

# The unconscious as paradox: Impact on the epistemological stance of the art psychotherapist<sup>☆</sup>

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## Abstract

The Unconscious, by definition, is unconscious . . . . Consequently, how do art therapists *know* that something pertaining to the realm of the unconscious is manifesting itself in a session? Pondering the implications of using a psychoanalytic framework in art therapy while advocating for the validity of such an approach within the contemporary practice of art therapy, this paper proposes a reflection on constituents of the epistemological stance of the psychoanalytically oriented art therapist. By re-visiting Bion's notion of learning through experience (1962) under a postmodernist view of counter-transference, the article demonstrates how the aesthetic experience of the art psychotherapist may lead to meaningful understanding and knowledge about patients and images. Viewing the effect of the image as a presentation event that is beyond its representational content shows how the visual image in art therapy is a particularly apt locus for the transmission and reception of infra-verbal and infra-representational forms of communication. To that end contemporary views of projective identification as a primitive, non-verbal and effective way of communication are reviewed. A case vignette further serves to illustrate how art therapists may have access to a form of visual thinking which is instrumental in acquiring knowledge about unconscious psychic transmissions occurring between patient, image and art therapist.

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That psychoanalysis is defined by its emphasis on the Unconscious is an obvious and indisputable statement. However, the Unconscious, by definition, is . . . unconscious. Then, if I may ask the following question, how does one know that something pertaining to the realm of the Unconscious has manifested itself, for instance, in an art therapy session? Wishing to think through the implications of using a psychoanalytic framework in art therapy, while simultaneously advocating for the validity of utilizing such an approach within the contemporary practice of art therapy, this paper presents a reflection on constituents of the epistemological stance of the psychoanalytically oriented art therapist. *Episteme*, in Greek, means knowledge. By epistemological stance, I mean the way art psychotherapists may acquire knowledge if and when their object of observation has something to do with the Unconscious. In other words, I shall explore what is required from the art therapist in order to make some sense of unconscious material as it manifests in the art therapeutic situation.

Re-visiting Bion's notion of "learning from experience" (1962) under a postmodernist framework advanced by the Contemporary French School of thought will show its relevance in understanding how knowledge about patients and

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images may be acquired through the aesthetic experience of the art psychotherapist. Michel de M'Uzan (1994), Patrick Miller (2002), and Nathalie Zaltzman (1998), to name but a few, are among the clinicians whose theoretical elaborations rest on the recognition of the centrality of counter-transferential experiences in obtaining some understanding of unconscious psychic processes. If counter-transference is currently widely accepted and recognized as a useful clinical tool, this wide acceptance may also cause it to be easily taken for granted. Thus, this paper considers the demands counter-transference imposes on the psychoanalytically oriented art therapist as well as its value in acquiring knowledge about the image and patient in art therapy practice.

The text is divided into three sections. First, some answers to the question of how art therapists may *know* about the Unconscious will be provided. Second, what may be called a *presentation event* will be examined for its usefulness in thinking about the effect of the art therapy image. Finally, the role played by projective identification in unconscious transmissions between patient and art therapist will be explored and its epistemological significance will be demonstrated.

### **Knowledge of the unconscious/unconscious knowledge**

The answer I shall provide to the question of how we know about the Unconscious rests on two premises. The first premise is that the Unconscious is knowable only indirectly, solely through the effect it produces. Freud (1900, 1901) thought of the manifestations of the Unconscious in terms of symbolic formations: dreams, slips of the tongue, even symptoms are all symbolic expressions of something unconscious. Indeed, a symbol stands *for* something; it is not the *thing* itself, but it rather illustrates, represents, or embodies some aspect of the thing. In that sense, the image in art therapy cannot be read as a direct expression of the Unconscious of the patient, but as a privileged indicator, a witness, of unconscious material, which sometimes takes a visual form to present itself. Within the French School of thought, one would contend that at times unconscious material is *at once* revealed and concealed. This formulation is one example of the many paradoxes the logic of the Unconscious imposes on us: the use of evocation strategies mirrors, so to speak, that peculiar logic. To contend that something is at once revealed and concealed means that the symbolic pictorial forms acts as an indicator *for* something unconscious. It reveals the presence of some unconscious material, or better still, it is itself revealed by the presence of something that is concealed, not fully exposed, explored, nor resolved.

However, when something at once revealed and concealed *presents* itself, it usually produces a singular yet very significant experience—and this is my second premise. It is significant because of the “knowledge” this kind of experience allows art therapists to acquire, as will be seen later; and it is singular because in such a case, the art therapist is “taken” by something that can neither be fully grasped nor completely understood but that, nevertheless, engenders powerful sensations in him or herself. At times, it may even produce a feeling Freud (1919) has qualified as “uncanny.” The uncanny feeling describes an experience produced by something *at once* familiar and foreign—which is yet another paradox illustrating the fact that unconscious material can neither be easily resolved nor completely mastered. One can relate to this familiar content; yet, at the same time, it remains opaque and enigmatic. Freud (1919) considered that this familiar material had been made foreign to the ego by the process of repression. For Christopher Bollas (1987), an influential analyst, author, and follower of Bion’s theory, it refers to what he called the “unthought known.” One knows without knowing one knows, so to speak. Or one knows without knowing exactly what it is one knows: the “known” content is unconscious, that is, not yet translated into thought, into a thinkable form. I personally conceive of this experience as one in which one is affected by otherness (Leclerc, 2004). Indeed, otherness or “alterity” are words used within a postmodernist framework to describe the relation one has to one’s “own” Unconscious: that is, the unthought known within each human being.

