A CONSIDERATION OF TRANSFERENCE IN ART THERAPY*

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Virtually all art therapy is based in some variation of psychoanalytic thought. There is an important distinction to be made, however, between psychoanalysis as a method of therapy and psychoanalytic personality theory. While all art therapists indeed draw on that theory, only some art therapists draw on psychoanalysis for their methods as well. The preeminent spokesperson for the latter school of thought is the late Margaret Naumburg. Her most important work, *Dynamically Oriented Art Therapy: Its Principles and Practice* (1966), bears witness to her debt to Freud's recognition of the unconscious. Naumburg held that emotional problems originate in intrapsychic conflicts and "that man's fundamental thoughts and feelings often reach expression in images rather than words" (1966, p. 1).

Among the theoretical constructs of psychoanalysis that Naumburg subscribed to were the defense mechanisms of repression, projection, identification, sublimation, and condensation (1966, p. 1). She noted pictorial equivalents of these in her case studies. Naumburg implicitly accepted drive theory as well, although she did not deal directly with it in any of her writings.

In the realm of practice, the concept of transference was her most significant annexation of psychoanalytic thought. For Freud, the therapy was the analysis of the transference. For many of those art therapists who have come after Naumburg, transference remains a central methodological consideration, and the topic continues to generate debate.

Transference may be defined as a client's unconscious projection of feelings onto the therapist, who has come to represent a significant person, or an aspect of that person, from the client's past. It is a complex process in which aspects of the transference object's personality may be experienced in an inflated and distorted way because of the client's projection of intense, repressed feelings. The content of the projection is dually determined by the personalities and the actions of *both* the therapist and the client.

I shall consider in this paper the thesis that the promotion of transference in art therapy inhibits the therapeutic efficacy of the art process.

Transference in Art Therapy

Naumburg noted that the transference relationship in art therapy is considerably modified because —

> . . . with the projection of images, the patient, by means of free association, begins to understand more clearly the original objectification of his conflicts which may have begun in his earliest family relationships. (1966, p. 8)

The added benefit of art therapy, as noted by Naumburg, is that the patient develops an attachment to the art work, a "narcissistic cathexis." As the therapist encourages the patient to engage in free association with respect to the image, the patient in turn becomes more autonomous in the therapeutic process. "He gradually substitutes a narcissistic cathexis to his own art [for] his previous dependence on the therapist" (p. 3). At the same time, the therapist encourages this autonomy by withholding interpretation so that the patient begins "to discover for himself what his symbolic pictures mean to him" (p. 3).

Naumburg took the transference relationship for granted. Yet she also described it as a form of dependency on the therapist that is gradually overcome (p. 3) through the making of art that empowers the client to see more clearly the source of his or her problems. To simultaneously encourage transference and provide a process that distracts from its development poses a basic contradiction. The thread of this contradiction winds through art therapy to the present.

Naumburg claimed that the patient's active participation accelerated therapy. She was comparing art therapy with classical analysis, which in her era was generally a five-day-per-week endeavor that could continue for years, so it is difficult to know exactly how speedy her treatment was. In any event, her case studies indicate work that by present-day standards was long-term, continuing at times for several years. Long enough, certainly, for a transference to develop and perhaps be worked through. It should be noted that, like Carl Rogers's (1965) proposal of a client-centered approach, Naumburg's advocacy of client autonomy in the 1950's, when she was involved in her clinical work, was radical. Patients by

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definition were thought not only to be oblivious to meaning in their fantasy but to be highly resistant as well to finding out its origin. The question of resistance will be touched on later in this paper.

It was often Naumburg's practice, at least with adults, to have patients make art elsewhere and then bring it to the therapy session, where it, like a dream or other unconscious musing on the patient's part, was the object of free association and analysis. In this respect, Naumburg could operate in the style of her professed models: interpersonally oriented analysts such as Sullivan, Horney, and Fromm. But, when the client makes art in the presence of the therapist, as is standard practice today in art therapy, questions must be raised about the usefulness of transference.

