



TRANSFERENCE IN ART THERAPY: A NEW OUTLOOK

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

for restraint and the guidance of the therapist, the regression is likely to be curbed. This controlled regression, known as regression in the service of the ego, is one of the cornerstones of all psychodynamically-oriented therapies.

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

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

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

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

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

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

It is our view that in art therapy, the transference relationship towards the therapist is the consequence of a creative process that fails to serve as a sufficient sublimatory source for the repressed primary fanta-

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

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

sity of feelings that the artist felt towards his original object, due to a regression to an earlier stage of ego development. This relationship is in direct contrast to true sublimation, involving a mature level of ego functioning that enables the process of neutralization of primitive drives to occur. (Weir, 1987, p. 121–122).

The act of creation enables a higher level of symbolic organization and it is this expanded ability for symbolic representation that enables true sublimation.

Case Illustrations

At the time of therapy, Aviva (pseudonym), aged 9, was a day pupil at a therapeutic boarding school. Despite the care of the school, she nearly always appeared neglected. Her hair was usually unkempt and her clothes stained. A bad smell often would exude from her. Aviva avoided direct eye-to-eye contact. Likewise, she usually walked with her head bowed and her hair over her eyes. Aviva talked in whispers and if approached too close, she was apt to close up, and even freeze.

From the beginning of therapy, Aviva insisted on helping herself and rejected outright any offers of help. The majority of her efforts were invested in “dirtying and getting dirty.” The paints, water and other materials used by her were always overflowing and spread everywhere. Her clothes were wet and covered in paint. Having finished, she would invest equal energy in “cleaning and tidying.” Similarly, she would scrub her hands furiously, almost to the extent of drawing blood. All of Aviva’s energy was directed towards the rigid need repeatedly to dirty, get dirtied and then clean.

With time, and with the progress of therapy, Aviva began to test how far the therapist was able to bear her when she exposed the “dirt” within her. She would set the therapist to work in a demanding and bossy manner. If she did not immediately obtain what she wanted, she would respond with stubborn refusals and much aggression. Aviva would break limits in a provocative manner, in ways that were aimed at humiliating the therapist—especially in front of other staff members. Likewise, she would curse the therapists using swearwords of the most offensive kind. Aviva would deliberately spill materials and announce in scorn that she wanted the therapist to work hard cleaning the room. During this period, Aviva used to divide her pictures into two sorts: “pretty” pictures and “ugly” pictures. The more organized, figurative

paintings she named “pretty pictures.” The chaotic, slapdash paintings she called “ugly pictures.” She insisted on taking the “pretty pictures” with her, whilst the “ugly pictures” she would leave in the room. The therapist interpreted that Aviva wished to reserve the “pretty” parts of herself for herself, whilst the “ugly” parts she left for the therapist.

With the increase in Aviva’s ability to express aggression, there was a marked reduction in her withdrawals and in her need to hide herself behind her unkempt hair. Often, her behavior would become wild and uncontrolled. She would hang from the heating pipes, climb on cupboards, etc. She would often evoke the impression that she was a lone wild child who had grown up on her own in the forests and that the only way for her to gain attention was as the “wild one.” The therapist interpreted that as in the story, the only option of relating left for Aviva was in the role of “Huckleberry Finn.”

The transference relationship was expressed through Aviva’s repeated efforts to humiliate the therapist. Consistent interpretation, over an extended period, of the aggression directed towards the therapist brought about a change in the interaction between Aviva and the therapist. For the first time, Aviva allowed herself to get close to the therapist.

During several sessions, in the course of the third year of therapy, Aviva would turn off the lights and forbid the therapist to look. She would walk around the room, come up behind the therapist and try to frighten him with growling voices. According to Aviva, these voices were the snarling of a dangerous and frightening ghost. At the same time, she would stroke the therapist on his neck with strips of sponge she found in the corner of the room. At the end of this game, Aviva would turn to the easel and make several chaotic paintings. The therapist interpreted that Aviva wanted to be close to the therapist, but this closeness frightened her. During one session, Aviva asked to play with a puppet theater. She demanded that the lights be turned off and that only a small emergency light be switched on. Aviva told the story of a girl who stayed alone at home with her brother on a cold winter’s night. Outside, snow is falling heavily. The girl is frightened by the storm outside and her brother hugs her to comfort her. Gradually, the brother’s hugs turn into a frenzied sexual approach. Aviva demonstrated how the doll representing the brother lies on top of the second doll and kisses her with fervor. In the course of the interaction, the “brother” undresses the “girl” and kisses her genitalia. When dawn comes,

