

# Art Therapy Online: ATOL

## **Between art and therapy: using pictures from the world of art as an Imaginal focus**

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### **Abstract**

This paper addresses some of the problems encountered in group art therapy workshops, such as the inhibitions people feel in talking about someone else's image, and the restraints these impose on the exercise of imagination and fantasy in their response. It also offers a safe way of experimenting in a group workshop, using imagery, whether written or drawn, as a way of exploring an image that is not the creation of any person in the group, and therefore a less sensitive focal point. The perspective adopted is broadly post-Jungian, and the workshop has been tested in a variety of settings including both art therapy training and open workshops.

### **Background**

Amongst the current working assumptions in art therapy is the expectation that patients will make their images and be prepared to talk about them within the same session, and that this will take place with the minimum of direction or instruction from the therapist. There are a great many good reasons why this is so, and I do not propose to list them all here. Nevertheless such practice does have its problems, and I would guess that many of us have been uncomfortably aware at times of both ourselves as therapists and the patient being constrained by its limitations, chief amongst which is the fear of disturbing the client with too free a use of the therapist's imagination. This difficulty is aggravated in groups where it is not just the therapist's but other group members whose imaginative response is involved.

Some of these areas of difficulty include: trouble either with getting started in the first place or else with allowing an image to emerge without too much intentional control; problems with making the switch from being more or less absorbed in art-making to being able to talk about it; and fears about allowing one's image to be handled by other people's fantasy, or of using one's own fantasy to explore other people's images. I don't want to suggest that these difficulties should all be eliminated — therapy requires effort and risk-taking — but simply that there are other strategies for group image-work which operate in a somewhat different way. So far I have not used the one dealt with here in a strictly clinical context, but there is no inherent reason for not doing so in a responsible way.

My own experiences with art therapy groups covers a fairly wide range: clinical groups within a therapeutic community, training groups for art therapy students, and weekend or one-off workshops for art therapists and others interested in image-making from an imaginal perspective. In all of these contexts I have often used some kind of theme or image or image as an invitation or overture for the group. A theme might be just one word ('The Gift', 'Lost' or 'Rubbish'), or, particularly in non-clinical groups, it might be something like, 'Household Gods' or 'Paradise'. What is important is that it is an image rather than a concept (such as 'Frustration') and that it is sufficiently open-ended to allow as much freedom of imaginative movement as possible. Despite the latent power of a leader's suggestion, there is no obligation to follow such leads.

In addition, like many other art therapists, I have sometimes used the telling of a fairy-tale as a starting point. The aim is not to invite group members to try and interpret the story as a whole, but rather to allow each person's imagination to seize on whatever image, however marginal, speaks to them in the story, and to elaborate on it in their own way. Such tales, however strong their narrative thread, are also clusters of images, and it never ceases to surprise me how several people within the same group will sometimes choose a quite incidental detail to work from. Again, working from a given story takes some of the pressure off people trying to express 'how they really feel'.

These are frankly directive approaches, and obviously there are quite a few issues here about the pros and cons of working in this way. I haven't the space here to discuss them all; and certainly this technique is not suitable for any and every situation. Against the accusation that the therapist is simply imposing his or her agenda, I would say that the therapist by definition always has some kind of authority: even the seemingly open-ended invitation of a non-directive approach still hinges on the leader's authority, only in a more tacit way. In addition, art therapy inevitably has latent educational and cultural functions, even if these are not recognised or are seen as accidental by-products.

Given the problems I have already touched on that arise when participants are invited to respond to each other's images in an art therapy workshop, I asked myself: why not use a pictorial image which had not been made by anyone in the group as a starting-point? No doubt all sorts of such images could be used- advertisements, news photographs and the like- but it seemed to me appropriate to use an image from the world of art. In any case, there are several ways in which visual imagery from the public domain of art already infiltrates itself into the art therapy studio. Many art therapists have art posters on the wall and perhaps even a small library of art books. In addition there is often a selection of art postcards, sometimes for patients to copy, not to mention the diverse images to be found in magazines and other collage material (Hughes, 2010). Whilst the choice amongst all these images is up to the patient, their original selection reflects, in the patient's fantasy if not in reality, something about the therapist. In addition I was intrigued to discover recently that Marion Milner had used postcards of art-works in the National Gallery a means to elicit accounts from 15-year-old schoolgirls, of their inner-world experiences of fusion (Sayers, 2002, 111).

