CHAPTER 8: DISCUSSION

a. From the Perspective of Ending

At the beginning of this work, while organizing my thoughts and motivation for an unknown journey to the territories of the Self and Expressive Therapies, I took on the obligation of a quest: "There has always been something else in the artistic process which gives the client an authentic feeling of change. 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 believe this "extra component" has to do with the discovery of the Self. It has to do with the unique conditions brought about by expressive action, with the birth of a new product (in voice, body gesture, or art) all being nurtured by the creator-client and the therapist.
It is the purpose of this work to contribute a reconciliating view of the integration of crucial concepts in Self theories, and their application in the exciting artistic technique of Expressive Therapy"(pg. 9)
At the terminating point of this dissertation, I stand with a sense of containment, with the knowledge that I have explored this fascinating issue in depth. I believe I have made considerable headway in the quest for the Self in Expressive therapy, and I am aware, too, that more research and applications are still to be done.
In speaking about a sense of a Self, about the experience of a cohesive Self, theorists have located that fictional entity deep within the personality.

While Kohut tells us it is a fragile, intrapsychic process developing through the self-object phenomenon, Stern maintains it is a sense existing from birth, and Bollas describes it as a creative, unconscious, existing entity, striving to be born through objects.
Kohut has cast an optimistic light on the search for the Self.
He states that narcissistic disorder is not due to an ego defect, but is a result of a self deficit, a deprivation which can be reconstructed under optimal terms. Thus, as I understand it, the Ego can be considered an entirety of organizing functions, which regulates its main assignment: to maintain the inner sense, or image, of a cohesive Self.

Having examined the theories of Kohut, Stern, and Bollas, I have come to the conclusion that an existing representation of the Self is an illusion, a fantasy. I believe it is an essential entity which we create and conceptualize as we try to cope with the inevitable existential fear of lonliness and Death. Language differentiates between these mental states. I find myself saying: I am not "alone", I am "by myself" (my-self).
George Mustaki sings: "Non, je ne suis jamais seul avec ma solitude". No wonder C.G. Jung attributed (in his search into the phenomenology of the Self, Aion 1959) a God image to the Self and considered the Self a basic and central archetype.

While the Ego describes our Doing, we create the Self to denote our Being. I believe that the humanistic creative idea (which maintains an existing sense of Self), is expressed in order to indicate the spiritual experience from which we benefit beyond mere production of the "Thing Itself". That, in addition to the thing (it)self, there is an accompanying self experience.

This is why the manifested language of the Self is expressed visually in dreams, fantasies, and especially through creative Arts. This is why creating and conversing with Arts is therapeutic, and why Expressive Therapy is a Self Therapy and can be analyzed and illuminated by basic concepts taken from Self Theories.

By presenting my model of the Creation-Axis in this dissertation, I have stressed the therapeutic importance of "mere involvement" and "plain creation" of artistic products.
But this research stresses the important role of the psychologist (who intervenes through arts) or of the expressive therapist (who bears psychological theories in mind) in enabling their narcissitic patients not only to produce art, but to be involved in their artistic productions, to communicate with them, to allow
the art it's autonomy and dialogue with our patients.
This is how we can grant our narcissitic patients the right, the chance, the vital conditions and the optimistic experience (often not easy emotionally) to encounter the Self.

b. Integrating the concepts and attaining a concise idiom of the Self in Expressive therapy.

The concepts I have taken from Kohut, Stern and Bollas's theories, underline crucial issues in the therapeutic process of Expressive Therapy. If we adopt these concepts in everyday psychotherapeutic life, we shall deepen our comprehension of important issues such as the therapist-patient communication during the expressive therapeutic process, the creation process and its significance in the development of the Self, the patient's motivation, and the patient's recovery and growth.

Expressive Therapy is a nonverbal oriented therapy, the understanding of which is enriched by Self theories.

Therapists are advised to adopt a "basic mother's repertoire" in relating to their patients during the therapeutic process: While Kohut offers the attitude of empathy and the mode of mirroring, Stern presents attunement and emphasizes two components:
1.The spontaneity of this behavior. 2. The amodal perception of the infant, due to which attunement can be facilitated either from the same modality, or better still, from a cross modality. For expressive therapists, whose nonverbal gestures of communication are natural, I find these concepts both appropriate and applicable.

