

The Art of Adlerian Art Therapy

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The components of art therapy are few and flexible. The process is basically unstructured, intuitive, and spontaneous while concomitantly enriched by the therapist's chosen philosophical-psychological approach. The often unpredictable outcome of an art therapy session obviates the need for a preplanned course of action. This flexibility does not imply the absence of goals envisioned for a particular patient or group of patients; merely that the approaches utilized in the achievement of these goals move through continuous growth and variation.

One essential of art therapy is, of course, the unlimited supply of various art media. Material such as clay, paints, colored paper, pastel chalks oil crayons, colored pens, etc., are available to the patients at each group session. A work room which is spacious, cheerful, and well-lit offers an environment conducive to creative expression.

Ideally, the art therapist is an individual who possesses a background in art and psychology. She had a knowledge of the creative experience and an acute interest in exploring how the creative act may benefit human functioning.

The role of the therapist is defined by the immediate need of the moment. She becomes accustomed to meeting each unique situation spontaneously, with few preconceptions. The advantage of being supportively in tune with the mood and movement of the group is that she naturally provides a strength and order. The group is then free to develop its own self-styled structure and purpose.

The Adlerian art therapist shares with her fellow Adlerians, the tasks of a democratic model. She is a nonreinforcer of useless goals, a gentle anticipator, and a reflector of attitudes and feelings. Through an attitude of optimism, the use of humor and encouragement, she demonstrates her own expression of social interest within the therapeutic setting. The most basic commitment of the art therapist who is working with discouraged individuals is the consistent demonstration of her interest and faith in them. An attitude

**This presentation is the result of three and one-half years of invaluable training in Adlerian Art Therapy with Mrs. Rudolf Dreikurs. She has been not only an adept teacher, but a source of creative inspiration and a dear friend as well.*

which says to the patient: "I believe in your human dignity and in your ability to function as a member of this group," is of infinite value. The feeling that they are understood by the therapist is also of supreme importance.

An art therapy group is most effective when there are no more than fifteen members. A larger group forces the therapist to spread herself too thin, the "small group feeling," and the benefit of individual attention is lost. The session is generally opened with a warm-up discussion which serves to create an immediate unity between the patients and the therapist. The focus of the discussion may be almost anything as long as it promotes an atmosphere of sharing, mutuality, and equality. The therapist stimulates interest in the activity by inviting the group to explore the rationale behind it. She engages the group in issues which relate to the process. For example: "Why do you think we use colored paper instead of white?" "Why do you think we play classical music during this activity?" "What experiences do you recall about painting as a child?" "What is your definition of a beautiful work of art?" "What is your definition of an artist and what is creativity?" "What do you hope to get out of art therapy?" Thus, by picking up cues from the group members, the therapist innovates her approach from the warm-up talk input. An immediate sense of belonging and interaction is encouraged by the discussion. It gives the group the feeling that it is their project and that their opinions are taken seriously, rather than a treatment to which they are being subjected. It also allows them the opportunity to verbalize their fear of taking on a creative task for which they do not feel qualified. It is at this point that patients are reassured that they need not possess any real interest or ability in art in order to "qualify" for art therapy. The therapist emphasizes that she does not expect them to be artists, learn art, or have any concern for the outcome of their paintings. She relates that the goal of the activity is self-expression and that everyone is capable. When the patients learn that there are no expectations other than to participate in a "fail-safe" activity, they usually respond.

A situation comes to mind of a patient who protested that he could not paint well because he knew nothing about art. The therapist's reply was: "Well, if you don't know anything about art then you are not expected to paint well, so paint 'un-well'. You are entitled to paint a 'no-talent' picture." Thus, the therapist counteracts the patient's tendency to feed on his inadequacies. The patient will frequently focus upon and use his defects to minimize his participation and inhibit his creativity. The therapist works to break the maladaptive pattern by providing the responses, experiences, and atmosphere which defeat the goals success and failure.

After the opening discussion, activity begins with the group's preparation of the art materials. The process of preparation is an important task when carried out by group members because it reinforces the "group project" feeling. It serves to provide a sense of responsibility, accomplishment, and usefulness.

Active participation in the project is the next focus of the session. There are many different types of painting activities, such as group rotation, group mural, partnership paintings (where the therapist pairs up the perfectionist with the individual who does not tolerate structure), tearing and pasting (especially useful for agitated patients), individual assignments, etc. The complete description and rationale behind the use of these projects would easily constitute another paper. However, each activity has a specific purpose and can achieve a desired effect. The climate of the group must be sensed by the therapist in order to determine which project would be most beneficial.

