ward I had to balance between the hospital staff for getting an hour and a half of time without being moved, made waiting, disturbed or shifted on account of the cleaning hours, nurses checks or lunch time. The conditions are never perfect and I was always ready to adapt. However, these circumstances influenced the group and the atmosphere, concentration, and flow.

The patients were 20-70 years of age and their diagnosis scaled from addiction, depression to bipolar disorders. Their condition was shifting from very aware, curious and interested to complete numbness due to the medicaments tuning. The moment they would be set with medicaments they would be released and I wasn't able to follow up.

The psychotherapy, creating a psychotherapeutic relationship, all this is absent in the hospital setting for many reasons, so I was practicing completely different approach and remained the sidekick program for the hospital staff, that expects the patient to be ready for anything, accepting everything and in fear of the consequences of his behavior.

Holocaust survivors' group

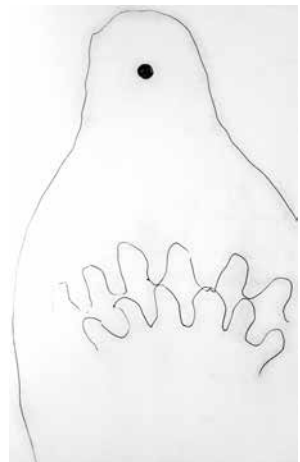
The group was organized with a help of the organization „Caffé Europa”, the Holocaust survivors home in Israel. The organization has many different groups that deal with different issues and this one started as an art therapy group. Because of the member's interest in different subjects, we added an educational element. The reason for this was also a wish and a need of members to deal with the good in life, to celebrate the life instead of looking at the past, and their curiosity and will to learn was inspiring. Some of the group members, given the age, had different medical problems, motor disabilities, some of them were recovering from stroke and some of the members reported psychological problems, depression, and psychosis. Ten to fifteen members of the group were highly involved in the social and group issues, and through the year they passed different challenges in their communication.

These two groups are interesting to compare because of their common denominator: trauma. The psychiatric patients were triggered by trauma to their condition in 7/10 cases, and their condition in „normal” surrounding was diagnosed and dealt with in the way the contemporary psychiatry world knows how – to test them and to medicate them. The result is the group with very low energy, participants of lost, hopeless or confused state of mind, unstable emotional state and fear for the outcome of their life. The other population, the Holocaust survivors, were in the opposite situation. Normal circumstances of life were turned upside down, madness was a normative trait in the war. This trauma, namely childhood trauma, is something that none of them fully recovered from. Even more, their children and their grandchildren feel the consequences of this traumatisation. Even so, this group showed a strong energy, vivid interest and positive view of life. Their resiliency was impressive. Underneath there was a lot of issues, but the strength to overcome them was prevailing.

The first step in analyzing the countertransference is noticing the responses, becoming aware of unconscious acts like slips of tongue, associations, fantasies, dreams, bodily sensations, identifications or resistance to identify or anything unusual and significant. The second step is making it conscious, and the third one is tracing the source (Pearlman, Saakvitne, 1995).

The first drawing I made before the art therapy group session in the psychiatric ward.

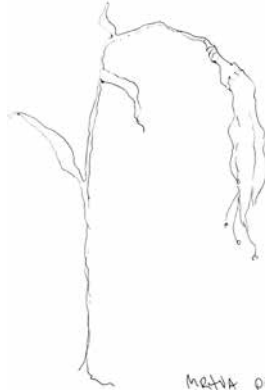
..and it showed me my need to keep focus and contain the group's content and be aware of their individual needs. The need was also a certain fear of not being able to contain or to keep the focus, knowing the situation in



the hospital, where I already worked for a year or so. This need was also a wish, because I had to cope with the unstable situation in the hospital and be ready for whatever I was going to find on the ward next time.

I listened to emotional and thought content of this drawing and, being concentrated on my goals, I could approach the group with much bigger ease.

While going back home I made..



Матва 001000b .. nature mort..

..which illustrated my sadness towards their lives, their souls, their conditions. But also the need to dive deeper and to seek underneath the pharmacological influence, to deal with their indifference to the motivational directives. It was also necessary to deal with their problems outside of the art therapy sessions, which included communicating with the social worker and psychologist.

This drawing showed me the pain they were in and I was hurting for them too. To see someone going from creative and curious to indifferent and numb, weak and lifeless, it seems there is a long way to go and my role in the hospital was too irrelevant, so my actions were directed only to the persons in the group and to the work I was doing with them.

It is interesting that the same „symbol” of the withered soul, I used unconsciously, within a year of distance, in respond art to the Holocaust survivor, a severely traumatized old woman with multiple PTSD symptoms. In sessions with her there was anger, resistance, ruling out of any emotion, and leaving just hard, strong, flat practicalities on the table. Even so, while speaking her native language to her daughter to whom she was abusive in childhood, she expresses emotions, respect, even love.

