Drawing the Line

Art Therapy with the Difficult Client

Lisa B. Moschini

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This book is dedicated to the treasures of my youth:
to my father, the late Giuliano P. Moschini, for you held my hand;
and to my mother, Josephine, for you taught me to be myself.
Together you provided a precious balance of wisdom, love, and compassion.

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Who is the difficult client? Often, therapists classify these clients according to groupings:

- Children
- Adults
- Criminals
- Psychotics
- Borderlines

Or perhaps just subcategories of these groups:

- Children who refuse to talk
- Adults who don't accept responsibility
- Criminals who rape
- Psychotics who regress
- Borderlines who both love and reject

The difficult client is frequently defined on the basis of the therapist's beliefs, morals, prejudices, fears, and worries: a self-concept of the therapist projected onto the client or a label that protects the therapist's feelings of helplessness when he or she is faced with a client who is resistant to the process of therapy. As people, we want to be liked and well regarded; as therapists, we want to be effective. Yet the difficult client does not engender those feelings. Instead the interaction is often distant, demanding, and frustrating.

Drawing the Line: Art Therapy with the Difficult Client is an examination of how the blending of expressive arts and psychotherapy can both support and enhance the professional in his or her clinical practice.

I have endeavored to write this book with both the mental health professional and the novice in mind. Therefore, I explain not only the fundamental principles and techniques of art therapy but also how to effectively merge the tradition of art psychotherapy with that of conventional verbal therapy.

Designed as a look from within as well as without, this book offers practical and theoretical information on defense mechanisms; developmental stage theories; projective testing and drawing analysis; art therapy directives; and case histories from individual, group, and family art therapy. Additionally, it is filled with voices and artwork taken directly from my fourteen years of experience as a licensed marriage family therapist with a master's degree in clinical art therapy.

The difficult client requires a specialized approach, and it is my hope that the methods offered herein will benefit both the therapist and the client in the therapeutic process.

Lisa B. Moschini, MA, LMFT

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INTRODUCTION

A Difficult Client Defined

Drawing the Line: Art Therapy with the Difficult Client is intended for all who have felt frustration when faced with a resistant or difficult client. In my experience as a practicing therapist, supervisor, and lecturer I have had the opportunity to listen to a myriad of clinicians discuss this very topic. What defines the difficult client? Is there a set of criteria that can be applied to the whole of the population? One common definition that fits each individual?

In fourteen years of clinical practice that singular definition has remained elusive. Instead, what I have found is a common reaction or affect-laden response centered on the therapist's exasperation. A feeling of helplessness sometimes embedded in anger, at other times couched in pleas for assistance. A threat to the clinician's own confidence. At this point, we have become not only the transference object but also an object of countertransference: A response to the patient-therapist interaction based on emotional feelings.

So now the question takes on further complexity. How can we as clinicians provide opportunities of growth for both our clients and ourselves?

One answer is art psychotherapy.

As a psychodynamic therapist I believe development is epigenetic and take note of the unconscious processes that drive the individual as he or she maneuvers through his or her environment. As an art psychotherapist, I have learned to interpret these unconscious and repetitious symbols. Thus, the visual experience takes the place of language as a nonverbal means of communication. A picture always speaks the truth. Regardless of age or

ability, art never lies. It may reveal only one side, one moment within the here and now, one facet, but that facet is the truth.

To that end I invite each reader to participate in a brief and very personal expression, for without looking within ourselves how are we to help others? Without understanding there can be no growth.

To begin you will need two sheets of white drawing paper preferably no smaller than 8" × 10", a set of markers, a sheet of lined paper, and at least 30 to 45 minutes of uninterrupted time. I now ask you to find a safe, quiet, and comfortable area where you can complete the following assignment.

1. On the first sheet of paper draw the best person that you can. Make certain that you draw the entire body, not just a floating head or a stick figure.
2. Once that is complete, name your person by writing the name on the paper.
3. On the second sheet of paper draw the best opposite-gendered person (i.e., if you drew a male, now draw a female) you can. Make certain that you draw the entire body, not just a floating head or a stick figure.
4. Once that is complete, name your person by writing the name on the paper.
5. On the lined paper answer the following questions about your drawings:
   a. Describe each figure; be as specific as possible. Include their likes, dislikes, pet peeves, interests, goals, vocation. Imagine you were talking to a friend about these people—what would you say?
   b. How did you feel while drawing? What were you thinking?
   c. Write something else about each person.
   d. Looking at the drawings, what do you think?

