

CHAPTER 6. METHODOLOGY

- A. SELF OBSERVATION IN MY OWN CLINICAL WORK
- B. VALIDATING MY DEFINITIONS
- C. QUESTIONNAIRE

The dissertation presents first and foremost, a new theoretical model of Intermodal Expressive Therapy. Secondly, it focuses on the application of concepts from contemporary Self theories to the model of Intermodal Expressive Therapy. I have decided to exclude from this thesis, the challenge of further research on my model of Intermodal Expressive Therapy, an assignment I hope to continue in the future. Further ideas for research are presented in chapter 7: Discussion.

The methodological challenges arising as a result of the application of three Self theories to Intermodal Expressive Therapy, concentrate (1) on the issue of self-observations with regard to my own clinical work (2) the validation of my interpretations of twelve concepts from Self theories as applied to Intermodal Expressive Therapy.

The clinical material which I encounter covers a wide human range including people suffering from neurosis, narcissistic injuries, and narcissistic disorders.

a. Self Observation in my Own Clinical Work

In relation to the first challenge, the issue of self-observation in my own clinical work, I would like to rely on Kohut (1977) and Stern (1985). Kohut believed that "the refined empathy of the trained human observer constitutes a potentially adequate instrument for the performance of the first step - understanding - of the two-step procedure - understanding-explaining - that characterizes depth psychology(142)". He asked: "How did analysts arrive at a valid understanding of the material under their observation? Depth psychology, after all, could not support its claims with the kind of evidence available to such sciences as physics and biology that study the external world via sensory observation(143)". In his opinion "valid scientific research in psychoanalysis is nevertheless possible because (1) the empathic understanding of the experiences of other human beings is as basic an endowment of man as his vision, hearing, touch, taste, and smell; and (2) psychoanalysis can deal with the obstacles that stand in the way of empathic comprehension just as other sciences have learned to deal with the obstacles that stood in the way of mastering the use of the observational tools - sensory organs, including their extension and refinement through instruments - they employed."

Kohut (1984) believed in the role of an observatory vision in the psychotherapeutic process in spite of its objective difficulty. He claimed that "If we initially had the courage to acknowledge the fact that scientific objectivity in the sciences of man must always include the objective assessment of the observer - the

influence of the observed on the observer and, especially, the influence of the observer on the field that he observes - then we could clarify our methodology" (40).

He (1984) warns that " the theories held by the observer influence not only what he sees - in our case, what he sees when he scrutinizes the psychoanalytic process and its results - but, and par excellence, how he evaluates what he sees, what he deems to be central and significant, and what he dismisses as peripheral, insignificant, as trite" (41).

Kulka (1991) claims that "Self psychology has taken a crucial methodological step forward. Rather than improve external observation methods in order to investigate the subjective phenomenon from an objective distance, self psychology attempts to foster maximal closeness to the "observed" - to the experiencing of the psychic by the subject himself. Self psychology's realization of the almost absurd but unique achievement of touching the subjective from "zero distance" while retaining a scientific stance toward it was made possible by a subtle combination of two major elements: (a) the sophisticated, theoretical conceptualization of empathy and its mode of existence in the dyadic space of the individual and his significant other, and (b) the transformation of empathy into the main investigative tool for the collection of psychic evidence. Such an achievement has a far-reaching implication, in that it represents the creation of a unique scientific position in which the observed becomes his own "explanation." (177)

Stern (1985) also deals with the same methodological issue. While presenting the idea of the Observed infant and the Clinical infant, he says: "To relate observed behaviour to subjective experience, one must make inferential leaps" (13). For Stern it is obvious that "the study of intrapsychic experience must be informed by the findings of direct observation, as the source of most new information about infants continues to be naturalistic and experimental observation". (13)

Defining the Clinical infant as "the joint creation of two people, the adult who grew up to become a psychiatric patient (with memories) and the therapist, who has a theory about infant experience, And the observed infant, whose behaviour is examined at the very time of its occurrence" (14), Stern claims that "the clinical infant breathes subjective life into the observed infant, while the observed infant points toward the general theories upon which one can build the inferred subjective life of the clinical infant (14)".

b. Validating My Definitions

In order to validate my own definitions, the second methodological challenge in this thesis, I have collected concepts from three Self theories which explain and illuminate processes of maturation in Intermodal Expressive therapy.