Once, during a session, while she was resisting to do anything and talked only in basic „Yes” or „No” answers, I drew flowers, two lilies one next to another. I made them without premeditation, but when I finished they seemed as if one is holding the other, quietly supporting, without a sound or touch. I gave it to her at the end of the session not expecting even thankfulness. She accepted the drawing, looked at it and started

speaking of flowers that she grew - she expressed love for flowers. She finally started communicating, for the first time since the sessions started, and it was a huge step for her to open. Only after I will think how I never drew flowers and how it was a good connection of intuition that made me draw it then. Through the session, I was thinking about being her support, and in the flower language – I was, this language is symbolic enough not to be intrusive, and this is exactly what she needed. The direct question was a guarantee for the rude answer. She thanked me a lot, and ever since we have short but more open sessions with the perspective to deal with the elephant in the room.

On the way home I found on the floor..



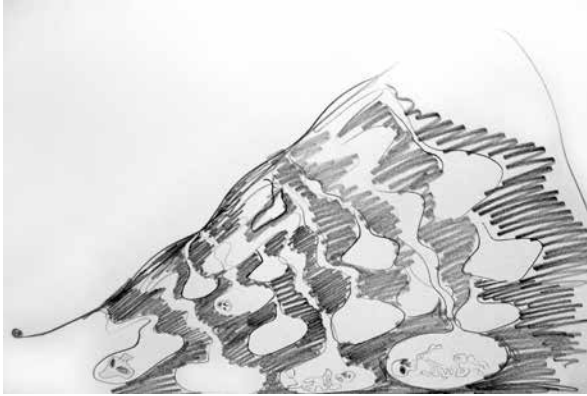
.. the flower I draw

during the session waiting for me on the way back. Abandoned and worn out. The lady I was in the session with really was forgotten by the family after her husband died, she had different medical problems and the first signs of the dementia started to appear.

I could feel the client's weathering, with all the evil that she experienced, the poison she never dealt with, that she denied through all her life, for whatever reason that might be, and with all her cursing and anger she feels. Her hard survivor's heart was for a moment gentle and just barely unveiled. I could feel her existence fading more and more and her feeling useless, nailed to the wheel-chair, unable to make any repairs or even try to.

The flower I picked up from the floor was my vision of the lady, it was the countertransference to the client. The fact that I drew this flower was another interesting fact, but the way that it looked and fit my view towards the client was important. This was only one side of the person, of course, her little part, a sneak peek of her entirety.

My first drawing in connection to the Holocaust survivors group was:



it was so dark and grieving. I was also thinking of the past and the way that my Homeland treated Jewish, another issue that is not solved on the levels I couldn't influence on. In the drawing that was made completely freely, without a thought, I made a line that is climbing high but has no top. An unthinkable task. I saw myself at the bottom of the hill. Then this piece of the line became a spiral that is a starting point of a mountain being folded, as a carpet you roll up. And I thought of rolling it up the hill, and how it would probably be hard to roll it to the top, and how it would probably roll down, just as the stone Sisyphus was rolling. I was also thinking of my favourite proverb: „ Oh, snail, climb the mountain Fuji, but slowly, slowly..“. This little coil at the bottom of the hill had reminded me of a snail. I had a big job in front of me. And then the little mounds that hid the graves, at first just a few, then many more..and skeletons, long buried, not one live soul around. It was a heavy thought. I was ready for deep themes, for digging into the depths.

And this is what I got:

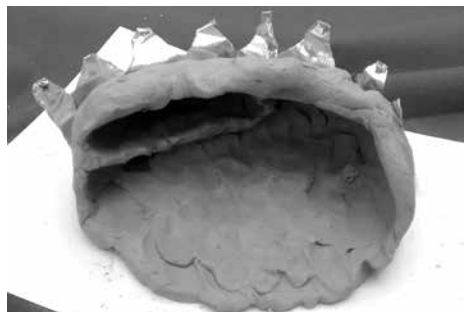


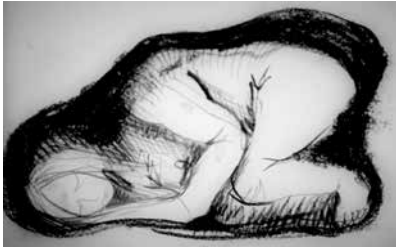
A bunch of incredibly cheerful, energetic, experienced and smart people, that didn't want to make a big deal out of their lives. They were thankful for everything they have got, and worrying about their families and friends, just like any other elderly person in the world. There was also a few of them that didn't want to talk about the Holocaust, but mostly

the possibility to give a person a voice can be his chance of feeling normal, man or a woman. This session was also a kind of an initiation, because for a few months I had the same people in this open group, and we had a theme – relationships.