At this juncture, as awkward as it may seem, take your drawings and the lined sheet of paper and place them in a safe area. We will be discussing them in detail in Chapter 3, and you will retrieve them at that time. However, if you cannot wait, feel free to jump forward to Part 2 and join me in assessment procedures.

In this book I introduce the clinician to the power of art and its use with a difficult client. Consequently, I will focus on the theoretical constructs that form the basis of psychotherapy, practical solutions for assessment and treatment, and case history reviews (in all instances, identifying information has been changed to protect the clients). This book will offer the reader, regardless of your training or experience, a direction to take when verbal therapy has failed and will allow you to see through walls built over

many years. I hope that it will also serve as an adjunct to your work with any number of clients, outside of those outlined in this book, and in so doing offer creative venues into the unconscious, where therapy can blossom.

In the end, how do I define the difficult client? The difficult client lies within each of us—our beliefs, morals, prejudices, fears, and worries—our self-concept.

Ultimately, the definition of a difficult client comes from a difficult source—from within each of us.

In the Beginning

Pictures, symbols, signs—that was the language of man. Long before words held meaning we communicated through art. On the walls of caves, images of animals were drawn one over the other. The Egyptians rendered living stories within their tombs and temples, while the Greeks depicted emotion on painted pottery. Even written language is based on the use of symbols. "Writing . . . was originally an independent language, as it has remained to this day in China. Writing seems to have consisted originally of pictures, which generally became conventionalized, coming in time to represent syllables, and finally letters" (Russell, 1921, words and meaning section, para. 5). On and on art symbolized an individual's thoughts, feelings, realities, and fantasies.

Art has always held a power over humans—the power to connect, to cleanse, and, lest we forget, to intensify. As an example, a drawing of a hand would be identified by all as a hand, even though the language might be different. Yet the spoken word can have numerous definitions. Chase (1956), using the above example, writes, "Take the word "hand." In 'his hand' it refers to a location on the human body, in 'hour hand' to a strikingly dissimilar object, in 'all hands on deck' to another reference, in 'a good hand at gardening' to another" (p. 260). Thus, over time language has become attached to what we have come to understand. It shifts, it changes, it's denied, it's distorted, and ultimately it can be exceedingly deceptive.

As we discuss the intellectualization of language, this is the point where art therapy flourishes. In a moment it breaks through our very human defenses and allows us to see within the recesses of our psyche. Let's take the phrase "A picture is worth a thousand words" and apply it to a self-portrait. Figure I.1 was rendered by a preteen who was instructed to paint a self-portrait using only shape and color (see disk to view in color).

One does not require words to feel this child's pain. A darkened, red figure, a floating headless body with open mouth, cries into the abyss. The

I.1 Self-Portrait

symbol overwhelms in its intensity. The product is permanent. Reviewed without distortion it is a memory recorded for all to see and revisit, a painting that allows us to feel and experience another's reality. This rendering was the child's symbol for a sexual assault. It rose from her need to express a traumatic experience. These thoughts, so very difficult to communicate verbally, were symbolized safely through the art.

As a therapist, think of the times you have expected your clients to discuss intimate, embarrassing, or traumatic secrets. Would you be willing to share one of yours with a professional? A stranger? In detail? Yet that is exactly what we request of every new client. The beauty of art therapy lies in its ability to break through the verbal defenses acquired over a lifetime. Art, being a less customary form of communication, allows the unconscious to break forward. Thus, material in any expressive or evocative therapy that is important will repeat.