The studio situation, with its attendant aspects of risk, self-disclosure, activity, and immediacy, is quite different from that of psychoanalysis. The rigorous limits of the classical psychoanalytic situation, in which the analyst remains as neutral, anonymous, and non-self-disclosing as possible, even to staying out of the patient's view during the hour, provide some measure of safety for the patient. The analyst's minimal interference or distraction is more likely to promote the patient's development of a transference based upon his or her actual early life experience than a transference contaminated by entanglement with the analyst's actual personality. As Stone (1961) points out in his discussion of Freud's directives to analysts, the essential purpose of psychoanalysis is to "elucidate the patient's own unconscious mental life to him, as opposed to [revealing] the (personal) contents of the analyst's mind . . ." (p. 27). As the conditions of the analytic situation are specifically designed to promote the development of transference while at the same time providing certain protections from its potentially damaging effects, we might expect that the different therapeutic situation in art therapy would result in a different transference experience.

Judith Rubin, trained as a child analyst as well as an art therapist, says:

> I believe that remaining as anonymous as possible in order to promote transference is useful for the therapeutic process, but an art therapist cannot maintain an analyst's total neutrality. Similarly, the degree of "abstinence" possible in psychoanalysis is impossible in art therapy where many gratifications of transferential wishes are probable (Agell, Levick, Rhyne, Robbins, Rubin, Ulman, Wang, and Wilson, 1981, p. 11).

Rubin did not go on to consider where this leaves the art therapist who professes to follow the psychoanalytic model.

The maintenance of total neutrality and the gratification of transferential wishes are subjects of a great deal of discussion among psychoanalysts. Stone (1961) demonstrates an exquisite grasp of the nuances of such concepts. He notes that Freud stated few actual principles and that when he did so, he often couched them in "vivid figures of speech" (p. 22), leaving much room for individual interpretation. Yet even a cursory study of classical psychoanalytic technique throws into high relief the differences between art therapy and analysis. The attempt to combine art-making and analysis of transference leads to simplification and distortion.

Indeed, transference is defined in individual ways by individual art therapists. Harriet Wadeson (1980), recognizing the power that a client may accord the therapist through transference, urges the therapist to "respect this power and responsibility that is given them and not abuse it" (p. 35). She highlights a most benign aspect of the therapeutic relationship in her discussion of transference.

> One aspect of the transference that I have found especially prominent has been the use clients have made of me as a model. Therapists come to learn, as do parents, that if they model honesty, openness, lovingness, receptivity, it is those attributes their clients will learn from them (p. 35-36).

It is no doubt useful if the therapist can function as Wadeson suggests he or she ought to, but this is not clinical transference. A client's projection of powerful feelings from a past relationship onto the therapist most often has nothing to do with the positive aspirations of the therapist. Elsewhere Wadeson (1986) notes specific roles she feels are evoked by the art therapy situation. "The art therapist is readily seen as nurturer, judge, sorcerer, or messenger" (p. 88).

Helen Landgarten (1981) assigns her clients the task of making a representation of the therapist "to demonstrate their transference" (p. 283). This conscious focus on the person of the therapist does not ensure that what is expressed is transference since transference is a largely unconscious phenomenon. Thus, this would seem a misuse of the term. Similarly, Landgarten suggests that ". . . rapid positive transference is crucial to the therapy of persons undergoing rehabilitation" (p. 339). Yet she offers as an example, the focused, reality-oriented treatment of a woman patient, an accident victim whose foot was amputated, who is helped to confront and accept her disability. The aggressive mode of therapy Landgarten describes is appropriate since the patient was dealing with an actual trauma; she had to confront denial in order to achieve not just psychological improvement but physical recovery as well. However, the approach and the situation itself made the development of transference unlikely.