Along with Kohut's optimistic presentation of the grandiose and exhibitionistic self as an inner urge which functions as a source of motivation and creative ideas, I wish to endorse Bollas's concepts of

evocation and destiny drive. It is also the role of the expressive therapist to search, foster, and inspire patients to experiment with these motivating sources.
Bollas talks about a destiny drive which prompts us to become a character, to fulfill the Self. Like the old eastern wisdom (if one gives up material gain during the search for truth, one may find the meaning of one's true self). Bollas believes that "essential alones", the "unknowing" and "moods" are evocative states which enable patients to approach the creative unconscious and discover the Self. Bloom (1973), Kohut (1984), Noy (1985), Storr (1988) and Baker(1990) reinforce this idea claiming that the "transference of creativity" and the artistic process imply a certain chosen solitude.
It is very important for Expressive Therapists to follow these ideas and set aside time, space and attention for the "Undoing periods" during the artistic process.
Situating the grandiosity drive at one pole, and the destiny drive at the other, we may discover a motivational-axis for use in Expressive Therapy.

Aspects of the creative process in Expressive Therapy are illuminated by such concepts as Sterns's RIG and Bollas's Genera.

RIG is a cognitive process (already at the disposal of the two months old baby), characterised by an induction of several
episodes into a single, generalized experience.
Genera is the unconscious schema which directs the creative process and elicits its outcomes.
For expressive therapists, these two concepts suggest further direction and new techniques in the creative process.
Genera indicates that we should always rely on the patient's creative unconscious and not lead the therapeutic process from our evaluative point of view. RIG indicates that the artistic product is a whole. It is an ensemble of several components which encompasses several episodes, several memories.
A therapeutic process in Expressive Therapy must take into account the vital option of dismantling an artistic production for the sake of focusing on one significant component contained therein.

All three theorists have referred to the artistic object. Kohut perceives it as a selfobject, Stern as an evoked companion, and Bollas as the transformational object, the aesthetic moment and the conservative object. These concepts have contributed tremendously to understanding the mental role of the artistic object.
The central idea which all three theorists have in common, is that by creating, or just by relating to an artistic object (observing a piece of art, watching a dance or listening to music), the creator/observer yields to a process of self growth and a significant "being doing experience".

As a Jew, I wonder about God or the writer's intention when granting the Ten Commandments to the Jewish people (free slaves in the desert). I am the Lord thy God, which have brought thee out of the land of Egypt, out of the house of bondage. Thou shalt have no other Gods before me. Thou shalt not make unto thee any graven image, or any likeness of any thing that is in heaven above, or that is in the earth beneath, or that is in the water under the earth (Exodus).

Why was it the concern of our ancestors to prevent concrete perception of the God image?. Twelve chapters later, just before Moses returns from Sinai bearing the tablets of the Decalogue, the people of Israel, in contrast to the monotheistic idea, demand that Aaron create a living God before them.
Devotion to an artistic object, gives life to a representation of our Self-Image and grants us mental power, albeit with possible evil distortions. This idea was obviously familiar to the sages of the pagan era.
In a time of cynicism with regard to ideals and God's creatures, I find Self activities crucial in the pursuit of mental and spiritual health.

Aquainted now with Kohut, Stern and Bollas's theories, at the beginning of a workshop, or at the start of a session, I keep in mind the idea of evocation, investing time and effort on creation of atmosphere in the room. One which will allow the unconscious Self's representations to emerge.

I facilitate yielding to a mood by allowing my patients essential alones; They may create unknowingly and are sometimes encouraged to display grandiose signs. If they are drawn to a certain work, or sound or movement, I understand it as an aesthetic moment, encourage them to go on relating to the object, knowing we might soon be engaged in a process of transformation. The object becomes a conservative object with intense, yet incomprehensible emotions. I consider interventions, adjust myself to an emphatic attitude. I may mirror my patients's activities to convey empathy; I may influence their actions by means of attunement, participating from a cross modality. I believe they percept my messages through their amodal perceptive capability, while agreeing, or disagreeing, with my intervention, by means of intentional communication. I intensify the process, if necessary, through dialoging with the object, hence allowing the artistic product to become a selfobject for the patients. If they permit themselves to converse with the artistic representation, I might participate, thereby allowing the product to function as my selfobject too.
A creative process has started, there is an underlying schema for these summoned activities.
I know we should let the unconscious genera lead us. I heed its creative hints and, gradually, an artistic process is under way. My role as an evoked companion, helps to break this wholistic experience (RIG) into particular episodes, one of which is found to be more meaningful for the patient. We are alturnately led and pushed by our destiny drives.
I may want to increase this vital drive by focusing on encouragement in the face of inhibition of dialectical forces in my patient's personality. I hope my patients end the process with a greater sense of becoming a character. Whether, and how their self, or my self, has been expressed is then discussed.