What I've just described constitutes a kind of underground passage between the worlds of art and of art therapy. The fact that it has to be this way reflects to some extent art therapy's wish to distance itself from many aspects of the world of art: its competitiveness, the value attached to knowledge, skill and experience, as well as its alleged 'aesthetic' (as opposed to 'psychological ' ) evaluation of art-works. The latter found it's most

powerful expression in Jung's seminal paper 'On the Transcendent Function', originally written in 1918 when he himself was in the midst of an 'encounter with the unconscious' that led him to pioneer the 'path of creative formulation' in word and image, but where he warned against the psychological value of such material being undermined by what he termed 'the aesthetic attitude' (Jung, C.G. (1960). All of these factors contribute to what could be called a negative transference to 'art', not just on the patient's part, but to some extent on the art therapist's part as well. This also keys into the distinction, traditional in classical psychoanalysis, between 'cultural' and 'clinical' aspects of therapeutic theory.

But what would happen if some of these protective barriers were lowered, if the frame of art therapy situated the patient not just within the parameters of orthodox psychotherapy, but also within the wider culture and its rich resources in the visual arts, from which so many patients feel themselves excluded? Again, this already happens. Works of art of all kinds, including generic images of 'masterpieces' (Van Gogh, Picasso or Jackson Pollock, for example), enter into people's imaginary worlds in much the same way as do images from the worlds of film, TV or advertising. They form part of a collective envelope of imagery within which we all find ourselves. Regardless of its artistic quality, this imagery informs our individual imaginative vocabularies and idioms. Behind this, everyone also has some picture of how 'art' works or should work, even if this includes somewhat simplistic notions of 'expression' or 'communication'. Instead of trying to keep it at arm's length, why not try to find appropriate ways of working with art at any of these levels?

### **Theory**

At the moment this is a hypothetical proposal as far as clinical art therapy is concerned, and any client group would have to be carefully vetted; but I have led a number of non-clinical workshops in which an actual work of art (or rather a reproduction of it) serves as the point of departure. I want to stress from the start that this is neither an exercise in art appreciation nor an attempt to arrive at a group interpretation of the work in question. It is, rather, an opportunity to get involved in an exploration, an opening-up, of its imaginative resonance; and this resonance is felt at both an individual/subjective and a collective/archetypal level- just as it is in the case of the artist themselves (something

many biographies seem to ignore).

There is an interesting area of overlap here with some current attempts to rethink the nature of our responses to works of art in museums and galleries. The traditional split between respectable academic knowledge of art (biographical, art-historical, semiotic etc.) and more creative or idiosyncratic responses that are so often dismissed as arbitrary or personal seems to be dissolving, and a number of writers are encouraging a greater use of fantasy or emotion in the exploration of works of art (Armstrong 2000, Elkins 2001, Maclagan 2001). In addition there is a substantial body of work in the field of archetypal psychology which insists on the active links between the psyche and works of art (Cobb 1992). The meaning(s) of a work of art are not dictated by the artist's intentions, or by the socio-historical conditions under which they worked, but depend on the spectator's own creative response.

This experimental use of an art-work for psychological exploration is fundamentally different from the use of visual images in projective tests that use figurative images, such as the Thematic Apperception or Four Picture tests. There, carefully ambiguous and predetermined images are used as stimuli, and attention is focussed exclusively on their imagined content, rather than on any of their formal features. Obviously the emphasis in this kind of workshop is on responses that depend on imagination and fantasy, and there is an implicit 'psychological' inclination; but the actual aesthetic properties of the picture, embodied in its material handling, are a vital anchor to what might otherwise take off into 'free association'. Also, the chosen work of art itself has to be more open-ended than a projective test and to have a more complex edge or bite to it.

### **Practice**

So how do I go about it? The first question is: what sort of work of art? For obvious reasons (including the fact that it is a single slide) I have chosen a two-dimensional-work, though there is no reason why a three-dimensional piece should not work just as well. I think that it should be an art-work with some figurative imagery, because this is still the imaginative idiom that most people feel at home with, but not one that is too naturalistic,

because the feel of its style and handling play just as important a role as does its apparent subject-matter. It should be an image with a certain degree of complexity (just as a fairy-tale is not just the bare précis of a story). Next, it is important that, as far as possible, it is not by an easily identifiable artist, for in that case people will respond to their fantasies about the life or reputation of the artist, rather than to the work itself. Hence the image should be presented without any background information, beyond its title (and perhaps not even that). Nor is it important for people to like the work in question: in fact discomfort or active dislike can be just as powerful as more positive reactions.

