ART AS AN EXPRESSION OF THE UNCONSCIOUS PSYCHE

Elana Weiner

A Dissertation submitted to the Faculty of Arts, Rhodes University, Grahamstown, in partial fulfilment of the requirements for the Degree of Master of Arts.

Grahamstown 1987
DECLARATION

I declare that this dissertation is my own, unaided work. It is being submitted for the degree of Master of Arts, Rhodes University, Grahamstown. It has not been submitted before for any degree or examination in any other University.

__________________________________________

Elana Weiner

________________________ day of _____________, 1987.
ACKNOWLEDGEMENTS

I would like to express my gratitude and sincere appreciation to the following persons:

Mr Roger Brooke, my supervisor, for his guidance in the preparation of this study.

Sr. Andrea James, an art therapist working at Tara Hospital, for her supervision.

Tara Hospital and the staff of wards 4 and 5 for their invaluable assistance.

The patients of Tara, without whom this study would not have been possible.

The Human Sciences Research Council for their financial assistance.

The opinions and conclusions reached in this study are those of the author and are not to be regarded as a reflection of the Human Sciences Research Council or Rhodes University.
ABSTRACT

This study aimed to investigate the use of expressive art as a manifestation of the unconscious psyche and as an indication of underlying personality dynamics. Its use as a significant medium for therapeutic encounter and exploration was investigated by analysing the art produced by four psychiatric in-patients during their participation in an eight-week art therapy programme. Each patient's art series was qualitatively and thematically interpreted with a focus upon the meaning of significant recurring images and motifs. The results of this study indicate that the particularity of each patient's graphic imagery enabled the lived experience of their struggles and preoccupations to emerge as uniquely different. Through their art productions they revealed the nature of their inner worlds and the power of their thoughts, feelings and experiences.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>CHAPTER ONE</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1.1. Aims of the study</td>
<td>1</td>
</tr>
<tr>
<td>1.2. Rationale of the study</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER TWO</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. REVIEW OF THE LITERATURE</td>
<td>3</td>
</tr>
<tr>
<td>2.1. Art Therapy: History and Theoretical Perspectives</td>
<td>3</td>
</tr>
<tr>
<td>2.1.1. The development of art therapy as a discipline</td>
<td>3</td>
</tr>
<tr>
<td>2.1.1.1. The contribution of psychoanalysis</td>
<td>4</td>
</tr>
<tr>
<td>2.1.1.2. The rise of art therapy</td>
<td>7</td>
</tr>
<tr>
<td>2.1.2. What is art therapy?</td>
<td>9</td>
</tr>
<tr>
<td>2.1.2.1. The assumptions of art therapy</td>
<td>9</td>
</tr>
<tr>
<td>2.1.2.2. The therapeutic advantages of art therapy</td>
<td>10</td>
</tr>
<tr>
<td>2.1.2.3. The aims of art therapy</td>
<td>12</td>
</tr>
<tr>
<td>2.1.2.4. Art creation as inherently therapeutic</td>
<td>13</td>
</tr>
<tr>
<td>2.2. Art Therapy in Practice</td>
<td>14</td>
</tr>
<tr>
<td>2.2.1. Group art therapy</td>
<td>14</td>
</tr>
<tr>
<td>2.2.2. The art therapy session</td>
<td>15</td>
</tr>
<tr>
<td>2.2.3. The interpretation of art</td>
<td>18</td>
</tr>
<tr>
<td>2.3. Methodological Issues in Art Therapy Research</td>
<td>19</td>
</tr>
<tr>
<td>2.4. Summary and Implications for the Present Study</td>
<td>21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHAPTER THREE</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3: RESEARCH METHODOLOGY</td>
<td>23</td>
</tr>
<tr>
<td>3.1. Design</td>
<td>23</td>
</tr>
<tr>
<td>3.2. Subjects</td>
<td>23</td>
</tr>
<tr>
<td>3.2.1. Selection of the sample</td>
<td>24</td>
</tr>
<tr>
<td>3.3. Procedure</td>
<td>25</td>
</tr>
<tr>
<td>3.3.1. Selection of patients to attend art therapy</td>
<td>25</td>
</tr>
<tr>
<td>3.3.2. The art therapy groups</td>
<td>25</td>
</tr>
<tr>
<td>3.3.3. The art therapy sessions</td>
<td>26</td>
</tr>
</tbody>
</table>
3.3.4. Psychodiagnostic assessments 28
3.3.5. Feedback to the ward and the patients 28
3.4. Apparatus 29
3.4.1. Venue and materials 29
3.4.2. The art projects 29
3.4.3. The Rorschach Inkblot Test 37
3.4.4. The Thematic Apperception Test (TAT) 37
3.5. Analysis of the data 37
3.5.1. Analysis of the psychodiagnostic material 38
3.5.2. Analysis of the art material 39

CHAPTER FOUR 41
4. RESULTS 41
4.1. CASE STUDY ONE: B 42
4.1.1. Biographical data 42
4.1.2. Psychodiagnostic assessment results 42
4.1.3. Presentation in the art therapy programme 44
4.1.4. Interpretation of B.'s art 45
4.1.5. Summary 50
4.1.6. B.'s art and explanation of her work 51
4.2. CASE STUDY TWO: K 58
4.2.1. Biographical data 58
4.2.2. Psychodiagnostic assessment results 59
4.2.3. Presentation in the art therapy programme 60
4.2.4. Interpretation of K.'s art 61
4.2.5. Summary 66
4.2.6. K.'s art and explanation of her work 67
4.3. CASE STUDY THREE: D 75
4.3.1. Biographical data 75
4.3.2. Psychodiagnostic assessment results 76
4.3.3. Presentation in the art therapy programme 77
4.3.4. Interpretation of D.'s art 78
4.3.5. Summary 83
4.3.6. D.'s art and explanation of his work 84
4.4. CASE STUDY FOUR: J 92
4.4.1. Biographical data 92
4.4.2. Psychodiagnostic assessment results 93
4.4.3. Presentation in the art therapy programme 95
CHAPTER ONE

1. INTRODUCTION

1.1. Aims of the study

In this investigation the use of expressive art as a manifestation of the unconscious psyche and as an indication of underlying personality dynamics will be explored. Art may be regarded as a means of access to the unconscious, as another "royal road to a knowledge of the unconscious activities of the mind". This study aims to understand the use of art to embody conflict as it is lived subjectively and experientially. The richness of subjective expression in art is expected to provide fertile ground for the comprehension of intrapsychic and interpersonal phenomena. The use of art as a significant means of understanding and exploring the underlying dynamics of emotionally disturbed people will be explored. It is anticipated that expressive art, and the process of creating it, will provide a significant medium for therapeutic encounter and exploration.

1.2. Rationale of the study

Art therapy is based upon the assumption that every individual has an inherent capacity to project his or her inner conflicts into outer visual form. In fact visual forms of expression are regarded as closer than words to the nature of unconscious phenomena.
themselves. Art may therefore be seen to provide invaluable material for analysis. As a means of non-verbal symbolic communication it provides a medium through which an individual can achieve both conscious and unconscious expression of the self. Art may therefore serve as an effective means of therapeutic encounter and exploration, especially with emotionally disturbed psychiatric patients who often experience difficulty in expressing the confused and troubled thoughts and feelings that beset them.

Art therapy is a relative newcomer to the range of available therapies. In South Africa it is still largely unrecognized and remains very much a secondary adjunct to verbal modalities of psychotherapy. To date there is no clear and coherent theoretical framework guiding the practice of art therapy; nor is there a consensus as to the scope of its applicability or its therapeutic objectives. If art therapy is to become methodologically sound and professionally accepted, scientific study is required in order to investigate the applicability and efficacy of art therapy as a relevant means of psychotherapeutic treatment.
CHAPTER TWO

2. REVIEW OF THE LITERATURE

In the following chapter the development of art therapy as a discipline will be discussed. The underlying theoretical assumptions of the use of expressive art as a means of therapeutic encounter will be introduced. The literature review will also attempt to examine the therapeutic advantages of art therapy as well as its practical application. Methodological problems in art therapy research will be described briefly.

2.1. Art Therapy: History and Theoretical Perspectives

2.1.1. The development of art therapy as a discipline

Towards the end of the nineteenth century the spontaneous art of psychotics began to arouse the interest of many professionals. Auguste Tardieu, a Paris physician, published a Medical-Legal Study of Insanity (1872), Simon (1876) produced a paper dealing with the subject of psychotic art and writing, Lombroso (1891) wrote about the art of the insane and Hans Prinzhorn, an art historian, noted the affinity between psychotic art and Expressionist and Surrealist art. He produced his major work Bildernei Der Geisteskranken (Artistry of the Mentally Ill) in 1922 which referred to a collection of five thousand spontaneous paintings. These pioneers helped interest psychiatrists, artists and the public in the relationship between unconscious processes and creative art.
2.1.1.1. The contribution of psychoanalysis

Freud recognized the ability of art to reflect in the artist, and evoke in the observer, unconscious dynamics:

Kindly nature has given the artist the ability to express his most secret mental impulses, which are hidden from himself, by means of the works that he creates; and these works have a powerful effect on others who are strangers to the artist and who are themselves unaware of the sources of their emotions. (1957: p. 84)

Freud was aware that what an individual creates draws upon the deepest recesses of the unconscious and can provide clues to unknown psychic material. He noted that the unconscious speaks in images in our dreams and fantasies:

We experience it (a dream) predominantly in visual images; feelings may be present too, and thoughts interwoven in it as well; the other senses may also experience something, but nonetheless it is predominantly a question of images. Part of the difficulty of giving an account of dreams is due to our having to translate these images into words. "I could draw it", a dreamer often says to us, "but I don't know how to say it." (1963a: p. 90)

This is reaffirmed in the words:

For there is a path that leads back from phantasy to reality - the path that is, of art. (1963b: p. 375)

According to the Freudian viewpoint fantasies are imaginary scenes that have their beginnings in the borderline zone between the conscious and the unconscious, at the preconscious level of the psyche. Like dreams, art and fantasy represent the disguised fulfilment of an unconscious wish or a repressed impulse. The work of art, like the dream, can be seen in terms of two types of content: the manifest content which is a mask concealing the real meaning and source of the underlying latent content which reveals repressed instinctual needs and drives. Both fantasy and art represent a compromise formation which enables repressed memories...
and desires to be admitted into consciousness, albe they distorted by defence and by the secondary process elaboration of the ego, working under the direction of the reality principle. These defensive processes serve to protect the individual from the experience of shame and anxiety. Like dreams, art is recognized as:

a process of spontaneous imagery, released from the unconscious, using the mechanisms of repression, projection, identification, sublimation and condensation, which are fundamental in the treatment method. (Dalley, 1984: p. xvi)

Before 1920 Jung, an artist himself, encouraged the expression of dreams and fantasies in pictures by his patients; and recognized the expressive power of:

pictorial representations of psychic processes .... which do not correspond to any "outside" (and) must originate from "inside". As this "inside" is invisible and cannot be imagined, even though it can affect consciousness in the most pronounced manner, I induce those of my patients who suffer mainly from the effects of this "inside" to set them down in pictorial form as best they can. The aim of this method of expression is to make the unconscious contents accessible and so bring them closer to the patient's understanding. (1966a: p. 136)

Jung also recognized that:

To paint what we see before us is a different art from painting what we see within. (1966b: p. 47)

He discovered the positive value of expressive painting as a more direct means than words of dealing with unconscious non-verbal experiences in psychotherapy. Jung's work on Active Imagination reveals the extent to which he valued the more active involvement of the ego with fantasy and unconscious material in fostering the process of therapeutic growth. He considered Active Imagination to be an important complement to dream interpretation. Von-Franz (1980) has outlined four steps to the process of Active Imagination.
Initially the thoughts of consciousness must be set aside to enable the unconscious to "enter". At this stage the ego must simply uncritically observe the spontaneously emerging stream of interior images, remaining alert, but not filtering out anything.

We must be able to let things happen in the psyche .... Consciousness is forever interfering, helping, correcting and negating, never leaving the psychic process to grow in peace .... To begin with, the task consists solely in observing objectively how a fragment of fantasy develops. (Jung, 1968a: par. 20)

The attitude of the child at play is required at this stage:

The creative activity of imagination frees man from his bondage of the "nothing but" and raises him to the status of one who plays. (Jung, 1966b: par. 98)

Working with graphic or plastic material, rather than words may help reduce ego "interference": naturally occurring situations of unfocused attention, e.g. jogging, ironing, washing dishes, may serve a similar purpose. During the second phase, as the unconscious material emerges, usually in the form of fantasy images or emotions, these are given some external form. The unconscious can be expressed in an infinite number of ways, including poetry, stories, direct dialogue, clay, painting, photographs, collage, music and dance.

During the third phase the ego, rooted in both the conscious and unconscious, must react to what has been expressed: the ego confronts what the unconscious has allowed to emerge. Only from this moment can one speak of Active Imagination, and only then can the personality be changed by it. Active Imagination may therefore be regarded as a dialogue between the conscious and the unconscious psyche and involves the full co-operation of an actively participating ego whose externally oriented consciousness
In the final analysis the decisive factor is always consciousness, which can understand the manifestations of the unconscious and take up a position toward them. (Jung, 1961: p. 187)

Active Imagination is therefore defined by the relationship between the ego and the unconscious and not by the particular medium of expression that is employed.

Fourthly, conclusions are drawn and put to work in life. The ego accepts responsibility for what has emerged and acts upon it. According to Jung:

Under these conditions, long and often very dramatic series of fantasies ensue. The advantage of this method is that it brings a mass of unconscious material to light .... It is based upon a deliberate weakening of the conscious mind and its inhibiting effect, which either limits or suppresses the unconscious .... They differ from dreams only by reason of their better form, which comes from the fact that the contents were perceived not by a dreaming, but by a waking consciousness. (Jung, 1968a: p. 190)

Jung considered symbolization as a process used by the individual to express experiences that are not yet fully formed and that cannot be expressed in any other manner. Kris (1952) emphasized that the energy of the unconscious or primary process are utilized in art in harmony with the ego and the rest of the personality, and as an expression of creativity rather than pathology: as a "regression in the service of the ego".

2.1.1.2. The rise of art therapy

The purposeful use of art for psychological growth was undertaken independently and more or less contemporaneously by Margaret
Naumberg, an art educator in the United States and by Adrian Hill, an artist in England, in the late 1930s and early 1940s. However prior to the 1960s the major use of art was its employment as a diagnostic tool and as an adjunct to therapy, like the analysis of dreams. The drawings of patients have been used diagnostically and projectively for over fifty years and comprise a standard component of the psychologist's test battery (e.g. Machover's (1949) Draw-A-Person test). However in recent years the creative process itself is being regarded as therapeutic. In Europe and the United States art therapy is now gaining increasing acceptance as a primary mode of therapy rather than merely a secondary measure.

The British Association of Art Therapy and the American Art Therapy Association were established in 1964 and 1969 respectively. However the criteria for the professional training of art therapists were only established in Britain, for example, as late as 1980.

It is thus evident that art therapy is a relative newcomer to the range of available therapeutic practices. The value of communication through imagery and symbols, although generally acknowledged, is often regarded as obscure and even mystical. It must be noted that to date there is no generally agreed consensus even among its practitioners about the scope of the applicability of art therapy; its informing theories or even its clinical objectives. The assumptions underlying art therapy have sometimes seemed vague and ill-defined. As a discipline art therapy is still in its pioneering stage and appears to lack a coherent body of knowledge regarding its principles and practice.
2.1.2. What is art therapy?

2.1.2.1. The assumptions of art therapy

Art expression is a form of "symbolic speech" (Ulman, 1961: p. 11), a means of communicating non-verbally through symbols. It is an:

\[
\text{instant graphic communication directed toward someone else or toward the self as an expression of emotion. (Nickerson, 1973: p. 293)}
\]

According to Naumberg, one of the foremost proponents of psychoanalytically oriented art therapy:

\[
\text{The process of dynamically oriented art therapy is based upon the recognition that man's fundamental thoughts and feelings are derived from the unconscious and often reach expression in images, rather than words. (1966: p. 1)}
\]

It is based upon the premise that every individual has an image-making capacity to express his inner experience in outer visual form. In art, unconscious imagined experience is directly transposed into an actual pictured image, whereas in verbal modalities of communication inner visual experience is retranslated from an imagined into a verbal or lexical communication. Since the language of images is the speech of the unconscious, symbolizing feelings and experiences in visual images can be a more powerful and direct means of communication that verbal description. However, the translation of visual symbols into verbal expression is seen to provide a basis for therapy.

Ulman notes that art expression is an interior dialogue with the self and provides a meeting ground for the patient's inner and outer worlds:
Its motive power comes from within the personality; it is a way of bringing order out of chaos - chaotic feelings and impulses within, the bewildering mass of impressions from without. It is a means to discover both the self and the world, and to establish a relation between the two. In the complete creative process, inner and outer realities are fused into a new entity. (1975: p. 13)

As a form of Active Imagination art creation involves a dialogue between two essential participants: the ego rooted in external reality and the unconscious. The moment of creation involves a reduced state of consciousness, the concentration upon spontaneously arising images and the involvement of an active ego whose externally oriented consciousness has been suspended. It aims at the synthesis of the self through a reconciliation and harmonizing of consciousness and the unconscious.

2.1.2.2. The therapeutic advantages of art therapy

Art expression, that is the externalizing and concretizing of interior images, can encompass the expression of the infinite and oblique and of that which is being experienced but which often cannot be grasped or translated into words. The unconscious is an elusive and amorphous force to deal with and many patients in verbal therapy are unable to find descriptions that will adequately communicate the nature of these forces within them. The words of conscious instrumentation are seen as too constrictive. In contrast, visual images are capable of working on many levels and of expressing seemingly contradictory feelings and ideas simultaneously. Art therapy with its use of fantasy, visual free association and symbolization is often more suited to the task.
According to Naumberg:

Objectified picturization acts then as an immediate symbolic communication which frequently circumvents the difficulties of speech. Another advantage inherent in the making of unconscious pictured projections is that such symbolic images more easily escape repression by what Freud called the mind's "censor" than do verbal expression, which are more familiar to the patient. (1966: p. 2)

Because the visual image is so much more powerful than speech and because it is so basic, old defences are not so readily available as they are in a purely verbally-oriented therapeutic situation. Art therapy will often bring to the surface that which the patient dare not or can not say in words. It offers the opportunity to express and work through feelings that are too threatening to be communicated verbally and provides a non-threatening means of eliciting unconscious images through the release of non-verbal and preverbal material. In addition the interpretation of the art by the patient and the therapist, enhances verbalizations. Initially the patient may be unaware that the art he or she creates is indicative of inner conflicts, but gradually comes to recognize their significance. The patient then begins to engage in a struggle to understand the meaning of his or her graphic symbolic expressions.

As a therapeutic tool, the art product - unique to the individual - provides a focus for discussion, analysis and self-evaluation. Art creations can be presented in a concrete form for all to see. The picture forms a permanent record of the state of mind and way the patient construed his or her life situation at the time. It can be referred back to minutes or years later and viewed in conjunction with subsequent pictures. A sequence of pictures can be compared and can graphically reveal changes over time; thereby
aiding both the patient and the therapist in assessing therapeutic growth.

In addition, Naumberg recognizes the liberating and empowering value of the identification the patient develops toward his or her art:

The autonomy of the patient is encouraged by his growing ability to contribute to the verbal interpretation of his own art productions . . . . He gradually substitutes a narcissistic cathexis to his own art for his previous dependency on the therapist. (1966: p. 3)

Jung also recognized this attribute of the use of art as a therapeutic medium:

The patient can make himself creatively independent through this method, if I may call it such. He is no longer dependent on his dreams or on his doctor’s knowledge: instead, by painting himself, he gives shape to himself. For what he paints are active phantasies of that which is active within himself. (1966b: p. 49)

2.1.2.3. The aims of art therapy

Art therapy may be distinguished from other artistic activities by the fact that the emphasis is on its benefit for the patient and not on the creation of the work alone. Art therapy is based upon the assumption that when the patient is encouraged to express freely and imaginatively whatever interests him or her, his or her art will inevitably lead to an expression of inner conflicts or traumatic experiences. The themes chosen are likely to deal with the actual happenings of the personal life or may vividly recreate either past or present, factual or fantasy experiences or wishes. Deeper aspects of experience which have long been inaccessible to verbalization gradually begin to be released in the symbolic language of images, drawn from the preconscious
borderline zone of the psyche. Through the accompanying exploration and interpretations the patient gains confidence in his or her ability to express buried and confused thoughts and feelings in the safe, symbolic disguise of pictures, and becomes increasingly able to approach the inner source of conflicts.

Art therapy therefore aims at the release and assimilation of repressed thoughts and feelings in the form of spontaneous images from the unconscious. It offers the creator a medium through which he or she can express previously unconfronted conflicts and gain both intellectual and emotional insight, resolution and integration by connecting the meaning of his or her work with previously hidden aspects of the self.

2.1.2.4. Art creation as inherently therapeutic

Art activity itself can be seen as a facilitator of self-expression and self-definition. By putting paint to paper each mark is a unique personal commitment of the self to the blank sheet. This is further explained by Laing (1974):

Every original art production by the patient is in some degree an aspect of that person. No-one can create the same result on paper or canvas. Art therapy offers an area where the patient can proclaim his identity and it offers an atmosphere where he can be himself .... Art offers a medium which can give both communication with others and confrontation with the self. (p. 17)

Edith Kramer, an art therapist working extensively with children, described the creative processes involved in art activity as having inherent healing properties. Its basic aim is to make available to the patient the satisfaction and pleasure that can be gained
through creative production. The involvement in the art-making process results in a sustained sense of mastery which is seen to contribute to the development of a more positive self-image. The primarily supportive approach of Kramer, as well as Eleanor Ulman, regards art therapy as a means of supporting and developing the ego and its defences. The importance of artistic sublimation, that is, that the patient can replace the need to act out fantasies by creating equivalents for them through artistic expression, is emphasized (Kramer, 1958).

2.2. Art Therapy in Practice

Art therapists tend to work in a wide variety of settings and as part of a multi-disciplinary team, in a one-to-one situation or in groups. Art therapy is used for diagnostic and treatment purposes with both adults and children. There are a variety of methods which art therapists employ depending upon their personalities, theoretical standpoints, therapeutic objectives, working environments and client groups.

2.2.1. Group art therapy

Art therapy has been used in in-patient hospital groups (Azima et al., 1957; Bach, 1954; Baruch & Miller, 1951; Baruch, 1969; Dunn & Semple, 1956; Seeman, 1968; Sinrod, 1964; and Wolff, 1975). Group art therapy has been employed within a variety of theoretical frameworks including Gestalt (Rhyne, 1973), Jungian (Dougherty, 1974), Freudian (Harris & Joseph, 1973) and Humanistic (Denny & Fagan, 1970; Denny, 1972). Group art therapy, including
family art therapy, has increasingly utilized joint or shared group projects as a way of helping patients explore their interrelationships (Kwaitkowska, 1967; Rubin & Magnussen, 1974; and Wadeson, 1971).

The advantage of group art therapy is its increased economy of time and that it is a shared group experience incorporating growth with others. It enhances trust and communication, the sharing of problems and insights with others, understanding one's effect on others, and the examination of group interaction and dynamics. Mutual support among patients in relation to their art productions promotes an atmosphere of interaction and feedback and fosters emotional growth (Potts, 1956). Patch and Refsnes (1968) noted that the use of art enhances patients' ability to give feedback and express feelings. The use of tasks within a group is felt to provide a common ground among group members and to heighten group interaction and cohesion by providing a clear focus for verbal interchange.