I have chosen these concepts as they are central to the theories, having developed through the theoretical growth of the theorist himself. The theoretical concepts are defined in chapter four, which deals with the theoretical concepts selected for this work.

This methodological chapter includes three tools:

1. A glossary of twelve concepts.
2. Evaluators questionnaire.
3. Video Cassette.

1. A glossary of twelve concepts.

These concepts are the variables I wish to validate. Each one is presented and followed by a brief operational description of how this concept can be observed in practice in Intermodal Expressive Therapy. The glossary is included in the questionnaire.

2. Evaluators questionnaire.

In order to ascertain that these concepts present the theory correctly, and that no crucial concept has been directly, or indirectly avoided, the glossary has been presented to several authorised experts.

They are twelve professionals: six psychologists who work with expressive therapies and six Expressive Therapists with profound knowledge in Self and Object Relations theories.

They were asked to cooperate in the following assignment:

1. To read chapter 3 and 4, and thus familiarize themselves with the model of Intermodal Expressive Therapy, as well as the summaries of Kohut, Stern and Bollas's Self theories.
2. While paying attention to the glossary, they were asked to watch a video cassette, of filmed illustrations of each one of the applied concepts, and indicate their agreement or disagreement regarding each scene, adding a sentence to explain their judgment in a questionnaire.

This method is supported by Carolyn Bereznaq Kenny's (1987) doctorate dissertation submitted to The Fielding Institute. In her research on "The Field Of Play: A Theoretical Study Of Music Therapy Process", she uses a similar methodology to examine her definitions on Musical Improvisation. She uses "a questionnaire which instructs the observers to view a videotape of a Musical Improvisation session and try to perceive the

elements as according to given definitions of the elements. This data was then analyzed to achieve the objective of assistance in the design of language" (65). "The videotape was selected from a group of tapes documenting music Therapy at the memorial Hospital of Santa Barbara. These sessions were conducted under the supervision of a clinical psychologist at the hospital and Music Therapy was included in the on-going therapy of particular patients at the hospital. The videotape used was selected because the researcher hoped that it would provide the clearest image of the essential elements of the music Therapy process." (66) "A package of materials was designed for the team of observers" (67), among the seven items listed, we may find:" the videotape, a transcription of the verbal interaction on the videotape, a list of definitions of the essential elements, a questionnaire". "The list of descriptions was an attempt to describe the essence of the elements in a form which communicated a sense of the elements as concepts merely implied the framework. It was hoped that these definitions would provide enough information for the observers to imagine the elements in the videotape, perceive them somewhat in interplay and comment on how their perceptions were convergent or divergent with the definitions presented by the researcher." (68)

Following is the questionnaire which I have used in my research.

c. Questionnaire

Dear Colleague,

I am deeply appreciative of your agreeing to participate in this part of my thesis, where I attempt to validate twelve concepts from three Self Theories as applied to Intermodal Expressive Therapy.

Prior to this experiment, you are required to read chapters 3 (Where I fully describe Intermodal Expressive Therapy), chapter 4 (where I present the three Self Theories of Kohut, Stern and Bollas), and, most important, chapter 5 (Where I present my interpretation of the application of these theories to Intermodal Expressive Therapy).

You have received a video cassette which illustrates the twelve concepts from the three Self Theories as applied to Intermodal Expressive Therapy. While watching the film, and after you have read the theoretical chapters, you are asked to judge each of the concepts.

I recommend that you stop the tape between each concept, make your decision, mark it on the questionnaire, then go on observing etc.

Based on your theoretical and practical knowledge and experience, you have to answer the following question:

Do you disagree, partly disagree, agree,, absolutely agree with my interpretation of the concept as it is applied to Intermodal Expressive Therapy? If you don't, please include your reason.

For your convenience, you will hear in the movie a short explanation of my interpretation of the concept's application.

The same explanation appears in the questionnaire.

Please Note:

a. as the concepts are taken from three different theories, some concepts may appear equivalent, nevertheless, you are asked to evaluate each concept according to its theory.

The integration of concepts beyond the three theories will be discussed in chapter 7: Discussion.

b. Some concepts are illustrated by one scene, others by several short scene, please evaluate the scenes according to the questionnaire.

Thank You!