One of the main therapeutic functions of the psychoanalytically oriented art therapist, as I experience it, is to support, in all meanings of the term, the symbolic expression of unconscious psychic processes and to try to make these processes intelligible: first of all, intelligible to oneself and then, from the knowledge acquired through one’s own psychic experience, as I will subsequently describe, to one’s patients. But first, two points need to be stressed. The first is that, within a postmodern paradigm, the creation of meaning and knowledge is a joint construction: one of patient-image-therapist, in the art therapeutic context. The second is that the knowledge art therapists acquire through experience does not necessarily need to be verbally expressed to their patients. It is certainly not always necessary or useful and in certain circumstances, it can even be unethical to do so.

The following short clinical vignette will serve to illustrate my views. During the session, I had vaguely noted that Genevieve is using more water than she usually does to mix the watercolors used in making her painting. The finished painting is now placed before our eyes. Silence prevails. As it is usually the case, Genevieve looks, or more, gazes at her image for quite a while, allowing the “life of the image,” as Schaverien (1992) puts it, to take over. Then, Genevieve speaks about the scenery and describes what appears to her as a landscape (her paintings are mostly abstract). However, something in her painting, not so much in what it represents, imposes itself on me, although I do not know exactly what. I note to myself that the image seems sort of clouded over; things appear to be vague, or to be vaguely disappearing or dissolving. I recall the thought I previously had about the amount of water used to create her painting. Tears? I then sense something like sadness, and am actually overtaken by a feeling of great sadness. “Like the view we get from a train on a rainy day,” I voiced after a while. Like a scene slowly unfolding from the window of departing train, the memory of a traumatic, painful experience comes back to Genevieve: her father, fearing his wife’s—my patient’s mother’s—mental illness, secretly took 4-year-old Genevieve and her 2-year-old brother from their home, by train, to his European country of origin.

I think about such occurrences in my art therapy practice in terms of aesthetic counter-transferential fragments. They produce what can be called eidetic impressions. The word *eidetic* refers to something marked by or involving very vivid recall. When such occurrences happen, I often notice the manifestation of certain elements: the light, for example, suddenly so concentrated, comes to crystallize the scene. This in turn becomes clear, sharp, almost pricking, to borrow the words Roland Barthes (1981) has used to testify to the powerful effect of certain photographs on him, an effect he designated as *punctum*. At the same time an impression of slowness, of suspended time takes over. All of these elements do not necessarily give something to *see*, but they effectively manifest what can be called a *presentation* event.

### The image as a presentation event

Based on Freudian theory, French art critic George Didi-Huberman (1990) developed a theoretical model that I find particularly helpful in thinking about the function of the art therapy image. To the classical notion of representation, Didi-Huberman opposes that of *presentation*, claiming that what pertains to a presentation event exceeds the realm of something visible or readable that can be directly translated: it more or less eludes straightforward interpretation and knowledge (1990). Nevertheless, something insists on being considered. Hermeneutic philosopher Hans-Georg Gadamer (1975) devoted much attention to the aesthetic experience produced by the function of *presentation* in the play of art. In his ontological view of art as dialectic of address and response, and taking into consideration “that which *presents* itself to the spectator” (1975, p. 112, italics added), Gadamer contends that “this art that *looks* at us provokes a response from us” (Grondin, 2003, p. 42). If Gadamer conceptualized art as an event of truth, it should be stressed that its character of event lies precisely in the capacity of the work of art to produce a powerful and sometimes destabilizing effect, even though and mostly because, in Gadamer’s theory, one cannot master what makes it happen. In other words, to speak of event is to recall, as stressed by Grondin (2003), that “the truth of art is not one of mastery, but of participation” (p. 53).

Even if briefly mentioned, these theoretical elaborations, located at the interface between art criticism and psychoanalytic thought, are attempts to think through the effect of the image on the viewer on an unconscious or a pre-conscious level. Thus, I argue that to experience the art therapy image as a presentation event and make phenomena such as these intelligible requires a specific epistemological position, one which rests on a disposition for sustaining deep intersubjective connections and welcoming certain forms of unconscious communication, or transmissions, between therapist, patient, and the created image. The state of openness and permeability that is then required often involves a temporary loss of one’s ego boundaries, producing a vacillation in one’s sense of identity. This is the “essential vulnerability” of the therapist referred to by psychoanalyst Patrick Miller (2002). Many contemporary thinkers maintain that counter-transferential experiences such as the one I am alluding to involve some kind of projective identification: Otto Kernberg (1987), Thomas Ogden (1989), in the USA; Albert Ciccone (1999), Michel de M’Uzan (1994), Nathalie Zaltzman (1998) in France, to name but a few, consider projective identification to be the “royal road to unconscious psychic transmissions” (Ciccone, 1999). However, Wilfred Bion (1962) was instrumental in emancipating the concept of projective identification from its pathological constraints to include its “normal” deployment as primitive, non-verbal communication.