2.2.2. The art therapy session

Most art therapy group sessions involve the following processes or phases (Liebmann, 1979: pp. 51-56):

**Introduction**

This might include introductions to new members and explanations of the purpose and rules of the group. Assurance is given to the acceptability of anything which is to be produced as there is no
special or correct way of working with the art media. Clearly stated is that the group is not an art class, but that art is being used as a means of expressing the self. In fact technical or artistic expertise can often serve as a hinderance to the spontaneous expression of underlying feelings. Some therapists may include a physical relaxation exercise at this stage. The main activity or project for the session is then introduced. The session may be directive in which the therapist selects the activity, or non-directive, in which the choice of subject is left entirely to the patient who is encouraged to express himself freely howsoever he chooses. Ideally the less structured a non-verbal activity is, the greater are the potentials for projective communication. According to McNeilly (1984) in directive art therapy there is a tendency to uncover possibly too rapidly powerful feelings which may be difficult for the patient, the group or the therapist to contain. The timing of exposure to the arousal of these emotions is critical and although there may be a catharsis through imagery, the long-term benefit is questionable. In addition by setting a theme a didactic process is established and may result in the therapist being perceived as a provider feeding the group's dependence upon him or her. By suggesting a theme the therapist is often "playing safe" and avoiding trusting in the group to find its own way on the road to the unconscious. However with non-directive art therapy the lack of structure may be perceived as anxiety provoking and uncontainable by more disturbed patients. Structured and theme-centered art therapy enables the therapist to carefully design projects aimed at eliciting specific conflict areas and aspects of personality. This allows the therapist greater control over the therapeutic process and what
emerges in a session. With group art therapy such an approach also ensures a degree of convergence among group members with regard to the broad psychodynamic areas that will emerge within a session.

**Activity**

This usually takes about half the available time and often amounts to 30 to 45 minutes, as the whole session usually lasts 1½ to 2 hours. Simple art materials that are easily and quickly manipulated and which require little technical knowledge are preferred. Most commonly used are oil pastels, felt pens, water-colours, glue, newsprint, scissors, clay and randomly cut-out pictures from magazines.

Art therapists have to decide to what extent they will participate and intervene during this phase. This will depend upon their personal orientation and the kind of patients in the group. As the patients become absorbed in creative activity they begin to self-reflect and withdraw into themselves, and may experience a cathartic reaction in which they establish contact with and give vent to suppressed emotion.

**Discussion**

An important aspect of group art therapy is the group sharing of images: the experience of knowing and being known at a very deep and personal level by others. The discussion phase takes the second half of the session usually. The art work, as a tangible externalization of the patient, provides a useful focus in the
group's attempts to understand each member. In the discussion each
person may share the time, or everyone may contribute to the
discussion of only one or two paintings, or everyone may relate
how they felt during a group painting.

2.2.3. The interpretation of art

The solidity and concrete nature of the art form provides a clear
visual arena for interpretation, even though much of what is
expressed in art therapy tends to be symbolic and metaphorical.
Interpretations should be approached with caution, for despite the
apparent advantage in having such a tangible focus, art forms are
statements on many levels and this may exacerbate the risk of error
or misunderstanding. It has been generally accepted that even the
most experienced art therapist cannot be totally confident about
correct interpretation without active participation and co-
operation from the patient. Listening to what the patient is
saying about his or her painting is as valuable as the painting
itself. As the painting is unique to its creator, it is only the
artist who can ultimately come to understand its full significance.
Therefore of crucial importance is the therapist's respect for the
patient's interpretations of his or her art.

The therapist should first ask the patient to attempt an explana-
tion of the content and meaning of his or her work which can be
further explored through interactions with the therapist. It is
not just what the patient has depicted, but how it has been
depicted and how the patient talks about his or her art, which is
a focus for interpretation. The patient's feelings about his or
her painting and about the actual process of creating it may also become a focus. Rather than interpreting the symbolic expression of the patient, the therapist should encourage the patient to discover its meaning for him or herself. The interpretive process does not merely imply direct analysis or interpretation, but mutual suggestion and exploration of the meaning of the images by both the patient, the therapist and the group. According to Naumberg:

When spontaneous images are created by a patient in art therapy, the therapist encourages the patient to give his free associations to the image that he makes. Unlike the psychoanalyst, the art therapist does not interpret a patient's imagined projections, but encourages the patient to assume the active role of explaining his creations.... Art therapist's questions as to the mood in which the patient's designs were created, or to the order in which the colours were used or just what the pictures meant to the patient, may release his free associations. These questions may suddenly reveal to the patient the symbolic significance of his pictures. (1966: p. 6)

Pictures often serve as a mirror and may speak symbolically before the patient understands its meaning. When conflicts have found form outside the patient's psyche, he or she gains detachment from them and this often enables the patient to examine problems with increasing objectivity. By guiding the patient in making sense of his or her own painting, the therapist fosters the process of psychic integration of unconscious inner conflicts.

2.3. Methodological Issues in Art Therapy Research

Those practitioners concerned with the growth and development of the art therapy field recognize the need for research. One of the major criticisms levelled at art therapy by those unconvinced of its effectiveness, is the lack of conclusive evidence as to its results. It is often argued that if art therapy is to become
methodologically sound, scientific study must investigate its validity as a diagnostic and therapeutic medium.

There has been little research of substance in the field of art therapy (Serban, 1972; Wadeson, 1971; and Anastasi & Foley, 1944). Conclusive statistical results, utilizing a strict scientific methodology involving the statistical analysis of quantifiable data is notoriously difficult to achieve in art therapy research. In addition such an attempt may be considered a questionable endeavour in the first place. Such procedures often require a reductionistic approach to the material, as for example the characteristics of pictorial style might be broken down into components such as use of colour, space, line and so forth. However in pictorial work the whole is often more than the sum of the parts and cannot be adequately described by such a reductionistic process. Wadeson (1980) does point out the possibility of designing art tasks to elicit specific data which could then be analyzed. She also points out that:

> Although art therapy researchers may borrow heavily from the methodologies traditionally employed in the behavioural sciences, art therapists may have to refine modify and adapt them to the peculiar problems posed by this field. Art therapists may even have to develop new methods. (1980: p. 318)

Research has generally emphasized qualitative observation rather than quantitative measurement, focusing on the examination of descriptive case studies (Dalley, 1980; 1981; Rosenberg, 1965; Kunkle-Miller, 1978; and Shaugnessy & Hirschhorn, 1981). Critics of this approach however express doubt as to the long-term value of basing the body of knowledge upon which a profession rests, upon the single case study. It is argued that unless it is demonstrated
that information from one case can reasonably be generalized to others, the single case study remains relatively ineffective in producing a body of information about a discipline. However despite these problems, much of the richness in communication through art expression may be lost when the integrated results of complex processes are reduced to a collection of quantifiable elements.

Nonetheless it is essential that the effectiveness of art therapy be evaluated so that the field may develop more productively and so that one may determine how much emphasis should be placed upon it in treatment. A deeper understanding of the nature of therapeutic art activity would enable refinements to be made both in the training and practice of art therapists.

By producing solid and credible research, art therapists will gain increased recognition and respect in the area of the behavioural sciences through systematic demonstration of the vehicle of art expression, a most potent instrument in furthering understanding of the human condition. (Wadeson, 1980: p. 318)

2.4. Summary and Implications for the Present Study

This study aims to explore the value of art as a means of expressing the unconscious psyche. Freud regarded art as the link between fantasy and reality in that the unconscious speaks in the language of images. Jung readily recognized the ability of the imaginal to express experiences not yet fully formed by the individual. Art may be regarded as a direct and powerful means of communication and of expressing the dialogue within the self, between fantasy and reality. As a means of self-expression, art provides a medium for therapeutic encounter. According to the literature, as such
art appears to involve a greater subtlety and depth of expression than verbal modalities. In many respects it is held to be less threatening, and to circumvent the mobilization of rigid defences. Both verbalizations and the struggle toward greater self-definition are enhanced. Art production may have inherently healing qualities in that it fosters the development of self-esteem and of the individual's ability to utilize sublimatory and symbolic equivalents to the acting out of conflict.

In order to investigate the use of expressive art as a manifestation of the psyche and as a medium for therapeutic encounter, the researcher explored the art of four psychiatric patients in detail. A case study methodology was selected, as the researcher hoped that through a detailed examination and description of each patient's art productions, the full depth and richness of communication through graphic forms of expression, would emerge.
CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1. Design

This study is based upon a qualitative content analysis of the art of four individual case studies. Data yielded by the projective test assessments and case histories serve as an aid to confirmation of the researcher's interpretations of the patients' art, and are not therefore a focus of this study.

3.2. Subjects

The sample of four psychiatric in-patients were selected from a group of twelve patients who all attended art therapy groups as part of their therapeutic programme while being treated in the residential psychotherapy-oriented adult treatment unit of the hospital. All the patients had been participating in a variety of group therapies.

The sample included three women and one man who ranged in age from nineteen to forty-six. At the time of the study all were unemployed. All were single, although one patient was divorced with a child. Below is a table listing the essential biographical details of each patient. However each patient's history will be discussed in greater detail in Chapter 4.
TABLE 1: BIOGRAPHICAL DATA

* Second admission

None of the patients in the sample had attended art therapy sessions before although they varied with regard to their degree of artistic skill. Some felt they were artistic and enjoyed painting whereas others felt inadequate about their ability.

3.2.1. Selection of the sample

This sample of four patients was selected from a group of twelve
patients who all attended art therapy. Patients were selected for the sample if they had completed all the projects and due to the richness of their art, as they all revealed a remarkable ability to express themselves through this medium.

3.3. Procedure

3.3.1. Selection of patients to attend art therapy

The original twelve patients who attended the art therapy programme were selected to participate on the recommendation of their individual psychotherapists. Their reasons included patients' difficulties in expressing feelings, tendency to over-intellectualize in individual therapy or to be excessively rigid or defended. Some therapists also referred their patients for art therapy because they felt they were creative and artistic and would enjoy the programme. The psychotherapists were responsible for preparing their patients to attend the programme.

3.3.2. The art therapy groups

Two art therapy groups were run concurrently. Due to various disruptions it was considered useful by the researcher and the ward to extend Group A's number of sessions from eight to ten. It originally began with six members, but this changed to five after the third session when one patient was discharged from the hospital. This group then included five patients, one man and four women, one of whom became a day-patient during the six-week course of the art programme. Two patients from this group were
selected for this study.

Group B began two weeks after Group A and had eight art sessions. It began with five members, one of whom left the group because she was considered too disturbed and fragile for the programme. Although a new female member replaced her for the third session, a second group member was discharged suddenly. This left only four members in Group B, three women and one man, two of whom were selected for this study.

It is thus apparent that although the groups were originally intended to be "closed", due to various unforeseen circumstances the groups became relatively "open".

3.3.3. The art therapy sessions

The art groups were run by the researcher together with another group facilitator. For Group A the co-facilitator was an experienced psychiatric sister and for Group B she was a clinical psychology intern. Due to practical problems both co-facilitators were unable to attend two sessions which were held by the researcher alone.

The patients attended art therapy on a twice weekly basis, each session being approximately 1½ hours in duration. Although the underlying aims of the study were not disclosed to group members, they were aware that their art programme formed part of the main group facilitator's research project.
At the outset the patients were reassured that artistic skill and ability was not a prerequisite or focus of the programme, but rather the development of their individual ability to express themselves through this medium.

The art groups were conducted in the following manner: After setting the project for the particular session, the patients were given approximately forty minutes in which to complete them. The group facilitators did not intervene unless necessary, but rather played a non-participatory observer role while the patients were engaged in completing their projects.

After having completed their projects the group gathered in a circle and a forty-five minute discussion about each patient's work took place. This discussion was tape-recorded. One at a time each patient showed the group his or her work and explained what he or she had painted. The group facilitators encouraged each patient to give his or her associations and amplifications to the visual images created, thereby facilitating the patient to assume an active and interpretive role in exploring and explaining his or her work. The facilitators questioned a patient as to his or her understanding of the painting, its significance and meaning, the mood in which it was created, etc. Other members were encouraged to respond to each other's art and to ask further questions, offer comments and interpretations and relate another's work to themselves, that is, say what it might have evoked in themselves as observers. The group facilitators also participated in the same manner, thereby serving as models for the group.
3.3.4. Psychodiagnostic assessments

Three of the four patients were assessed psychodiagnostically on an individual basis after the groups had terminated. One patient had however been tested six weeks prior to the onset of the art therapy programme. Two patients were tested by the researcher and two were assessed by intern psychologists working in the hospital.

3.3.5. Feedback to the ward and the patients

The researcher and the co-facilitators presented material from the group sessions and gave feedback to the ward staff and the patients' therapists on two occasions during ward rounds.

It was considered therapeutically useful and ethical to offer the patients the opportunity to receive feedback on their art and psychodiagnostic assessments. The patients all received individual feedback in which the researcher shared her interpretations. These were validated by discussion with the patients themselves, and were altered when necessary. She also asked the patients for feedback as to how the art therapy programme had compared with their individual and other group therapies.

Although the researcher offered the patients the opportunity to receive feedback on their psychodiagnostic assessments, she left it to them to take responsibility, thereby depending upon their degree of interest and motivation, to contact her. With regard to this two out of the four patients received feedback.
3.4. **Apparatus**

3.4.1. **Venue and materials**

The art groups were run in the occupational therapy room of the ward for one group and in the patients' lounge for another. They completed their art at group tables and gathered in a circle on easy-chairs for the discussion part of each session.

Art equipment included paper, powder paints, charcoals, crayons, pastels, pencils and rubbers. Individual choice of material from this selection was left entirely up to the patients.

3.4.2. **The art projects**

The eight projects that the patients completed ranged from unstructured (that is, the structure coming from the patient) to mildly structured and were designed to facilitate the patients' exploration of significant aspects of the self. The projects served as a fairly neutral stimulus upon which they could project their own feelings, fantasies and conflicts. The researcher drew upon the work of Naumberg (1947; 1966), Winnicott (1971), Leuner (1969) and Machover (1949) in designing the projects.

The projects that were set include the following:

- **Session 1:** the scribble drawing
- **Session 2:** the meadow
- **Session 3:** meadow and a path
- **Session 4:** self-portrait (inner and outer self)
Session 5: the cave
Session 6: self-portrait
Session 7: the swamp
Session 8: scribble drawing

The section below includes a description of each project, a copy of the instructions that were given to the patients and an outline of the therapeutic and theoretical rationale of each project.

1. **Session One: The Scribble Technique**

The first session required the patients to begin with the scribble technique which served to foster a spontaneous expression of their feelings and conflicts. They each drew on a large sheet of paper without conscious planning, by making a continuous and unpremeditated flowing line while always keeping the crayon or pencil on the paper. Some patients preferred to do this while closing their eyes. Their spontaneous line crossed and recrossed many times in irregular patterning. They were then asked to look at their scribble patterns and try to discover some suggestion of a design or possibly an object, person, animal or landscape and then to elaborate upon it incorporating other media or colours so that others could "see" what they had "seen". If nothing was suggested to the patient in its original position of the paper, they could turn the paper to the other three sides and the elements of a suggested image could then be elaborated or modified by the patient.

This procedure of creating and then responding to one's own
ambiguous stimulus aids in releasing spontaneous images from the unconscious and has been used by many therapists in varying forms including Winnicott (1971a), Naumberg (1947; 1966), Crane (1971) and Elkisch (1948).

2. **Guided Affective Imagery (GAI)**

Some of the art projects used in the programme were based upon Hanscarl Leuner's (1969) therapeutic use of imagery techniques: Guided Affective Imagery (GAI) which he has applied to patients with neuroses, psychosomatic disturbances and borderline states. It is seen to evoke intense latent feelings that are relevant to the patient's problems. According to Leuner GAI is a method of:

> intensive psychotherapy which can be used in conjunction with any theoretical view of personality dynamics that acknowledges subconscious motivation, the significance of symbols, resistance, and the therapeutic importance of the mobilization of affect. (1969: p.21)

While relaxed the patient is encouraged to daydream on specific themes which are offered by the therapist who guides the patient through the open and unstructured imaginary verbal situations into which they project their own fantasies. There are ten imagery themes ranging from weakly structured ones to highly structured situations designed to explore specific areas.

In this study three of Leuner's ten imagery themes were selected (i.e. Sessions 2, 3 and 7) and utilized in an unstructured and undirected manner. The imagery themes Leuner outlines merely served as stimuli or starting-points upon which the patients projected their own fantasies and imagery. The imaginary situation was read aloud to the patients who then fantasized the scene in
their own unique manner. They were required to paint or draw what they had visualized. The group facilitators did not guide their affective imagery in any manner.

It was felt that these imagery themes would provide an arena upon which patients could project significant psychodynamic material.

GAI is:

an effective treatment method because it juxtaposes the repressed aspects of the personality that are associated with a regressive mode of ego functioning with the more mature ego: it promotes their interaction and in so doing, it encourages a productive integration of primary and secondary processes. (Leuner, 1969: p. 20)

3. Session Two: The meadow

In this session the patients were asked to imagine a meadow with a tree and to visually depict the scene and the feelings associated with the meadow that they had fantasized. The following passage was read to the patients:

Imagine that you are taking a walk in a meadow. You walk around your meadow, look it over and see what is there. Become aware of your surroundings, the temperature, the atmosphere of the meadow. What do you find there? Take some time and explore the meadow as fully as possible. Perhaps you come upon a tree, walk up to it and look it over. At this point draw a picture of what it is like in your meadow. What do you see? Most important, what does it feel like to be in your meadow, with your tree. Try to convey the total impression—colours, smells, moods, everything in the painting.

The symbolic meaning of the meadow is manifold: it may represent a fresh start or it may be a screen onto which the patient's current mood and most pressing problems can readily be projected. It can also stand for the Garden of Eden, and may have deep connections with the ground of one's emotional life and the nature of the mother-child relationship (Leuner, 1969: p. 7).
tentative suggestion to include a tree offered the patients an
ingitation to explore the self, as the image of a tree has
enously been regarded as symbolic of the self. It appears to
el ect deep unconscious feelings the individual has about the self
d about the environment, and has therefore been incorporated
in the projective House-Tree-Person personality test (Buck, 1978
and Hammer, 1980).

4. Session Three: Meadow and a path

The patients were asked to return to their meadow and look for a
pathway: to follow it to the foothills of a mountain, to climb
the mountain and perhaps visualize the view from the top. The
following passage was read aloud to the patients:

Imagine your meadow again from the last session. You
return to it. Feel your meadow again, the colours,
smells and atmosphere of it. Perhaps it has changed
since the last time. Look it over and see what is
there now. Look for a pathway in your meadow. You
find it and decide to follow this path. It leads to
the foothills of a mountain. Walk up your path,
become aware of your surroundings as you walk along
your path. Take some time and explore the path as
fully as possible. Perhaps you encounter something
on the way. Walk up your path and climb the mountain.
What does the mountain feel like, what is the atmos­
phere and mood of the path and the mountain. Perhaps
you reach the top of the mountain and see the view
from the top. What do you see on your journey? Most
important, what does it feel like to be on your path
along the mountain? Try to convey the total impression
in your painting.

This symbolic situation is relevant to the patient's feelings about
his ability to master his life situation and the obstacles he
encounters on his journey through life. According to Leuner (1969)
it may also evoke repressed wishes for extraordinary fame and
achievement and the mountain may be seen as a phallic symbol.
As such it would then be related to the image of the introjected
father and problems of competition and rivalry may be evoked by the mountain theme (p. 7).

5. **Session Four: Self-portrait of inner and outer self**

The patients drew a portrait of themselves in two parts: the first expressing the inner self that others do not easily perceive or that they hide, and the second part expressing the contrasting external self as presented to or perceived by others. They could express these aspects of themselves in any way they chose and did not necessarily have to include a human figure. It was felt that this project would enhance the patients' exploration of the often conflicting aspects of themselves, aid in exploring their sense of personal identity and offer an opportunity for them to share this "inner" self with others and to obtain feedback about their "outer" self from the group.

6. **Session Five: The cave**

The patients were invited to take a metaphorical journey in exploring the self through the image of a cave. The following passage was read aloud to the patients:

Imagine that you are taking a walk in the woods. You come upon an old cave - you poke around - look it over, see what is there. You decide you will enter and find out what is inside. As you enter the cave become aware of your surroundings, the temperature, the cave walls. What do you find there? Take some time and explore the cave as fully as possible. Then, when you have gone as far as you can go, look it over again. At this point draw a picture of what it is like in your cave. What do you see? Most important, what does it feel like to be in your cave? Try to convey the total impression - colours, smells, moods, everything - in the drawing (cited in Rush, 1978).
The Spelunking or cave exploration technique was designed by Don Jones (cited in Rush, 1978) and arises from within a Jungian framework. It offers the patient the opportunity to explore feelings associated with darkness and enclosure, of facing the unknown fears within themselves and of symbolically descending and entering into the unconscious. The cave journey may also express a "return to the womb", a desire for a paradisiacal state, protected and secure, free from responsibility, a storehouse of creative nourishment and riches, as well as the possibility of rebirth (Rush, 1978).

7. Session Six: Self-portrait

The patients drew a portrait of themselves incorporating the human figure. This project was based upon the Draw-A-Person projective test (Machover, 1949) in which the drawing of a human figure is felt to yield a great deal of information concerning self-concept, personality style and conflict areas. It offered the patients an opportunity to explore how they feel about and perceive themselves, as an aid in their struggles for increasing self-definition. It was expected to serve as a "springboard" for the exploration of specific conflict areas and of self-concept and body-image.

8. Session Seven: The swamp

The patients were asked to imagine a swamp in the corner of their meadow with a creature rising from its depths. They had to depict the creature they encountered and the mood and feelings associated with the meeting. The following passage was read to them:
Imagine your meadow again, perhaps it has changed, look it over and see what is there. You come upon a dark swamp in the corner of your meadow. You decide you will walk up to it and look it over. Become aware of your surroundings, of the swamp, the atmosphere, the colours, the smell and the feel of it. From its murky depths a creature rises out. Look at it from a distance. What does the creature look like, what does it do? Draw a picture of your swamp and your creature. What do you see and most important, what does it feel like to you to encounter it. Try to convey the total impression - the moods and feelings associated with the meeting - in your picture.

This project was aimed at fostering the appearance of symbolic figures representing deeply repressed material. Leuner suggests that the creature that arises out of the swamp is:

a manifestation of deeply repressed and sometimes archaic instinctual material concerning the sexual drive and its derivatives. These symbolic figures may be affect-laden animals which, in terms of Jung's theory could be interpreted as archetypes. (1969: p. 11).

Leuner cautions the therapist of the anxiety-provoking nature of this image for the patient and adds that the act of bringing these images up from the swamp or earth - symbols of the unconscious - is "equivalent to bringing them into consciousness" (1969: p. 11). The therapist must therefore be sensitive to the disturbing power of these figures for the patient.

9. **Session Eight: Scribble drawing**

In the last session the patients were asked to repeat the first scribble task in order to allow for a comparison of their two scribble drawings and to assess any shifts in their style and content over the course of the art therapy programme. However it must be noted that any such changes apparent in their style, imagery or approach may not purely be attributable to the patients' participation in art therapy, as they were engaged in numerous other
therapeutic activities during the same period.

3.4.3. The Rorschach Inkblot Test

The Rorschach Inkblot Test (Rorschach, 1921) consists of ten cards on which bilaterally symmetrical inkblots have been printed. During the administration of the test, the patients are asked to describe what the inkblots might be. The tester then goes through each response asking general questions in order to determine how the patient arrived at each response. These responses are considered indicative of modes of thinking and perception and may be tied to underlying personality structure.

3.4.4. The Thematic Apperception Test (TAT)

The Thematic Apperception Test (TAT) (Murray, 1943) consists of 29 pictures and one blank card. The stimulus content of the pictures, most of which portray people, varies widely in both subject matter and ambiguity. The patient is asked to tell a story about the picture, indicating what is currently happening, what led up to it, how the story ends and how the characters are feeling and thinking. In this study cards were selected according to certain content areas and in relation to their appropriateness for each patient with regard to age, gender, diagnosis, for example.

3.5. Analysis of the data

The art material was not interpreted "blind", but with a full knowledge of each patient's case history, diagnosis and psychodiag-
nostic results, as well as with the full co-operation of the ward staff and the patients themselves. Such a methodological approach seems to be justified by the particular aim of this study, that is, to explore the use of art to embody subjectively lived experiences, feelings and conflicts. As full a knowledge of such aspects of the patients' lives as possible, was therefore considered necessary in order to attain a full and rich understanding of their art. In addition the researcher, also functioning as a group facilitator (that is, in a therapeutic role) required an awareness of each patient's particular needs and problems in order to enhance her therapeutic usefulness. The patients' histories, psychodiagnostic assessments and feedback regarding their art served to provide the background life context in which their art productions could be interpreted, and are not therefore a focus of the study.