KOHUT

Empathy - Is the capacity to think and feel oneself into the inner life of another. It is our ability to experience, to an extent, what another person is experiencing. Empathy is the nature of the early mother-child relationship. In therapy, it is a fundamental, and essential observational attitude which the therapist must possess in order to obtain psychological data about the patient. It is a basic component in helping the patient restore his disintegrated self, and it is achieved by the therapist's efforts to move out from him/herself with warmth, and sympathize with the patient's attitude, position or feeling.

We may therefore identify empathy in Intermodal Expressive Therapy when:

a. The therapist is seen locating him/herself nearby the ego-boundaries of the patient: his/her position and body posture reminiscent of a parental image observing, guarding, and assisting the patient.

b. The therapist imitates or follows the patient's artistic gestures in order to further understand the meaning or intention of his patient.

c. The therapist joins in the patient's experience, with closed eyes in order to eliminate external interruptions and increase his attunement to the patient's rhythm, movement, lines...

d. The therapist conveys his understanding and participation to the patient by his harmonic use of sound, gesture, and color.

e. The therapist tries to reconstruct, follow the stages, and learn the technique and chronology of the artistic product from the patient.

By this he/she can achieve real understanding of the process which the patient has gone through.

4	3	2	1
disagree	partly disagree	agree	absolutely agree

2. Mirroring - A fundamental factor in self-selfobject relationship. In psychotherapy, the patient needs feedback from the therapist in a reflective, echo-like, approving manner. This can be achieved by glance, touch and attention.

We may therefore identify mirroring in Intermodal Expressive Therapy, when the therapist, or the group, joins a patient in an imitative form, duplicating the activity, thus facilitating his/her transformation by means of a positive message through nonverbal communication.

a. Therapist with a recorder (mirroring by instrument)

4	3	2	1
disagree	partly disagree	agree	absolutely agree

b. Therapist-patient (mirroring by voice)

4	3	2	1
disagree	partly disagree	agree	absolutely agree

c. Group-patient (mirroring by voices)

4	3	2	1
disagree	partly disagree	agree	absolutely agree

d. Group-patient (mirroring by hand clapping)

4	3	2	1
disagree	partly disagree	agree	absolutely agree

3. Grandiose exhibitionistic self - The self is bipolar and the counterpart pole to the idealized self is the grandiose exhibitionistic self. It is based on a fundamental need, from early childhood on, to be admired. In its positive aspect, it is the intrinsic motivation for self growth, expressivity and assertive goals; in its negative aspect, it causes pseudology which is the content of lies.

We may therefore identify the grandiose exhibitionistic self in Intermodal Expressive Therapy when: patients engage in artistic acts characterized by:

Vast size, strong colors, expansive movements, loud voices, accompanied by facial expressions of happiness and satisfaction. The crucial issue here, is that these are new, authentic acts as opposed to their former inhibited behavior or production.

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a. Young woman "bubbling"

4	3	2	1
disagree	partly disagree	agree	absolutely agree

b. Woman and group

4	3	2	1
disagree	partly disagree	agree	absolutely agree

=====

4. Selfobject - This is the baby's parental-image intrapsychic perception. If the parent-image provides the baby with optimal psychological conditions (admiration and limited frustration), a cohesive nuclear self can emerge. Selfobject is fantasy and a lifetime necessity. Selfobject can be a surrogate or substitute object.

We may therefore identify selfobject in Expressive Therapy when: 1.

patients treat their artistic product as their newborn creature and naturally take over the role of selfobject to the personified artistic production.

2. At first patients perceive their artistic work as unfamiliar and incomprehensible, but the more preoccupied with it they become, the more this work stimulates them and functions as selfobject for them.

3. The therapist observes the patient's artistic self, showing curiosity, interest and involvement, thereby allowing the artistic product to function for him/her as selfobject.

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a. Woman in black with clay baby			
4	3	2	1
disagree	partly disagree	agree	absolutely agree

b. Woman in orange creates a clay mask			
4	3	2	1
disagree	partly disagree	agree	absolutely agree

c. Therapist talks to patient's selfobject			
4	3	2	1
disagree	partly disagree	agree	absolutely agree

d. Artistic Selfobject (personified) talks to patient			
4	3	2	1
disagree	partly disagree	agree	absolutely agree

=====

STERN

5. Amodal perception - Is the baby's innate capacity to perceive the world in wholistic intermodal sensational form. By way of amodal perception, the baby takes information received in one sensory modality, and somehow translates it into another sensory modality. By using this capacity, the pre-verbal infant transports "a metaphorical-affect" to the other, and Stern labels this metaphorical affect:"vitality affect".