I would like to relate here to the importance of the "Word" in the expressive therapeutic process. Up until now, throughout this dissertation, I have stressed the nonverbal orientation of Expressive Therapy. I have devoted most of my insight to the vast potential we can explore by mere experiencing and discoursing with our artistic objects.

Yet the phase of verbal processing, the passage of experience into meaning is extremely important, requiring at this summing up stage, a balancing eye.
In group Expressive Therapy I use "Sharing" sessions to allow patients to reach conclusions, meanings and insights.
In individual sessions, we may sit down to analyze by means of "a secondary process" the meaning of the intense body-feeling experiences we have just gone through.
When acts, or parts of the objects, or the object itself, are percepted as symbols, the word becomes a key.
Hence a dramatic act, or a symbolic item, are always labeled by name, creating a language intrinsic to the therapeutic session.

We treasure our intimate vocabulary which symbolizes and guards what we have gathered throughout the process. "The golden eyes", "the iron feast", "the proud lady", "the rigid body pipe", "the roar" - are all examples of metaphors which patients carry home and bring back to therapy. These words are always available, and can be uncoded to release sensation and memory for the here and now sessions to come.

The word is given by human beings: the patient, the therapist and the group. Their responses to the artistic product is that crucial component which gives the patient a meaning. Without the presence of the "observer other" the artistic product would not become a selfobject. The "holding presence" of a therapist and group is the cradle for the expressive therapeutic expriencial baby.

c. Further research

1. Intermodal Expressive Therapy models of the Creation Axis and Modulation between modalities.

In this dissertation, I have presented and described two models. These two models were developed for the sake of this research, mainly for the purpose of demonstrating what I meant by applying Self theories to Intermodal Expressive Therapy.
The issues and models are of substantial importance.
I would like here, to present some additional thoughts and work that, in my opinion, lend greater accuracy to the issue at hand.
These are the following research ideas which interest me:

1. I have encountered a basic assumption that music, movement and art therapists use primarily the exclusive idiom of their modalities. I suggest the reliability of this hypothesis be tested. In my opinion, these therapists use far more Intermodal Expressive Therapies than they think or report. I base my assumption on Stern's principle of the "amodal perception". This research can be done by issuing a questionnaire to a wide population of music, movement and art therapists, asking them what they actually do in their therapy sessions.

2.The effect and intensity of treatment in Intermodal Expressive Therapy should be tested by follow up research.

Since the idea of integrating modalities is relatively new, I suggest examining, by way of a follow-up questionnaire, whether this type of expressive therapy is effective; for which issues is it more effective? What is its most effective contribution? How do clients percept this kind of experience in comparison to other expressive methods they have encountered?

3. Relating to the Creation-Axis, I suggest that basic research be undertaken with regard to the validity of the six stages proposed. I should first examine whether in fact the Creation-axis process I have described valid. This can be done by observing creative processes during expressive therapeutic sessions, and by interviewing experienced therapists who would be asked to describe the therapeutic process and its characteristics.

4. In continuation of the above, one may examine the diagnostic significance of each stage of the Creation-Axis, and then use a diagnostic scale to describe and predict functional difficulties in the process of creativity.
This research can be expanded by examining the differentiation and typology of various pathologies as they manifest in the Creation Axis process. How do retarded patients, behaviorally disturbed children, narcissitic disorder, post psychotic, depressed patients etc. behave during the six stages of the Creation Axis.