Janie Rhyne urges art therapists to come down to earth and remain in the here-and-now when clients make a representation of the therapist. "Therapists must not remove themselves from the present picture (or avoid contact) with presumptions of transference" (Agell, et al., 1981, p. 22). Rhyne makes the significant point that therapists can call any response of the client transference, but that doesn't make it so. I would add that transference does not mean any perception of the therapist on the part of the client that the therapist feels doesn't fit. In fact, what therapists may be inclined to label "transference" is often anchored in some truth about themselves accurately perceived, though amplified, by the client with a particular sensitivity. If the therapist can take the client's perceptions seriously, he or she is provided an opportunity for self-examination, and good may come of it.

Edith Kramer is an art therapist with a cogent grasp of transference. Although she is firmly anchored in psychoanalytic personality theory, Kramer does not employ the methods of psychoanalysis. She questions the value of speaking of transference and countertransference in art

therapy, recognizing as she does that what is referred to most often is the common distortions of perception that occur in every relationship. Further, she comments that psychoanalytic therapy —

> . . . purposely establishes a situation in which transference phenomena are allowed to attain extraordinary intensity. The patient may find himself harboring irrational, at times incomprehensible feelings and ideas directed toward the analyst. These feelings carry conviction even when the patient understands that they belong to his early childhood and were originally directed toward the important person in his past and that they are only transferred onto the analyst. (Kramer, 1979, pp. 144-45)

Kramer notes, quoting Waelder (1971, p. 241), that the intensity of the transference experience is at times "quasi-psychotic."

The deliberately circumscribed situation of psychoanalysis, together with its frequent sessions, may provide a degree of containment for the affects aroused in the patient experiencing transferential feelings. But in less formal styles of therapy, and indeed in daily life, the intensity of the transferential feelings must be reconciled with other aspects of the relationship that exists between two parties. It is possible that to encourage transference outside the psychoanalytic setting may be damaging.

The Destructive Potential of Transference

There is no doubt in my mind that situations that lend themselves to the development of transference are potentially destructive. Besides the therapeutic situation, these can include any relationship in which there is a real or perceived imbalance of power, such as that between teacher and student, supervisor and supervisee, and employer and subordinate. Transference is especially likely to develop when prescribed roles are not clearly observed. When the person in the more powerful position disregards the unstated social rules inherent in that position, by imprudent intimacy or inappropriate self-revelation, the gratification of unmet needs is tacitly offered. What can occur is a transfer of power from the self to the object of the transference, who may be thought of as all-good and all-knowing or as a threat to one's welfare. Usually one assigns some of both qualities to the transference object (though one feeling may predominate) since most of us had both good and bad feelings toward our primary caregivers during earliest childhood.

If autonomy and personal power were fostered in us as young children, then it is likely that we have relinquished the infantile view of others as all-good or all-bad and gained a realistic sense of self and others. But, as Alice Miller (1983, 1984, 1986) notes in her books on early development, most children are conditioned to be extensions of their parents' will and are prevented from achieving emotional authenticity. This lack of authenticity leaves one prey to the supposed wishes of others. One assigns unrealistic powers for good or ill to these others and then tailors one's actions accordingly.

Neither the client nor the therapist can sort out transferential issues categorically. In the transference relationship the early experiences one unconsciously reenacts are largely beyond words. Moreover, the therapist's own problems undeniably mesh with those of the client, coloring the nature of what is transferred. It is impossible for the therapist to remain totally objective or to serve the client completely. As with the child who, for psychological survival, must remain unaware of the parents' shortcomings, the therapy client is unable to evaluate what takes place in therapy once transference has taken hold. "Resistance" is often cited to explain why the client is stuck or cannot accept what is occurring in therapy. In my view, resistance may be an important and appropriate form of self-protection and should prompt the therapist to self-examination in order to determine if a breach of the stated or implied contract has occurred.