3.5.1. Analysis of the psychodiagnostic material

The results of the patients' personality assessments were regarded in the same light as the information yielded by an examination of their case histories. Therefore both their histories and assessments served to provide the life context of the patient as artist. No attempt was made to compare the themes or images occurring in their protocols and in their art.

Their Rorschach protocols were scored and interpreted in accordance with the scheme outlined by Klopfer and Davidson (1962). The interpretations of the TAT stories were based upon a qualitative content analysis. According to Murray:

A layman with refined introceptive intuitions and
beginner's luck can often, without any experience in testing, make valid and important inferences by feeling his way into the mental environment of the author of a set of TAT stories; and even an old hand at the game must rely on the same process – empathic intuition first and last, disentangled as far as possible from personal elements.... Of course, intuition alone is highly unreliable; what is required is a rigorously trained critical intuition. (1943: p. 6)

The researcher received some confirmation as to her interpretations of the assessment protocols during feedback sessions with two of the four patients who were assessed.

3.5.2. Analysis of the art material

As in clinical dream analysis, the art material was considered in the light of the collection of amplifications provided by each patient during sessions, as well as by an understanding of the life context (i.e. history) of each patient.

The researcher did not interpret isolated art productions, but an interconnected series of eight works from each patient. Their art series therefore formed the context for the interpretation of each drawing; and during the course of the art programme the meaning of each patient's art developed of itself. This approach is based upon Jung's use of the dream series to serve as the dream context when interpreting dreams:

But here we are not dealing with isolated dreams; they form a coherent series in the course of which the meaning gradually unfolds more or less of its own accord. The series is the context which the dreamer himself supplies. It is as if not one text but many lay before us, so that a reading of all the texts is sufficient to elucidate the difficult passages in each individual one.... Of course the interpretation of each individual passage is bound to be largely conjecture, but the series as a whole gives us all the clues we need to correct any possible errors in the preceding passages. (Jung, 1974: p. 120)
In addition the researcher confirmed the accuracy of many of her interpretations with each patient during each art session and during feedback meetings with them. She gained additional support for her understanding of each patient, aided by their art, by receiving feedback from their individual therapists and by consulting with a registered art therapist for supervision.

The patients' art was interpreted thematically, and significant recurring symbols, images and themes were interpreted. The expressive style of each patient's art, indicated by such factors as the use of colour, line quality, distortion of form, etc, were taken into account. Of special significance was the predominant affect in the picture.

The group discussions of each patient's art work were tape-recorded and transcribed, and then analyzed in conjunction with their paintings which have been photographed for the purposes of this study. As these were verbal discussions, it is impossible to fully reproduce the communication within the group, as each patient's pictures were responded to by the other group members. However, where possible the patients' own comments about their art have been included.

The following chapter includes a discussion of the art series of four patients, as well as the photographs of their art and their explanations of each picture.
CHAPTER FOUR

4. RESULTS

The case studies selected for analysis are numbered one to four. The order in which they are presented is arbitrary. Each case study is analysed individually and includes the following:

1. Biographical information about each patient's personal and psychiatric history;

2. A brief summary of their psychodiagnostic assessment results (included in greater detail in Appendix One);

3. The manner of their presentation and participation in the art therapy groups.

Information gathered from these three areas serves as a source of confirmation to the analysis and interpretation of their art work.

4. Each patient produced eight drawings or paintings which will be analysed thematically. Significant recurring images and motifs will be interpreted, as well as the patient's style of expressing inner conflicts and experiences. The interpretations of their art will attempt to explicate the intensity and lived experience of their conflicts and feelings. The patients' original explanations of their art is included and will provide an invaluable aid in confirming the researcher's attempts to elucidate their lived experience of their inner worlds.
CASE STUDY ONE: B

4.1.1. Biographical data

B., an unemployed twenty year old young woman who had dropped out of university, was admitted to hospital due to an underlying depression of approximately six years' duration. Last year she had spent five days in hospital due to her depression. Since the age of sixteen, B. has occasionally been bulimic. She has often cut herself in a self-mutilating manner since her early teens. Her history reveals that B. was an unplanned and unwanted child, who was unhealthy as a baby. Her parents divorced ten years ago and B. has a discordant relationship with her father, whom she perceives as critical and rejecting. She lives with her mother, with whom she has a satisfactory relationship. B. is the youngest of three children; her older sister is apparently a diagnosed manic-depressive.

According to the psychologist who saw B. on admission, she tends to intellectualize as a defence against her vulnerability and poor self-concept. She was regarded as fragile and confused with strong identity problems. Her diagnoses on admission were Identity Diffusion (sic) and Narcissistic personality traits.

4.1.2. Psychodiagnostic assessment results

Despite her anxious preoccupation with interpersonal relationships, B. is basically of an introverted personality type, relying more upon herself and her inner life, than her environment, (*) The initials of all patients have been altered for ethical reasons)
for comfort and stimulation. She experiences difficulty in trusting others, is socially isolated and feels unable to participate freely in the intimacy of relationships. Males are perceived as potentially violent and aggressive and she is unable to trust the motives and intentions of women, perceiving them as evil, deceitful or witchlike.

Although aware of her own affectional needs, and those of others, B. experiences some anxiety regarding her dependency needs and may attempt to deny or suppress them. Past traumatic experiences may have caused her to withdraw for fear of being hurt. Her basic security and nurturance needs appear not to have been consistently met in the past.

Although B.'s needs for immediate gratification are subordinated to her other values, she experiences difficulty in accepting her more basic impulses which appear to be of a somewhat hostile nature. Although B. manifests a controlled, but ready responsiveness to the emotional impact of stimuli, at times her reactivity may be lowered and may lead her to adopt superficial and oversocialized responses.

B. tends to rely more upon her inner life for comfort and stimulation. This may lead her to withdraw into her own rich fantasy world, possibly as a coping mechanism. In addition, although she does see the world the way others do, B.'s fantasy life has the potential to overwhelm and confuse her. Of above average intellectual ability she has a keen interest in the unusual, and may become oppositional or rejecting of the obvious. She
may over-generalize and pay inadequate attention to obvious
details at times.

B. has a strong need to achieve through creative talent, which
she values highly and also utilizes to express herself. At
times she tends to cope by mobilizing her intellectual defenses
and by resorting to exaggerated and inappropriate solutions
despite their humour and satirical wit. B. has not yet found
a satisfactory outlet for her considerable creative potential.
This combined with her strong fears of failure and inadequacy,
and need to be accurate and correct, may lead B. to become over­
critical, frustrated and angry with herself.

4.1.3. Presentation in the art therapy programme

B. presented as a petite young woman, dressed in torn, ill-fitting,
'Bohemian' or 'ethnic'-style clothing. She often crouched in
her chair in a foetal position, with her knees hunched forward,
hiding her face, during the group discussions. She would also
cover herself with a large scarf, and suck or bite at her clothing.
B. withdrew into herself during sessions and rarely participated
spontaneously. She was invariably hesitant about explaining
her art to the group and experienced difficulty in verbalising
her feelings, often complaining frustratedly that she was 'inartic­
culate'. Although B. refused to permit her explanations of her
art to be tape-recorded, she allowed the group facilitators
to take notes. In addition after she had completed some projects,
B. would obscure or 'hide' her entire drawing by scribbling
heavily over it with charcoal or by starting a fresh picture.
Despite her withdrawal and reticence in the group, it is significant that B. usually arrived 10 to 15 minutes before the starting time of each session and would play at the piano, write in her journal or draw spontaneously until the session began. Although she tended to intellectualize and distance herself from what she had produced at times, B.'s work is extremely expressive and emotionally intense. She reveals much unfulfilled potential in accordance with her apparently high intelligence and creative imagination. Through her drawings, B. was able to express powerful and frightening feelings and to find some cathartic relief in doing so. Her work, predominantly in black charcoal and pencil, reveals the nature and intensity of her anxieties and fears.

4.1.4. Interpretation of B.'s art

In B.'s portrait of herself naked and exposed (Fig. 6a), she expresses her perception of herself as fundamentally damaged: as physically ugly, fat, scarred and marked with acne. Her body-image and femininity is crudely distorted, with pendulous breasts and sagging roles of fat. Her feelings of self-hatred and revulsion emerge strongly, and trapped by these feelings, she places herself in a box and graphically expresses her impulse to mutilate and scar herself. B.'s self-destructive desire to act out her feelings of pain, repulsion, anger and frustration is expressed in a number of images, for example the blood-wound on the palm of her creature's hand (Fig. 1), a nail driven through the head of a living skeleton (Fig. 3), the burning of a hole in the paper of her self-portrait (Fig. 4), the desire to yield to the death-like tranquility offered by her cave (Fig. 5), the hole in her clothing, symbolic of wounds and gashes in her
emotional self (Fig. 6b), the slashed wrist dripping blood (Fig. 6a) and the bleeding amputated figure in her eighth drawing.

B. originally chose not to show the group her first self-portrait (Fig. 6a); her second portrait (Fig. 6b), completed in the same session, reveals that she mobilizes some protective defences in order to deal with the naked intensity of her feelings of self-revulsion. She clothes the figure and incorporates words in her drawing:

- spit,
- tears,
- snot,
- shit,
- heartbeats,
- can't breathe,
- eat,
- blood,
- lets,
- scar-tissue,
- lines,
- spaces,
- bile,
- sweat,
- dry,
- cracked,
- crusty,
- dejávues,
- fat,
- ugly,
- alone.

These words further serve to emphasize her feelings of disgust toward her body and its excrements. Through this spontaneous free word association, B. moves from her feelings of repulsion, suffocation and pain, to self-rejection and abandonment.

B. also experiences considerable anxiety regarding her impulses. Her scribble drawings convey intense feelings of rage, anger and hostility. These feelings appear to be of a defensive and protective nature, and contain a strong element of pain. Although her animal-like 'creature-man' (Fig. 1) appears malevolent and hostile, it is hurt and wounded, a fact B. seeks to deny. These feelings are further expressed in her second scribble drawing (Fig. 8) completed approximately eight sessions later, when B. was feeling particularly tense and angry. Apparently the previous day she had cut her wrists repetitively. In this drawing B. powerfully expresses the intensity of her feelings and her fear of their overwhelming and destructive potential. Before her discussion of this drawing, B. switched off the lights in
the room. She was able to articulate her fear that her rage will become uncontrollable and will lead her to hurt herself. She identifies with the "crying and drooling and bleeding" dead figure with its amputated arm. This is reminiscent of her previous drawings that include a hole burnt in the paper and one of a slit wrist with blood pouring from it. The frustrated anger and pain she experiences within herself is felt to be an imprisoning and suffocating force that will engulf her. In this drawing B. also identifies with the dying and screaming figure that is "bent over and suffocated" by the "angry pathetic" amputated person.

B.'s first self-portrait (Fig. 4) reflects her confusion and uncertainty regarding her identity and her lack of a clear sense of self, beyond that of her physical being. Her portrait consists of confused and vague forms: shadows of skulls, heartbeats and explosions. This may reflect B.'s inability to integrate the different aspects of her self into a more composite whole. Her frustration is apparent in the letters of the alphabet which she includes, because,

the potential to describe me is there, but I don't know the words,

the words "I don't know" inscribed at the back of her drawing and the hole she has burnt in the paper. Perhaps the latter is a disguised expression of her need to inflict pain upon herself in order to feel who she is and thereby gain some measure of control over her feelings.

The theme of being trapped, suffocated or swallowed recurs in B.'s work and is expressed in various images: a fish imprisoned
in a cage out of water (Fig. 3), enclosing herself in frames and boxes (Figs. 1, 3 and 6), being trapped foetus-like in a womb, being lost and devoured within a cave which is depicted as a screaming mouth (Fig. 5) and being smothered by other figures (Fig. 8). These feelings appear not only to have an external source, that is, coming from outside of herself, but also as emerging from within. Perhaps it is the intensity of her own feelings that threaten to overwhelm and suffocate her. B.'s cave, "a mouth that is screaming", is a point of convergence between her outer and inner worlds. For her to enter, is to risk being devoured or swallowed; yet it also holds within the promise of "absolute nothingness, absolute tranquility", a "religious and mystical" silence. Her cave is a potential source of peace, where B. can "go to sleep and not ever wake up"; perhaps evoking a return to the safety of the womb, or moving to a death-like peace, untormented by her problems.

Despite her intense anxieties, B.'s art also conveys an awareness of inner richness and potential. Her sixth drawing of a swamp and a figure in it (Fig. 7), expresses this:

there is a flash-like feeling of tranquility about the scene.

The "gentle" figure appears to represent for B. a rescuing hero, perhaps like Jung's Wise Old Man, someone that embodies wisdom, youth, age, suffering and courage, and appears to be invested with special powers or mana. B. describes him as "strong and powerful", "some kind of mystical ethnic figure", a "man-boy" with a "poignant look in his eyes". He may also reflect her need to identify with a healing and guiding figure who will befriend her, provide her with the answers to her difficulties.
and relieve her of burden and responsibility.

B.'s inner resources are also expressed in her meadow painting (Fig. 2) in which she reveals her awareness of the magical treasures she longs for, with its focus on music and animals, especially the figure of a cow. Animals here appear to be symbolic of vitality: the cow representing that which is feminine, fertile and maternal in nature; for B. The cow is:

> the main feature, it is like a mother-figure that looks after things and is my best friend in the picture.

Fish, frequently associated with the precious treasures of the unconscious psyche and with freedom, are also emphasized and contrast with the later image of a fish in a cage (Fig. 3). However these fish carry magic wands and are imbued with magical powers, related to music, which may also be regarded as a healing and restorative agent. The music and gay colours of this painting seem to express B.'s drive to reach a point where her inner world can burst forth as sound and colour and where she can give expression to her unconscious without fear. Even in her self-portrait, which emphasizes her feelings of self-repulsion, B. retains some feelings of hope, some sense of potential, as yet inaccessible to her, but to which she strives. This is expressed in the images of music, film, the ying-yang and six-pointed star, and the sun, moon and stars that she has included (Fig. 6b): all symbols of wholeness and integration, the all or everything ... the okayness in me, that she strives toward.
4.1.5. Summary

B.'s art graphically portrays her critical perception of herself as damaged, as well as the feelings of self-rejection and physical repulsion that lie beneath her vague and confused sense of self-identity. She vividly communicates the intense nature of the persecutory anxieties that beset her: her fear that her rage will overwhelm her and that she will be devoured by the intensity of her feelings, should they become uncontrollable. B.'s frustrated need to express her inner self and to inflict pain upon herself, perhaps in an attempt to seek greater self-definition, also emerges in her art. During the course of the art therapy programme B.'s coping mechanisms of intellectualization and of withdrawing into her own rich fantasy world became apparent. B. slowly began to link her art with her inner experiences, and her anxiety regarding her inability to articulate the intensity of her inner world appeared to lessen somewhat. Despite her inner conflicts and anxieties B. retains an awareness of the potentials within herself and of the integration and constructive self-expression to which she strives.
4.1.6. B.'s art and explanation of her work

Session One: Figure 1

B. first joked sarcastically that it was a drawing of an aeroplane. She then said: It is a creature, a man, a frightening creature—man, angry also, ugly as well. I'd intended to draw a frame around the picture but it turned into an arrow. She rejected the suggestion that the red blotch on the creature's hand seemed to be a bleeding wound.
Session Two: Figure 2

A tree with a swing on it and a cheshire cat. Fruit, an owl, a monkey, a badger and a spider in the tree. This is a river running down from the mountain range. The mountains are simply called The Mountains, they have no name. It is twilight in the picture, there is never any bright sun unless you want there to be, then you wait for the fish in the river that has a magic wand to bring the sun. There is a full moon although it is not the time of the month. There is a horse peeping there, a frog, a whole collection of things. The cow is the main feature, it is like a mother-figure that looks after things and is my best friend in the picture. I've included the "moo" sound of the cow. This is flowers, grass and rocks, a dog and a radio, which is like a magic box in that when you touch it with the wand you can listen to whatever music you want to hear. This is rose-coloured glasses. These are mushrooms, a snake, an elephant, birds, worms, insects, spiders, a big ant, a three-legged pig and a dolphin. Some objects are fairly human, almost fairy-like. The river leads to the sea which is on the other side of the mountain. It is raining very gently, creating a fine mist. I am up in the tree which has apples, pineapples, bananas and oranges in it. It's a picture of a mystical landscape, that has the magic of stars with the openness of day.

Session Three: Figure 3

There are three doors with a winding path that is almost like a spiral. I can't really see what's ahead of me on the path. The two doors on the left lead to the same place, the third door on the right leads to a different place. In the center is a skeleton, but the head is alive because it's full of expression. To the left is the top half of a body with one arm and
a nail going through the head. To the left of that, is a crack running through things. Then (to the left) there's a picture or a window with a whole lot of running eyes. This is quite phallic looking (object to the far left), it was meant to be a hand, but now it reminds me of a microphone (one had been brought into the room after she had completed the drawing). At the bottom is a piece of meat with bone sticking out, maybe it's the head of some animal. These are teeth, or they could be bricks (between the second and third door to the right), with an empty picture-frame above it. I was going to cut it out, but there's no scissors here. That's a figure with a hand over its face and below it is its body which could also be the profile of a face. In the corner is a fish in a cage. Oh yes, the whole thing is like a picture in a frame. This (top center) is the nail of the picture. (In response to questioning she added:) These are all aspects of myself, I am all over, everywhere in the drawing. I'm most like that skeleton, the fish in the cage, the piece of meat and the spiky shapes in the picture-frame.

Session Four: Figure 4

I might as well have shown the other side of the page because it doesn't make much difference, because I don't know who I am. There are millions of faces, they are made of shadows and are like skulls. There are heartbeats going and explosions here and there. I've included all the letters of the alphabet because the potential to describe me is there, but I don't know the words. The burnt hole is saying nothing. (She had initially drawn a face and said it was ugly and had covered it up by colouring in the page. The reverse side of the paper has been left blank, but includes the words "I don't know" written next to the burnt hole in the paper).
The rocks look like teeth. The cave looks like a mouth that is screaming. It's silent inside. The silence is a gentle silence, a good and cool silence. There's possibly water dripping down somewhere. There are faces in the texture of the wall or they're drawn on the wall. They have their mouths open and are screaming, laughing with anguish, joy or happiness. There can be any and every emotion in the faces. The prospect of being inside the cave is frightening until my eyes get used to the dark and then I'm fine. In this cave it's easy to feel peaceful and to go to sleep and not ever wake up. It's like being in a nice dark cupboard. Inside the cave it carries on, and there are tunnels, little enclosed things.
and spaces. I can continue walking for a while. There are stalagmites. It has a religious and mystical feel about it. There is a feeling of absolute nothingness, absolute tranquility in the cave like the split second between being awake and being asleep, it's like a cool wash from head to toe, and then I look around the cave and the screaming starts again. It could be frightening in there if it would get too dark and I couldn't see my hand in front of me. I wouldn't know what to do then. As long as I could see it's okay, otherwise the faces get frightening and anything in the cave can become frightening.

Session Six: Figures 6a and 6b

That's me in a box. The things on the side are things that are there for people in general when they get out of their boxes. They have three's on them because they are three-dimensional and they carry on and on with all their connotations and associations. There is music, I'd like to be able to play and compose; next is love and the same goes for love, I'd like to feel it and give it and make it successfully. That's intellect in a way (the book) and that's a movie camera which doubles as a projector. I'd like to be able to show people things I see. And that's a zen sign for a balanced thing, together and wholistic. The star meant everything. A six-sided star in a circle: I wanted it to mean all or everything. Those are a whole lot of words written on the box. They say: spit, tears, snot, shit, heartbeat, can't breathe, eat, blood, lets, scar-tissue, lines, spaces, bile, sweat, dry, cracked, crust, dejàvùe, fat, ugly, alone. The square around the eyes is showing that my eyes are the only things that are free on my whole body. That's the hole in my skirt and the key to my locker. I've included the sun, moon and stars on my skirt as the only okayness in me. And that's saying maybe my head must be chopped off, that it's sore because I think too much. (B. was then asked to
show the group the first drawing she had completed in the session, of herself naked. She added the enclosing box as she spoke of the drawing).

Session Seven: Figure 7

I come across a swamp. It's a light night with lots of white clouds and a moon, and I'm walking very quietly. It's gently quiet all over the place. There's long grass in most places, it's not noisy long grass. There is a strange thin mist around. Out of the corner of my eye I see this creature. We see each other at the same time, or a split second later he sees me. He looks at me and we both feel the same thing. I don't feel frightened, but there might be a split-second look of fright in my eyes as there is in his. Maybe because it's his home-ground. There are two figures for me, because I drew this one and then wanted a larger one. There is a flash-feeling of tranquility about the scene. He is quite gentle, and I don't think he's a monster, maybe he's looking at me and thinks I'm a monster. We might end up being friends, I might stay there and end up looking like him. He has prominent features, strong and powerful, with the bones showing through. He is some kind of mystical, ethnic figure, with earrings in both ears, a large mouth, a strong forehead, prominent cheekbones: a strong face. The light of the moon is touching him in a gentle way. His body is half-immersed in water. He has a poignant look in his eyes. He's a man-boy, anything between 18 and 50, but he's young. Yet he is wise, clever. But there is a sad look in his eyes. He moves in an agile controlled way, like a cat. And he swims like a fish, silently around.
(B. switched off the lights before she spoke). That's a face in the corner. From one side it's an eye with a mouth with a hand covering the face. This is an angry person, an angry pathetic person with his arm's just been amputated and he's crying and drooling and bleeding. And that's another person with his arm hanging off something. That person's dead and that one's dying. This person is being bent or suffocated under this one's arm. The circles center in on all three things, like focusing on the face, on the mouth or the person could be screaming and these circles are like sound-waves.
4.2. CASE STUDY TWO: K

4.2.1. Biographical data

K., a 46 year old nursing sister was referred to hospital due to her poor work record and persistent absenteeism since 1980. In fact last year she had missed a hundred days of work. She was found to be socially isolated and depressed, and was diagnosed as having a Dysthymic disorder with a mixed personality (dependent) disorder. Alcohol abuse was suspected although K. denied this. A full neurological investigation indicated that she was neurologically intact. Two months after her admission, K. was discharged. However she was unable to cope, lost her job and was readmitted after a short period. During this admission it was discovered that K. had been abusing cough mixtures for the past four years. K. required careful medication (benzodiazepines and anticonvulsants) to cope with her severe withdrawal symptoms which included hallucinations, mood swings (irritability and euphoria) and intrusive behaviour. At this stage K. was diagnosed as suffering from an Organic Mental disorder with affective manifestations (elation) related to her substance abuse.

K.'s history reveals unsatisfactory relationships with both parents. Her mother died ten years ago of a heart-attack: her father, who had been living with K. at the time, committed suicide by overdosing approximately six years ago. K.'s 41 year old married sister has received treatment for depression. Her brother was killed in a car accident at the age of 26.
At 23 K. married a man who was a habitual drinker and womanizer: he frequently became physically and verbally abusive to her when drunk. K. divorced him after ten years due to this. She apparently has an over-involved relationship with her 21 year old son, even though he is attending university in another town.

4.2.2. Psychodiagnostic assessment results

K. was assessed six weeks prior to attending the art therapy programme. Her current unproductivity appears to be due to a disturbed emotionality and adjustment. Despite her poor level of ego-functioning, K. is able to see the world the way others do. She tends to be introverted in personality type, relying more upon herself and her inner life, than her environment for comfort and stimulation. K. experiences a strong need to strive towards a pseudo-independence, combined with a need to deny or repress her affectional and dependency needs. This may constitute a major handicap in her adjustment. K. envies the fertility and nurturance of others, which she perceives as a source of happiness for them.

She experiences feelings of depression and hopelessness, feels alone and abandoned and believes there is no-one to whom she can turn for help. K. anticipates rejection by others due to her demands. She appears not to be responding optimally to her environment: either displaying too little responsiveness to environmental influences, or responding in a somewhat impulsive and uncontrolled, although genuine and appropriate, manner. The stimulus may influence her to such an extent that she
may overreact and become impulsive and unable to deal adequately with her environment. K. tends to act out her impulses and struggles to gain a control over her emotions, especially in stressful situations. This is also apparent in her strong identification with the people in the TAT pictures. During the assessment she experienced considerable difficulty in distancing herself from the stimuli and became anxious and tearful.

Despite tending to be ruled by her immediate needs for gratification, rather than her long-range goals, K. appears to be out of touch with her impulses and conflicting urges. She tends to deny or repress her disturbing emotions and deep-seated conflicts. K. struggles to resolve her conflicts regarding her body-image and sexuality. She experiences a sense of sexual rejection by men, who are perceived as abandoning, as well as potentially aggressive and retaliatory.

4.2.3. Presentation in the art therapy programme

K. presented as an attractive and friendly woman. Despite her initial enthusiasm about the art therapy programme, K. became reluctant to attend sessions after the first three groups. She would come late to sessions, "forget" to arrive or double-book therapy appointments. When confronted about this, K. revealed that she had been expecting an art appreciation group and not a therapy group. She was able to recognize that her resistances and avoidance of the group was due to her fear of being confronted by the pain and depression within herself and others that had emerged during sessions. She then returned to the group.
K. frequently broke into tears during sessions and found it extremely difficult to tolerate the pain of others, especially when they discussed their feelings about death and suicide. K. often attempted to reassure and rescue other group members. This appears to indicate her own fragility about facing and exploring her pain. Despite her difficulty in staying with unpleasant and painful feelings, K. was felt to be most supportive. Her ability to empathize and projectively identify so strongly with others served as a catalyst in the group, in that she would express the pain that more disaffected and intellectualized patients were unable to get in touch with.

As it was felt that K.'s resistances and tearfulness indicated some fragility, the facilitators decided to be firm with her about the need to attend all sessions, but allowed her to set her own pace in exploring the meaning and emotions of her art. Following this, despite some attempts on K.'s part to deny the personal relevance of her work, it is extremely expressive of powerful emotions and fears. In addition, K. found it considerably easier to expose herself and discuss painful issues in the individual session held after the group had terminated in order for her to complete the three projects (i.e. two self-portraits and a cave drawing) that she had missed.

4.2.4. Interpretation of K.'s art

K.'s feelings of intense and overwhelming inner pain and sadness emerge strongly in her first scribble drawing (Fig. 1) in which she depicts herself as a "superbody", "a horrible grotesque
central figure", filled with sad and crying faces. Her softly
drawn pencil portrait of her inner self (Fig. 4) further reveals
a "very sad part to me". In this session, K. spoke of her loneli-
ness and isolation: of having no-one to care about her and
for whom she could care:

Nobody needs me. If I didn't exist anymore it wouldn't
matter to anyone. There'd be no gap in anybody's
life and that is sad. It is sad.

K.'s insight into her feelings of loss and abandonment through
the death of significant others, as the source of her pain is
also apparent:

I've come to terms with that sadness too. Before
I wasn't sure why, but now I know why I'm sad and
I think I can cope with it.

However it is doubtful whether K. has linked these unmet longings
for warmth and nurturance with her substance abuse.

K.'s longing for the emotional closeness of a relationship with
a man is graphically expressed in her meadow drawing (Fig. 2)
with its beautiful cosmos daisies. However she is unable to
include herself directly in this idyllic scene or experience
herself as the recipient of the man's love. Her absence is
symbolized by the question-mark in the drawing.

Throughout K.'s work her need for security is expressed in the
image of a meadow with pink and purple cosmos daisies (Figs.
2, 3, 5 and 7). Although they are a source of comfort and safety
for K., these qualities are brief and ephemeral:

the cosmos makes me sad because they're so beautiful
but if you find them they die.

K. cannot feel secure about receiving the love and safety she
desires, as it always seems beyond her reach.
K. experiences the pain of others as extremely stressful and seems to take their depressive affect into herself, as if it touches and activates the sadness within herself:

I'm very easily moved to tears and other people's sadness makes me sad and I'll cry (session 4). It's the sadness in the other members of the group that I find more distressing than anything I personally feel (session 8).

K.'s meadow with a path drawing (Fig. 3) expresses her fear of what lies ahead. This is conveyed in the powerful image of an approaching storm and a sky darkened by thunder-clouds. The central focus of the picture is a dying bird that has been struck by lightning. This image vividly portrays her fear of suffering a stroke and becoming a helpless and dependent burden upon others. K. was unable to situate herself on the path, "because it's so ominous", and she would be "petrified" and would not "know what was waiting round the corner". Like the bird K. fears being helpless and vulnerable against the onslaught of powerful and potentially dangerous feelings. "Climbing into this darkness wouldn't be easy", she said of starting along the path and entering the storm. It was after this drawing that K. missed the next three sessions.

K.'s fear of being helpless and vulnerable also emerges in her cave and swamp drawings (Figs. 5 and 7). Her fear is expressed is the image of a "horrible" monster,

shooting out of the water. It's very powerful, it's standing there. It's got wings, it's huge with a tongue coming out (session 7).

This winged creature and the accompanying crocodile are primitive monsters for K., a source of great fear, from which she wishes
to flee. The phallic quality of K.'s powerful snake-like monster with its long red tongue seems to express her fear of the potentially damaging power of male sexuality.

K.'s cave (Fig. 5) is filled with menacing creatures: bats, snakes, unseen animals whose eyes peer threateningly at her and a mysterious witchdoctor figure. For K. he is an "evil" figure possessing gourds filled with harmful magic potions which can render her powerless. He is drawn as a vague and empty shape crouched in the darkness of the cave, and is perhaps evocative of death. K. expressed much fear and tension during her discussion of this drawing, and felt too frightened to draw near to the "witchdoctor". This reflects her fear of confronting the unknown and frightening within herself. K. also related this fear to the desperate panic and powerlessness she experienced in her relationships with men, especially her husband, whom she describes as "evil". K.'s art touches upon powerful anxieties of being harmed. This drawing also offers a symbolic and graphic expression of K.'s current position: caught between facing and exploring that which is unknown and frightening within herself, and unable to utilize the resources of warmth and nurturance that are accessible to her, symbolized by the sparseness of her field of cosmos daisies and the blank and empty spaces of her drawing.

K.'s attempts to escape from the sadness and fear that threatens to overwhelm her, is expressed in her art, and was revealed to be the source of her unwillingness to attend sessions. In her portrait of her outer smiling self (Fig. 4), K.'s need to maintain a positive facade emerges; of the face she said:
I like to be happy and in control .... I try to put on a front that everything's okay.

Despite the inner pain the figure in her first drawing carries (Fig. 1), it has an emphasized smile of false happiness. Her final drawing (Fig. 8) of:

lovely coloured (chiffon) scarves waving in the wind and there (are) all these different colours. No more depth to it than that,

consciously affirms K.'s need to deny her pain and consolidate her defences. However the strength she has achieved is tenuously fragile and delicate, like a chiffon scarf. K. consciously acknowledges her need to escape her pain; and this need appears to be related to her substance abuse.

K. experiences strong feelings of repulsion toward her own body. In her first drawing (Fig. 1), the "superbody" is a "horrible grotesque", androgynous figure that "has no sex attached to it" and is:

all-powerful, everything in its grasp is crying and grotesque .... trapped in this misery and crying.

K.'s portrait of herself naked, completed when alone with the group facilitator, reflects her negative feelings about herself and her poor self-image:

I've drawn myself as I see myself. As you can see, it's quite grotesque (Fig. 6).

K. has hesitantly depicted herself as overweight and old, emphasizing her wrinkled face and shrivelled breasts. In her meadow drawing (Fig. 2) K. emphasizes the "gruesome" tree, with its red objects that are like:

pieces of meat. That sounds dreadful, it's like pieces of meat hanging in the tree to attract something that isn't in, that doesn't belong in this idyllic setting (session 2).
The tree may be regarded as an image of the self, and here K. perceives herself to be "gruesome", like a piece of meat. Her feelings about her own physical being, and her self-revulsion, appear to lead K. to believe that love is inaccessible to her:

but somehow those red things in the tree are connected to the fact of the missing person (session 2).

This idyllic scene, drawn in soft pastel shades, is marred by the presence of the gruesome tree, the only way in which K. feels able to include herself.

4.2.5. Summary

K.'s art reveals the intensity of her inner sadness and depressive feelings. K.'s experience and fear of loss and abandonment are also apparent in her art, as is her unmet dependency needs and longing for comfort and security. The latter may be related to her substance abuse. K.'s tendency to over-identify with others and her boundary difficulties between herself and others in the group became apparent. Her anxiety regarding losing control, being rendered powerless and helpless, was graphically portrayed in her art, as well as her feelings of rejection and repulsion towards herself. K.'s coping mechanisms, predominantly denial or escape from her fears, combined with a strong need to maintain a positive facade and to deny her dependency needs, is also apparent in her work and presentation in the group. K. reported that significant issues had been raised in her art, but had not yet emerged in her individual therapy. She reported that the art projects had helped her to express her feelings, in contrast to the other purely verbal groups she had attended. Towards the end, K. openly expressed her regret about having missed sessions due to her fears.
4.2.6. K.'s art and explanation of her work

Everything inside this superbody is unhappy; and the only one that is away there, has bigger eyes and a happy face. That's all I have to say. Why are they all crying? 'Cause the main figure isn't crying, and it's androgynous. I don't know. (Where would you put yourself with this picture? Which face would you identify with?) I've no idea, because I don't understand what it means, well I would obviously like to put myself with the person that's outside of this horrible grotesque central figure, like the happy face. (Do you sometimes feel like the horrible central figure?) Um, yes evil. (So even though it's got a smile on its face you feel it's an evil smile, an evil figure for you?) Like all-powerful, everything in its grasp is crying and grotesque and the only figure out of it, is happy and vital. (So everything outside of that grotesque figure is okay, alright and happy, and everything inside isn't?) Um. (I'd just like to get it clear, that if you had to relate it to yourself, you would see yourself in a way as the grotesque figure with the smaller figure inside you?) No, I would see myself as outside that grotesque figure and as the happy face. (That's what you'd like to be?) Yes. If I could choose that's the person, the one I'd choose, not trapped in this misery and crying. But it's got no sex attached to it at all, neither male nor female, and I don't know, it was just done without any planning in my mind. My pencil just went, like free-flowed. (How did it feel when you drew it?) Painful ... What do you see in the drawing? (What I notice is the contrast between the different figures, the different kinds of faces, and I was wondering if sometimes you feel like the big figure that carries a lot of pain inside you - a lot of bits of pain inside you, and needs to hide it sometimes with a smile.) No, I'm not arguing with you. I'm amazed at your interpretation. (How do you mean?) I, I don't know what to say. (Is that not how it is for you?) (She starts to cry).
I visualized this beautiful field of cosmos daisies. I didn't manage to get all the colours in. I just imagine this mass of cosmos daisies and um, a bush. The tree seems to be very important, I don't know what these red things on my tree are, quite frankly I don't. I just found myself drawing them on. The sky is beautiful and there's birds flying, but there's somebody missing amongst all this beauty and it takes the form of - in this idyllic meadow there's someone missing. There should be a man and a woman in this beauty walking and admiring these beautiful cosmos daisies and their history. And he's a loving man and whoever he's loving isn't there. I don't know whether it's myself that isn't there or whether there should be somebody there. I don't know if I ... I think that I would like to be there with a nice man walking in the meadows of these beautiful cosmos daisies at this time of the year, but somehow those red things on the tree are connected to the fact of the missing person. (What would the red things in the tree be?) I don't know. (Try and describe what they're like.) They're not fruit. They're more like meat. That sounds dreadful, it's like pieces of meat hanging in a tree to attract something that isn't in, that doesn't belong in this idyllic setting. (So it's like it spoils it?) Yes. (Sounds as if you see the tree as a replacement for the woman he should be with?) Not consciously to me, but it's interesting. The tree is um, gruesome - which is a corny thing to say about a tree. But that man, and the things in the tree are incompatible somehow - I don't know why because he's actually saying lovely words - those crosses are what he's saying, he's not kissing, he's saying nice things, and the birds are flying and the sky is blue. The other bushes are lovely ... but this tree ... (What part of the picture would you identify most strongly with, what could it symbolize for you?) Nothing. Just a man, that's all. (What do you feel?) Very sad, 'cause you can't pick the cosmos, they die (crying) I would have liked to hear what that man is saying, and the more I look at it - actually I did it in a hurry - yet it's extremely symbolic of how I feel. (How
do you mean?) Those red things in the tree are ugly and they don't belong there and I don't know what they are or why (crying). The cosmos makes me sad because they're so beautiful, but if you find them, they die and I can't hear what that man is saying and would like to hear, and the birds are not birds of prey that are going to go to that tree.

Session Three: Figure 3

This is the mountain here and there's a storm coming, and there's lightening and it's killed one of the birds. This is the pathway up to the top of the mountain, through the meadow. It's stormy and the birds are trying to get away, there's one already into the clouds. (Where are you?) Not there really, 'cause I'm scared to go because there's going to be a storm. That's yesterday's meadow with the cosmos. (The danger that's coming wipes out the beauty that was there.) Yes, it's a scary sky and lightening, and the birds are all trying to get away. One hasn't. (Are you like the birds?) I don't know. I couldn't see myself on the path because it's so ominous. I'm not artistic so I don't know what symbolizes what in the picture, I just put the bird in the center because it was the one that was struck by lightening. (Maybe you feel that the next step on the path of your life is quite a frightening one, potentially quite a dangerous one?) I don't know, I just wanted to try and portray how I saw the mountain. The path's coming up towards the mountain. That's the foothill. (What would make it easier to start on your path?) I don't know because I didn't draw this as a personal thing. You said yesterday draw a meadow and today you wanted us to draw a mountain and a pathway and what we saw, so it's not really a personal thing. (But if it was?) Ja, then coming out've the meadow and climbing into this darkness wouldn't be easy. (What would make it easier?) I don't know, all the fears, because I'm petrified of thunder and lightening and the birds and it's a twisting path so I wouldn't even know what was waiting
round the corner. Although that's nonsense, because I'm very fond of trail-blazing and it's not far from that. I wasn't thinking of it like my life. You put in too much meaning in something, I didn't mean to portray it as meaning me on a road through life. (Maybe you just don't want to talk about it.) No, there's no symbolism in it, you just said draw a path and that is what I did.

This - I like to be happy and in control and there is a very sad part to me. It's not a suicidal or depressive side, but it is, I have got a lot of sadness inside for a lot of reasons and there again I've benefited tremendously because I think I can cope with the sadness. I don't think others see it, I don't know. I'm very easily moved to tears, and other people's sadness makes me sad and I'll cry. I try to put on a front that everything is okay. I do try to be that everything is okay, but I've come to terms with that sadness too. Before I wasn't sure why, but now I know why I'm sad and I think I can cope with it. I can cope with it now. (It sounds like there have been times when it's overwhelmed you?) Yes absolutely. There just seemed no end to the things that happened, that kept - everyone was ... Funnily enough, I went to a fortune-teller just as a joke years ago and she said that she was loathe to tell me my fortune. She said, "I see you standing on your own and everyone around you is dead." And that's what happened. Everybody in my family is totally decimated to just my son and my sister: within a period of 15 years there was just no-one left. It's painful now that we have no extended family. There's just nobody and it's lonely and I envy people who've got four brothers and sisters and in-laws and parents. (You feel sad about having no-one to care about you and for you to care about.) Yes, mostly it's people
to care about ... I feel that I've got so much caring and nobody to give it to. I need a relationship, someone that I could care for and look after and love. That's the saddest part in my life - that I have no one to care for. (It's important to feel needed?) Yes, I feel I'm not needed anymore. Nobody needs me. If I didn't exist anymore, it wouldn't matter to anyone. There'd be no gap in anybody's life and that is sad. It is sad. But I'm going to do more than I did because I realize that I isolated myself which was very detrimental to me.

Session Five: Figure 5

I didn't want to get this drawing finished because to me caves are terrible. A cave with bats, snakes and gourds and a strange figure and eyes. It's just dreadful. This strange witchdoctor-like figure. Caves are very scary. (And the figure?) He's evil. These people that go through caves for fun or as a hobby are beyond my understanding. (What would happen to you in the cave?) Well, the bats would fly in my hair, and those eyes that belong to some wild animals would attack me and the witchdoctor would be horrific, and these calabashes, these witchdoctors always seem to have gourds of medicines and potions. (Where are you?) Standing outside and at a distance from the cave. (Are there things for you in your life that make you feel as frightened as this cave does?) Yes, ja. Growing old and alone, I mean really old. Will I be healthy enough to care for myself? I've got a terrible fear of being dependent on people. I'll have a stroke or I'm not afraid of pain or illness and anything, but just sort've being old and losing my dignity. I have a terrible fear of that. (Entering the cave would be like that, losing contact with the rest of the world.) Yes, it does almost. Having a stroke and not being able to - hearing people and not being able to -. Because we're such a tiny family and I only have a son who'll get married and I'll have a daughter-in-
law who'll object to having this burden. That really frightens me. (Being a burden?) Yes. (The witchdoctor, what could he do?) I have a fear of the supernatural, of somebody who'd do terrible things to me. I don't know what. (Hurt you badly?) Yes ... (That somebody would get you in their power and you would be quite helpless, they would harm you?) Yes, ja, that is so. That's a real fear, well in relationships I fear losing control or being totally controlled by someone else. In my marriage it was like that. I was married to a man I loved very much, but he was, oh I hesitate to use the word "evil", but he was a terrible influence. I loved him terribly but I was petrified of him because he could be so nice, but when he had too much to drink he became another person and I knew he was bad and that I should end it, but I couldn't. It was terrible and it took me seven years to actually extricate myself from it. I'm petrified of a relationship that, where there's domination not domination, terrible powerlessness that there was in my marriage.

Well, I've drawn myself as I see myself. As you can see it's quite grotesque and it bothers me and I feel bad about it ... Well, I'm overweight and I'm having a battle to get my weight down. I always thought I was fat and now I really am fat. (It seems like you've never been happy with your body.) No, never. Never been happy with my self-image, well physical self-image. (And your face?) Well, it's wrinkled and lined, quite awful actually. I'm not happy with the way I look at all. It's a very big factor I seem to be very physically oriented and yet not with other people. But I'm very harsh about myself. (You judge yourself harshly.) Yes, yes I do, and I'm amazed when people are complimentary, and I just don't know why. (No-
thing anyone else is going to say is going to convince you or make you feel better about yourself.) I'm not quite sure what would make it different, I don't know if it's just losing weight, I'm not sure. But it isn't that much of a problem as it was. I think I have benefited tremendously from therapy. I've come to terms more with my self-image than I ever have in my life.

Session Seven: Figure 7

You said to draw a meadow with a monster. That's my meadow and that's my monster. (What's your meadow like?) It's pretty with cosmos, and trees and birds. (What is the swamp like?) It's horrible. I tried to draw a crocodile, but its feet look like wheels, but are meant to be feet. The monster's shooting out of the water, it's very powerful, it's standing there. It's got wings, it's huge with a tongue coming out. I'm standing at the edge of the meadow but the monster's close. (How do you feel?) Very frightened, I want to run away, back into the meadow where it's safe and pretty. (There's safety and beauty on one side and horror and ugliness on the other side and you're standing in between.) That's what you asked me to draw, I wouldn't have drawn something like that if you wouldn't have asked me to draw a swamp with a monster. (Yes, and there's also a feeling that there's a good safe place to run back to when you're frightened, that you have a source of safety and comfort.) Yes, and beauty.
Session Eight: Figure 8

Well this is very unprofound. I saw somebody running with chiffon scarves, all these lovely coloured chiffon scarves waving in the wind and there's all these different colours. No more depth to it than that. This is pretty, and I made a conscious effort not to do anything horrible, because there is such an amount of sadness in the group. It's a form of escapism. (That's okay to feel you don't want to be sad today.) It's the sadness in the other members of the group that I find more distressing than anything I personally feel. (Maybe the strengths you're feeling are delicate and fragile like the scarves?) Yes, although it is fragile as you're saying, it is there. It takes a long time to find out.
4.3. CASE STUDY THREE: D

4.3.1. Biographical data

D., a 19 year old teenager, was admitted to hospital due to his depression and aggressive acting-out behaviour. This was his second admission to Tara, and D. had previously been treated as an in-patient in a drug rehabilitation clinic due to his cannabis and mandrax abuse. In addition he has a seven year suspended sentence for drugging while in the army. D. was referred, under duress, to hospital by his probation officer because he had resumed his cannabis abuse. He began abusing drugs, including LSD and sniffing Tippex and carbon tetrachloride when in Std 6. He also mutilates himself by superficially lacerating his arms. On admission D.'s mood was apparently euphoric and inappropriate. His mood also fluctuates daily between sadness, happiness, suspicion and resentment. His behaviour was also felt to be incongruent in that D. was restless and smiling despite complaining of depression. No overt disturbances of thinking and perception were apparent on admission. D. has been previously diagnosed as suffering from an underlying affective disorder, a personality disorder and substance abuse.

D.'s history reveals that he failed Std 6, and left school after completing Std 8. He spent three months in the army prior to receiving exemption. He has sustained three head injuries since the age of five, but according to the available history, none appear to have been serious. D. perceives his father as overly concerned and worried and his mother as possessive. Hostile
to authority, especially parental control, D. is resentful of their refusal to permit him to leave home. He is a middle child with an older sister and a younger brother with whom he has a discordant relationship.

It was felt that beneath his facade of anger, D. feels vulnerable and experiences difficulty in verbalizing his feelings, rather acting them out by injuring himself or by being physically destructive to his environment. These factors led to his referral for art therapy.

4.3.2. Psychodiagnostic assessment results

D. feels inadequate and insecure regarding his ability to cope with environmental demands. His level of aspiration does not appear to be substantiated by his current ability and this may be related to a disturbed emotionality and adjustment.

D. experiences feelings of inner tension and conflict: he struggles to control inner and outer forces which may threaten his ego. D. tends toward an uncontrolled reactivity to social stimuli which may influence him to become impulsive, with a weak control over his urges. These tend to be of an aggressive and hostile nature. D. appears to have a poor frustration tolerance and may become impatient and destructive. He manifests strong negative and rebellious feelings toward authority figures, as well as his father and brother, albeit in a disguised fashion. This attitude was also apparent in his impatience and intolerance during the testing situation.
D. tends to be ruled by his immediate needs for gratification and by his basic urges. He may deny his need for affection and this is a source of anxiety for D. It also relates to his strong need to belong to his peer group and his emphasis on drug abuse, and identification with the drug sub-culture. Although D. recognizes the self-destructive nature of this, he regards it as the only solution to his problems and inner confusion or lack of direction. A passive desire for help is indicated.

Despite his bravado and apparent lack of concern, D.'s drug abuse and hostility leads him to fear parental rejection and abandonment. This is a source of much anxiety for D. Nonetheless his solutions to his TAT stories tend to emphasize an avoidance of punishment and a shirking of responsibility. Women are perceived as inadequate and lacking, whereas men are perceived as hostile and rejecting toward women.

4.3.3. Presentation in the art therapy programme

D. presents as a well-built and slightly dishevelled young man, who complained frequently about having to attend sessions because they clashed with his sporting times. He usually completed his drawings in an impulsive and explosive manner, impatient of delay and unwilling to linger over his work. Despite his facade of disregard, D. contributed enthusiastically in group discussions and responded positively when given support and encouragement by the group facilitators. At times D. was demanding and attention seeking, manifesting a strong need to be a dominating and powerful force in the group. When upset, he tended to become
hostile and abusive to other members, and aroused much negative feelings amongst the group due to his lack of control and aggressive outbursts, especially those directed toward K. for having missed three sessions.

D. verbalized his frustration and anger regarding his inner confusions, as well as his need to adopt a facade of false bravado. He acknowledged that he had found it easier to express himself through art and then verbalize and clarify his feelings from the images he had produced. D.'s psychotherapist reported that he often spoke of his art sessions and brought issues that had emerged in his art to his individual therapy. In fact this led her to utilize his drawings in sessions with her in order to facilitate his verbal therapy.