> Symbols communicate inhibitions; they often evoke memories repressed in earlier life. At the same time they address a motif that points to the future. The symbol, as the focal point of psychic development, is the foundation of creative development in a therapeutic process. (Kast, 1989, p. 27)

In times past, man symbolized everything in order to make sense of the world. Lacking scientific knowledge, humans relied upon primeval beliefs. Fiske (1870) writes:

> In the original conception the world is itself a gigantic tortoise swimming in a boundless ocean; the flat surface of the earth is the lower plate which covers the reptile's belly; the rounded shell which covers his back is the sky; and the human race lives and moves and has its being inside of the tortoise . . . they [Indians] regard the tortoise as the symbol of the world, and address it as the mother of mankind. (myths of the barbaric world section, para. 33)

These primeval beliefs stretched across continents and formed common legends in places where people had no contact with one another. Fiske has written extensively on this subject, and here I will outline one example. He notes that the legend of William Tell was found among those in Denmark, Norway, Finland, Russia, Persia, England, Iceland, and India. He further goes on to relate that the Turks and Mongolians, despite never having held a book, could recite the legend intact in relation to one of their own tribesmen. As though this were not enough, he outlines a poem of Farid-Uddin Attar, born in 1119, that revolves around a prince who shoots an apple from the head of his page. This phenomenon correlates to what Freud called "archaic remnants" and what Jung, taking one step further, identified with the term "archetypes" or "primordial images." In its most simplistic definition an archetype is made up of basic symbols or images without a known origin. These innate ideas may vary in content, but their basic pattern remains intact. Edward Carpenter (1920), in his book *Pagan and Christian Creeds: Their Origin and Meaning,* agrees wholeheartedly with Jung and states, "Deep, deep in the human mind there is that burning blazing light of the world-consciousness—so deep indeed that the vast majority of individuals are hardly aware of its existence" (rites of expiation and redemption section, para. 4).

The fundamental importance of these collective images will become all too clear when we discuss assessments and assessment procedures. However, at the present time suffice it to say that "symbols address our intellect much less than they do our universal perspective and our relatedness to the invisible reality that transcends us" (Kast, 1989, p. 13). They lie in our dreams and in our art. Symbolism is our guide to the truth.

Interaction Is the Key

Anna Freud (1946) writes, "The technique of translating symbols is a short cut to understanding, or, more correctly, a way of plunging from the highest strata of consciousness to the lowest strata of the unconscious without pausing" (p. 16). As such, the art production allows the therapist to respond to the covert, as well as the overt, aspects of a client's psyche.

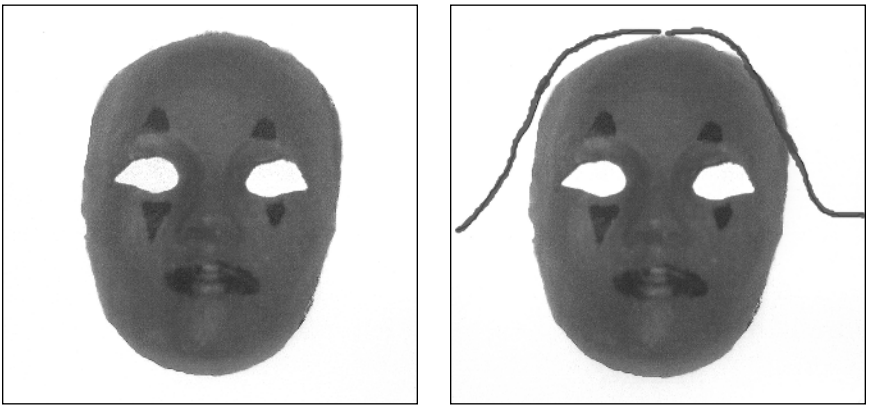
An example is the mask completed by an adolescent male. This client's history included physical abuse as well as severe neglect before he was in preschool. In describing his home life he stated, "It was a hell hole." By the age of seven he had been removed from his home environment and placed into foster homes, group homes, and residential treatment settings. As a "multiple failure placement youth" he was grandiose, hostile, and impulsive. His mistrust, coupled with his intelligence, had only provided a forum for manipulation in verbal therapy. In an effort to break through these well-honed defenses he was given a papier maché mask and asked to paint on the outside "What I show the world."

The left side of Figure I.2, completed in the first session, had the client mixing a rust color carefully and meticulously. In our second session he stated he needed to "add" to the mask and proceeded to spray the front with red glitter spray (right side of Figure I.2) and add two strands of hair. Immersed in the process, he never spoke.

