



ART THERAPY: INDICATIONS FOR TREATMENT OF CHOICE

MOTTY MCMURRAY, ATR, OFRAH SCHWARTZ-MIRMAN, ATR, and SHMUEL MAIZEL, MD*

For many years now there has been a worldwide tendency towards ever increasing health service costs, a phenomenon that also includes mental health services. In order to cope with the ever greater scarcity of funds, art therapists must define more accurately the patient population for whom expressive therapy is likely to be most effective. When the question is approached as to whether art therapy is the treatment of choice for a particular patient, it is often necessary to confer with colleagues from other disciplines involved in the referral. This dialogue requires a common language with regard to definitions of mental health disorders in the patient. The most common diagnostic tools for mental disorders in present use are the descriptive classification systems, such as *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*; American Psychiatric Association, 1994) and ICD-10 (World Health Organization, 1992). These tools are aimed at enabling as accurate a distinction as possible between the variety of syndromes of emotional disorders. The descriptive classification system divides the pathology of emotional states into a large number of distinct syndromes.

In our view, such descriptive classification systems do not meet the requirements as a framework within which to formulate general guidelines for suitability to art therapy as treatment of choice. The goal of such classification is maximal discrimination and descriptive accuracy. The formulation of general guidelines to describe the patient populations, for whom art therapy is likely to be the preferred therapy, requires the

grouping of patients into a small number of basic categories. In order to assess whether a patient is suitable for referral to art therapy, the diagnostic tool must describe the emotional state of the patient as a whole, including strengths, defenses and behavior patterns. Kernberg (1977) proposes a classification system, which covers the entire range of psychopathologies, by dividing them into a restricted number of intrapsychic organizations. In addition to describing the characteristics of the range of psychopathologies, Kernberg's (1977) classification formulates the intrapsychic structures at their root.

Kernberg (1975, 1977, 1980, 1996) classifies psychopathological states according to three levels of intrapsychic organization: the neurotic personality organization, the borderline personality organization, and the psychotic personality organization. The type of intrapsychic organization is determined by (a) the level of integration between the internalized self and object representations, (b) the dominant defense mechanisms, and (c) the extent of reality testing. The quality of intrapsychic organization is determined by the extent of integration in the ego of contradicting perceptions relating to the self and those relating to the internalized significant figures from early life, the type of defense mechanisms mobilized in the face of conflict and the degree of reality testing. Reality testing can be defined by the ability to differentiate between self and nonself, between intrapsychic experiences and interpersonal experiences and the ability of the individual to evaluate realistically his or her af-

*Motty McMurray is an art therapist at the "Eithanim" Mental Health Center, affiliated with the Hebrew University and "Hadasah" Medical School, Doar-Na Tzfon Yehuda, Israel. Ofrah Schwartz-Mirman is an art therapist at the Children and Adolescent Clinic, "Abarbanel" Psychiatric Hospital. Shmuel Maizel is a psychiatrist at the "Eithanim" Mental Health Center, affiliated with the Hebrew University and "Hadasah" Medical School.

fective expression, behavior and thoughts in the context of social norms (Kernberg, 1977).

The neurotic personality organization is characterized by the capacity to integrate contradicting self and object representations. The neurotic personality can consolidate positive and negative percepts regarding the self and regarding the internalized significant figures from early life. This personality organization is typified by the use of advanced defense mechanisms such as repression, displacement, sublimation, isolation, negation, intellectualization and rationalization. Reality testing is at a high level.

In the borderline personality organization, the ability to integrate contradicting percepts of the self and the internalized object representations is considerably impaired. This personality organization is characterized by a split between the positive and negative percepts of the self and of the objects. This split has its roots in the defensive need to preserve the good representations of the self and of the internalized objects and to externalize the bad representations (Jacobson, 1954). The borderline personality organization is typified by the mobilization of a wide range of primitive defense mechanisms such as splitting, exaggerated and unrealistic feelings of idealization and devaluation, omnipotence, primitive forms of projection (in particular projective identification) and primitive denial. Reality testing is intact but at a more primitive level than in the neurotic personality organization.

The psychotic personality organization is characterized by the absence of the ability to integrate contradicting perceptions of the self and of the internalized object representations. The self and object representations are fragmented. Often, no connection is perceived between the positive and negative perceptions of the self and of the early object representations. When a good experience of the self or of the object representations is perceived, the negative percepts are totally denied as if they had never existed. Likewise, when a bad experience is registered, the good is denied. All percepts relating to the self and to the object representations are experienced as transient, isolated and disconnected. In the psychotic personality organization, the defense mechanisms deployed are almost entirely primitive. Reality testing is lacking to a great extent. The ability to differentiate between self-representations and object representations is impaired. The delineation is blurred between feelings whose origin is internal and experiences whose origin is in external reality. In the psychotic

personality organization, there is often great impairment in the ability to evaluate emotional expressions, behavior and personal thoughts realistically and in the framework of socially accepted norms. Both the borderline personality and the psychotic personality organizations exhibit an impaired ability to integrate positive and negative perceptions relating to the self and object representations. The psychotic personality organization is distinguished from the borderline personality organization by the blurring of the boundaries between internal self and object representations. Both the borderline and the psychotic personality organization typically show a variety of ego weaknesses. Included among these are an impaired capacity to withstand anxiety, impaired capacity for impulse control, an impaired ability for symbolic organization and an impaired capacity for sublimation.

The neurotic personality organization is characterized by a harsh superego but at a high level of integration. In the borderline and psychotic personality organizations, the superego is typified by oral-sadistic and archaic idealized object representations. These two personality organizations show a wide split between the exaggerated all good ideal-object representations and the primitive sadistic all bad object representations, both forming the foundations of the superego.

In artistic expression, the source of inspiration is in the successful early internalization of the transitional object. The internalization of the transitional object constitutes the basis for the development of the ability for symbol formation (Winnicott, 1953). Symbol formation can be defined as the consolidation of an indirect symbolic representation of an impulse, fantasy or unconscious conflict directed at internalized early objects. In symbolic organization, a transformation occurs from the intrapsychic unconscious ideation to a substitute representation in reality, with an associated distancing from the initial fantasy. The focus is no longer on the primitive ideation, but on the very existence of the symbolic representation as an entity in its own right (McMurray & Schwartz-Mirman, 1998; Weir, 1987).

At the heart of art therapy stands the translation of primitive impulses and fantasies, which were originally directed at the internalized self and object representations, to tangible forms via the art materials. The transformation of the intrapsychic experience into external representations gives rise to a tangible product within which are buried primitive themes identical to those that were directed towards the pri-

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات