FROM THE DEPTHS TO THE SURFACE: ART THERAPY AS A DISCURSIVE PRACTICE IN THE POST-MODERN ERA

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How does art therapy fit into the post-modern world that is our present cultural habitat? The evolution of our discipline between the 1940s and 1960s, the height of the Modernist movement in art, profoundly influences both our theory and our practice. The particular branches of Modernism taken up by art therapy were, of course: (a) Abstract Expressionism, premised on a supposed connection between “universal” inner feelings and impulses and the artist’s gestures on the canvas; (b) Primitivism, child art, insane art, graffiti, tapped into the so-called genuine roots of creativity; and (c) Surrealism, where links were posited between automatism, the unconscious, dreams and art. These three branches gave permission for artists to dispense with the formal language of conventional figure drawing, composition and perspective so that we could honestly say to our clients it doesn’t matter if you can’t draw, because there was a world of art out there that endorsed this statement. However, as these branches of Modernism evolved toward Art-Povera, Assemblage and Pop-Art with increasing emphasis on the image as signifier itself, rather than on what was supposed to be signified by the image, in other words toward Post-Modernism, art therapy had to ask new questions of the art world. How can we use Warhol, Koonz, Clementi, Fischl, Sherman, for instance? What do Beavis and Butthead, the Benneton billboards, tell us about the social norms against which pathologies stand forward as figures against a ground? What does the Post-Modern proposition—that there are neither universal inner truths nor a fixed external world that art can either express or represent—entail for art therapy?

Modernism is characterized by its sense of social and personal history, its belief in progress, as well as by its conception of the individual, its dichotomizing reason and unreason, so that in our field the Modernist art therapist’s task is to turn unreason into reason. The aim may be, for example, to overcome too aggressive a superego and to modify it, give it back as a less dangerous, more useful force or to coax into awareness the unconscious repression that has disguised itself as a symptom, to at last identify the true pathological culprit. The strategy is to first uncensor, to interpret, to find and face the cause of the symptom.

Generally speaking (but with a few exceptions), art therapists have espoused positivist psychological outlooks, bent on curing the symptom via insight or adaptation. Therapeutic strategies have included interpreting symptoms according to theories rooted in “going back to origins.” These origins could be either the Oedipus complex or early infantile traumas or assaults, abuse, deaths. Alternatively, there have been strategies, rooted in a transcendent teleological mode, of assisting archetypal processes to unfold. Finally, there have been strategies for “beefing up” the (narcissistic) self, for enabling the person to assert himself or herself in the here and now—strategies for self-expression, individuation, self-realization. Now this requires our assumption of a concept of selfhood including personal, social and historical levels of

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identity, that is, of a causal sense of history, of a narrative concept of "myself" that links birth to death as a series of consequences.

Post-Modernism, however, does not accept reductive causality nor hold with expansionist teleological interpretations of history. It is against the singular and for the plural, preferring whole galaxies of meaning to emerge from a limited set of phenomena. It is opposed to the notion that the symptom must have only one cause. Thus, it calls for a pragmatic rather than analytic approach to therapy, one where needs can be identified not in terms of social goals or of personal "integration," but in terms of the clients' wishes and desires being facilitated.

However, our approach to therapy has remained Modernist, rooted in the Humanist ideal of free individuals claiming their natural right to health and happiness. There could hardly be a greater contrast between, on the one hand, the Modernist individual with individual rights, demands for self-expression, self-realization and so forth, whose mental health is measured in terms of integration and autonomy and, on the other, the Post-Modernist subject whose sign of health is an ability to manage fragmentation skillfully, to stay split in the face of the threat of fusion with the imaginary—the Other.

If we accept Post-Modernism as a cultural force to be reckoned with, we need a theoretical stance that enables us to understand and intervene effectively in our clients' lives, not as interpreters of signs and symbols in their pictures, but as co-creators of meaningfulness.

I must admit that it was by accident that I found a position from which I could review our activity as therapists in these terms. In art therapy, normally, the work of each client has a consistency, a style or personality, even when the visual vocabulary is impoverished. The pictures do not usually vary much from each other. Sometimes they do vary in content as the client tacks from one preoccupation to another, but there is usually strong consistency in the images, in the use of materials, which is traceable through the client's work from beginning to end.

As a research student in the mid 1970s, I studied the production of a series of pictures (made by a young female black patient, resident in a psychiatric hospital). They did not quite follow this pattern. I was not the therapist because I did not want transferences involving myself to enter into the images. Rather I was witness of a fascinating process of image-making over a period of about a year. My research was about how clients might acquire artistic competence during the course of art therapy despite art therapists' refusal to "teach" them how to make pictures. This client did indeed quickly transform herself into an accomplished artist very much to my satisfaction as a researcher. She assimilated a number of schemata and rules of art-making without overt instruction. But as I was primarily interested in the role of art in art therapy, at first I missed what turned out to be the most significant feature of her work—the fact that she employed several different visual vocabularies and about a dozen different sets of images during her therapy.

By the end of six months or so the range of images was bewildering. But as the following months passed, a definite pattern seemed to be emerging. It could be described as a search for an acceptable compromise between a growing awareness of her sexual identity and what that might entail in her social context, and a desire to retain a self-image as a spiritual healer—the first seeming to derive from her instinctual drives, the second her ego-ideal. The end of my research project coincided with the end of her stay in hospital. Later she was readmitted and many of the same themes reappeared, this time transformed by psychosis into vibrant or ironic versions of their former selves.

In my attempts to understand these images over the following years as I presented them in lectures to students, I tried to explain them in terms of her attempts to symbolize her Freudian neurotic conflicts or in terms of Kleinian themes of paranoid-schizoid/depressive positions or of symbolizations of Jungian archetypal processes or of Hillmanesque psyche/soma/anima configurations. But the plethora of images (nearly 200) would not fit easily into the universalist molds I was attempting to use. I was looking for their meaning within a Modernist assumption, that it would eventually be discovered "behind" the pictures or "underneath" them—a meaning that pre-existed the pictures.

I was becoming aware of a mounting critique of Modernism, and by the mid 1980s my attempts to explore the phenomenology of the art therapy process had brought me into contact with certain ideas about language, particularly about the proposition that meanings issue from language and do not pre-exist it. Macdonnell (1986, p. 9), placed the issue in a historical context:

In the eighteenth and nineteenth centuries there were two main kinds of theories of meaning, both of which assumed that words stood for...
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