These additions took the entire session. Quite honestly, the red glitter spray added nothing to the final product. Yet this attention to a detail that produced no noticeable effects was an essential symbol. It stood for something exceedingly important; was it something he did not want others to see? Perhaps something he wanted to reveal? Or something he couldn't reason?

In any event, it was a personal symbol.

In the third session I requested that he turn the mask over and on the inside paint "What I hide from the world." His reaction was to fill the inside with black paint (left side of Figure I.3). Interestingly enough, it was in that session that I first noticed the client's wardrobe, even though I had seen



I.2 Outside Mask: Sessions 1 & 2

I.3 Inside Mask: Sessions 3 & 4

him every day for many months; like the mask, he too was layered in black. In a nonconfrontive and very curious manner I pointed this out to him, and a casual discussion ensued for the remainder of the session.

In the fourth session he arrived wearing black jeans, with a light-colored shirt. The right side of Figure I.3 depicts the mask completed at the session. Spontaneously, he began to discuss the striped colors, yet it must be noted that his explanation was detached and intellectual. He described the coating of red glitter as happiness (note that this continues to be a nonvisible color); the darkest portion (forehead) equaled his anger, and just below (eyebrows to pupils) a light stripe of rust was defined as a state between happiness and hurt, while the lower portion of the mask (eyes to chin) symbolized sadness. It must be kept in mind that even though the completed mask has striped colors to denote a myriad of feelings, the base color on the inside is black. Anger.

Even though the client's interpretation was intellectualized, from a symbolic and metaphorical standpoint every nuance has meaning. In this project not only do the colors symbolize emotions, but how the color is applied and where are equally important. The red "over-coating" of glitter (red equaling happiness) is not visible within the completed mask, nor is it visible within this client. The black anger, on the inside, not only pervades his "inside" but also is left in the forehead region, where we think and reason and where he carried his anger—the memories ever present.

Attempting to make sense of his life situation, wishing for the ideal childhood, yet faced with his identity as a "failure," he inevitably lashed out in aggressiveness. In addition, on the outside of the mask (Figure I.2) black triangles are placed around the eyes. Is all this client sees tainted with anger? The lower portion of the mask (right side of Figure I.3) represents

his sadness and is found in the mouth area. An apt placement, for instead of experiencing the sadness he propelled it forward in a passive-aggressive manner so others were left to feel bewilderment and hurt. A comfortable holding environment so the client could escape meaningful interactions. The "in-between" feelings are inconsequential and difficult to find between these two overbearing forces.

All said, an individual can intellectualize verbally, but an art production opens the window to unconscious meaning. In this project no direct interpretation was made of the underlying process, yet this information was utilized to help the client produce work that expressed his emotionally laden material while reassuring and supporting his fragile sense of self. "Particularly useful are methods which encourage verbalization, or substitute acting-out of the anger. . . . His ego must have time to gradually abandon its dependent position and again take over full responsibility" (Sargent, 1974, p. 150). In Part 3 we will revisit this client as a case study utilizing art therapy coupled with the mutual storytelling techniques of Richard Gardner.