4.3.4. Interpretation of D.'s art

Throughout D.'s work he vividly expresses his inner tensions and confusion. His nature scenes frequently resemble battlefields, expressing the struggles within himself. The explosive quality of D.'s art reveals a direct and frank expression of his impulses and his poor ability to tolerate his inner frustrations. This is consistent with D.'s general tendency to act out his feelings.

D. frequently complained frustratedly of his inner emotional confusion:

I don't know what- my mind is going in different ways, like going round in circles (session 6).

This turmoil is conveyed in his portrait of himself as naked
with his red-coloured intestines exposed (Fig. 6). His final scribble drawing (Fig. 8) of a tidal-like wave that threatens to engulf his small boat as it bobs precariously upon a stormy sea, reflects the chaotic turbulence of his feelings. This raging sea, often symbolic of the force and power of the unconscious, expresses D.'s inner turmoil and fear of unleashing the potentially destructive power of his unconscious emotions.

D.'s confusion leads to intense feelings of frustrated rage and impotent anger. It is expressed in the words:

Where the fuck am I? Who the fuck am I?

scrawled across his self-portait (Fig. 7). The violence of his feelings is also graphically conveyed in his swamp drawing (Fig. 7) in which D. angrily and impulsively draws a figure in black emerging from a confused mass. The hair or brains of the creature are tangled, the words "fuck head" are angrily inscribed on the drawing. D. also added the frustrated and angry line "people don't understand me", on the drawing (Fig. 7), later changing it verbally to "I and people don't understand myself". His need to include words and writing in his drawings, appears to reflect D.'s struggle to express and clarify the emotional confusion within him.

During this seventh session, D. exploded aggressively, became verbally abusive to a group member and stormed out the room to run and cut himself repetitively. He later returned to the session, apologized and acknowledged his inability to prevent himself from losing control of his feelings and his consequent feelings of self-hatred. It was felt that D. confuses the anger
and frustration he feels toward himself and toward the outside world; it is eventually directed against himself, as he mutilates himself, perhaps in an attempt to gain some measure of control over the tumult of his feelings.

In his art D. expresses his considerable hostility toward his family, especially his parents. He feels persecuted by them and depicts the eyes of his family, that watch and follow him, embedded in the clouds that surround and threaten him in his first drawing (Fig. 1). He draws himself as a rather hostile looking bird, that resembles a bee, with an emphasized sting-like protrusion from its tail. His anger toward his parents is verbally communicated in his desire to:

kill them or just move out if they'd let me (session 1),

and in his second drawing where he feels he

should've had another little picture on the side, with another dark dark river or like a black hole and my family slipping down it (session 2).

D. blames his family for his situation and for his helpless inability to reach any real resolution to his problems. This is apparent in the heavily-drawn black cross that bars the entrance to his meadow with the words "no go" across the drawing (Fig. 2). It is also expressed in his cave drawing (Fig. 5) in which he impulsively scrawls "just an arrow leading to the cave", and himself 400 000 kilometers away. The cave, which he only draws diagrammatically as a circle, represents an inaccessible source of peace, away from "fighting and arguing" (session 5). D.'s feelings of impotent frustration are expressed through
the use of metaphorical images, in the words:

I'm just too irritated to draw or anything. Like I'm in a little box by myself that's strapped up and welded down (session 5).

Despite D.'s reluctance to take responsibility for his problems, he did express his feelings of inadequacy and guilt at having disappointed his family and of having caused them pain:

I'm a total wash-away or throw-away because what I've done to my family has caused this shit, you see, with the drugs you see. I've caused this shit, like I messed up their lives in a sense (session 2).

His feelings of guilt and self-blame lead to strong suicidal feelings which are vividly portrayed in his drawings. In his portrait of himself lying in a coffin with the word "DEAD" scrawled across it in bright red (Fig. 4), D. gives full expression to his frustrated pain. He also reveals his perception of his inability to commit suicide as an added failure due to his cowardice. However it became increasingly apparent to D. that his wish to die is an attempt to escape his problems and perhaps to repair the damage he has done, that is, an expression of his guilt regarding his family:

There is a part (of me that doesn't want to die), my parents wouldn't have hassles then. See, I'll leave home and everyone'll be better. It'll be easier for everyone else. If he's gone they can't say nothing. It wouldn't free me, it would free them from me, in every way. Maybe I don't really want to die (session 4).

D.'s desire to escape from conflict, especially parental pressure, is apparent in his drawing of himself and an imaginary wife flying to a peaceful meadow (Fig. 3) and sitting with his own two children on the veranda of his own home. It seems to also reflect his own desire to assume an increasingly adult role, albeit in an idealized or unrealistic manner.
Beneath his surface facade of angry bravado and apparent unconcern, as well as his confusion, lies a great deal of inner pain and sadness which D. struggles to accept and integrate. He spoke a great deal of his difficulty in expressing his confused inner feelings, especially his pain and sadness:

I can't cry. I want to, but I can't show it. It's easier to show the hate than to show the sadness (session 4).

Only in his sixth drawing did D. reveal these feelings that lie beneath his smiling or angry facades. He graphically communicates this conflict in his portrait of himself as naked, yet with an outer smiling persona with his inner pain enclosed in a box with crying eyes and a downturned mouth within the larger face (Fig. 6). He further separates the sadness from the rest of himself by drawing a horizontal black line across the smiling face of the figure, just beneath the box of pain. During the fifth session D. revealed that:

I'm just false on the outside, just smiling, just wish I could show just how I really am.

He also acknowledged his need to avoid facing his own pain by involving himself in activity, by maintaining a smiling facade, and that it is easier for him to express hostility and anger, than pain and sadness. D. acknowledged his fear of rejection and embarrassment should he reveal his inner self:

I don't know why I'm always smiling, maybe it's just a barrier because I'm too scared to show I'm upset. Anger you can show easily. I can't cry (session 4).

In this self-portrait (Fig. 6) D. reveals that beneath his defensive anger is a vulnerable core of inner pain.
4.3.5. **Summary**

D. appears to be desperately frightened of the overwhelming power of his confused feelings. These involve both frustrated anger and sadness. In an attempt to gain some measure of expression, D. acts them out against himself and his world, which he perceives as hostile and threatening. D.'s rapidly sketched scenes, with their heavy crayon pressure, indicates his high energy level and are loaded with inner tension and anxiety. Through his art D. achieved some measure of relief from the intensity of his confused and chaotic feelings. In the symbolic and expressive language of art, D. began to voice those inner conflicts which he struggles to bring forth in the language of words, rather resorting to acting them out in a damaging manner upon himself and his environment. This is apparent in his self-injurious behaviour, substance abuse and attempts to escape his problems.

Art therapy appeared to offer D. a safe and increasingly constructive manner of expressing his chaotic inner world. His struggle to gain a more appropriate and effective mastery over his feelings emerged, as did his enhanced ability to express his inner world in the language of metaphors and images.
4.3.6. D.\'s art and explanation of his work

Session One: Figure 1

It's a bird and it's looking down at the—maybe like in an airplane and you see the ground like that and those in the clouds are eyes looking at the bird. (I think D. wants to be free like that bird.) First of all the eyes are looking at me all the time and I don't like them. (How does it make you feel?) The eyes? Makes me feel like I'm cramped in. (Like how they're surrounding the bird, closing in?) That I must break away and get out've there. (What's the black arrow?) With my name pointing to the bird. (Who in your life would you say the eyes belong to?) My whole family. They're checking me out, watching every move, following me around, following me to bars and all that shit. (The impression it gives me is that he feels surrounded by his family and wants to be free like a bird: to me birds are symbols of freedom and he'd like to fly away from these eyes that are watching him all the time.) (What would you like to do to the clouds with the eyes in them: as a bird, to get them out of the way, what do the clouds make you feel like doing?) Either kill them or just move out if those eyes would let me. They won't let me. (It sounds like you walk around with a lot of angry feelings towards them.) Ja... I would be different without them. I would be my own person, I wouldn't have to follow in anybody's footsteps, I could do my own thing.
Session Two: Figure 2

There's a waterfall and the rocks on top of it and there's like a fence there, check, and the trees. I put a bit of black in it because I thought maybe they'll burn. I put black in the tree there and the sun there because I felt the sun is burning out the tree. Those yellow rays going down, burning the tree. I put that across over it because the way I'm going now there's no chance of me going to see that meadow. (You're locked out of it?) Ja. There's no chance of me going in. (Because?) Just things happen. (What would have to happen before you'd enter this meadow?) That, same as last week, they'd let me move out've the house. Check? Then I'd be able to go on my own. I should've done a little footpath going towards the tree and then leading down towards the waterfall, to say that I'm going my own way. (It seems like it's a sad and angry drawing?) Well ... (laughs) quite correct there. Should've had another little picture on the side with another dark dark river or like a black hole and my family slipping down it and then I could cross the river quick. (So it seems your anger is directed towards your family?) Ja, sort've. (To others as well?) Maybe, because I'm such a, ja, 'cause I'm such a - better not say it, no it's alright. (Maybe it makes you impatient and intolerant with people?) Ja, I do, when people bug me, I get angry (snaps fingers). It's not really directed at them, I don't really mean it because it's my family I've got the problem with. Well, I'm a total washaway or throw-away because what I've done to my family has caused this shit, you see, with the drugs you see. I've caused all this shit. Like I messed up their lives in a sense but I still want to move out. (Maybe it's easier to be in touch with the angry feelings than pain and sadness.) Ja, I can't show that in front of my family, I can only show anger. Here I'm only smiling. (Would you like to be able to get to a point of expressing your sad feelings?) There wouldn't be a point because there's still the guilt feelings inside me.
I can cry for other people's feelings but not my own, but inside I can cry.

Session Three: Figure 3

That's the drawing from yesterday. I've done the road with the path this way - it should be the other way round, but it's getting bigger see, the path. I've got small footsteps there and they're getting bigger and bigger - I've got an aeroplane and that means I'm going there, getting there quite quickly. I've got to get there quite quickly you see, my parents putting pressure on me. See, it's dark over there, put some black there, and it's getting blue, blue, lighter you see. So I'm driving up the mountain, get to the top, drive off here with a hang-glider, with my wife (laughs) and we land in that other little meadow down there and we build a little house and we're sitting on the bench there with our two little children swimming. There's big mountains here and we're flying over them and then I land, check, here. (That part seems like a battlefield.) Remember I said yesterday I haven't got into there yet. Now to get to that meadow without the black and whatever, I've got to come around this and fly into the meadow y' see. Me and my wife are climbing the mountain. I want to marry a nice person and not with someone who runs away. (Seems like you need support.) Ja my family's important, my own family, my own little lighties.
(There seems to be lots of sadness underneath your angry feelings.) I can't cry - I want to but I can't show it. It's easier to show the hate than to show the sadness. I can't cry for myself, I can cry for other people ... That's it! There's a coffin with me dead there... I'm dead already. I'm dead! If I had the willpower I would've been dead long ago. I'd kill myself - that's it. If I had the willpower I would've done it years ago. But I'm too scared. I'm too fucken (unclear). (Maybe there's a part of you that doesn't want to die.) There is a part, my parents wouldn't have hassles then, see I'll leave home and everyone'll be better. It'll be easier for everyone else. If he's gone they can't say nothing. It wouldn't free me - it would free them from me - in every way. Maybe I don't really want to die; but it would be better for everyone ... I wish I could stop smiling. I wish I could show people how I feel. In the picture I wish I was dead. I feel it all the bloody time, I just wish I could show it. I'd be too embarrassed, people would think I was bullshitting, putting on an act. I get too embarrassed, I wish I could show how I'm feeling upset, not saying it. I can say how I'm feeling upset but I can't show it 'cause one minute I'll smile. If I say to you, "I'm upset," and I'm laughing what would you think? I think people will laugh at me. I don't know why I'm always smiling - maybe it's just a barrier, because I'm too scared to show I'm upset. Anger you can show easily. I can't cry. (It sounds like you're scared to be taken seriously, if people did that it would be frightening.) I don't know.
Session Five: Figure 5
There's just an arrow leading to the cave. I'm somewhere down there. (What's the cave like?) Suppose it's alright, I never really liked caves. (Why do you want to get there?) Just to get away from everything. At the top everyone is arguing and fighting. I want to get away from it, but I'm not even near getting to a nice cave. (It seems like you're feeling things are hopeless.) I'm just too irritated to draw or anything - like I'm in a little box by myself that's strapped up and welded down - people keeping me down. I'm just false on the outside - just smiling - wish I could show just how I really am.

Session Six: Figure 6
Here's my face, inside unhappy and the tears and this is on the outside. (And the line across?) To separate it. The red's the derms, the inside y'know what I mean. (The words are as if you're quite angry as well.) Ja, well I went down to go play games with myself again but I was halfway up the rocks, but I didn't want to go up because I didn't want to mess my pants, to go get glass. But I came down again and I was looking down there on the field but I couldn't find, and I searched the place and I couldn't find anymore glass to cut cut myself so I came back. (How did you feel when you drew this drawing?) Just,
I realized that it's so true ... (The smile on the face that's -?) What I'm doing now. I don't know what's going on in my mind, that's why I wrote that. That's how I feel. I don't know what I'm doing y'see I'm always running around and jumping around, asking you to play games, and ... (To get away from yourself?) Ja, but even if I'm feeling down and somebody says to me, "What's wrong?" I smile. (But you've expressed both sides, the pain inside with those tears and that sad face, is showing that it is present.) Yes, but I can't show it. (Ja, but that's a step, showing the tears and expressing the pain.) Ja, I wrote something down as well but I didn't bring it. (To me the face answers both of those questions and I think you do have the answers, but you don't want them, you're trying to move away from them and you do it by avoiding.) You see I don't know what - my mind is going in different ways, like going around in circles. (Ja but you've the two extremes.) But it's not obvious because I'm smiling all the time when I'm sad inside.

(D. became verbally abusive toward K. and left the session. He later returned to apologize and acknowledged that he loses control of his feelings, can't stop himself and hates himself for it afterwards.) I don't understand myself, it's not an excuse. It says it right there in the picture. "People don't understand me." But I should've had, "I and people don't understand me." I know why I get angry, but it doesn't explain it. I don't know what's happening up here (points to his head).
Session Eight: Figure 8

This is sea, a boat, me fishing and I've caught a fish and here's the cable-car and the car's going up and down. There's the mountains there and the water, as if you're sitting in a boat and the wave comes over - like over the mountain - that's how it looks if you're sitting in a boat. (That wave looks as if it's going to wipe you out.) Ja, it does. Maybe it's going to; but I might do a somersault and land back in the boat. Like a see-saw it hits one side of the boat and then I come down again, the weight of the fish pulls me down again. (The fish is almost like an anchor.) Ja. (I notice about this drawing in the way that it's done, on the one hand is very confused, and by putting labels on, it's some attempt on your part to make it clearer, but it still ends up looking quite confused and I'm wondering if that's how things are for you - confused and something quite strong, like the wave coming up.) Ja, it's confusing. I don't know what's out. Maybe I want to be knocked out and killed and drown and then I've got the anchor of the fish to save me. (How do you feel in the boat?) Calm, I'm not watching the wave. (What makes you feel calm?) The sea and just looking at the mountain which is so beautiful. I didn't see the wave coming because I'm looking the other way. (What's like the wave for you?) Maybe everyone clamming down on me, everyone's squashing me. (Could it be like your feelings?) Ja, because I don't know what to feel, I know what to feel, but I don't know how to express what I feel, and I don't know what's going on in my mind. (It's almost like the boat's taking you away from all the turbulence, you've got your back to it.) Ja, but I didn't realize it. Ja, she's saying that I'm going to a more calmer area. (What for you is like that fish, like something to anchor you, to be a calming influence?) No I don't know of one, because I don't know what's going on, maybe because I haven't got enough willpower to not have the fish there to anchor me. I haven't got enough willpower to let the boat stay there under the wave or smack me out. (So you don't have the willpower and the...
things to help you are quite fragile, maybe not strong enough.)
Ja, I'm saying I don't have enough willpower to kill myself, to get killed. To get killed would be the easiest way but I haven't got enough willpower to kill myself so I've got the anchor there. Well I could say I haven't got enough guts.
4.4. CASE HISTORY FOUR: J

4.4.1 Biographical data

J. is an unmarried 31 year old journalist who had her first psychotic breakdown ten years ago. Prior to her current admission, J.'s general level of functioning and self-care had deteriorated: she was unemployed, socially isolated and withdrawn. On admission J. was found to be most depressed and manifested some suicidal ideation. She had also been experiencing auditory hallucinations and had become dependent upon valium. According to the psychiatric registrar who saw her on admission, J. was found to have a "tremulous hold on reality". Recent stressors have been severe for J. as her father, who she tends to idealize, died less than a year ago of a heart attack and her mother has recently had a recurrence of cancer. J.'s current diagnosis is uncertain and includes substance abuse (benzodiazepines), Major Affective disorder and Dysthymic disorder. In addition J. is also considered to have avoidant personality traits.

J.'s history reveals that despite achieving well at school, she has always experienced emotional difficulties. She has been pulling out her hair since the age of seven and has developed alopaeia chronic trichotillomania. This is a source of acute anxiety and embarrassment, and J. is forced to wear a scarf or wig to hide her baldness. She studied journalism and has worked in eight or nine jobs of a wide variety. J. was engaged at the age of 18, but terminated this relationship and was subsequently involved in a traumatic relationship with a homosexual
man for a number of years.

Her family history reveals that J.'s father suffered from untreated depression. Her paternal grandmother committed suicide. Since her father's death J. has had a close, but perhaps overly-involved relationship with her mother. She has a satisfactory relationship with her unmarried 33 year old brother, an advocate, who lives in another city.

4.4.2. Psychodiagnostic assessment results

J. tends to be ruled by her immediate needs for gratification, rather than her long range goals. She is currently manifesting too little responsiveness to the impact of environmental influences and may rely more upon her inner life than her environment for comfort and stimulation, although this must be regarded as tentative. She tends to display a weak or inadequate control over her impulses, with a highly personalized reaction to social stimuli. J. may potentially exhibit an uncontrolled, but appropriate and genuine reactivity to the impact of stimuli. This may influence her to act out her impulses at times.

J. is aware of inner tensions which may threaten her ego and which she struggles to control. These tensions appear to be too strong to enable J. to utilize her inner resources constructively. Her inner tensions appear to relate to an over-riding sense of intense pain and unhappiness. This leads her to have some passive suicidal wishes, as death is regarded as the only solution to her problems. The source of J.'s depression appears
to relate to her strong feelings of isolation and abandonment. Confronted by overwhelming feelings of loneliness and hopelessness, J. feels unable to trust in any reliable resources for warmth, security and nurturance, including her belief in God, which seems to be of some importance to J. She tends to deny or repress her needs for affection and this may handicap her general adjustment.

She envies the happiness of others and longs for the love and security of a heterosexual relationship. However males are perceived as fragile, insecure and abandoning. Despite her protective love for them, she is rejected by men, who are regarded as ultimately inaccessible to her. J. tends to deny or suppress her own needs, particularly her sexuality in relationships. This may be related to her fear of losing loved ones. Abandonment by significant males is seen to precipitate a breakdown for J and is therefore a source of considerable pain to her.

Women are perceived as empty, superficial and selfish. In addition J. feels some anxiety regarding being the recipient of female disapproval and criticism. Her significant anxiety about losing control and going insane is apparent in her fear of the menacing and threatening voices which trouble her. J. fears both death and insanity, which she perceives as inevitable fates for her. She fears disappointing and shaming her parents because of her illness. Parental figures are perceived as abandoning and unable to meet her emotional needs despite their ability to meet her material ones.
J. appears to be currently unproductive due to her disturbed emotionality and adjustment and perhaps may have too high a level of aspiration in relation to her current ability. Nonetheless she has a strong need to achieve despite her underlying insecurity and lack of confidence.

4.4.3. Presentation in the art therapy programme

J. presents as a tense woman who chain-smoked throughout sessions. When discussing herself she often spoke of frightening and intense feelings in a subdued and restrained manner, as if she was attempting to keep her considerable pain and anxiety at bay. When describing her art, J. was always tense and her voice would drop and become inaudible at times. Her lack of self-confidence and insecurity was also apparent in her apologetic and hesitant demeanour, as J. would frequently apologize for the quality of her drawings.

J. often arrived early for sessions and was keen to engage the group facilitators in conversation, expressing considerable interest in their background training and experience. She also participated keenly in group discussions and would challenge other group members, especially the only male in the group.

4.4.4. Interpretation of J.'s art

J.'s art has a distinctive style: all her drawings are in black pencil, unrelieved by any colour, at times strongly drawn and at times light and hesitant. Despite many projects having been based
upon scenes drawn from nature, J.'s meadow and path scene is placed in an underground cavern (Fig. 3) and her swamp scene in a graveyard (Fig. 7). Her work is intense and harsh, barren of any images reflecting significant resources of warmth and support or any signs of real growth and vegetation.

J.'s first drawing of a woman's crying face (Fig. 1) reveals the inner sadness and fear she experiences:

I don't know what the tears are from. I think the face is quite scared. (session 1)

J. appears to experience emotional pain at an intensely physical level: sadness and depression become physical pain, like an "ulcer" within her (session 4). This is further conveyed in images of bodily decay, fragmentation and physically torturous invasion (Figs. 4, 6 and 7).

J.'s art reveals the intense fear she carries within herself. Her desperate panic is vividly expressed in the form of a twisted and tormented figure shrieking for help in her path drawing (Fig. 3), and in her swamp drawing (Fig. 7) which is filled with skeletons and disembodied, dying people. These dismembered bodies, torn limb from limb by a man-eating monster may represent her fear of being possessed by the unconscious and of being torn into a chaotic multiplicity. The primitive nature of J.'s deeply-rooted anxieties is disturbing. Her fear of fragmenting and of madness is vividly communicated in her portrait of her inner self (Fig. 4) of which she says:

I was trying to make it quite fragmented and broken more fragmented I suppose. And the mouth is open, it's probably screaming. Sad sad tears running down its cheek and there's spiders. I can't draw spiders, but
there's spiders in the brain: it's troubled thoughts maybe of some kind (session 4).

She further explores these fears in her swamp drawing (Fig. 7) with the powerful image of a monsterous octopus that is tearing people apart. Her fear of being devoured by the destructive and uncontrollable forces of the unconscious reaches expression in the form of this monster:

sucks people dry and eats them in horrible ways. These are living-dead people, with lots of pain ... There's torture going on, it's an electrical monster (session 7).

Being electrocuted by this monster appears also to be an allusion to the shock therapy J. had received in the past. In the center of the picture is a shrieking face attached to the tentacles of the octopus: J. identifies herself with this tortured and pain-wracked figure:

That's me in the middle and the octopus has one of its tentacles going through my head and it's very sore (session 7).

J.'s self-portrait (Fig. 6) includes the use of lines and arrows to emphasize the joints in her body and the break between her head and her body. The fragmented quality of this drawing seems to indicate some disintegration in J.'s sense of wholeness. The reinforced lines of the torso and the use of labels and quotations in the drawing however do indicate her struggle to gain a measure of control over these feelings of fragmentation, albeit in an intellectualized manner. This control over the primitive anxieties she experiences is fairly fragile and tenuous. J.'s inner emotional turmoil leads her to become "bland" or "numb" (session 4) on the surface. It is expressed in her portrait of her outer self, with its vaguely defined empty features:
It's a bit bland, that's why the face is hollow ...
In order to cope I need to be numb sometimes
(session 4).

Her attempts to cope with her inner struggles and anxieties also leads J. to adopt a facade of coping:

a fixed smile. It's not relaxed, but with a grimace
(session 8).

J.'s anxieties also appear to have a persecutory quality as she fears the violence of inner and outer destructive forces which she is unable to control. She also fears being robbed of something precious within herself. In her cave-drawing (Fig. 5) that only includes the outside, crack-like entrance to the cave, J. identifies with the forefigure (to the left) that is guarding the entrance to the cave and says of the figure:

The head's eyes keep on changing. They are calm, but as soon as anybody gets near they get angry, quite defensive (session 5).