We may therefore identify Amodal perception in Intermodal Expressive Therapy, when a patient expresses him/herself in one modality, while simultaneously stimulated and encouraged by others working in other modalities. His/her response should include gestures indicating that a vitality affect is perceived, namely, the individual will show signs of cooperation with the other modalities, while still involved with his/her activity.

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a. In group

4	3	2	1
disagree	partly disagree	agree	absolutely agree

b. A woman with drawing,
breathing, group voice

4	3	2	1
disagree	partly disagree	agree	absolutely agree

c. A woman, touch
smell and music

4	3	2	1
disagree	partly disagree	agree	absolutely agree

=====

6. RIG (Representation of Interactions that have been Generalized)- These are generalized episodes (basic memorial units) retrieved by feelings. The source experience was different, but it activates memories. These memories are usually linked to a "self-regulating significant other", or to an object, which functions as a cue, evoking an activating memory from the RIG. Stern calls this cue an Evoked Companion.

We may therefore identify RIG in Intermodal Expressive Therapy, as a process in which the patient concentrates on an item in his/her artistic work, revives episodes of memories through that focused object, and encounters "significant others". All this takes place while the patient is encouraged by someone (usually the therapist) who supports him/her in the revival of these memories.

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4           3           2           1
disagree   partly     agree     absolutely
           disagree
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7. Affective Attunement - The preverbal infant transmits his affections
through "Intentional Communication" (eye contact, increasing signals, and
changes in the form of signals). The mother communicates with her
preverbal infant through "Affective attunement", which is her spontaneous
response to the baby. She may respond within the same modality as the
infant, or, in a parallel modality, lead, follow and elaborate, in her
turn in the dialogue, performing close or loose imitations of the infant's
immediate behavior.

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We may therefore identify Affective Attunement in Intermodal Expressive
Therapy, as a mode of communication, in which therapist senses an emotion
from the patient in one modality - and responds immediately, and
spontaneously, from within another modality.

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a. A patient and therapist with drum
4           3           2           1
disagree   partly     agree     absolutely
           disagree
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b. A patient, therapist with a recorder
4           3           2           1
disagree   partly     agree     absolutely
           disagree
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8. Aesthetic Moment - The mother, perceived as a `transformational object', is the infant's first human aesthetic. It is a preverbal experience, remaining throughout life, in which the infant feels held in symmetry and solitude by the spirit of the object. It possesses the following characteristics: rapport with a sacred object, unexpected appearance, fusion with the object and, during the experience, the feeling that time is suspended.

We may therefore identify an Aesthetic Moment in Intermodal Expressive Therapy, as one during which the patient is intrigued by his artistic production. He/she displays surprise, curiosity, willingness and high motivation to go on experiencing that object.

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a. A young woman with blond hair observing her work			
4	3	2	1
disagree	partly	agree	absolutely
	disagree		agree

=====

9. Conservative Object is an object-image in the unconscious which encompasses a memory which could not have been linked to a being- state in the external world. It starts when an infant nominates an object to conserve some aspect of a self state, and, later on in life, not having expected to see that object, it suddenly appears, releasing content from the internal repressed world. Bollas called the aesthetic moment "the spirit of object". I believe this to be linked to "the conservative object" which, in my opinion, arouses an aesthetic moment. We may therefore identify conservative object a conservative object in Intermodal Expressive Therapy, when patients either create, or are attracted by an art object, movement, sound, melody or rhythm that ostensibly lack immediate meaning for them. But strong feelings are aroused and an inherent motivation that will not let them ignore the object, but which push them to a process of further elaboration and deciphering.

=====

a. Conservative movement			
4	3	2	1
disagree	partly	agree	absolutely
	disagree		agree

b. Conservative art object			
4	3	2	1
disagree	partly	agree	absolutely
	disagree		agree

=====

10. Genera - The unconscious is comprised of collecting psychic unconscious clusters of ideas. These derive from repressed sources as well as from receptive sources which are organized, dynamic, and representationally effective in consciousness. Genera is characterized by a dynamic of gradually evoked ideas, feelings, and self states, that emerge from the chaos in the background. Once in the foreground, they bring with them a feeling of revelation which leads to some form of invention.