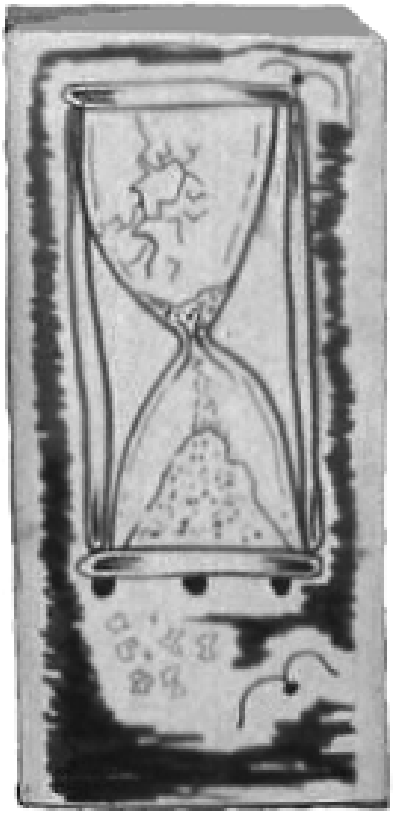
Beyond individual therapy lies group therapy, yet for many therapists residential, or inpatient, group therapy proves exceedingly challenging. As part of a larger system these groups are often lost within the institutionalized setting. Additionally, training for group inpatient therapy at the university level is often lacking, which leaves the clinician to rely on training that may not encompass a focus on interpersonal, here-and-now, interactional learning. Yalom (1983), a master of group process, outlined three major options with an inpatient population: to focus on (1) the here-and-now, (2) the then-and-there problem, or (3) a common theme. He advocates the here-and-now focus, which helps clients to observe their own process through group interaction. He further describes the problems encountered in a then-and-there group, which range from one person's monopolizing the hour (with little success in solving the issue) to a grousing session that wastes precious therapeutic opportunities. He defines a common theme discussion as an interesting personal or issue-oriented conversation that leaves members with a lack of mastery over their individual concerns.

In short, within a content-focused group the therapist has a tendency to neglect the process, and it is through these changes that therapy can move forward for both the individual and the group. Words, which can be denied and shaped into a favorable light by a manipulative client, are useless when faced with an art production.

One such example was an adult male with a history of auditory hallucinations that began when he was a teenager. With a below-average intelligence, he compensated through bravado. Extensive testing revealed that

he showed himself in a positive light, while experiencing a great deal of paranoia, rumination, and perceptual disturbances. Results also suggested the presence of anxiety and poor emotional resources for coping. In groups he would sermonize to the other members and was either idolized or ignored. His verbal statements were a combination of grandiosity and nonsense, yet to an institutionalized client he appeared confident and worldly. At the time of this project he had less than one week left in the group, as he had been released. Until he completed this drawing (Figure I.4), the client's discussion on his discharge was focused on how he had achieved his freedom and how others could learn from his example.

The group was instructed to "Draw a feeling of your choosing" on the fourth side of premade boxes. Figure I.4 represents the client's completed image. Before I discuss the project, look at it. Does it appear calm? Anxious? How does it make you feel? Look closely at all the elements. What



I.4 Short-Timer's Box

does it say to you? All these questions need to be asked if the group members are going to learn to observe their own processes.

The steps that the client took to finish this drawing are as follows: He finished the hourglass quickly. As he sat and waited for the other members, he slowly added to the picture. The first addition was the broken glass in the upper portion; note the glass shards at the base. He then drew two birds (upper and lower right) that he called doves. As the drawing progressed, he added the anxious squiggles that border the box.

When it was his turn to speak, he proudly explained that this drawing represented his "short time" in the facility. The "doves" represented his upcoming freedom; rendered in the color black, these doves of peace appear more like seagulls, scavengers. He offered no further elaboration. The group fell silent as I asked for feelings on the drawing. It only took one individual to point out the broken glass shards and the brown border before all were agreeing that the image looked anxious and fearful. The client, thrown off guard, attempted to dismiss and minimize the group's input. However, by stepping back from his defensive position and observing his own art production, he eventually spoke of his fears—without sermonizing, without bravado—just as a person afraid of a community that had not embraced him for numerous years. Yalom (1983) states:

> One elementary but important goal of the inpatient group is that patients simply learn that talking helps. They learn that unburdening and discussing their problems not only offers immediate relief but also initiates the process of change. Through the therapeutic factor of universality . . . one may learn that others are very much like oneself, that one is not unique, either in the wretched feelings or thoughts that one has, or in terms of the events of one's own life. To learn, often for the first time, that one's experience is, after all, human and shared by many others is enormously reassuring and one of the most potent antidotes to a state of devastating isolation. (p. 56)

In this vein the art can prove to be a most tangible visual, where feelings can be explored and interactional styles discussed, a permanent record available for all to see.