This figure, with snakes, spiders and feathers for hair, has a Medusa-like quality, as its eyes are a source of anger and power. She guards a cave with a magic box of dreams. This box appears to be symbolic of J.'s inner fantasy life, of the spiritual wealth within her, which she feels she must protect from hostile forces and possible intrusion or robbery. The image of the magic box, which also occurs in her meadow drawing (Fig. 2) in the form of a magic music box, is a container of treasures. It is reminiscent of Pandora's box, a receptacle that alludes to the unconscious, and which for J. may signify the richness and vitality of the unconscious, as well as its irrational, excessive and potentially destructive tendencies. In her meadow drawing J. also includes the image of an angel, albeit highly sexualized and of a sexless
"witch or wizard" to aid her. She related this need to protect something precious within herself to her anger about having been committed to a psychiatric hospital and for having been forced to undergo shock therapy. J. experienced this as an "invasion" and feels she has never been the same since.

Although her fantasy life is a source of richness, J. feels that it is not fully accessible to her to utilize constructively. This emerges in her meadow drawing (Fig. 29 of an "enchanted" scene that includes:

- an Alice in Wonderland-type person ... standing in a pond talking to this strange creature with peacock feathers; it's a sort of bird (session 2).

She also includes in the scene a magical music box, a garden gnome, a cheshire cat and a house. J. describes this enchanted and magical place as:

friendly, there's something safe, not frightening about it. I want to go in there because it's friendly and hear what they're saying. I envy them and wish I was there. I'd like to be like Alice in Wonderland (session 2).

Her longing for some source of warmth and nurturance is expressed in this desire to participate in the scene.

J.'s drawings reveal her low self-concept. She perceives herself as old, empty, barren and unwanted, like "yesterday's news" (session 6). Her childless state is a source of considerable pain. J.'s image of herself is also conveyed in her trees, frequently regarded as symbols of the self. Their most striking quality is their barrenness and lack of life. Her trees are bare of fruit and leaves, the naked branches reflect J.'s limited ability to reach out and derive satisfaction from her environment. In Figures
2 and 3 J.'s trees appear as if they are burnt and scarred, broken in half. In her path drawing (Fig. 3), the tree-stump is an obstacle that blocks her path to exploration and growth. It stands in the entrance of her closed door that bears the ominous number "13". Her feelings about the future appear very bleak and with little evidence of warmth and support. From J.'s images of trees, it appears that her core self has been damaged and scarred. In her graveyard scene J. includes many symbols of death: burning fires, "disembodied bodies ... strange birds eating off living humans" (session 7) and includes her own grave with her birth date and 1987 inscribed on the gravestone as the date of her death. Her self-portrait (Fig. 6) reveals past experiences of suicidal anguish as death is regarded as the only solution to her problems.

J.'s art also reveals some conflict about her sexuality and feminine identity. In her self-portrait (Fig. 6) J. draws herself as bald and sexless. This contrasts strongly with the naked and sexual angel in her cave drawing (Fig. 3) and the wide-eyed femininity of her Alice in Wonderland (Fig. 2). These figures, with their emphasized femininity represent a striving to free that which is sensual and beautiful within herself.

4.4.5. Summary

J.'s art is filled with a variety of images and reveals a rich and vivid fantasy life. However J. struggles to fully utilize her symbols and images meaningfully: at times they remain intellectualized and unintegrated with her inner world. Despite this, J.'s art powerfully expresses her underlying conflicts and anxieties.
These relate to her fears of fragmenting and of madness. J.'s awareness of her fragile struggle to control these potentially overwhelming thoughts and feelings is an added source of tension for her. In addition her art, in its style and content, also reveals feelings of strong inner sadness and isolation. Her growing ability to express these feelings in visual images and then verbalize from these images, appeared to offer J. some source of confidence in her struggle to deal with her inner world. She also reported that since having participated in the art therapy programme, after having been unable to write her own personal essays for a number of months, she had resumed her creative writing.
4.4.6. J.'s art and explanation of her work

Session One: Figure 1

It's just two eyes and a nose and a mouth. It's a person. A lady, she's crying and she's got hair. She's feeling sad. The tears only come out of one eye because she doesn't want anybody to see it, that side of her that's crying. The other side of her face is different. Maybe the other sides' also crying. I don't know what the tears are from, I think the face is quite scared.

Session Two: Figure 2
It was an enchanted meadow. The moon was up and the sun was just coming down and it was cool. It wasn't really hot. This Alice in Wonderland-type person is standing in a pond talking to this strange creature with peacock feathers, it's a sort of bird. There are lots of trees, a box, it's a magical box and music comes from it. There's a garden gnome. It's alive, smoking a pipe. Behind the sun a hand is going down. There's a clock in the tree, it's seven o'clock. Dali uses it in his art and it means the seventh dimension, maybe time running out. There's also a cheshire cat in the tree. Instead of leaves there's an eye and a mouth growing off the tree. The leaves are like eyes and mouths. There's also a house. I'm not in the meadow, but looking at it from outside. It's friendly, there's something safe, not frightening about it. I want to go in there because it's friendly and hear what they're saying. I envy them and wish I was there. I'd like to be like Alice in Wonderland. That old tree is like the Magic Far Away Tree, a magical tree.

Session Three: Figure 3

The path is blocked by a closed door with 13 on it. It's an unlucky number, and there's a tree stump also blocking the way. It's like every time one turns a corner I come across a closed door. The path also has steps going downwards. This (dark center object) was meant to be a world atlas or globe, but it didn't come out right so I turned it into a tree. On the right is a ghoul-like figure with a long tail shrieking "help". That's its hand. To the left is a devil-like creature with two heads. It's got a long tail. It's dark outside, it's night. Those are bats flying around. I am outside the picture, no, I could be both the two figures in the picture.
That side is the inside (left) and if I could draw, I was trying to make it quite fragmented and broken, more fragmented I suppose. And the mouth is open, it's probably screaming; sad sad tears running down its cheek and there's spiders. I can't draw spiders, but there's spiders in the brain, it's troubled thoughts maybe of some kind. I don't really know what kind of outside picture I present. I really don't know, but maybe it's a bit bland. That's why the face is hollow. It hasn't got pupils, it hasn't got a proper mouth. (J. added that she felt it was not fair to inflict her pain and sorrow onto others and that she feels she needs to hold back on her feelings: In order to cope I need to be numb sometimes.)
It's outside the entrance of the cave. That's a witch or a wizard, see the hat, with a black cat and a chair behind. That's a head with things, snakes and a peacock coming out. It's guarding the cave. That's a tree-face. The head's eyes keep on changing, they are calm, but as soon as anybody gets near they get angry, quite defensive. The tree is in the middle of the cave. It's got no leaves, but it's a beautiful bark. The box at the bottom of the tree has got dreams in it. That's a toadstool, there are poisonous and non-poisonous ones. It's quite cold, damp with grey clouds. (In response to a query J. added that she identifies most strongly with the face in the front. She then spoke at length about her anger, especially towards her parents, for having been committed to a psychiatric hospital and for having had ECT. She spoke of this as an "invasion" and of how she has never felt the same since, "my personality changed". She also spoke about her fear of "going crazy" and of being robbed of something precious, her imagination perhaps. J. also revealed her feelings of self-hatred, that she sees herself as physically ugly and that it is not always easy for her to trust herself to keep a control over her feelings. J. also feels, like the figure guarding the entrance to the cave, that she must protect herself from those who would rob her.)

My head's three different things. I feel lots of different things in one head, that's why there are three heads: a bland person looking through dark glasses, a scared person (one with long hair) and an angry person. Those arrows are because I feel disjointed, my head's not connected to my body and my body's not connected to my legs. The living that I do is only connected to my head, only from my neck upwards and that's quite bad. I drew myself dropping eggshells with a rubbish bin and all rubbish and there are eggshells and cat-food tins, cigarettes and old newspapers, a week's worth of my life. Me in bed, the
It's a murky swamp. It's night time and cold. There are bare stark trees and a graveyard at the end of the swamp. These are the gravestones. The octopus-like monster, like from a French setwork book that used to frighten me; it got people at the bottom of the ocean. It sucks people dry and eats them in horrible ways. These are living-dead people with lots of pain that should cease when they die, go below the gravestones. There's torture going on, it's an electrical monster and that's a brain wired up to the octopus and that's a loose eye, and a disembodied bodies, two souls just sitting. There's fire, it's not pleasant, it's hot below. There are strange birds, they're eating off living humans and carrying bones. There more bones and graves there. There are people behind bars. The swamp is the bad things that happen to people, like prison and severe torture, being locked in. The octopus is like a crocodile. There are the remains of past victories, tortured people, with hearts and bones at the bottom. Love is their only crime and they were tortured for it and died from broken hearts. That's me in the middle and the octopus has one of its tentacles going through my head and it's very sore. That says "Rest in Peace" and I was born in 1955. The octopus attacks emotions and thoughts, it's putting it's tentacles right into someone's brain, it's pulling people apart because of their emotions. (J. then related this to herself and it being the reason why she was having psychiatric treatment, that her thought processes have been affected, that something, like the octopus takes over and that she has had a bad experience in loving someone and suffered a great deal because of her feelings.)
Session Eight: Figure 8

These are four faces, an angry face, a lost frightened quite scared person, a thoughtful face and one that has a fixed smile. It's not relaxed but with a grimace. It's vaguely happy, but there's not much life in its eyes; it has to be smiling. They are like ghosts with no ears or bodies. Their smile is the worst part. I would say that all of them are like me.
4.5. **Summary of the results**

During the course of the art therapy programme the following aspects of the patients' personalities were expressed, and explored to a degree, in their art:

1. Their sense of identity, self-concept and body-image;
2. the powerful and often primitive anxieties and fears that trouble them;
3. the predominating impulses they experience and their fears regarding the potentially uncontrollable and overwhelming nature of these impulses and feelings;
4. their current predominating affect states or moods, which included depression, hostility, frustration and confusion;
5. significant motivating needs, be they for love, achievement, health or security;
6. their predominant coping mechanisms were also revealed in the manner of their participation in the groups; and
7. their inner resources and strengths which they struggle to gain full access to.

Through expressive art the patients gave graphic expression to their conscious and unconscious conflicts. It is thus apparent that their expressive art creations did yield a meaningful degree of access to their underlying personality dynamics. It provided both the therapists and the patients with invaluable material for analysis and exploration in the course of each art session and therefore served as an effective medium for therapeutic encounter. These results were confirmed in an examination of the patients' personal and psychiatric histories, diagnoses, discussions with
their psychotherapists and analysis of the Rorschach and TAT protocols, as well as from the feedback received from the patients themselves.

However it must be noted that the design of this study did not include isolating the therapeutic effects of the art therapy programme from the other therapeutic processes the patients were exposed to. It is therefore impossible to identify the therapeutic benefits they may or may not have gained from participation in the art therapy programme alone. Thus although art therapy was revealed to provide a meaningful arena for therapeutic encounter, the occurrence of therapeutic growth from art therapy cannot be extrapolated on the basis of this study.
In the following chapter the results of the study and the validity of these results will be discussed. The present study will be critically examined in the light of its possible limitations. This will lead to a discussion of the problems inherent in art therapy and implications for further research.

5.1. Discussion of the results

The pictorial images produced by the patients conveyed feelings often not experienced or adequately expressed when descriptive words alone are used. Through their graphic images the researcher felt she could more readily establish a representation of each patient's inner world at an intuitive or "gut" level. Graphic images appeared to offer the art therapist an opportunity to move beyond insight and understanding to an empathic recognition of the full range and intensity of each patient's inner conflicts and anxieties. Such images revealed the ontological experience of each patient. The use of art therefore appears to evoke responses in patients precisely at that level which psychotherapists seek to engage their patients. In addition the lived experience of each patient emerged as unique and different; that is, the use of graphic images highlights that which is particular to each patient. Feelings of depression or anxiety, for example, take a different
form and are experienced and manifested as qualitatively different for each patient, as evidenced by the particular images each patient selects.

Through spontaneous art productions the patients revealed the nature of their inner worlds and the power of the feelings and anxieties that beset them, as uniquely lived and experienced by each patient. Through this medium they offered others, both patients and facilitators, the opportunity to gain a greater and affectively-toned insight into the phenomenological reality of their inner lives, as it unfolded in their art.

The researcher would like to take the opportunity to discuss additional noteworthy factors that emerged during the course of the art therapy programme. These points serve to support the advantages and usefulness of this approach to therapeutic encounter.

1. Some patients, especially those who fear being overwhelmed by powerful and uncontrollable affects, appeared to gain some measure of cathartic relief in expressing themselves through this medium. It is speculated that creating a symbolic and metaphorical image through which they could externalize their affects, offered some temporary release from the intensity of their often confused and chaotic feelings. Art therefore provides some patients with a more constructive and therapeut­ic means of expressing themselves, rather than by acting out their feelings in a self-destructive manner against the self and the world. This may be related to the sublimatory
qualities of art expression, that is, its ability to replace the need to act out fantasies with the act of creating symbolic equivalents of them through artistic expression (Kramer, 1958; and Ulman, 1975).

2. The shift to a graphic medium of expression may also have enabled those patients who have relatively weak defences an opportunity to externalize the control process. The therapeutic use of images afforded an increased sense of control over their cognitive and affective states. Possibly because the patient is able to control the drawing production to some extent, he may have felt more in control over the formation of inner thoughts and feelings. By expressing powerful affects in a safe and therapeutically containing context, the patient's capacity for control may have been enhanced (Horowitz, 1971).

3. Because the use of the image is simultaneously direct and immediate, as well as distant from the self, the patient can assume a safe degree of seperateness from what he or she has created. This provides an added source of safety, in that talking in the language of images and metaphors may provide a relatively non-threatening medium for therapeutic encounter. Artistic productions may therefore provide a transitional and less threatening space for the patient to relate to when he or she experiences difficulty in confronting and speak of his or her emotions.

According to Winnicott (1971b) creative activity takes place in the intermediary area of experiencing, that is, in the
transitional space between fantasy and reality. Like play, art provides an intermediary area of experiencing that offers the individual relief from the strain of relating inner reality (i.e. fantasy) and outer (i.e. shared) reality.

4. For these patients their inability to articulate their inner worlds had also become an added source of frustration, and art therapy appeared to facilitate their struggle to gain a greater clarity of expression. Those patients who experience difficulty in verbally articulating their self-representations and inner conflicts found it considerably easier to express these in the form of graphic image representation, and to then verbalize from the images they had created, making use of the symbolic and expressive language of art. Expressing their inner worlds in such a manner may have aided patients in their struggle to gain a more effective mastery over their painful or confused affect states (Naumberg, 1966).

5. Although initially perhaps unaware that their art productions were indicative of inner experiences, the patients gradually came to recognize the significance of the images that they had created. They responded with deep feelings of recognition to the meaning of their images and were able to speak in the language of metaphors, symbols and images, and yet remain fully aware that they were speaking of themselves and their own conflicts. During the course of this process the patients appeared to gain an increasing confidence in their own ability to make sense of their images, and to engage in the struggle to relate these images to their own lives. This was felt to
encourage the patient's autonomous ability to understand and thereby master his or her inner world (Jung, 1966; and Naumberg, 1966).

5.2. Validation of the results

The researcher undertook various precautionary measures to ensure the validity of her interpretations of the data. As these have already been discussed in greater detail, they will only be briefly enumerated at this stage.

1. The researcher interpreted an interconnected series of eight pictures from each patient, rather than isolated art works. The series formed the context for interpreting each drawing, that is, each drawing was interpreted in the light of the others in the series.

2. The patients' explanations of their own art during sessions was an important aid to confirmation of the researcher's tentative interpretations. These were again confirmed in a feedback session with each patient. However the researcher was not limited to only utilizing interpretations that were consciously accepted or acknowledged by each patient.

3. The researcher liaised closely with the ward staff and with each patient's individual psychotherapist regarding her understanding of each patient's dynamics and art.

4. The researcher did not interpret the art "blind", but was
fully aware of each patient's life context, provided by their provisional diagnoses and psychiatric case histories.

5. Each patient's psychodiagnostic assessment, based upon TAT and Rorschach protocols, also served as part of the context in which to understand the underlying personality dynamics of each patient as indicated in their art.

6. The researcher also consulted with a trained and registered art therapist on three occasions and discussed each patient's art with her.

7. Lastly, the researcher obtained feedback from the patients and ward staff as to the usefulness of the art therapy programme. It is of interest to note that the ward has decided to incorporate art therapy into two of their group therapies. Art therapy has thus become an integral part of the patients' treatment programme in this unit.

Despite the results of this study, and the precautions that the researcher undertook in order to increase the validity of its results, a number of significant limitations to the present study may be noted.

5.3. Limitations of the present study

Some of the noteworthy limitations of this study are pertinent to the design of the study itself, whereas others point more to problems and limitations in art therapy itself. These latter
problems will be discussed in the following section.

The extent to which the results of this study can be generalized is limited as the sample was restricted to adults and to psychiatric in-patients. Children, adolescents and currently psychotic patients (according to DSM III criteria), and patients with a higher level of functioning, were not included in the study. In addition the art work of only four subjects was interpreted in detail. The patients who were selected for the purposes of this study tended to have a marked ability to express their inner worlds in an art form. This may certainly not reflect a more general trend in emotionally disturbed people, as many patients may struggle considerably to feel comfortable using graphic forms of self-expression.

As the art therapy programme was short-term and only involved eight sessions, the results must be regarded as tentative and exploratory. It is doubtful whether significant therapeutic change through art can occur in such a limited time period. In addition some patients required eight sessions to become comfortable with the art media and were only beginning to gain confidence in their ability to utilize art therapy.

The projects that the patients were required to complete were designed to yield access to certain areas of personality. In so doing, the researcher emphasized certain aspects of personality to the exclusion of others, such as issues related to interpersonal relationships. It is unknown whether spontaneous and undirected free expression by the patients, in contrast to following specific
projects, would have revealed deeper aspects of personality (McNeilly, 1984).

With regard to the psychodiagnostic assessments, the researcher did not utilize a standard scoring system to aid in interpretation of the TAT. In addition the administration of the testing was not standardized for the different patients. One patient had been assessed six weeks prior to the onset of the programme. However despite this, it was felt that the researcher could rely upon the ability of these tests to assess the long-standing problems of the patients.

Despite the researcher's attempts to gain greater validation from other sources of her interpretations of the patients' art, these are ultimately from her own frame of reference and were executed with a full awareness of the aims of the study. In addition the researcher did not adhere to a particular theoretical framework (e.g. Jungian, Freudian) in guiding her interpretations of the patient's art.

It is felt that the results of this study must be considered tentative and exploratory. Based upon this data no certain conclusions may be reached as to the efficacy of art therapy. The researcher was unable to isolate the effects of the art therapy programme alone upon the well-being of patients. During their participation in the programme, the patients were involved in a variety of therapies, and were residents in to what is to some extent, a therapeutic "community".
The remaining criticisms of note regarding the study are more appropriately discussed in the light of the art therapy endeavour itself.

5.4. Problems in art therapy

Despite the many advantages to an art therapy approach, a number of significant disadvantages or limitations are apparent: some of these limitations relate to the very strengths of art therapy itself.

1. Persons of differing artistic skill and experience may vary in their ability to produce an external replica of an internal image, i.e. in their artistic ability. This may then become a source of frustration or may lead to feelings of inadequacy for the patient.

2. In addition some patients may become caught up in producing an artistically pleasing work. While this may allow a desirable sense of mastery or self-esteem, it can also be a preoccupation that occurs at the expense of the therapeutic work itself.

3. Lexical or verbal representation is the most secure form of representation because the meanings of words are relatively stable and can be relatively securely generalized across persons. In contrast the meanings of images, anchored in early memories, tend to be more idiosyncratic, symbolic and over-determined. Since images lend themselves to multiple
signification, their attributed meaning may be more readily blurred or changed. These factors may lead the art therapist to misinterpret the graphic productions of patients (Naumberg, 1966; and Horowitz, 1971).

4. If an idea or emotion is left at the image level of representation it can be split off, re-repressed or avoided. For full integration into the personality, ideas and feelings expressed as images need to be translated into lexical representations — or vice versa (Horowitz, 1971).

5. Because art therapy deals so closely with fantasy life, some patients may lose their distress in thinking the fantasy and find it relatively free of anxiety because nothing in an image is real. They may enthusiastically pour out a rich fantasy life in graphic products, but use this process to avoid dealing with reality and with their real problems. Art therapy needs to be in contact with lexical forms of therapy as the closest co-operation is necessary to avoid a split between the ego functions of reality and fantasy cognitions and communications (Horowitz, 1971: pp. 63-64).

6. The use of guided daydreaming to facilitate image formation, and then asking the patient to paint an image, also has some hazards if improperly or unskillfully used. The patient often has relatively less regulatory control over image formation than over word representation and can sometimes have emergent memories or emotional states that are too powerful to be integrated with other cognitive structures (Leuner, 1969; and Horowitz, 1971).
7. A further disadvantage of art therapy relates to its strength as a powerful and immediate means of self-expression. Because of this quality patients are often aware of the significance of the images they have created and of how much of themselves they have unwittingly revealed, despite their attempts at control. Even if the therapist holds back on interpretations, the patient's observing ego is often able to recognize what an image is telling him or her. This may serve to evoke anxiety and to mobilize the patient's defences. It may lead to outright denial of the significance of an image, or even to avoidance of attending sessions.

5.5 Implications for art therapy

In the light of the review of the literature on art therapy and the results of the present study, it is apparent that in a purely diagnostic approach to art the clinician evokes the image for his or her own understanding of the patient, that is, to aid in diagnosis and the formation of treatment plans. The image the patient has created is discarded in favour of diagnostic reductionism and is seen to merely express symptoms. There is little interaction with the patient around his or her drawings, which are not utilized for the development of the patient's own insight.

Some people working in the helping professions tend to regard the unconscious and its imaginal products as dangerous: asking patients to open themselves to the imaginal level of experience may be regarded as tantamount to offering them a system of delusions, or of aligning therapy with the patients' weaknesses. Images are
often regarded in this negative light when the boundaries between the real and the imaginary, between conscious and unconscious, are considered too permeable. In fact, art therapy is often regarded as dangerous with exactly those patients who are most disturbed by their imagery. Some art therapists, for example those who fall under the "supportive" approach, may encourage fantasy and the imaginal in order that it may be treated. The image is encouraged through art in order that it may undergo therapy: the image does not heal, rather the therapist heals the image. In this approach images that express ego strength are emphasized and encouraged. Such a view involves implicit notions of what good and bad images are, and the image is used to introduce the therapist's normalizing goals.

Some art therapists who emphasize art as an inherently healing process exclusively, regard the expression of such imagery as curative in and of itself. They do not regard the interaction between the patient and therapist, or the interpretations of the patient's graphic images as what benefits the patient, but simply the patient's "experience" of the fantasy and the image. However what actually is curative remains unclear, beyond the need to simply allow the "conscious" to be open to the "unconscious" in order for healing to occur. The art therapist's ability to understand the patient's graphic images and to reflect these understandings to the patient is de-emphasized. Such a purely expressive approach may avoid the development of the patient's insightful integration of the imaginary and the real, and may paradoxically strengthen the disparity between the two.
In contrast to the emphases of these approaches the image itself requires respect. The form in which images spontaneously occur needs to be valued; and the constructive or purposive functions of the unconscious need to be appreciated.

A great work of art is like a dream; for all its apparent obviousness it does not explain itself and is always ambiguous. A dream never says "you ought" or "this is the truth". It presents an image in much the same way as nature allows a plant to grow, and it is up to us to draw conclusions.... To grasp its meaning, we must allow it (a work of art) to act upon us as it acted upon the artist. To grasp its meaning, we must allow it to shape us as it shaped him. Then we also understand the nature of his primordial experience. (Jung, 1966c: par. 161)

Both the patient and the therapist engage in an attempt to discover which images precisely give form to and express the particularity of an experience. The particular images which arise during the course of graphic production may be regarded as the best possible way the patient currently has of representing meanings as yet unknown or not fully grasped within the self.