## The function of unconscious psychic transmissions in the acquisition of knowledge

Bion (1962) saw projective identification as a way for the infant to communicate his or her distress to the caregiver. The infant strives to deal with bodily sensations producing intense sources of discomfort and anxiety—those sensations he/she does not want—by projective identification. The good-enough mother, to use Winnicott's terminology (1971), will be able to take into herself, to introject, and thus *experience* the infant's dreadful feelings. One of the key elements of Bion's theory is without a doubt the concept he defined as the Alpha function (1962, 1970). To understand it fully, it is important to stress the analogy that prevails between the digestive apparatus and the thinking psychic apparatus in Bion's theory of thinking, as well as the "centrality of the *digestion* of emotional experience" (Da Silva, 1997, p. 2). The Alpha function, played by the "experienced person" (1962), will therefore act in such a way as to convert the data from the senses into digestible forms, which Bion called "alpha elements" (1962). These alpha elements are then stored as memory traces, primarily visual, that will be later used for example, in dream thoughts and when one enters a state of profound psychic availability. *Undigested facts*, or beta elements, correspond to the sensory impressions that have not been transformed or metabolized into alpha elements (1962). To use the words of Alvin Frank (1969, cited in Da Silva, 1997), they correspond to "the unrememberable and the unforgettable" (p. 2), which lends itself to the following metaphoric condensation: they could also be termed the *unrememberable*.

Hence, under this perspective, projective identification involves a subject making another person experience an affect or an emotion, on a non-verbal level, particularly when the subject is unable to represent this emotion to him or herself—since it remains in the form of beta elements. As exemplified in the above stated case vignette, my patient had no conscious access to the depressive feelings related to the abrupt and yet unsymbolized experience of the separation with her mother. But she was able to induce that feeling in me through her pictorial representation or, more specifically, through the *presentation* effect her pictorial representation had on me. Because it is non-verbal, I believe the visual image in art therapy to be particularly apt to act not only as a locus for projections but also as a locus for the transmission and reception of infra-verbal and infra-representational forms of communication. The mostly infra-representational eidetic impressions arising from the image as a presentation event, when experienced and then translated into knowledge, participate vividly in the mutual construction of meaning.

However, to welcome and experience forms of communication such as these demands that the art therapist's own psychic mental functioning be deeply engaged; I would claim that an Alpha functioning mode needs to be momentarily sustained. Indeed, when in a state of psychic availability, a state of reverie, in Bion's terms (1962, 1970), it can be hypothesized that the art therapist enters the realm where alpha elements—primarily visual—are stored. In neuroscientific terms, this may correspond to what is called *implicit memory*: contrary to explicit memory, which "is conscious and is composed of facts, concepts, and ideas," implicit memory "is sensory and emotional and is related to the body's memories" (Malchiodi, 2003, p. 21). Under an Alpha functioning mode, the art therapist has access to a form of *visual* thinking, which I believe to be instrumental in art therapy in acquiring knowledge about unconscious communication expressed by patients through their visual productions. In fact, I see the mechanism of projective identification in art therapy as a multi-layered process. For the transmission to be effective, as an art therapist, I need to be in a state of attentiveness to the visual effect the image has on me, as described above, which is linked to my inner knowledge and experience of my patient and of all the previous images created during the sessions. I also need to be in a state of profound inner resonance with the effect the image has on my patient at that particular moment. And I need to cultivate a state of inner resonance with the effect of those effects, on both my patient's and on my own psyche. Indeed, in Bion's theory of thinking, the very fact that something is transmitted and received has in itself a deep effect: for the transmission is a transformation (Ciccone, 1999, p. 44).

Thus, I am suggesting that the art therapist is both the subject and object of knowledge: the art therapist is the object of unconscious transmissions *and* the subject of deep intersubjective experiences; and mostly, the art therapist is subjected to making them intelligible in order to foster an elaboration process between patient and therapist. This, in my view, accounts for the epistemological position of the art psychotherapist, the "experienced other" in Bion's terminology (1962). The word *experience* comes from the Latin *ex-perire*, and *perire* means danger or peril. Thus, the experienced other refers to "someone who has encountered a peril, physical or mental, and has survived" (Da Silva, 1997, p. 5)—a view that is as accurate as it is moving.

To conclude, I believe that diligent cultivation of this particular epistemological stance is useful regarding the approach art therapists' use. Even if nothing is ever expressed directly to the elderly person seen in a residential home, the autistic child seen in a day program, or the depressed artist seen in private practice, with this particular knowledge

acquired through experience, art therapists hold in their own psyche something of great value and significance: a fragment of the previously unthought known now potentially made thinkable for our patients. Finally, within this perspective, the capacity to be destabilized, touched, and “ravished” by the aesthetic effects of *presentation* reflects our condition of experienced other; it reflects, in *Winnicottian terms* (1971), our capacity to play which, in turn, is instrumental in helping our patients play and become experienced persons.

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