5. Considering the Model of modulation between Modalities, I think it important to check my assumption that it is not recommended to shift from one modality to another unless the patient has established his experience in the three-six stage.
In addition, the assumption that entrance into a new modality must be established during the first-third stage should also be examined.
Such research could be undertaken by a student in this field who, after experiencing the modulations, could report difficulties, events, and preferences. I suggest a student rather than a patient, as the former would perhaps have the experience to take on such a role in research with less vulnerability.

6. In addition to the above, the fifteen techniques for shifting from one modality to another have to be tested. Are they really effective? Can they be used by lay therapists? This can be achieved by teaching these techniques, and asking trained therapists to rate them according to scales of various categories such as efficiency, difficulty of operation etc.

2. Issues involved in applying Intermodal Expressive Therapy to Self theories.

1. In relating to Kohut's theory as applied to Expressive Therapy, I have relied on a basic assumption that Expressive Therapy is a non verbal oriented therapy, therefore therapist-patient, and artistic object-creator are analogically close to the baby-mother affectionate relationship. This basic assumption must be further examined. It may best be tested by researching responses from narcissistically injured patients who have undergone profound treatment in Expressive Therapy. The recovery of such patients depends, according to Kohut, on the reconstruction of the self by means of rehabilitation of the self-selfobject relationship. Therefore it would be wise to check their insights according to this analogy by a sophistocated method of sentence completion.

2. Considering my assumption, based on Stern's theory, that "amodal perception" is acquired early in life, and remains for the rest of our lives, we should further examine whether, and how, adults transmit feelings when verbal language is eliminated. If adults naturally display "amodal perception" in such states, if they convey feelings to another by intermodal use of their senses: singing, moving, drawing, or produce other expressive gestures, then we will be able to encourage safe use of this concept in Expressive Therapy.

3. I must admit that Bollas's concepts attract me most in the art of applying self concepts to Intermodal Expressive Therapy. As I have shown in chapter two, where I describe the Expressive Therapy literature alongside psychoanalysis, Jung's theory is the most attractive theory for expressive application.
I have gone through six years of Jungian analysis, and graduated from the Jerusalem three year analytic program. I look forward to examining the bond between Jung, Bollas and Expressive Therapies. Jung's archetypal Self, and the Self which strives to actualize itself through the Genera process, attract my curiosity and stimulate my destiny drive.

4. In this research, I have presented and defined what I believe to be valid interpretations of concepts applied to Intermodal Expressive Therapy. I think it is logical and obligatory to continue research and

gather collegues's definitions of what they consider to be an application of the concepts to their modality. In this manner, I will be able to expand the validity of the application and reach a far more comprehensive conception and description of the applications of Self concepts in these mediums. I will then be able to produce a more comprehensive catalogue of vignettes to
demonstrate the applications.

3. Further Research Based on the Results Presented in Chapter 7.

1. Methodologically, in further research, the questions presented to evaluators, should be divided into two different categories. The first category relates to the evaluator's assessment as to my theoretical understanding of the application of self concepts into Expressive Therapy. The second category relates to an assessment of the appropriate application of the concepts to the chosen scenes.
While there might be agreement with regard to my theoretical conclusions, (first category) there might be disagreement regarding the choice of the scene and vise versa. This can be avoided by separating the evaluations.

2. I have found difficulty in controlling the evaluators background variables while exposing them to the material of the research. I have attempted to deal with this challenge by asking them to read three theoretical chapters from the dissertation, but there are variables which could not be controlled. In further research it might be more effective to choose the evaluators according to other background variables, such as prior experience with the theories and therapy methods.
2. How to choose an appropriate scene for the study is a serious issue needing further elaboration. Dealing with the medium of video, was part of my Personal Growth, and it certainly
requires more methodological and technical expertise.

My experience with this research indicates, for example, that some scenes are more appropriate than others which greatly influences the results. Random choices are not recommended.
By now, I could safely point out those scenes which should be used in future research. This research has contributed to the material presented on this cassette in terms of Content Validation. I recommend showing more than one scene to demonstrate each concept, as the experience of this research indicates that one scene is not sufficient.

3. The examination, application, and research regarding Kohut and Stern's theories are current. I have decided to introduce Bollas's new theory with the above as his concepts seem applicable to the Expressive Therapy field. The high scores in this research encourage my tendency to further apply Bollas's theory in Intermodal Expressive Therapy.