The transference relationship is further complicated when awareness dawns in the client that the feelings being experienced in the here-and-now originated in the past. A terrible sense of humiliation can accompany the realization that as an adult one is in the grip of infantile feelings. It is at this point that the conventional therapist urges the client, who is likely to be sitting silently in a miserable quandary, to express the feelings; yet it is at this point that the client is most vulnerable. The therapist assumes that if the client can indeed summon the courage to express the difficult feelings, relief will follow. But, suppose the therapist is unable to contain the feelings? As mentioned earlier, the presumably distorted perception of the therapist on the part of the client experiencing transference may well have some basis in reality; it may center on genuine weaknesses in the therapist. What then?

An Alternative to Transference

In my view, the unique advantage of art therapy lies in what Naumburg (1966) called the narcissistic cathexis to the art work. In simpler terms, it is the client's investment of self in the art process and product. It is by capitalizing on this attachment that we are provided an alternative to the vicissitudes of transference. For Naumburg, however, art work remained a means to an end, and that end was verbal discussion leading to insight. The client's relationship to the therapist is primary in this approach. I advocate, instead, that the primary relationship should be between the client and the art or, more precisely, between the client and his or her *self* via the art.

The art process provides a unique version of containment. Making art in a studio atmosphere evokes our earliest experiences, when our task was to gain knowledge of the world and achieve autonomy. We did this by integrating sensory impressions while making and doing. The inherent qualities of art materials are such that the manipulation of them in the act of giving form constitutes a vehicle for working out intrapsychic conflicts, confronting limitations, and experiencing one's potential. It is the role of the art therapist to create an environment where such work can take place.

The Nature of the Therapeutic Relationship in Art Therapy

As an aspect of developing a therapeutic alliance, the art therapist most certainly encourages the client to discuss his or her reasons for coming to therapy. This information helps the therapist to steer the client to appropriate art methods and materials. It is important that the art

therapist be able to recognize key issues when they are expressed, verbally or in art works, in the early stages of therapy in order to direct the client to a suitable art process. Once this process has begun, the therapist focuses on aiding the client in the fullest development of the art work.

It can happen that transferential feelings emerge in art therapy, and the art therapist must recognize them. The art therapist who has had sufficient opportunities in his or her own therapy and supervision to become familiar with personal transference issues is likely to recognize a client's transference as such.

Instead of concerning ourselves with attempts to promote and analyze transference —largely an unconscious process — Edith Kramer advocates that art therapists focus on promoting a therapeutic alliance. She defines this as the *conscious* aspect of the relationship between therapist and client, the implied agreement to work together toward an understanding. She notes that in psychoanalysis only after a solid therapeutic alliance has been established can the tumultuous periods of negative transference be endured. In Kramer's view, the prototype of the therapeutic alliance is —

> . . . the area of relaxed tension between the mother and child essential for healthy development. Winnicott described it as a neutral space protected by the mother's quiet availability . . . where the small child can experience impulses and fantasies without being overwhelmed by them. (Kramer, 1979, p. 191)

The art therapist evokes the prototypical good mother of the young child who provides an environment rich with possibilities for exploration. She is present to ensure safety, allow as much risk-taking as possible, applaud the joy of self-discovery, and be a safe haven to return to when fears or fatigue overwhelm.

Recognizing that the art-making process, like that of growth and change, is essentially an individual one, the art therapist is present to provide the necessary tools, methods, and expertise to the client. The art therapist serves the client by promoting the client's inner push to develop autonomy. By gently directing the client to the art as container, the art therapist declines the power that through transference a client might invest in the therapist.

Like the psychoanalyst who must attempt to maintain neutrality and abstain from gratifying transferential wishes, the art therapist, once the client has become committed to an image, must adhere to a definite role: promoting the art process. When transferential material is expressed in a drawing, it is rarely simple and straightforward. In one image a client can condense a lifetime of experiences, all of which represent variations on a central experience related to some aspect of an early relationship. The art therapist's task is to help the client choose a medium appropriate to the complexity of the psychological material that seeks expression. Both client and therapist are treading in an intuitive, unconscious realm. The art therapist is informed by his or her own experiences with art-making and may make suggestions to the client based on that experience. A complex art-making process such as oil painting, sculpture, mask-making, or a series of drawings is often useful in the expression and working through of transferential feelings. The technical requirements — mixing paint, kneading clay, cleaning brushes — provide an anchor in reality, and the thought necessary to meet these requirements allows consciousness a role in the expression of the unconscious content. Technical factors also slow the emergence of unconscious material so it is less likely to overwhelm the client. In all these ways a complex art process provides for the containment of intense feelings.