Regardless of the choice of activity, there are certain moments during the creative process when it is helpful to offer suggestions such as: "concentrate on the rhythm and movement of the music," or "stroke the color on the paper in time to the beat." Such suggestions serve to focus the attention of the group on the immediate utilization of the three senses involved in the activity: the visual, auditory, and tactile sensations. Another suggestion might be: "if you are feeling anxious, worried, depressed, or angry, keep feeling that way. In fact, work hard at it and put that feeling down on your paper." This is Dreikurs' antisuggestion wherein the individual is advised to increase his symptom. It is expected that certain patients in their efforts to concentrate on their symptoms, paradoxically become less able to manifest them.

During a session, as the group shares in a creative endeavor, the experiences of each member become interdependent. The group participation, the interrelating, and the sharing of a project, all demand a certain degree of cooperation, communication, task-centeredness. It is these very qualities which precipitate and perpetuate an effective process of resocialization. For isolated, withdrawn, and discouraged individuals, the group experience is priceless because it stimulates a multitude of actions, reactions, and interactions. Any process which re-captures that natural creativity and encourages its uninterrupted flow, cannot help but be beneficial.

Much is learned about the person's movement through and attitude toward life, by observing his uninhibited activity in the work room. The therapist does not passively scrutinize the individual's activity, as this may inhibit his functioning. If a situation demands particularly close observation, the therapist will be alert to it, even though she is participating as a fellow-worker in the activity. An awareness of how the group members are operating (the movement and expressions of verbal and nonverbal communication), indicates to her which individuals are functioning in a repetitive or otherwise maladaptive manner. She identifies those who do not complete tasks; or who become easily discouraged and frustrated; or who must always be in charge and control others. When people reach a dead end in their painting the therapist intervenes in order to redirect and rekindle interest in the activity. She sometimes assumes an active-directive role and may discuss

what a patient is producing or request that he title his work of art. She may also assign or suggest a project for a particular individual when the situation indicates this approach. The response of the patient to this task, the manner in which it is carried out and the appearance of the end product is often invaluable in disclosing personality patterns and psychotic thinking. Frequently, the therapist will request that the patient tell a story about his, or even someone else's work. This use of fantasy will often reveal a patient's goals and private logic, as well as leading to worthwhile interchange of dialogue between patients.

The group is encouraged to spontaneously create anything they wish; to explore their fantasies and thoughts while permitting their feelings to flow freely from the mind onto the paper. They are reassured that their creations will not be judged or graded. It cannot be emphasized enough, that in art therapy individuals are able to experience accomplishment without concern for the status of their finished production. The addition of appropriate music to the activity appears to motivate and nurture the fluidity of this process. Music also facilitates the formation of additional ideas which lead to new creations. Experimentation is encouraged, and should the individual decide to throw away his painting; it is his privilege to do so without fear of admonishment by the therapist.

Frequently, individuals will record traumatic events that occurred in their past. Once the experience is recorded pictorially, it may lead to a discussion of the incident which allows the patient to feel a subsequent sense of relief.

After the pictures are hung on the wall (by the patients) a group discussion focusing on the activity is held. Again, the therapist directs questions to the group members such as: "How do you feel during the painting session?" "What were you most aware of as you painted?" "Did you feel tense at any time during the activity?" "What do you think you were doing to make yourself feel tense?" She may guess at the goals of certain individuals, e.g., "Could it be that you were tense because you were concerned that your painting was not 'good' enough?" (Patients often criticize and measure their output.) If the therapist's inquiry is confirmed by a "recognition reflex," nod of the head or verbal agreement, then the therapist can pursue the goal of perfection further with the individual. She may, for instance, relate to the patient how he uses this behavior to defeat himself in other areas of his life, or to avoid things. She attempts to break the pattern by making a contract with the patient for the following session that he "catch himself in the act" of judging, and then allow himself to enjoy the activity by doing it—despite his felt lack of talent.

The discussion involves each patient in a round-robin approach as the paintings are reviewed. Other questions by the therapist may be: "I would like you to title your picture (or Joe's picture)," "What if anything, does your title

tell you about yourself?" "Would you care to analyze your picture, or tell us what you had in mind while doing it?" "What did you learn about yourself from today's session?" "How could you apply what you have learned from today's experience to other areas of your life?"