My view of the impossibility of establishing a healthy relationship and a worry to destroy the couple was expressed in the second drawing of the female features. Her face and upper part of the body is completely undefined as if to say that woman for them should be a specific kind of woman, possibly in similar condition, and the heavy, bolded lines of the staircase-feet made it a heavy, hard issue. I had to deal with my own preconception that it would be better if they weren't in the relationship, or the different conditions that should be met to make this relationship work for both spouses. The woman is looking back, as if trying to find something forever lost.. as much as the figure whose mind is vaporising lost, or he lost the mind, with the seed of existence in him still, the love that didn't fade away.

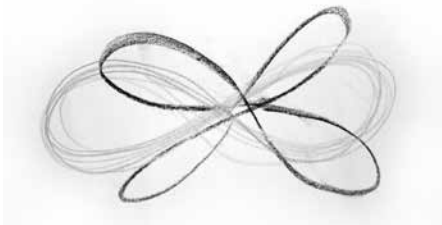
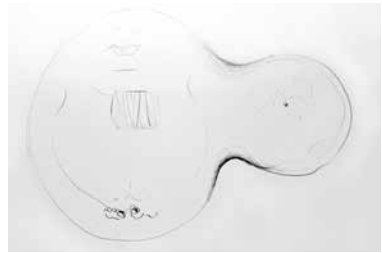
The last example is the process with the traumatized woman whose condition was perpetually complicated by her life circumstances. She is taking care of her mother 24/7, suffers from ADHD, PTSD and recently, since her mother developed a difficult medical condition, lives with her, and since her dog is dying, the anxiety added up to the list. All these circumstances and conditions are cornering her to the more and more aggravated financial condition, which is as a boomerang reflecting back to her mental condition. Her union with her mother was definitely disturbing the therapeutic relationship, and the three of us were, as those birds on the drawing, on thin, fragile legs, walking through the mud, hardly making a step forward. She wouldn't have even an hour without her mother so all the sessions were made a threesome.





There was another issue to this union which dawned on me through a drawing I made after the session where we dealt with the resources for coping with her trauma. Her mother was sitting next to us while she was making her „safe place”. She was working energetically, as always, and after finishing the artwork talked long about her problems concerning the care for her mother.

Afterwards, I instinctively drew a shape, and her protected inside. The shape was a womb of a mother that she didn't have a chance to enjoy. Her mother was cold and abusive, so the children never got the primal care, safety and attachment of (good-enough) mother. The daughter, now a grown woman, was compensating her lack of protection and care with taking care of her mother in this upside-down world of hers.



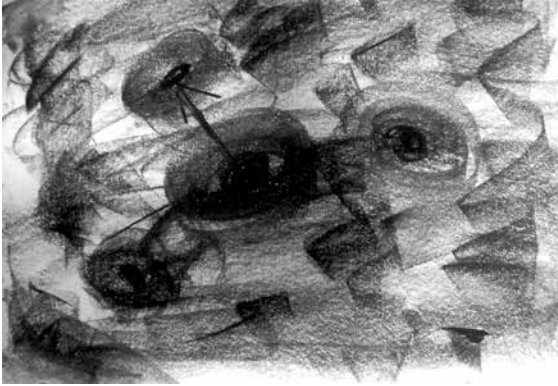
The sessions with this client were, according to her wish, ventilation and this was realistic, because she didn't want to open the Pandora's Box in front of her mother.

Her drawing of the changing shape, that looks like a ventilator, showed her feelings

of confusion, chaos, „everything is happening at the same time” she says, and even the sentence couldn't have been finished for her attention moves to her mother once again..

Walking out of her home I felt unease, restless. I felt the ventilator, that wasn't here to ventilate, but rather to set everything in the chaos. Soon I sat to draw these aerial views. And it was clear to me immediately that the perspective is what I wish the client. To set aside this everything and look at it from the distance. Something she didn't have a chance to do for a long time.





So the next time we talked about the perspective and she drew the moon non-gravitating surface in which she couldn't catch anything because it's floating. She slowed down the speed of the bits and pieces of her everyday life frenzy. She still saw everything heavy and black, but with a clear direction where to go next marked with the arrow (her dog). This is the beginning.

Conclusion

Respond art is a strong and effective tool for tracing countertransference in art therapy, but also in any other therapy type. In this nonverbal and spontaneous way, the therapist can become aware of subconscious processes that are connected to the relationship with the client. The emotions, thoughts and any other content are then exteriorized, analyzed, and eventually, set in the consciousness. This is the way for the therapist to deal with his own unconscious response to the client and resolve them to benefit the therapeutic relationship.

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