the girl banishes her brother, and amidst bitter tears, apologizes that she has done nothing wrong. For the first time, Aviva revealed her inner world and hinted at her experience of incest. The therapist interpreted that Aviva wished to tell him that a family member had touched her and done things to her in forbidden and painful ways.

Following the repeated interpretations of the transference relationships, Aviva ceased the destructive behaviors towards the therapist, and for the first time, sought constructive ways for cooperation. She began to make more organized pictures of figurative subjects. In addition, she invested efforts in creating products that were aesthetically pleasing in her view.

Yuval (pseudonym) was aged 10 at the time of therapy and diagnosed as mentally handicapped. He was short and chubby and looked much younger than his age. His face was asymmetric and his nose flattened. His speech was marked with severe distortions in pronunciation, which made understanding him difficult. Yuval was violent in his behavior. He would often hit, insult and humiliate other children. In class he was unruly, shouted and ran around such that it was often impossible to conduct a lesson. At home, he would often destroy objects, defy his parents and demand that they treat him like a helpless baby—wash him, dress him and feed him.

From the beginning of therapy, Yuval behaved as if he feared the therapist might not want him and that he would not be able to meet her demands. Upon entering the room, he would enthusiastically describe the large variety of subjects to which he would apply himself in the session. However, in practice, he would return time after time to one subject and one subject only—that of the “monster-boy.” His pictures were stereotypical and poor, both in organization and in color. They were produced only in outline, without any painted areas. The figures were made up of a random number of circles to which were connected a random number of lines. All the pictures were drawn in one color only—in blue marker or blue oil pastel. Yuval explained that the figure in the drawing was a boy—monster who destroyed everything and killed animals, preyed on people and even ate the earth until nothing was left. Everyone hates the “monster-boy” and he must be poisoned. While drawing, Yuval gave the impression of increasing anxiety. His movements became agitated. Gradually he would leave the paper and abandon the drawing. Yuval would return compulsively to the same single subject.

After some time, Yuval firmly and decisively an-

nounced to the therapist that he would draw no more. He began to bring various games to the room and demand that the therapist play those games with him. He also began to destroy other patients' pictures and damage equipment in the room. He would pinch the therapist's cheeks, an action disguised as a show of affection. Often he would enter the room and “punish” the therapist with a stony and lengthy silence. All Yuval's energies were channeled into the power struggle between himself and the therapist. The therapist felt as if she were a little girl being punished by her father through his enraged silence. Similarly, she felt humiliated by the fact that a small child was quashing her and succeeding in silencing her. The therapist interpreted that Yuval wished to be strong and powerful, while she remained weak. He wished to be the adult who had the power to punish the therapist as if she were a little girl. After repeated interpretation of his wish to control, Yuval returned to drawing. In addition to markers and oil pastels, he began to work with poster paints and use more colors. Yuval began to draw figures whose limbs were detached or even completely missing from the body. In some of the paintings, the facial features appeared outside the outline of the face. In others, the facial features were distributed randomly with no facial outline whatsoever. Yuval compulsively drew disjointed figures. According to Yuval, a “monster-boy” whose limbs are detached can no longer harm himself, the therapist or others. Yuval began to ask how all the components spread on the paper could be held together. He asked the therapist to create boundaries around the parts by means of formal structures such as a house, cage, ring, etc. He requested that the therapist keep the pictures of the “monster-boy” in the cupboard. According to him, Yuval feared the pictures would harm or destroy the therapist if she remained alone with them in the room. In the transference, the emphasis was placed on the question as to whether the therapist could protect him or whether she would be destroyed.