Often, a member is requested to select three paintings that mean the most to him and describe why. The therapist will turn to the group and inquire: "What does Jane tell us about herself (or her mood) by her selections?" This encourages the development of insight, perception, and identification within the group. Here is the hope that the members will use their skills and their empathy to help one another long after the group has ended.

Thus, the ultimate task of the discussion is to deal directly and indirectly with the patient's behavior; to pay attention to their expressions of private logic and goals of superiority; to reflect to them how they operate in situations; to show them that they do make choices in the way they think, act, and feel; and finally, to teach alternative methods for dealing with the problems of living.

By reacting spontaneously to the demands of the moment the therapist innovates and creates a variety of techniques by which she utilizes the painting activity in order to spark verbal communications. For example, when group murals or partnership paintings are assigned, they test many social behaviors, such as nonverbal communication, initiative, leadership qualities, the ability to follow another's lead, the degree of perfectionism, and the need for structure. These activities naturally lend themselves to examination by the members of the group.

At the close of the session the therapist may ask the members: "Do you feel any differently right now than you did when you first entered the work room—if so, how?" The group cleans up and the session, having lasted anywhere from two and a half to three hours, is completed. The therapist fills out a patient behavior report which was designed (by the author) as a method by which to evaluate the patient's progress and assess his functioning in art therapy.

Art therapy is utilized diagnostically as well as therapeutically. During the activity, as was noted earlier, the whole gesture, verbalization, and attitude of the patient is observed. After the session, the productions reveal significant diagnostic material, e.g. psychotic patterns, circular thinking, symbolic meanings, the emotional climate of the individual, and his immediate concerns.

Verbal communications can oftentimes mask what is inside of the individual, pictorial communication is generally less censored, more spontaneous, and transparent. It is a valid and lucid depiction of fears and fantasies which the person may not be willing to talk about. Thus, using imagery and

color as the vehicle, the individual presents problems of which he may not be consciously aware, or feelings which he is attempting to conceal from others. This sometimes occurs in the case of an individual who has attempted to produce a "very happy" picture. His efforts to conceal his true feelings are unsuccessful. His "cheerful" illustration betrays him with its underlying rigidity or anxious and chaotic quality. In many patient productions a certain redundant use of color, an image which is obliterated, an unintended self-portrait, or any "slip of the brush" can be revealing.

When portfolios of the patients' work are reviewed, it becomes apparent that each portrayal of an individual's cognition is made possible by the preceding one. New levels of self-expression may represent the resolution of past problems, or the disclosure of new ones.

Another function of art therapy is its great value in the venting of aggressions. It is quite well suited to the acceptable acting-out of hostility, agitation, anger, or destructiveness. People often experience a sense of relief in being freely permitted, and at times encouraged, to destroy, mess-up, or splatter their creations with paint. Thus they direct their aggressiveness through appropriate channels.

Through art therapy, the therapist is able to achieve communication with individuals of diverse cultures. By its very nature, art therapy provides a universal, natural form of expression which does not rely upon language. In offering a tangible reflection of the individual's innate ability to create something where once there was nothing; to formulate the solution to a problem (in the completion of a production); to gain recognition for a task well done—all these allow art therapy to become a rich source of encouragement. The active decision making process required of the patient is one of the more positive aspects of this therapeutic approach. Even if only in deciding which materials to use, what projects to be done, how it is to be approached, etc., the individual is continually exercising a tool which is necessary to a fully functioning human being: choice-making.

The therapist views the creative process as being analogous to mathematical problem-solving. In each instance, new information is arrived at based upon conclusions previously attained. All cognitions are then applied to yield a solution to the problem.

I would like to end this discussion of art therapy with the following thought: Human beings experience fullest expression of their potential and a profound sense of satisfaction when deeply committed to the use of their creativity. The act of creation makes certain demands upon the creator. He must summon from within, the necessary elements of self-motivation, reason, individuality, imagination, awareness, and assertiveness. The creator is not a passive soul. He must actively consider alternatives and make choices which will enable him to meet the creative task at hand. He must tolerate the

ambiguity of an unfinished production—an unresolved problem. The completed creation provides its maker with a tangible reflection of his own vitality. It offers self-acceptance through productivity and usefulness.

Finally, the creator creates not only for, and by himself, but, ideally alongside his fellow human beings with whom he can then become tied and unified.