We may therefore identify Genera in Intermodal Expressive Therapy as a creative process which starts with indications of disorientation, disintegration, and chaos, and continues with gradual illumination by focusing on new options and perspectives, ending with an original solution.

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4	3	2	1
disagree	partly disagree	agree	absolutely agree

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(Evocation and Destiny Drive are two concepts related to each other in a bond of mutual dependance: Evocation provides optimum conditions for the emergence of the Objects of the Self, while Destiny Drive provides the basic and vital, intrinsic motivation required from the patient in order to "become a charater".)

11. Evocation - Is the state of mind which enables the calling forth of inner content to be expressed. It is a mental action characterized by a relaxed state of mind. `Essential loneliness', `moods', and the `permission for not knowing' are types of evocation states.

We may therefore identify Evocation in Intermodal Expressive Therapy, as an introductory activity aimed at enabling patients to relax into a mood that will lead to unconscious content of the Self.

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a. Pelvic movements, closeness and openness

4	3	2	1
disagree	partly disagree	agree	absolutely agree

b. Wandering inside the inner space

4	3	2	1
disagree	partly disagree	agree	absolutely agree

c. Voices exercise

4	3	2	1
disagree	partly disagree	agree	absolutely agree

d. Variations on names

4	3	2	1
disagree	partly disagree	agree	absolutely agree

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11a. Essential aloneness is considered that state where patients explore alone their artistic product, without external support, even if it causes them intense emotion.

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a. Man facing a grave

4	3	2	1
disagree	partly disagree	agree	absolutely agree

b. Producing the inner rhythm - group

4	3	2	1
disagree	partly disagree	agree	absolutely agree

c. Young man's mandala

4	3	2	1
disagree	partly disagree	agree	absolutely agree

d. Meditation opposite a woman's work

4	3	2	1
disagree	partly disagree	agree	absolutely agree

=====

11b. Mood - is considered any "undoing activity" which permits being with the artistic product on an emotional level .

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4	3	2	1
disagree	partly disagree	agree	absolutely agree

=====

11c. Unknowing- is that experience in which patients encounter their artistic product without any rational understanding of its significance.

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4	3	2	1
disagree	partly disagree	agree	absolutely agree

=====

12. Destiny Drive - is that drive which pushes human beings into becoming a character. It is the actual power of the true self to achieve

passionate expression. Moved by the destiny drive, a person releases his idiom into lived experiences. It requires a certain risk as the outcome is unknown.

We may therefore identify Destiny Drive in Intermodal Expressive Therapy when a process of devotion to an artistic product is halted or delayed, in order to increase (through dramatic experience) the inherent energy of the patient towards discovering the unknown. This target is usually achieved by focussing on the conflict between passive and active forces in the patient's personality.

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4	3	2	1
disagree	partly disagree	agree	absolutely agree

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Thank you very much for your cooperation,
Avi Goren Bar

3. Video Cassette

The video film in this research, was made according to the following criteria:

1. Scenes in the film are taken from my personal archive, begun long before I started the doctorate. These are taken from four marathons filmed in 1989,1990,1992,1993. Each marathon lasted 45 hours, and, most of the time, the process was filmed continuously.
2. The material was filmed by various laymen photographers who were students at the Lesley College Expressive therapy Program in Tel-aviv.
3. The photography was done by different students who were participant observers. Participant observers were accepted by the members of the group. They both influenced, and were influenced, in the ensuing interaction. They began filming slowly, not only from a distance, but also from close up, as can be seen in the film.
The effect of the observer on the observed, though inevitable, has no serious impact as it becomes part of the complex dynamic evolved in an expressive group therapy where exhibitionistic activities are observed by the group audience.
4. As I am involved in the therapeutic process (as shown in the film), I could not, nor did I intend to direct or influence the photographer regarding what, how, or when to document a process.
The observer, therefore, is an independent without prior bias.
Unfortunately, for budget reasons, the processes were documented by only one observer at a time.

Those parts, which were to create the final film, were photographed according to the following criteria:

1. The scene should clearly, dramatically, and directly demonstrate a concept which is crucial in the self-theory.
2. The selected parts should maintain basic artistic and aesthetic standards.

Finally a process was held, in which all participants in the movie, saw and signed their agreement to appear in the film. This was a delicate process, it required the search of those people, clarifying the purpose of their exposure and acquiring their signature. A show was led on a Friday afternoon to explain to them its theoretical rationale and observe their participation.