It makes no difference whether the artist knows that his work is generated, grows and matures within him, or whether he imagines that it is his own invention. In reality it grows out of him as a child its mother. (Jung, 1966c: par. 157)

Rather than asking what a particular image means, the therapist seeks to discover what images are intrinsic to the particular activities, thoughts or feelings the patient is engaged in. Both patient and therapist become involved in a quest to discover what images the patient is "in" when he or she is depressed or anxious, relating to his or her children, parents, or self. Through this process the therapist helps the patient to interact with the images he or she has produced. The patient gains an increasing ability to see his or her daily struggles, fears and preoccupations
metaphorically. Such insight aids in self-descriptions and self-expression. The images the patient produces become regarded as continuous with everyday experience and this discovery of the patient's personal descriptive images can be utilized to teach both the therapist and the patient the historical, existential, mythical and poetic meanings as lived by the patient.

5.6. Summary and conclusions

The results of this study indicate that through their art productions patients gave graphic expression to their conscious and unconscious feelings and experiences. Their art provided both the therapists and the patients with invaluable material for therapeutic exploration.

However although art served as a meaningful arena for therapeutic encounter, its specific effects remain unclear. Further research aimed at investigating the efficacy of art as a means of therapy is indicated. In addition, it may prove useful to explore the use of spontaneous (i.e. non-directive) one to one (in contrast to group) art therapy on a longer term basis. Further research aiming to investigate the nature of the psychological processes, i.e. secondary elaboration processes, involved in artistic production is indicated. Such research may usefully draw upon, and examine the relationship between, the art-making process and dreaming.

It is felt that a purely reductionistic and diagnostic approach to the fantasy life of patients' implies a devaluation of the power of the image. Attempts to avoid or control the fantasy of those
patients who are most disturbed by their imagery, implies a desire to treat the image as well as a denial of the healing power inherent in the imaginal itself.

In conclusion, this study revealed that the fantasy life of people can provide a meaningful means of access into the unconscious psyche. In addition the fantasy and images of patients appeared to offer them a meaningful way in which they could describe that which is experienced as profoundly alive within them.

The psyche creates reality every day. The only expression I can use for this activity is fantasy. Fantasy is just as much feeling as thinking, as much intuition as sensation. There is no psychic function that, through fantasy, is not inextricably bound up with the other psychic functions. Sometimes it appears in primordial form, sometimes it is the ultimate and boldest product of all our faculties combined. Fantasy, therefore, seems to me the clearest expression of the specific activity of the psyche. It is, pre-eminently, the creative activity from which the answers to all answerable questions come; it is the mother of all possibilities, where, like all psychological opposites, the inner and outer worlds are jointed together in living union. (Jung, 1970: par. 8)
APPENDIX ONE

PATIENT'S PSYCHODIAGNOSTIC ASSESSMENT PROTOCOLS

1. B.'s assessment protocols

1.1. B.'s TAT protocol

Card 1

Am I allowed to think? ... Should it be an obvious one?... This is a boy of about eleven and he's always wanted to play some sort of musical instrument and he saved up enough money to buy himself a violin, second-hand, and he's now realizing that he might not have any musical capability at all ... um ... so he's kind of desperate to create something with the instrument, and in another way he'd like to destroy it because it doesn't seem as if he can. The end. (Anybody that can help him?) No, I don't think so.

Card 2

Okay, this is a student in a museum and she's passing or walking, ja, passing say, a scene which depicts stereotypical womanhood and stereotypical manhood, okay, because the man is portrayed as the worker with a strong body and quite a hefty hand, I mean, by that he looks quite aggressive and the woman is looking at him in a kind of possessively proud, maybe even envious way. She's pregnant and she's feeling a bit nauseous ... and the student moves on to the next exhibit. (What does she think about the picture?) I think she feels a bit of the woman's nausea ... I suppose being stuck in an oppressed role ... she recognizes it because she's studying feminist literature. (Envious?) Because she is stuck in that oppressed role and he's probably an active oppressor. She also wants to be in a standing-next-to-the-horse-and-being-half-naked-feeling-the-sun-,kind-of-total-control,-way.

Card 3BM

I can't tell whether this person is male or female. Okay, we'll make it male ... and he's hallucinating. He thinks he can see a gun on the floor and he's just about to reach for it so that he can put it to his head. Um, because he's quite sick of the things that he sees, whether they are real or not ... That's it. (What kind of things does he see?) Well, all kinds of things, sometimes he sees quite ordinary objects as something else and that scares him, 'cause he's never really sure what's going on. (Unreal things?) Well he doesn't really know what's real or not and he sees all sorts of things, for
example, a face may be in a piece of crumpled up paper. (Future?) I'm not sure ... I think possibly he'll succeed in some way in putting the gun to his head and pulling the trigger.

Card 4
This is a scene from a movie. This man is an artist and while he was working he splashed some acid in his face which has blinded him and he can't bear to be looked at because he no longer knows what he looks like and he'd rather just be left alone. Uh, the woman is his lover. I think that she's possibly trying to reassure him that it does not matter that he should know that but I'm not sure, because her intentions don't look too pure, she's got quite an evil face. So in this scene, well, it's quite a heated scene ... this soundtrack is quite, well it's becoming quite climactic and that's all. (How did he feel about his face before the accident?) I think he was fully aware of how he looks ... he wasn't vain but he knew that he was quite good-looking and he thought that the most important thing about his face was his eyes ... now he no longer knows what he looks like or what his eyes are saying. (How does he feel?) He'd rather be dead because if he can't see anything he can't trust anything. And being an artist he'll have a whole lot of images in his head and he won't be able to get them out and be satisfied anymore. (Future?) I don't know. I don't know.

Card 6GF
Do they ever update these pictures? This man has just asked this woman to marry him and she's taken aback because she's already married and so is he. And they've been having an illicit affair for a long time and it was a kind of comfortable existence, a kind of comfortable arrangement for both of them ... and she's not sure if he's serious. That's all. (Outcome?) I think they'll just stay lovers for a long time until perhaps their spouses, their spouse (laughs) until their spouses want to change something about it, if ever, although they don't know about it (the affair). (How does she feel if they stay lovers?) She likes it and he does too. They both like being together, but they are comfortable in their other relationships and want to keep them going ... As long as there is no malice in what they are doing, they feel quite comfortable about it.

Card 7GF
This is a little girl with her governess, the governess is reading her Winnie-the-Pooh and the girl is listening intently to the story and watching the trees outside. She's holding a doll but the doll is just a plaything... She doesn't have any love for it really (shrugs). That's it ... She's hungry. (And feeling anything else?) She wouldn't mind being outside, she'd climb a tree. (Anything else she does love?) ... Um she loves her mother and father. (Where are they?) Um, they are ... they're downstairs (looks away) in the cellar (laughs) torturing little boys (hugs herself). (Future?) She becomes a concert pianist and gets killed in an aeroplane
crash when she's twenty-eight. (Parents?) Her father gets assassinated in his fourth term of presidency and her mother gets remarried and her and her husband manufacture weapons and sell them to whomever has the most money. And the governess is living in London and she sells her body to feed her seven children and four cats.

Card 9GF
A woman is walking alone in a forest. She comes across a stream and follows it and then sees a vision of herself as she'd like to be, can I change that? Okay, she sees another woman and she follows the other woman. She's quite intrigued by the woman. She feels that the woman is externally what she is internally and she needs to know more. This other woman seems quite wild and, um, daring and adventurous and free in some way. This woman, whose ... um, she's repelled in a way, is that the right word, what she sees kind of disgusts her, but she's still envious in a way and even ... ja, that's it. (Disgusted by her?) I know what the word is but I can't think of it ... (her qualities, daring?) Ja, I suppose so, something like that.

Card 11
There are a group of ten people who are being persecuted by an evil deity in the form of a pterodactyl. These people are rebels and they are the last ten surviving out of millions of revolutionaries. This dark Lord has led them to believe that the rest of their people are trapped in a wasteland beyond this vast wall. This picture was taken about four seconds before this bridge crumbled and these ten people fell into some dark, burning bottomless chasm. That's all.

Card 12F
This is a very young and pretty boy who has fallen under the spell of a wicked woman, a woman who is a witch and shows herself to him as young and beautiful and the other way that she can be manifested is as an old hag. This witch has ... he's just one of many young boys that will go mad and eventually die, but not be dead, but just be suspended in some kind of living death, 'cause once a healthy human being has copulated with some kind of witch there is no hope (said dramatically). The witch as the young woman, shows herself to him in the form of a nun, so that he has been betrayed by youth and religion and beauty.

Card 13MF
This man has just killed this woman after they'd made love, and he's not quite sure if it's a nightmare or if it's real. I think it is a nightmare and it scares him so much that he can't go back to sleep. It's a recurring nightmare and whenever he's with women he ... feels like it's suffocating him. That's all. (Suffocating?) He thinks that the women suffocate him in general, but I think it's his inadequacy that's choking
him. (Inadequacy?) Perhaps sexually inadequate or inadequate in all ways. In the nightmare he always ... the women always offer him their hands and he always cuts them off. Here's a hand lying on the floor.

Card 14

This is a man who lives in a warehouse. He's sitting in his window at twilight watching the clouds over the sea. (Feeling?) He feels at peace. He feels good, he's thinking it's good to be alive and what a lucky man he is. (Lucky?) To be able to see such pretty things while looking out your window. (Future?) He'll be a movie director and make lots of money and be very, very happy just because he can show people what he can see and when he's not happy, he'll be extremely sad. (What makes him sad?) Everything that doesn't make him happy. Nasty people and hungry people and sad people and people that chop down trees and people that kill things and he'll die in his sleep one day because he cares too much but he'll have had a good life even though by some people's standards it would have been a short life and I still think he's a lucky man and so does he. (Because?) 'Cause he can see the truth.

Card 16

Uh, there's a stick figure who's screaming 'cause the noise in his head won't go away. And all around his head are fish and they all feel very sad for him. (Can the fish help him?) No, they'd like to but they can't. (What happens to him?) No, no idea whatsoever.
1.2. B.'s Rorschach protocol

I (1) I can see a wolf, and ... Well, the shape of the face coming down and the way the cheeks go out like that and the ear's up here and the eyes ...

(2) I mean two wolves The two wolves, well, the long noses and the ears as well.

(3) I can see two evil faces The eye, and the nose and the chin. That piece there that was the wolf becomes the person with that nose being the nostril and that eye being really evil.

(4) in fact a whole lot of evil faces The upturned nose, the eyes, they are really in the shadows. Those ears and just the shape of this mouth. I could see a lot of wolves all using different eyes.

(5) and some more wolves The horns and the nose, no, the eyes probably the eyes made me think of it.

II (1) Profile of two camels The lip part here looks like a camel.

(2) profile of two laughing apes Just the edge, the nose, upper lip, the way the nose is cut flat on the face and the mouth is wide open.

(3) and a butterfly The part in the middle and the equal parts on each side which are the wings.

(4) a kind of devilish face, but the eyes aren't clear. The horns and the nose, no, the eyes probably the eyes made me think of it.

(5) and two crying faces, two tearful faces. The eyes and the part here (shading) are the tears.

III (1) Two figures over some kind of pot, or they are carrying some kind of utensil. These are the two figures, the face and the body, and one leg, in profile, totally two-dimensional the shape of the bodies and the heads.
| IV  | (1) This is a strange creature with a very small head and a large body, like a dinosaur. | Just the head made me think of it. |
|     | (2) And a flower | Those dark purple and yellow flowers, it's as if it is seen from the top. The shape of it looks like open petals. |
|     | (3) and a whole lot of kind of cartoon profiles | Like here's the nose and that would be the mouth. |
|     | (4) and a crab | Those two little eyes, those two dots made me think of it. |
|     | (5) and quite a skeletal face, quite a few of them. There's water on his face. | The shadows, many faces. (Water?) I don't know what made me think of that. |

| V   | (1) A vampire bat | The wings. |
|     | (2) and leaves | The shapes again I think. |
|     | (3) and a miner | Just that head there, the shape of the hat and the shoulders. |
|     | (4) and two kinds of apish, primitive profiles | The forehead, just the nose seemed Neanderthal. I could see the top of the head and the place where the eye should be. |
|     | (5) and a pair of stockings. | The colour and the shape. (Colour?) The black. |

| VI  | (1) A cat, like a cartoon of a sad cat, no forget about the cartoon. | That's the cat's face and those two little spots are the eyes and a big nose and two whiskers, the ears are down, like a really sad cat. (Cat?) The whiskers. |
(2) A man's face with a big nose and a wide mouth. He's shouting and in that mouth is a skeleton's face.

(3) Like a totem pole with a whole line of faces. The same kind of faces (i.e. indistinctly in the shadows). It's kind of vague with shadows for eyes.

(4) and a chest These two nipples here.

(5) and two faces kissing. I can see the profiles.

VII (1) Two children's faces A big forehead and little features, not very prominent perhaps.

(2) and two laughing profiles coming together to kiss. Just the little bit of lip there.

(3) A door It looks like this is an opening for some place and it's square.

(4) and some other strange creature's face The eyes, the nose and the mouth would be here.

(5) and two snails. Just like the curling shape.

VIII (1) Two chameleons. These two pink things. (Pink chameleons?) No, they are just chameleons.

(2) Some kind of other prehistoric creature holding out its hand to the chameleons. Seems prehistoric because of the line that looks like a spiked ridge, and that is like its eyes, but then the back is out of place.

(3) Fish I'm not really sure, maybe because of that tail.

(4) and ribs Those lines and spaces.

(5) and a whole lot of cartoon ghost faces. All these dots, two dots.

IX (1) A whole convention of wizards around a big pot or something. The shape of this hat made me think of wizards and there is the nose and eyes of another wizard and they are all around the pot.
| (2) Two tear-ducts. | They are pink like tear-ducts and almost the same shape in a way. |
| (3) There's a sad old man, a comically sad old man. | These white spaces are his eyes, that long thing is his nose and his mouth is hidden under this long beard. |
| (4) Profile of two dogs | A dog with a furry face and long hair, some kind of domestic dog, the nose and mouth made me think of a dog that begins with an 'm'. |
| (5) and some profiles of two people. | The eye, it's actually got a little pupil inside, the eye again looks like a face. |

| X (1) Steps | These lines in succession. |
| (2) A man's face with a handle-bar moustache. | The shape of this moustache. |
| (3) Spiders | These long, lots of elongated appendages. |
| (4) Crabs with eyes wearing one glove each. | The same thing for the same reason, except adding on the pincer image as a glove. |
| (5) And a spaceship. | That orange piece in there. It looks like a spaceship and it's got a headquarters and then it's got kind of wings and a shute for the other smaller spaceships to fit inside. |

During the assessment, B. gave a larger number of Rorschach responses than has been presented here. However it was considered sufficient to interpret her Rorschach protocol utilizing only her first five responses to each card (see Klopfer and Davidson, 1962: p. 45).
**BASIC RELATIONSHIPS**  
(main responses only)

<table>
<thead>
<tr>
<th></th>
<th>R50</th>
<th>52F%</th>
<th>70%</th>
<th>42A%</th>
<th>15:25</th>
<th>P4</th>
<th>sum C 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+F+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A+Ad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H-A):(Hd+Ad)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popular responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC+2CF+3C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:FM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:(FM+m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:FM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:(FM+m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Fc+cF+c+C+C+F+FC')(FC+CF+C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FK+Fc+Fc):K+KF+Kk+kF+c+cF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANNERS OF APPROACH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:Sum C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FM+m):(Fc+c+C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W:M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUPPLEMENTARY RELATIONSHIPS**  
(main + ½ additional)

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>R</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+F+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A+Ad</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H-A):(Hd+Ad)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popular responses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC+2CF+3C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:FM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:(FM+m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:FM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:(FM+m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Fc+cF+c+C+C+F+FC')(FC+CF+C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FK+Fc+Fc):K+KF+Kk+kF+c+cF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANNERS OF APPROACH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:Sum C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FM+m):(Fc+c+C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W:M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>3</th>
<th>6%</th>
<th>17</th>
<th>34%</th>
<th>12</th>
<th>24%</th>
<th>18</th>
<th>36%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total responses</td>
<td>R50</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>52F%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+F+Fc</td>
<td>70%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A+Ad</td>
<td>42A%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H-A):(Hd+Ad)</td>
<td>15:25</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Popular responses</td>
<td>P4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC+2CF+3C</td>
<td></td>
<td>sum C 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:FM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:(FM+m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:FM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:(FM+m)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FK+Fc</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Fc+cF+c+C+C+F+FC')(FC+CF+C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FK+Fc+Fc):K+KF+Kk+kF+c+cF</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MANNERS OF APPROACH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M:Sum C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(FM+m):(Fc+c+C)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>W:M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

W: 3 6%  
D: 17 34%  
d: 12 24%  
Dd+S: 18 36%
2. **K.'s assessment protocols**

2.1. **K.'s TAT protocol**

**Card 1**

When my son was in Standard 2 I had a mad urge, encouraged him to play the violin. He had talent and I was very enthusiastic. I thought he was another Pinchas. When my son was in Standard 2 I encouraged him to take up the violin and bought him a violin and encouraged him. He was brilliant. I loved him, having him home and made him play. I thought it was beautiful ... They were polite. He was good enough to play in a junior children's orchestra. The little boy looked like my son. He got sick of playing, only sissies played. His mother kept the little boy playing long after he actually wanted to play. The mother could see he had lost his feel for the violin. She had to forget all her dreams of her little boy being a famous musician. He never reached heights. She didn't force him anymore. This picture of the little boy, the way he's looking and thinking, "Oh God, my mother's going to be so disappointed if I don't play the damn thing." He's feeling frustrated, fed up and would like to please his mother but knows he doesn't really want to. In the future he's going to, his mother will realize he really doesn't enjoy it, he will go on to other interests, more his own than his mother's dreams of glory. He's very intelligent, he will ... he's very intelligent, and he'll go a long way and be successful in other spheres.

**Card 2**

This is a lot. This has a sexual impact, a terrific sexual impact. Fertile land, a big beautiful strong white horse, incredibly powerfully built man who is working the land and making things grow. It's very fertile. The woman standing against the tree is very fertile with large breasts, pregnant and very satisfied. Happy. From the look on her face she is happy with her lot. But the younger girl, a daughter or a relative, is less earthlike than the older woman, more intellectual yet she has a sad look on her face, as though she is having trouble with her basic intellectualism, with her basic sexual feelings. (Feeling?) Envious of the older woman, the man belongs to the older woman who is pregnant. She is a daughter or a relative and she is battling too, with the earthiness of the mother, with her own feelings. The water in the background is all lush and it hits me as being a very sexual picture. (Future?) The crop will grow and be harvested, the baby will be born and the father will play a role in the birth of the baby. The young girl will leave, will go away from this situation because she feels out of the picture. She looks so unhappy. She'd go away and study and try and submerge her sexuality because she is alone. Her hair is nice, her blouse is feminine
but this situation here will have an incredible effect on her life. This young girl looks so like I did when I was fifteen, the eyes, the hair – I don't know if you did it on purpose. I can imagine myself there and not really understanding anything about sex but being aware that it's taken place, the fact that she's pregnant. I remember knowing but not being sure.

Card 3

This is incredibly sad to look at. It looks to me like a woman in an institution, a prison or a mental institution. Her shoes or her dress look institutional. And she's ... I think she is someone who tried to commit suicide, she slit her left wrist. She is right-handed. She's in such abject despair and doing what she's done is going to make her life more unpleasant because she probably won't die, and she'll be punished further than she has been for whatever reason. (Punished?) She is a prisoner in jail, taken from this place which was reasonably comfortable and taken somewhere worse. No-one will be sympathetic and she'll just annoy everyone. She has to have her wrist stitched and she'll be put somewhere worse than where she is now. (Feeling?) Absolutely ... I would imagine she really wishes she is going to die. But she probably won't and she's crying out for help and nobody is gonna take any notice. (Future?) I don't know. I don't see any. This is one of these people who keeps crying out for attention but only succeeds in annoying people and the future appears to me absolutely bleak. It's a very sad picture.

Card 4

These look like movie stars, Clark Gable and Vivienne Leigh in Gone With The Wind. She is trying to hold onto him and he wants to go. There is another figure in the background here, I don't know who – a female figure very likely, with her legs crossed very provocatively. I get a feeling that she is somehow the reason that he's wanting to leave her. (Feeling?) She is begging him to stay but I think he will leave her.

Card 9BM

This looks like a group or gang of workmen who are having a break from this heavy manual labour. They are very tired and are all just trying to sleep before going back to work. The boss will shout at them and they'll go back to work.

Card 9GF

I can't make up my mind. One girl is spying on another girl or is she hiding. I think she's hiding. She looks angry. She's hidden up in this tree or this girl is going to meet
her lover. Her dress has a low neckline and she is spying on her, to see who she is meeting. (Feeling?) The one on the ground is very angry and the one in the tree is just watching. (Future?) It will end in a confrontation of some kind.

Card 12M

This picture gives me an impression of a father and son. The son's lying down to rest and the father is about to stroke his forehead or has stroked it and is taking his hand away. Or he may be a minister because of the light around him. The young boy may be dead and is getting the benediction. (Feeling?) The boy is in a deep sleep or dead. The older man is very keen, whatever he is, and is full of concern for this boy. (What will happen?) Either he will wake up and recover, no, he will just wake up or he's dead and will be buried.

Card 13MF

....It gives me the impression that the man is the woman's husband and he came home unexpectedly and found his wife in bed with someone else. But the bed looks like a single bed, and perhaps in his anger he has strangled her, because she looks limp and dead. He is desperate, heartbroken and frightened because he didn't mean to kill her, maybe he just wanted to frighten her. (Future?) The police will take him and he'll have a trial. If it were overseas he would say it was a crime of passion, not murder. But here he would serve a jail sentence because there would be extenuating circumstances.
2.2. K.'s Rorschach protocol

I (1) Makes me think of a bat. The body, the wings, the feet and the mouth.

II (1) I don't know nurse. Looks like a pelvic area and the bladder and the urethra and the kidneys. This is the bladder. The top red is the kidneys. This looks like a urethra and this the pelvic bones. The kidneys are not the typical shape, but it fits in with the rest of the picture.

III (1) Makes me think of two black women arguing over one of their baskets, which they stamp mielies in, a calabash of corn. These are the heads, breasts, feet, legs, calabash of corn. The red is a cooking fire in the distance. They're cooking a barrel of corn. Because they're going to be cooking in it. (Distance?) It is a distance from the women, the women are higher.

IV (1) ... Monstrous other-worldly thing. It looks very weird, ETish. The funny little head thing. These look almost like ears. It's grotesque.

V (1) A moth. It looks like it. There are feelers, feet and wings.

VI (1) I don't know. They all have an insect look. It makes me think of some kind of weird insect. Nothing recognizable about it. It's just, I can't see anything.

VII Nothing. I can't see anything I can put into words. (1) Two faces with horns, as you come down. Part of a body with - no I can't see.

VIII (1) ... Also looks like some weird creature. These rodent-like things are attendants on this grotesque thing. Their appearance makes them look like rats.

IX Can't see anything.

X (1) This looks like an underwater sea scene. There are different kinds of fish, sea life. These little yellow things are like fish. It's underwater because it's blue. These are crabs and sea worms.
### BASIC RELATIONSHIPS
(main responses only)

<table>
<thead>
<tr>
<th>Total responses</th>
<th>R8 (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F R</td>
<td>62.5%</td>
</tr>
<tr>
<td>FK+F +Fc R</td>
<td>62.5%</td>
</tr>
<tr>
<td>A+Ad R</td>
<td>77%</td>
</tr>
<tr>
<td>(H+A):(Hd+ Ad)</td>
<td>7:0</td>
</tr>
<tr>
<td>Popular responses</td>
<td>P5</td>
</tr>
<tr>
<td>M:Sum C 2</td>
<td>1:1</td>
</tr>
<tr>
<td>(FM+m):(Fc+c+C')</td>
<td>2:0</td>
</tr>
<tr>
<td>W:M</td>
<td>8:1</td>
</tr>
</tbody>
</table>

### SUPPLEMENTARY RELATIONSHIPS
(main + ½ additional)

| M:FM | 1:2 |
| M:(FM+m) | 1:2 |
| FK+Fc F | 0 |
| (Fc+cF+c+C'+C'F+FC'): (FC+CF+C) | 0:1,5 |
| (FK+Fc+Fk): (K+KF+k+kF+c+cF) | 0:0 |
| FC:(CF+C) | 0:1,5 |

### MANNER OF APPROACH

| W | 8 | 100% |
3. D.'s assessment protocols

3.1. D.'s TAT protocol

Card 1
What must I say? Must it be long? (However long you like.) He's thinking what he should do with the violin. He doesn't know what to do with it ... That's it. (Because?) Maybe he doesn't know how to use it. (How is he feeling?) Confused. That's all. (What happens in the end?) He throws it in the rubbish bin ... he doesn't know how to use it.