The art therapist should encourage the client to *stay with the image* rather than talk as unconscious material unfolds. To do otherwise may short-circuit the integrative aspects of the art experience, the working through of transferential material. While insight is helpful, it is not the sum total of therapy; and if arrived at prematurely, it can disrupt the therapeutic process. A complex art process indeed promotes working through. The client dwells in the past experiences as a toiler in the fields; he or she works on the task at hand, unconcerned for the moment about the eventual harvest.

In this way the client is engaged at a conscious level with the therapist and at an unconscious level in the art process. The creation of an art studio environment, in which a wide variety of materials is available, is an important aspect of this method of working. The environment itself urges the process into being.

A Personal Note

I have experienced intense transference relationships both in and out of therapy. At one point, late in her life, I worked with Margaret Naumburg on a book about art therapy for the general public. As she wrote she gave me the pages to edit and type. The writing often seemed a disjointed rehash of her earlier works. Feeling that I must protect her from any awareness that her abilities were waning, and not wanting to accept that possibility myself, my response was to rewrite the material. Gradually I became very resistant to seeing Naumburg or returning her phone calls. I had frequent fantasies of finding her dead if I went to her apartment.

I dimly sensed that my feelings were connected to my experience with my mother, who was ill with cancer during my childhood and adolescence. My family maintained the unspoken myth that if mother knew she were fatally ill, she would die. I absorbed the converse as well: she would live if she were protected from the truth. As I had desperately wanted my mother to live, so I wanted Naumburg, my professional mother, to remain intact for me.

Naumburg called and confronted me about avoiding her. When I haltingly explained that I was "worried about her health," she immediately recognized what she termed a "mother transference" and insisted that I come right over to discuss it. She assured me it was a very common phenomenon and I felt immensely relieved. However, in discussing the matter I drew the parallel between my mother and her: My mother had had a life-threatening illness and Naumburg was old and somewhat infirm. I had felt responsible for my mother's well-being and had begun to feel the same way toward Naumburg. Although Naumburg lived an active and independent life, she was in her eighties at this time. The

implications of my remarks no doubt hit a nerve, for Naumburg moved away from me on the couch where we were sitting, changed the subject, and insisted we get to work on the book. I was shocked by her behavior and felt betrayed. In her dismissal of my feelings and her attempt to return to working on the book, my idealized image of her was shattered. She had assured me this "common phenomenon" was something we could discuss; I felt used and angry.

As a child and adolescent I had assumed many of my mother's responsibilities in the family as a typically dutiful parental child. I was unable to feel anger or resentment toward my mother because of her illness; anger seemed out of place in the face of her uncomplaining suffering. This disarmed me. With Naumburg I felt that my anger was justified. Although I could not express that anger for many years, I could at least choose not to be the good child, partly because Naumburg had encouraged my professional growth and autonomy. She had failed in a task she, not I, had initiated: exploration of my transferential feelings. I could feel anger toward her that in some measure contained unexpressed anger toward my mother.

Yet even now, over ten years later, my feelings about Naumburg have not entirely been resolved. Figure 1 reflects my concern about treading on her toes, although she had been dead several years when I made it. I drew the picture when I embarked upon my doctoral studies, in which I considered aspects of art therapy theory. In Figure 2, I used photocopies of Naumburg's picture from the jacket of one of her books to graphically depict the pivotal role played in my professional development by my transference to her. I called the work "Mentor-Tormentor-Dementored"; this title describes the process by which I freed myself to be myself professionally. My alterations of the images refer to distortions, both positive and negative, that took place in my perceptions of her.