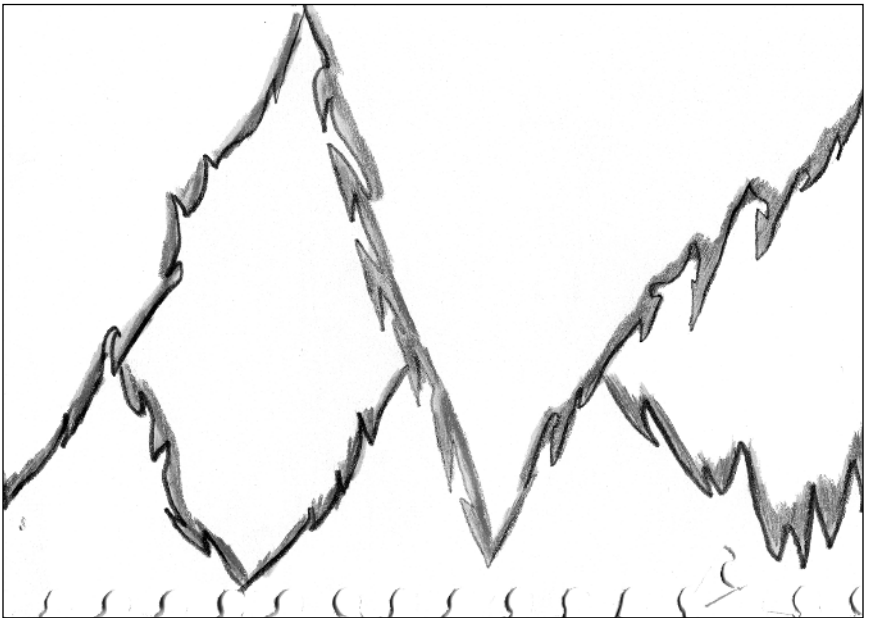
Developing the Language of Metaphor

One cannot explore consciousness, or self-awareness, without asking how we arrive at such a state. It is widely believed that the portion of our personality that dictates our thoughts, memories, feelings, impulses, and desires is built upon a sequence of phases. As infants we respond on a pri-

mary level of consciousness, which mainly encompasses sensations, instincts, and movement. As adults we become increasingly free to experience memory, language, and symbolization. All told, as humans, we must master specific developmental tasks. Regardless of whether you subscribe to a psychosocial model, a psychosexual model, or a model that encompasses intellectual development, the stages of human life must be solved. Thus, the emerging personality forms our identity. Do we trust? Are we self-absorbed? Impulsive? Generous? Do we thrive in our daydreams? Have past humiliations produced shame and guilt? Each answer produces who we are, the sum of ourselves. It is in this manner that we experience our external world.

It is this personality that grapples with outside pressures, copes with crisis, interacts in social situations, and builds memories that can be accessed through the conscious and unconscious. Jay Haley (1976) states, "The psychodynamic therapist as well as the behavior therapist is interested in metaphors about the past because of an assumption that past traumas lead to present difficulties" (p. 98).

An adolescent male whose identity is overwhelmed by memories of sexual abuse spontaneously drew an image of flames (Figure I.5) after a visit with his family.



I.5 Flames of Passion

In an individual session he completed Figure I.6. In this drawing he retreats from the home where the abuse occurred while the sky looms dark and foreboding. The flames reappear underneath his feet, and, unlike the beacon of light he heads toward, these flames offer no illumination, only engulfment.

Figure I.7 is a self-portrait drawn by a middle-aged male. At the time of this rendering he had been hospitalized numerous times for schizophrenia.

Expression in the language of metaphor does not require that a client

I.6 Memories of Sexual Abuse

I.7 The Winds of the Sun

speak in logical or even rational ways. Of course, in reality, fire does not engulf from below the sidewalk, yet in Figure I.6 the flames occupy a third of the page with their force. How can someone describe schizophrenia when they themselves are schizophrenic? Figure I.7 clearly demonstrates the feeling behind the disease without the use of words. Jay Haley (1976) characterizes this type of communication as analogic. He states, "In an analogic language each message refers to a context of other messages. . . . Included in this style of communication are 'play' and 'ritual,' as well as all forms of art" (p. 92).

It is this process that the Mexican artist Frida Kahlo utilized. The traumatic experiences of her childhood and young womanhood were expressed through her self-portraits, masks, and paintings. Each image explored her pain and trauma. She is not alone: Numerous artists have utilized the safety of creativity to express their fears and thoughts. Things were felt before they were spoken, and it is through art that all manner of client can communicate.