Yuval once again ceased to draw and insisted on utilizing the sessions to prepare his homework. Each session he would check to see if the pictures remained as he had left them when he placed them for safe-keeping. At the same time, he would stare at the therapist with an examining eye and ask if the monster had hurt her. The therapist interpreted that Yuval wished to check whether she could keep the “monster-boy” at bay or whether she would be destroyed with him. During this period in which Yuval was dealing with these questions, a series of terrible ter-

rorist attacks occurred in Tel-Aviv and Jerusalem. In one of the sessions, Yuval brought a newspaper with pictures of the horrific scenes from the explosions. He asked the therapist to keep the newspaper in the cupboard with his pictures. The therapist interpreted that Yuval wanted to check whether she could protect him from terrible destruction like that he saw in the newspaper. Following all these interpretations, Yuval recommenced drawing. For the first time, several figures appeared on one page. Each figure was individual, both in form and color, and the limbs were appropriately attached.

Discussion and Conclusion

The two case illustrations demonstrate that intense interactions with the therapists evolved when a severe derangement occurred in the creative process. The repeated interpretation of these transference interactions enabled the expansion of the creative expression.

Aviva consistently repeated the same fixed pattern of behavior of dirtying and getting dirty, while any creative expression ended in a chaotic product. Yuval would repeatedly and consistently return to one single subject, that of the "monster-boy." His pictures were stereotypical and extremely poor, both in organization of form and in color. Later on in the therapy, he even began to draw figures whose limbs were detached or completely missing from the body.

Following repeated interpretation of the transference that arose during the course of therapy, Aviva turned to figurative organized painting, while endeavoring to produce a work of art that was attractive to her. For the first time, she sought constructive cooperation during the creative process. Yuval began to draw several figures on the same page, where each figure was individual both in form and color. Similarly, for the first time, the limbs appeared appropriately attached to the body.

In addition to the manifest transference relationship that is expressed in feelings or actions directed towards the therapist, there exists a hidden transference. In an unconscious attempt to recreate interactions identical to those characteristic of the early object relations, the patient imposes upon the therapist feelings and patterns of behavior foreign to the therapist. Unconsciously, the patient takes on the role of replaying the early object relations and forces on the therapist a complementary role (Sandler, 1976). This

foreign role, which has been placed on the therapist, is identifiable via the counter-transference feelings.

At the same time as Aviva insisted on helping herself and refused any offer of help, the therapist felt rejected, helpless and unnecessary. Yuval would pinch the therapist on the cheeks in an action disguised as affection. Similarly, he punished the therapist with lengthy, angry silences. At these times, the therapist felt like a helpless little girl. She also felt humiliated that a small child could quash and silence her.

These countertransference reactions of the therapists revealed hidden aspects of the transference. The unconscious attempt to arouse in the therapist feelings and patterns of behavior characteristic of the patient's early object relations has been termed by some authors as projective identification (Gorkin, 1987).

We believe the existence of transference is significant in the decision as to whether art therapy is the appropriate form of therapy. When the creative process becomes blocked, transference develops towards the therapist. Working through of the transference brings about flexibility of emotional expression and a revival of the creative process. In our view, when a derangement occurs in the creative process and no transference develops, the appropriateness of art therapy should be reconsidered. The diversion of libidinal investment towards the therapist, when the creative process is disturbed, is the basis of the therapeutic alliance.

In art therapy, interpretation of the transference enables increasing flexibility of the creative process. Creative expression enables a higher level of sublimation of repressed primal fantasies. Expansion of the ability for symbolic organization allows sublimation of these fantasies and their incorporation into the "ego." The artistic creative process is the means by which the ability for symbolic representation is expanded towards true sublimation.

In our opinion, the free and spontaneous creative process is not suitable for patients manifesting a particularly poor capacity for impulse control. For these patients, the regression evoked by the relatively unrestricted encounter with the materials is likely to be excessive and uncurbed. Under the strain of overwhelming primary impulses, the capacity for symbol formation may deteriorate. This restricted capacity may lead to a blurring in the distinction between internalized early object representations and symbolic substitutes. In the transference relationship, the therapist will no longer be perceived as a symbolic sub-

stitute, but rather as the real primary figure itself. This constriction of the internal space may evoke, simultaneously, excessive dependence on the therapist and severe destructive impulses. For patients manifesting a particularly poor capacity for impulse control, the structured strategy is recommended. The complex premise presented in this paragraph is beyond the issue of this paper and requires a separate discussion.

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