The images in figure 2 reflect a good deal more than the changing nature of my relationship with Naumburg. They exemplify the condensation possible in imagery. In my relationship with Naum-

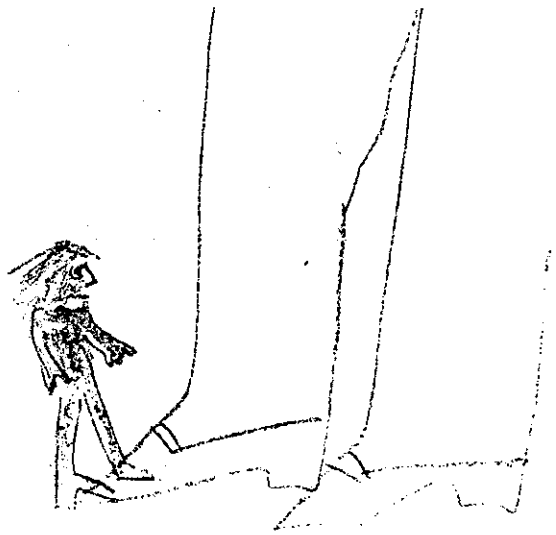

Figure 1

Figure 2

burg I replayed primary struggles for autonomy. The first image in Figure 2 evokes the saintliness I attributed to my mother as well as my idealization of Naumburg. The radiating lines coming from the figure give it the effect of an icon. My negative feelings toward my mother — feelings that have reverberated through some of my other relationships — find expression in the "tormentor" images.

In this and other instances I found art to be an invaluable container for difficult feelings, particularly those of a transferential nature, where distortion and complexity are the norm. The making of an image can spark a resolution process that may continue throughout one's life.

Summary and Conclusion

Transference is ubiquitous, occurring in some measure in all human relationships. Usually the effect is a relatively minor distortion of perception. However, in therapy and certain other situations the inherent inequality of the relationship can enhance transference and cause it to become the dominant element in the relationship. Psychoanalysis strives to promote the development of transference, and the therapeutic goal is the working through of the transference relationship. Some art therapists also attempt to work with transference, although the art therapy situation is at odds with the systematic development of transference.

Transference entails reenactment. The client relives with all their original intensity emotions that attended an earlier relationship. Knowledge that present feelings derive from the past and are inappropriate in the present situation can make transference an embarrassing phenomenon, especially so when one feels incapable of overcoming it despite awareness of what is happening. As a client in therapy myself, I experienced overwhelming, "quasi-psychotic" feelings of love and hate, and knowing intellectually the source but remaining in the grip of potent emotions nonetheless, I felt humiliated.

In art therapy remaining true to the art process can offer an alternative to transference as the operative principle. Art therapy can capitalize on the curious child within through the provision of active and complex art-making. Art therapy also has the potential to affect the balance of power in the therapeutic relationship in favor of the client if the focus is less on the transference and more on the art. In other words, the client is empowered when his or her primary relationship is to the art rather than to the therapist. When strong feelings emerge, the therapist acknowledges them but directs the client to art-making as a container, gently declining the power that through transference the client might otherwise invest in the person of the therapist. Contained in an image, feelings can be reexperienced but need not be reenacted, since the art object does not react. Reexperiencing involves not just remembering but a symbolic and cathartic, rather than actual, reliving with a supportive and sensitive witness in the person of the therapist. Together, the client and therapist acknowledge the primitive content displayed in the art rather than in the client's behavior. Transformed by the art process, through the discipline of adhering to the limitations and requirements of the medium, the unconscious material can be experienced by the client while he or she maintains an adult's sense of personal dignity.

The therapeutic alliance is much like a conscious version of the implicit contract between parent and child, which recognizes that the child is impelled to grow and unfold, while the parent's job is to make it safe and worthwhile for the child to do so. When the art therapist concentrates on establishing a therapeutic alliance and promoting the client's relationship to his or her art rather than on the vagaries of transference, with its attendant problems, the potential for significant therapeutic gain is great.

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