TRANSFERENCE IN ART THERAPY: A NEW OUTLOOK


In the field of art therapy, several different therapeutic strategies can be defined. Among these are the structured activities and the free and spontaneous creative process. In the former approach, the process is such that the patient is encouraged to use materials for creative expression according to a predefined plan of action. In this structured process, the source of inspiration is mostly external: the instructions dictated by the therapist. The necessity to work according to defined rules limits the possibility of regression. The requirement to relate to externally dictated tasks necessitates constant interaction with reality, and the mobilization of ego functions. By contrast, the spontaneous creative process is one where the source of inspiration is internal and driven by primary impulses and fantasies (Kris, 1952). It is this intrapsychic focus of the spontaneous art therapy that is the link to psychodynamically-oriented psychotherapy. However, there exist significant theoretical differences between this approach to art therapy and traditional psychodynamically-oriented therapies. In psychodynamically-oriented psychotherapy, the main therapeutic tool is the repeated interpretations of the primary impulses and fantasies (Kris, 1952). It is this intrapsychic focus of the spontaneous art therapy that is the link to psychodynamically-oriented psychotherapy. However, there exist significant theoretical differences between this approach to art therapy and traditional psychodynamically-oriented therapy. In psychodynamically-oriented psychotherapy, the main therapeutic tool is the repeated interpretations of the primary impulses and fantasies. In art therapy, the focus of the therapeutic work is on the transformation of these intrapsychic impulses and fantasies of the patient into a work of art. When the encounter with the materials is controlled, tempered both by the patient’s capacities for restraint and the guidance of the therapist, the regression is likely to be curbed. This controlled regression, known as regression in the service of the ego, is one of the cornerstones of all psychodynamically-oriented therapies.

Artistic expression has its origin in the early satisfactory internalization of the transitional object. This internalization of the transitional object is the core of the capacity for sublimation (Winnicott, 1953). In sublimation, a fundamental change occurs. The creative activity is transformed from an insufficient substitute for the gratification of an impulse to a symbolic equivalent (Kramer, 1979; Winnicott, 1953). In accordance with the theory outlined by Winnicott, the artistic creation becomes a symbol which can be related to as an object in reality, while turning away from the primal fantasy motivating it. The focus is no longer the fantasy, but rather the very existence of the artistic creation, which is an entity in itself.

In art therapy, the translation of intrapsychic ideation into a work of art constitutes the focus of therapy. In the making of art, the symbolic imagery is molded by feelings from the past, re-experienced in the present (Agell, 1981). The creative activity contains a collection of impulses and fantasies, which were originally directed towards the primary object representations. The transformation of intra-psychic ideation into external representations results in a tan-

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gible image, which retains primitive fantasies similar to those experienced towards the primary figures.

In accordance with the theory outlined by Dalley (1987), we believe that the core of art therapy is the triangular connection between the patient, the creative process and the therapist. A complex multidimensional interaction exists between the three elements of this triangle. The three sides of the triangle represent the relationship between the patient and the work of art, the relationship of the therapist to the patient and the relationship of the therapist to the patient’s work of art.

Though many of the therapeutic approaches in the field of art therapy are based, at least to some extent, on psychodynamic theory, the role of transference has remained a controversial subject (Allen, 1988). Traditionally, transference is defined as the “collection of feelings and behaviors of the patient towards the therapist, which were originally directed towards primary figures in the patients early life” (A. Freud, 1966; S. Freud, 1912; Klein, 1952). The therapist serves as a symbolic substitute for the internalized primal object representations. The core of transference is the capacity for symbol formation.

We believe, in art therapy, transference relationships towards the therapist evolve when a derangement occurs in the creative process. In art therapy, transference can be defined as “the collection of impulses and fantasies of the patient directed towards the therapist in the course of the creative activity.” Although transference towards the therapist is a creative expression of the patient, it leads to the rigid organization of emotional responses. This rigidity is detrimental to creativity and impedes the movement from “crude” activity to a controlled act of creation (Robbins, 1989). In the making of art, the compulsion to act upon a recurrent pattern considerably reduces the flexibility of emotional experience and prevents the expansion of creative expression. The main instrument for curbing the patient’s compulsion to repeat lies in the handling of the transference (S. Freud, 1914a; Klein, 1952). In art therapy, therefore, we regard the handling of transference as playing a significant role in the modification of the rigid need to repeat a recurrent pattern of creation. The handling of the transference is thus instrumental in enabling free artistic creation.

It is our view that in art therapy, the transference relationship towards the therapist is the consequence of a creative process that fails to serve as a sufficient sublimatory source for the repressed primary fantasies, directed towards the internalized early object representations. When this happens, the libidinal investment is diverted from the creative process to the interaction with the therapist and a transference relationship develops. The deflection of interest, from the creative process, to the therapist involves a regression in the level of symbol formation. The materialization of primal fantasies, by means of artistic creation, requires a higher form of symbolization than the representation of these fantasies in the interaction with the more concrete figure of the therapist. Repeated interpretation of the transference relationship allows the deep reaching revision of early object relations and enables the revival of emotional expression (Fenichel, 1941; Klein, 1952). The effective interpretation of the transference dissolves the rigid need to direct libidinal investment towards the symbolic substitute of the early object representations, i.e., towards the figure of the therapist. Consistent interpretation of the transference towards the therapist leads to the enrichment of emotional expression and channels the emotional interest back into the creative process. The act of creation once again can serve as a sufficient source of sublimation for the primary fantasies that motivated it. Working through the transference is vital and leads to integration into the ego of the primal fantasies, previously repressed (Fenichel, 1941). In art therapy, the interpretation of the transference towards the therapist is vital for the revival of the creative process when it becomes blocked.

In art therapy, the act of creation functions to expand the capacity for sublimation of repressed primary fantasies. Sublimation serves to divert libidinal investment from the unconscious search for primal wish fulfillment to new channels based in present reality such that the primitive drive is neutralized (S. Freud, 1905, 1914b, 1923). We hold that in art therapy, when the creative process reaches a deadlock, the process of expansion of the capacity for sublimation is disturbed. The libidinal investment is diverted from the creative process to the transference relationship with the therapist. The interpretation of the transference serves to redirect the libidinal investment back into the creative process. The act of creation is the agent that enables expansion of the capacity for sublimation of suppressed primary fantasies, and the concomitant strengthening of ego functions. In line with the views proposed by Weir (1987), we also believe that the act of creation itself does not constitute real sublimation. She stated that symbolic fusion results in a displaced object retaining the same primitive inten-
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