Card 2
.... There's a family here and they're ploughing the fields and the one daughter's going to school and the wife who's just staring into space, and they seem to be quite happy with what they're doing. It's a daughter, mother and father. (What's the daughter thinking?) (D. shakes his head) What is she going to do at school today. (How does she feel about her parents?) I don't know. (What happens in the end?) Don't know (shakes head).

Card 3BM
Um (covers eyes with hands and smoking), she's just smoked a button and she's feeling lekker and she feels good where she is now. (What might happen in the future?) She'll probably die at a young age but that's what she wants. She wants to live her life the way she wants to. (How does she die?) From all the drugs she takes. (And how does she feel inside?) (D. smiles) She doesn't know what to do with herself.

Card 4
It's a husband and wife, she wants to talk to him and it looks like he's turned his head away from her. (How do they get on?) I think they get on quite well. (What is she like?) She looks very nice, she's got the "come to bed" look in her eyes. (And him?) He's just had a hard day at work, that's all. (Why has he turned his head away?) Because they had a little argument. (What happens in the end?) He forgives her for what she had done, which nobody knows.

Card 5
She's um ... just got out've bed and she heard a noise and she's peeping through the door to see who's there. She's thinking if she should call the cops or the pigs, the same thing, or whether just to wait a few minutes to see what happens. (What's in the room?) Could be a burglar. (And in the end?) She sees for herself, nothing happens, it's just her imagination.
Card 6BM

Somebody has just died in the family. The mother and son are very upset, because their, it was the father that just died. Nothing more in this one. (What happens to the mother and son?) I don't know, they probably watch each other or whatever. (How is the son feeling?) Upset.

Card 7BM

That's a headmaster and a pupil and um ... the headmaster is telling the pupil if he doesn't do this and that, then he'll be kicked out of the school. Um ... because he went, he's in the headmaster's office because he swore at a teacher and hit the teacher. (What is the pupil thinking?) That school's aren't fair, everything has to be done in the correct way and manner. (What is he feeling about it all?) Angry. (And in the end?) He gets caned.

Card 8BM

Looks like somebody was shot and the doctors are stitch-, cutting him open and um, the younger brother is worried about his brother because he shot him and he didn't mean to. (What had happened?) The older brother was irritating the younger brother's nerves, was irritating him, so he shot him by mistake, pointed a gun and didn't know it was loaded. (So the younger brother shot the older brother?) Um. (And what happens in the end?) The older brother lives. (And the younger brother?) He is thinking if his brother will be alright.

Card 9BM

(Laughs) um, just sitting under the trees after they smoked a big fat joint and they're just relaxing and cooling off, nothing to worry them (lights a cigarette). They look like they're in the army, it's on a weekend so there's no-one at camp and they're supposed to be standing guard. That's it. (What happens in the end?) They get, um ... court marshalled and they are given a chance, they got off and they didn't get fined or anything.

Card 12M

The doctor's diagnosed, hypnotising his patient and he's trying to find out what the boy's like inside. (How does this make the boy feel?) Well he doesn't know because he's under hypnotism. (How does the boy feel about the doctor?) I suppose he doesn't mind. (Why is he hypnotised?) To see what's wrong with him (D. looks away).

Card 13MF

Another death. He's gone and killed her and there's not much
here. (What had happened?) Looks like they were in bed together and he went and killed her. (Because?) Just didn't want her anymore. (What happens in the future?) He doesn't get caught, he goes overseas. (How is he feeling?) Upset, he doesn't want to look. (Does he regret killing her?) I don't know. (Why didn't he want her anymore?) She wasn't good enough for him, he just didn't want her.

Card 13BM

(Laughs) It's like a little boy thinking where his parents are and he's just thinking what's he gonna do in the future. (What would he like to do?) To have parents. (What's happened to his parents?) They've run away, left him behind. They just don't want him anymore. (Because?) They just don't want him. They don't want him. (How is he feeling?) Upset. (And what happens in the end?) He gets taken to a foster home, he doesn't like it because it's just not for him.
3.2. D.'s Rorschach protocol

I (1) I see um, (laughs) looks like an owl, sort've with its wings out.

    Here's the body and over here's the wings. This is the back of it.

II (1) Can I turn it any way? An aeroplane flying on top of the clouds.

    Here's the aeroplane with its rocket or whatever, and the black is the cloud.
    (Rocket part?) Engines, looks like the shape of an aeroplane. Just the red, because of the fire, made it look like the rocket part. (So the red is the fire part?) Um (Clouds?) The plane's on top and the cloud's underneath it. This black is the dark part, dark clouds.

III (1) Two people bent over cooking.

    Two women, high heels and their breasts. (Bent over cooking?) You can see them bent and here's the pot.

IV (1) Some sort of monster.

    The whole card. His hands and his legs and his tail. (Monster?) He's big and bulky, whatever. (Human or animal-like monster?) I'd say human-like.

V (1) This looks like a butterfly.

    Looks like one. The way it is, the shape, just the shape (becoming impatient).

V(2) Or a bat.

    Upside down, the shape. The way it's spread out, it's open and like the head. It looks like it.

VI (1) This is a leaf.

    The stem and the leaf here, like oak leaves.

VII I don't know what this is.

VIII (1) These look like lizards, rats and they're on a tree.

    More like rats. There's the tree and there's the rats. (How do you see them?) They're just there walking or crawling up a tree.

IX V(1) Looks like a catepillar.

    There's the catepillar.
Don't know what the other is.

The pink, there's his face and the body, the humps. (Is it a pink caterpillar?) No, not the colour, just the shape.

V(2) Or it looks like some sort've elephant or someone standing there, some kind of animal.

Standing with his elbows out and hands on his thighs. His head, arms and legs. (An elephant or a person?) A person now.

X (1) Looks like a whole lot of animals.

V (1) Sea horses. It's the way the sea-horse is, it's how a sea-horse looks. (2) Bunny rabbit's face. Just as a bunny rabbit is, a face that's round with big ears and a funny nose. (3) Parrots or locusts. Their shape, just how they look. (4) A seal. It's how a seal looks.
<table>
<thead>
<tr>
<th></th>
<th>BASIC RELATIONSHIPS</th>
<th>SUPPLEMENTARY RELATIONSHIPS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(main responses only)</td>
<td>(main + ½ additional)</td>
</tr>
<tr>
<td></td>
<td>Total responses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>R14</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>64,2F%</td>
<td></td>
</tr>
<tr>
<td>FK+F+F</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>71,4%</td>
<td></td>
</tr>
<tr>
<td>A+Ad</td>
<td>R</td>
<td></td>
</tr>
<tr>
<td></td>
<td>71,4A%</td>
<td></td>
</tr>
<tr>
<td>(H+A):(Hd+Ad)</td>
<td>12:0</td>
<td></td>
</tr>
<tr>
<td>Popular</td>
<td>P6</td>
<td></td>
</tr>
<tr>
<td>FC+2CF+2C</td>
<td>Sum C 0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1:0</td>
<td></td>
</tr>
<tr>
<td>M:Sum C</td>
<td>1:0</td>
<td></td>
</tr>
<tr>
<td>(FM+m):(F + + C')</td>
<td>3:1</td>
<td></td>
</tr>
<tr>
<td>W:M</td>
<td>8:1</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>M:FM</td>
<td>1:2</td>
</tr>
<tr>
<td></td>
<td>M:(FM+m)</td>
<td>1:2</td>
</tr>
<tr>
<td></td>
<td>FK+Fc</td>
<td>1:9</td>
</tr>
<tr>
<td></td>
<td>(Fc+cF+c+C'+C'F+FC'):(FC+CF+C)</td>
<td>1:0,5</td>
</tr>
<tr>
<td></td>
<td>(FK+Fc+Fk):(K+KF+kF+c+cF)</td>
<td>1:0,5</td>
</tr>
<tr>
<td></td>
<td>FC:(CF+C)</td>
<td>0:0,5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MANNER OF APPROACH</td>
<td></td>
</tr>
<tr>
<td></td>
<td>W</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>57,1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>D</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>35,7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dd+S</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>7,1%</td>
<td></td>
</tr>
</tbody>
</table>
4. J.'s assessment protocols

4.1. J.'s TAT protocol

Card 1
This little boy's name is Adrian and he is a bit unhappy at the moment. In fact he's more unhappy because he has been taking violin lessons for a while. He's more than unhappy because he doesn't really enjoy playing the violin that much, but his mother wants him to learn music and she forces him to practise and he doesn't like his violin teacher and he wants to be a ... um ... he would much rather spend time playing with his friends and climbing trees and building fires and just having fun, but instead he has to stay inside where it's gloomy and cold and practise the violin. And he never learns to play the violin and he goes to Vietnam and survives two years in the jungle and dies three years later from an overdose of heroin. (Tell me about the O.D.) Well, he had drug problems even before he went to the army in Vietnam. (Since?) When in school in America. (Tell me more.) Well because he didn't enjoy alcohol, it made him physically sick and he lost control. With drugs he also lost control, but felt he didn't. (What is he like as a person?) He was a lonely, insecure person and he found that drugs were company for him.

Card 2
This girl's name is Mary and that's her sister. Her sister's name is Sarah and that's Sarah's husband and his name is Tyron, and Tyron and Sarah, well, Tyron is a farmer and Sarah is older than her sister. She's the oldest and she's very content to live on the farm and to help with small chores around the farm and she is pregnant and it's their first child. She's a very peaceful and accepting person. And the farm looks as if it's near the sea and they are both very happy and they both live from the land and they enjoy living a natural life with just the sky, trees, farm animals and ... Janet's (changing the names) looking a bit sad. She's just come for a short visit and she's a very lonely person and she's studying. It's about 1936 and it's quite uncommon for a woman to want to pursue a career rather than just get married and have children than become a spinster or something ... and she's studying to become a doctor and she's studying philosophy. She envies the existence of her sister and brother-in-law but it's more natural for her to question than to accept. And she finds that this questioning is bringing about a lot of despair and isolation. She's reading books by men who lived in the 14th and 15th century, spent their whole lives trying to explain life to themselves. So Sarah, sorry I mean Janet, lives alone and she has few close friends. She would very much like to have a husband and child, like her sister, but she has become a bit of a bookworm and she finds difficulty in just relaxing and having fun. Sarah and Tyron end up having
four children and living a quiet happy life and Sarah (meaning Janet) wins a Nobel prize for her work in medicine in the concentration camps after the Second World War.

Card 3BM

This woman hasn't got the guts to live and, but she hasn't got the guts to die. And she's tired and lonely and drained and beyond even sadness. She's lost everything that meant anything to her. She knows no-one and has no friends. She has no-one she can turn to, but she's a deeply religious woman who believes in God, or a god and she fears celestial repercussions if she does kill herself, so she has to drag her tormented and demented mind and body around until six months later in this picture, she dies in a plane crash. (What was the worst thing that ever happened to her?) She went insane. (Lost?) Her father, her cat, her job, her books ... (How come the plane crashed?) God intervened. It was alright for her to die, she'd suffered enough in this world anymore. (Religion give her comfort?) No.

Card 4

It's a little like a poster for a movie. The man's name is Justin and the woman is called Colette and he's a bit distraught. They've been living together for a year and she really loves him and he's discovered that he's gay and he's very frightened because he now has to live as a gay in a hostile world but he also has a predilection to drugs and alcohol and he fears losing her and then being unable to cope with life, destroying himself with booze and drugs. She's a very pure person and she doesn't mind that their relationship has been largely platonic. She loves him more than anything and she would rather live with him the way they've been living than lose him and live alone and have to put up with the rather boring, for lack of a better word, advances of macho men and she's urging him to stay with her and pursue his life but to have her as security, because she knows how very fragile he is. However he chooses to leave, meets another man and lives quite happily and stably. She has a nervous breakdown two years later and is forever sad and alone.

Card 5

This woman is called Monica. Monica lives on her own and for a few days she hasn't been feeling so good and she's been working in a bookshop and she can't place what's peculiar, but she knows something is not quite right. She's starting to hear voices in her head. She doesn't want anyone to think she's crazy but she can't stop the voices. She's been sitting up all night trying to make the voices go away and she hears a loud bang downstairs and she goes down and opens the door and there stand a real Ingmar Bergman figure of death and he says, "I'm the Grim Reaper and now I've come to fetch you,"
and suddenly everything makes sense and she glides off to a better life. (Sense?) The voices and the reasons for having heard the voices and the things they'd been saying, "Come with us, our life is better, don't be afraid." (Always been on her own?) Yes.

Card 6GF

The people ... the woman is called Claude and the man is Jerry. They've been married for twenty years. They are very different people. Claude likes social events, she's a society lady and she's very wealthy. She's very confident and she's very empty. Jerry is very studious, very intelligent and very strong and he has had a couple of hairy experiences in the Second World War and his insecurity contributes to making him antisocial. He just wants a simple family life and a supportive wife at the end of a hard day and Claude is very selfish. She would rather be happy for herself than do what Jerry wants her to do, and she's met another man and gives him what he wants and she's telling Jerry she's going to leave him, which she does. And two years later, after a messy divorce, he meets the kind of woman that he didn't think existed and he finds peace and happiness. Claude marries the man she left her first husband for and lives happily ever after. (Other woman like?) She's shy and she's quiet and very capable and she really loves him and she's a good cook and she values simply things.

Card 7GF

This little girl is called Katherine and the woman next to her is a sort of ... a maid and her name is Martha. Katherine is very lonely because before this picture she lost her parents and she has no brothers and sisters and no close relations, but she was left enough money by her parents to prevent her from going to an orphanage so instead she lives alone with Martha in a huge house and all she does all day is play with her doll and think about her parents and get lonelier and lonelier. Martha is a very simple woman and she reads the Bible to Katherine and she really wishes that she could make this sad child's life a bit easier and they become very close until they are all each other has and Martha becomes very ill in later life and Katherine nurses her until she dies. The day she dies Katherine puts white covers over all the furniture and locks herself in the house until one day many years later she dies as she has lived, alone. (Parents die of?) A shipwreck. (How old was she?) Twelve. (Martha die of?) Cancer. (What does Katherine think of the Bible?) Enjoys the stories but she doesn't believe in God because she feels that if there was a God he wouldn't have let her parents die.
Card 8BM

This is just before the First World War in England and this boy is called Anthony. He's at a very good British boys' preparatory school and he comes from a very sheltered home. His parents are aristocracy and they believe that life is acted out in drawing rooms and around dinner tables, knowing nothing about real life. They have taught their son little experience. On his way to visit his godmother one day he comes across two men with foreign accents who have murdered a man lying on the pavement. They are searching his body. They barely look up as Anthony passes, he has never seen death and it disturbs him so badly that he has to be institutionalized for the rest of his life. (Parents reaction to his institutionalization?) They don't want to tell anybody because they feel only the lower classes are inflicted with emotional and mental instability. They are ashamed of their son. (What was Anthony particularly disturbed by?) Because he doesn't know what happens to the spirit of a man and he cannot understand the cruelty of humanity.

Card 8GF

This woman was a very beautiful woman and she's very happy. She's an artist and she's daydreaming in front of her favourite painting. For a long time she was too scared to allow anyone to see her work. Finally she had a small exhibition and a Tate Gallery person saw her work and not only was he a journalist and a publisher, but he felt madly in love with her and became her mentor. She carried on painting all through her life and never stopped loving her husband and became an internationally reknowned artist.

Card 9GF

These are two sisters and the one in the tree is called Elizabeth and that's her oldest sister, Madeleine on the beach. Elizabeth is a really prissy girl. She tells tales on her sister all the time and she doesn't understand why her sister who is quite mad always behaves in a disobedient and wild way. In this picture Elizabeth is watching Madeleine who's running on the beach with no shoes and with stockings on and Elizabeth rushes back to tell her mother what Elizabeth (meaning Madeleine) is doing. They cannot find any trace of Madeleine. Two days later her bloated body is brought back by waves. (Tells tales all the time?) She's a silly small-minded little girl who has no interest in anything beyond her own small existence. (Madeleine is mad and disobedient?) Well, she leaves her parents house every night and goes for solitary walks to the nearby graveyard where she speaks to dead spirits and suddenly sometimes she gets a strange expression on her face and she leaves to respond to calls and cries that no-one else but her hears. (Run into sea?) She answered a voice and she drowned. (Voice say?) It was Neptune's voice. (Said?) Don't know.
Card 11
This is somebody's dream and they've been ill for a while and they are in a lot of pain. They've just fallen asleep and they see this picture in front of them and there are rocks of all different colours, sort of pink and brown. There are some vultures looking down, but they are wise birds, not the usual carrion-eating vultures and there are a whole lot of books at the bottom of the rocks and they are not on fire, but sparking off words and these are mixed into a kind of flame and this is the fire of knowledge and on the other side of this scene is this gloomy castle and there are cobwebs and it's old and dark and this snake, or whatever it is, is looking quite menacing and you can't see it, but there are a couple of windows in which you see faceless skulls and their eye sockets are very hollow and they look like they are in a lot of pain, even though they are dead. There are all sorts of ghastly cries and screams coming out of this building and the person who is screaming, I mean dreaming, knows that this is two sides of death. The one is an almost heaven and the other an almost hell and the frightening thing is that they know they're never going to wake up again. (They?) No, I mean just one person.

Card 13MF
This man is looking at his watch and it's 4 o'clock in the morning and he and this woman who's his lover were making love for the better part of the night and then they fell asleep and she's still sleeping and he's looking at his watch because he has to get home before his wife wakes up. (Who does he love more?) His mistress. (She offer?) Friendship, company and closeness. (What about his wife?) Well, she's the mother of his children and she wants him to be a highly successful businessman who, um, is her financial donor, keeper. (He feeling?) He's feeling empty because he's feeling like a traitor and he knows that he'll never leave his wife and children and he knows he can't carry on with this woman because it's being unkind to her. (She feeling?) Very sad because she knows that they can never be together and she's tired of just being around when he needs her and she loves him.

Card 13BM
This little boy is sitting in the door of his parent's house and he's watching the scene of an earthquake that hit his small town. Both his parents were killed and his puppy was lost and he is thirsty and hungry and cold and frightened and all he can see are the ruins of the houses and smoke and rubble and arms and legs and people crying and he can't find his puppy and there's no-one for him to talk to. And he never forgets this for the rest of his life and he ends up living in a huge house with a wonderful wife and three children and seventeen dogs.
4.2. J.'s Rorschach protocol

I (1) It looks like almost a silhouette of two butterflies sideways and they're tearing at something, it could be grubs or their child which will be a butterfly one day and is still in their cocoon.

II (1) This looks like a cross between Toullouse Lautrec and another French modernist. It looks like two men, could be sitting at a bar and having a drink and their faces are in silhouettes looking at one another and it's quite amiable.

III (1) Two poodles wearing Chelsea boots, French poodles with no ears. Reminds me of toy poodles in a circus.

IV (1) It looks like to me, from the bottom up, a cat with its mouth open, its head's at the top, a caricature of a cat yowling, wearing an old coat, a tramp cat, it could be sitting on a tree log.
V (1) A butterfly with no wings or wings that are broken.

VI (1) A man and the top part looks like a man with wings, arms outstretched, standing on a mountain, and there's sea around on either side.

VII (1) Two fish, fishes, and they're swimming around, moving and there's sand at the bottom of the ocean.

VIII (1) Two pink parts outside look like two pink polar bears standing on coloured icebergs and pulling at something, I don't know what.

thrown back and it's yowling. (Coat?) The form of it, the lines of a torn coat, the outside looks like material that was torn. (Log?) Looks like the cat was sitting on something, a tree stump, bark.

(Broken?) Where this comes up here there should be a full wing. (Torn?) There was an incompleteness about it, like the clothes that were broken, in the same way as the cat's coat was torn.

That's the man's head, two eyes and a mouth, the body outstretched arms, blam-manne mountain, that's sea. (Man?) I just saw the form of something I made a man. (Mountain?) The man had to be standing on something and that looked like a mound or mountain. It looks like an abstract religious picture. (Sea?) The movement in it. Probably because I spent a month staring at the sea.

They look like, did you see the Meaning of Life, Monty Python caricatures of two fish with faces, That's their tails and faces, facing one another in profile again. That's - and the movement, the lines, like the fist are attached to something, to water and sea and sand.

They're pulling at something. (Pink polar bears?) A polar bear's nose.
IX (1) Looks like, the orange part, two mad scientists, see the profile. They're identical. Part in the middle looks like a huge test cylinder or something. The bottom pink part is like the reverse sky, looks like pink clouds, like they're standing on pink clouds.

A nose to me, looks like top of somebody's coat, like they're crouched over something. The white part is the test-tube. The way the two men are sitting over something, I thought of scientists, thought of test tubes. (Clouds?) The colour and texture. (Pink clouds?) Um. (Standing on clouds?) I don't know what the green part is, but clouds are at the bottom.

(2) Two horses eyes and a horse's nose. From sideways, in profile, a horse's eye and snout. (Eye?) They eye, the expression and the snout, nose jutting out.

X (1) A New Year's Eve party for creepy crawlies, a whole lot of bugs and spiders at a sort've party. At the top two insects fighting with one another.

It was just the colours and the splashes, but there's movement and colour and they're sort've happy. An insect's eye and mouth and feelers or antennae. (Fighting?) The way they're positioned against one another. (Where?) All over. (Bugs?) I don't know. (Colours?) They went splat, looks like bugs. (Happy?) The bright different colours, it's the colours.

(1) Two swallows pointing down. The colour and the spread wingspan. They're blue swallows.
### Basic Relationships (main responses only)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total responses</td>
<td>R10(2)</td>
</tr>
<tr>
<td>F: R</td>
<td>10F%</td>
</tr>
<tr>
<td>FK+F+C</td>
<td>10%</td>
</tr>
<tr>
<td>A+Ad</td>
<td>70A%</td>
</tr>
<tr>
<td>(H+A):(H+Ad)</td>
<td>10:0</td>
</tr>
<tr>
<td>Popular responses</td>
<td>P6</td>
</tr>
<tr>
<td>FC+2CF+3C</td>
<td>sum C 0</td>
</tr>
</tbody>
</table>

### Supplementary Relationships (main + 1/2 additional)

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>M:FM</td>
<td>3:6</td>
</tr>
<tr>
<td>F: (FM+m)</td>
<td>3:7</td>
</tr>
<tr>
<td>FK+F</td>
<td>0:1,5</td>
</tr>
<tr>
<td>(Fc+cF+c+C'+C'):(FC+CF+C)</td>
<td>0:5:2</td>
</tr>
<tr>
<td>(FK+Fc+Fk):(K+KF+kF+c+cF)</td>
<td>0:0</td>
</tr>
<tr>
<td>FC: (CF+C)</td>
<td>0:5:1,5</td>
</tr>
</tbody>
</table>

### Manner of Approach

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>W</td>
<td>9 90%</td>
</tr>
<tr>
<td>D</td>
<td>1(1) 10%</td>
</tr>
<tr>
<td>d</td>
<td>(1)</td>
</tr>
</tbody>
</table>
REFERENCES


Machover, K.: (1949) Personality Projection in the Drawing of the Human Figure. Springfield, Ill.: C.C. Thomas.

Males, J.: (1979) Is it right to carry out scientific research into art therapy? In Therapy, May 3, 5.


Naumberg, M.: (1947) Studies in the Free Art Expression of


Nickerson, E.: (1973) The Use of Art as a Play Therapeutic Medium in the Classroom. In Art Psychotherapy, 1, 293.


