

- **It is my desire to discover this "extra component" which exists between therapist and client when witnessing the creation of art through a therapeutic process.**

- ❖ I shall presents a survey of the therapeutic power of art, music and movement and a view on development of expressive therapies literature alongside psychological theories.

- ❖ In order to explain my conception of Intermodal Expressive Therapy, I present my two original models: **"The creation-Axis" and the "Model for Modulations between Modalities"** in Intermodal Expressive Therapy. **(Introduction)**

- ❖ Twelve concepts taken from **Self Psychology theories** are explained in depth. **H.Kohut's** empathy, mirroring, grandiose exhibitionistic self and selfobject. **D.Stern's** amodal perception and vitality affect, RIG and episode, affect attunement. C. **Bollas's** aesthetic moment, conservative object, genera, evocation and destiny drive. **(Introduction)**

- ❖ **Kohut:** We may identify **empathy** in Intermodal Expressive Therapy when some of the following conditions exists:
 - 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 colour.
 - 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. **(Chap. 7)**

- ❖ **Kohut:** We may 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. **.(Chap. 7)**

- ❖ **Kohut:** We may identify the **Grandiose Exhibitionistic Self** in Intermodal Expressive Therapy when: patients engage in artistic acts characterized by: 1. 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. 2. The artistic product may also present a creative "optimal operative 'perversionity": that is, a provocative idea, style, or behavior. **.(Chap. 7)**

❖ **Kohut:** We may 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. **(Chap. 7)**

❖ **Stern:** We may 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. **(Chap. 8)**

❖ **Stern:** We may 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. **(Chap. 8)**

❖ **Bollas:** We may identify 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. **(Chap. 9)**

❖ **Bollas:** We may identify **Genera** in Intermodal Expressive Therapy as a creative infrastructure which initiates a process with indications of disorientation, disintegration, and chaos, and continues with gradual illumination by focusing on new options and perspectives and ending with an original solution. **(Chap.9)**

❖ **Bollas:** We may 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. **'Essential aloneness'** is considered that state where patients explore alone their artistic product, without external support, even if it causes them intense emotion. **'Unknowing'** is that experience in which patients encounter their artistic product without any rational understanding of its significance, and **"Mood"** is

considered any "undoing activity" which permits being with the artistic product on an emotional level. **(Chap.9)**

- ❖ **Bollas:** We may 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 focusing on the conflict between passive and active forces in the patient's personality. **(Chap.9)**