From family mural drawings to polarities, art therapy directives offer an analogic portrait of an individual's life. These portraits become artistic metaphors, examples of the here-and-now.

> When symptoms are seen as metaphors, the question is whether the metaphor has changed. One might use projective tests before and after therapy to determine changes in metaphors, but the reliability of these tests is doubtful. A clinician would not stake his or her reputation on the outcome of a projective test, partly because the influence of the tester enters into performance. . . . For example, a woman is likely to give a different response to an inkblot if she is talking to a tester than if her mother is administering the test. (Haley, 1976, pp. 104–105)

However, if a blank piece of paper is offered and the "tester" is removed from the process, much as in art projective testing, then the aforementioned concern is significantly diminished. This allows the clinician to look within the mind of the client without the test developers' preconceived ideas, theories, or beliefs coming into play.

The use of projective drawings, especially the House-Tree-Person assessment, has been in practice for many years. From Florence Goodenough's Draw-a-Man assessments to Leopold Caligor's sorely neglected Eight-Card Redrawing Test (8CRT), interpretation of artwork has been refined and evaluated and, as such, has become an established procedure for many practitioners in their assessment interviews. Camara, Nathan, and Puente (2000) have stated that projective testing assessments are some of the tests most frequently administered by clinical psychologists. Karen Machover (1949) states, "The figure is, in a way, an introduction to the individual who is drawing" (p. 35). She further states:

> Again we repeat the basic assumption, verified repeatedly in clinical experience, that the human figure drawn by an individual who is directed to "draw a person" relates intimately to the impulses, anxieties, conflicts, and compensations characteristic of that individual. In some sense, the figure drawn *is* the person, and the paper corresponds to the environment. This may be a crude formulation, but serves well as a working hypothesis. The process of drawing the human figure is for the subject, whether he realizes it or not, a problem not only in graphic skill, but one of projecting himself in all of the body meanings and attitudes that have come to be represented in his body image. (p. 35)

In short, when we draw, we do not reproduce one particular characteristic (e.g., a body image or facial expression) but a composite derived from many occasions, impressions, and memories. Therefore, the focus of art therapy is first on the experience and then on the understanding. In this manner the discovery becomes less intellectual and increasingly personal. Children, unlike adults, have an innate ability to symbolize their problems through play. In time, their displaced symbols become regrouped into

themes of mastery and provide relief. As adults, play is frowned upon, so our outlet is often dreams (both nocturnal and daydreams); however, these are not often remembered or easily discussed. So how can this vast store of knowledge, locked deep in the dungeons of our mind, be released?

Through art.

Art transcends all ages, all cultures, and all beliefs. All we have to do is listen to its message.

Things to Come

This book is divided into three parts: the first focusing on theory, the second on art assessment procedures, and the last on case histories. Each chapter utilizes art productions from group therapy, individual sessions, projective testing, children's free drawings, and family therapy to demonstrate the concepts discussed. In all cases, identifying information has been changed to protect the clients.

Part I explores and illustrates select defense mechanisms designed to protect the individual from anxiety as well as examining the norms of behavior through comparison of the theories of Piaget, Freud, and Erikson. Furthermore, it reviews the use of fairy tales, myths, and fables within a therapeutic context.

Part II focuses on the projective techniques of art therapy. Thus, it includes art therapy literature that has helped to systematize the analysis of drawings, a review of three art projective tests, exploration of assessment directives, a multipage listing of popular symbols, and case histories that illustrate how specific projective techniques are interpreted. Additionally, it offers a versatile listing of directives for use within an individual as well as a group setting framework.

As we turn from theory to practice, Part III walks the reader through four individual case histories of both adults and adolescents, four categories of interpersonal group therapy based on the theories of Yalom, and two highly effective family therapy directives.

As with all case histories within this book, the information concerning therapy and clinical matters is factual. However, the clients' personal information, including names (where applicable), dates, and places have been substituted to retain confidentiality.

The accompanying disk shows some art in color. When disk art duplicates figures shown in the book in black and white, the text callout notes this.