For reasons of copyright, amongst others, I shall not name or describe the particular work that I have consistently used in nearly a dozen workshops; but I have been pleasantly surprised that only a handful of participants have guessed the artist, even though the work is in a well-known American museum. What I usually suggest is that people look at the image, which is a very rich and complex one, in slide form, in a darkened room, for about ten or fifteen minutes, and wander about in it, allowing whatever catches their eye to speak to them. I emphasise from the start that it is neither a matter of trying to guess what the artist intended, nor of situating the work in some biographical or art-historical context. The idea is to make a space for some imaginative interaction with the work, and for them to elaborate on this in whatever way suits them: by writing, drawing or even making , transcriptions of parts of the painting. They may, if they like, make sketches or brief notes at this stage, preferably in the form of image associations.

It's useful to have a few hard copies of the image (postcards or photocopies) available in the next part of the workshop, so that people can refer to them if they need to. I have found that leaving the slide up on the screen all the time doesn't give the necessary imaginative breathing-space for people to pursue their own images. Using whatever materials are available, participants work for a set period of time (perhaps forty minutes), just as in a normal art therapy workshop. Again, it is not important to take account of all the main features of the work, but to work with whatever catches your fantasy or the main features of the work, but to work with whatever catches your fantasy or imagination.

The final stage of the group simply involves members of the group sharing their responses. As usual, it is up to the individual how much they want to share, because even here personal material may surface. It does not matter if there are wildly different reactions to the same part of the painting: contradictory responses are not necessarily mutually exclusive, as conventional notions of finding meaning assume, but can sometimes make a cumulative sense. Of course, many of these processes can be seen in ordinary art therapy groups; but my impression has been that people experience a sense of freedom and relief (relative to the inhibitions of a group situation) in using a 'foreign' image as their focus.

### **Final Thoughts**

In what senses might this kind of work be called 'therapeutic'? One answer is that this depends on how far therapy is something that is confined to a clinical setting or a conventional therapeutic relationship, or whether it can be said to take place in, for example, reading a poem. The latter is a familiar part of a 'depth psychology' perspective. Personally I follow James Hillman's lead in looking at therapy — and especially art therapy, with its focus on the image — from an imaginal rather than just a problem-solving or psychodynamic perspective (Hillman, 1970) and in believing that therapy in the sense of 'soul-making' is certainly not confined to strictly clinical situations. Soul experiences are experiences that take us beyond our selves and our individual histories into something deeper and less personalised. And surely this can be done by our encounter with a work of art that has some imaginative depth (as opposed to one that is oriented more towards controversy or purely conceptual challenge).

A leading figure in archetypal psychology, in which image is central, Hillman has recently published an even stronger statement about what therapy is in aid of, which is surely relevant here:

*Although many aims are possible, and different schools and therapists will have different intentions, I engage in art therapy neither directly for art, not directly for the patient, nor directly for the emotion.*

*What else is there besides the art product, the patient and the emotion?*

*Imagination. Since art therapy activates the imagination and allows it to materialize — that is, enter the world via the emotions of the patient — therapy by means of the arts must take precedence over all other kinds (Hillman 1992, xiv).*

This can be seen as a therapy not just through, but of the imagination. In my experience, it is recovery of the imagination that many of our patients stand in need of (and by that token, it is what frightens them about 'art', in or out of a therapeutic context).

From this point of view, then, imaginal work with a single work of art comes into the same category as similar work with literature, myth or specific archetypal motifs (such as those mentioned on p. 1). Apart from the psychological resonances that such work may have for any individual member of a group, there is also the more general benefit of enabling practice in the handling of visual images from this perspective in a context that feels relatively safe and non-intrusive. In my experience so far, which includes running this workshop a dozen or more times in a variety of settings, people involved with the world of therapy have found this a useful and comparatively safe experience. It would be interesting to see how such work could be incorporated into Art Therapy or Analytical Psychology training, but, as I have tried to show, its relevance is far wider.

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### **Biography**

David Maclagan is a writer, artist, lecturer and retired art therapist, living in West Yorkshire. He has published numerous articles on Outsider Art, art and imagination and *psychological aesthetics* (the title of a book published in 2001 by Jessica Kingsley). His latest book *Outsider Art: from the margins to the marketplace* (published in 2009 by Reaktion Books). He also writes for the web journal *Escape into Life* and is a trustee for *AiM*, a charity providing studio space in Huddersfield for people with mental health problems.