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THREE SELF THEORIES
(H. KOHUT, D. STERN, C. BOLLAS)
APPLIED TO
INTERMODAL EXPRESSIVE THERAPY

A Dissertation submitted by
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ABSTRACT

The three Self theories of Heinz Kohut, Daniel Stern and Christopher Bollas are applied to Intermodal Expressive Therapy.

The author first 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 his conception of Intermodal Expressive Therapy, he thereafter presents his two original models: "The creation-Axis" and the "Model for Modulations between Modalities" in Intermodal Expressive Therapy.

A systematic summary of the above three Self theories follows. Twelve concepts taken from those theories are explained in depth. Kohut's empathy, mirroring, grandiose exhibitionistic self and selfobject. Stern's amodal perception and vitality affect, RIG and episode, affect attunement. Bollas's aesthetic moment, conservative object, genera, evocation and destiny drive.

The author then devotes a chapter to the bond between Kohut, Stern and Bollas's theories and Expressive Therapy. He later presents his own contribution by applying those theories to Intermodal Expressive Therapy.

The application of the above twelve concepts taken from the three theories is tested in a validation pilot study: An edited video cassette of original clinical material presents, in order, the author's application of the twelve concepts. Twelve evaluators (six clinical psychologists and psychiatrists and six expressive therapists) received the theoretical material and the video cassette, and were asked to assess the author's interpretations.

The results indicate general agreement with to the author's understanding and application of the concepts. Further research suggestions are discussed.

Three Self Theories Applied to Intermodal Expressive Therapy

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CHAPTER 1: INTRODUCTION.

In my thesis, I have chosen to concentrate on three contemporary Self theories, the theories of Heinz Kohut, Daniel Stern and Christopher Bollas.

I wanted to see how the concepts of these psychological theories could be applied, and how they might contribute further understanding to the therapeutic process of Intermodal Expressive Therapy.

How do psychological theories contribute to Expressive Therapy?

During the last decade, this issue has been much discussed, and still challenges Psychologists and Expressive Therapists.

There is a basic assumption that a maturational process takes place in Expressive Therapy when a human being produces an act of art.

But what is therapeutic about this process?

Are music, movement, or art in themselves curing modalities? Is it the withdrawal into the creative unconscious - which explains Expressive Therapy in Jungian terms? Is it the extroversion of internal parts by first manifesting, then conversing with them - which explains Expressive Therapy in Gestaltian terms? Or do object relational characteristics (which obviously exist in the patient-expressive therapist's dyad) explain this therapeutic process.

I have witnessed no small confusion and anxiety among colleagues when trying to explain what they do in Expressive Therapy.

Allen deals with this subject (1992) in his recent article: "Artist-in-Residence: An Alternative to Clinification for Art Therapists"

He (1992) calls for an attitude of differentiation as a protection against the "clinification syndrome" which is "a dual developmental process whereby the art therapist gradually takes on the skills and characteristics of other clinicians, while investment in, and practice of, art skills declines".

In his article "Ethics and the Autonomy of Images", McNiff (1991), Professor of Expressive Therapy, attempts a "new" version of Expressive Therapy: He suggests that we "step out of our self-referential psychologies for a moment and imagine our dreams, pictures, poems, dramas, music and movements as living things". He sees this as a "new basis for therapeutic ethics and methods". Yet McNiff inevitably finds himself confined to psychological theories when, on the one hand, he argues that speaking to free images does not constitute Gestalt Therapy and, on the other, justifies the acceptance of "artistic expressions as independent entities" on the basis of Jung's theory of the archetypal unconscious.

Kubie (1970) in his article "Unsolved Problems Concerning the Relation of Art to Psychotherapy", challenges Expressive Therapists with the question: Is there such a thing as therapy through art? He states that "psychological health is essentially synonymous with our freedom to change", then asks: "What role can art play in this kind of change" and "what role can be played by any form of the creative process or its products". Furthermore, "Why apart from certain naive optimism, should anyone assume that the creative process or its products, whether in art or any other field, will necessarily contribute to man's freedom to change?"

He suggests we "conclude that those who achieve greatness in some creative field are not always saved from neurotic catastrophe either by their ultimate achievements or by the processes through which they achieve them". With these provocative statements - poorly answered later on by Kramer (1973) - Kubie warns us against using terms such as "sublimation, discharge or abreaction" as metaphors which explain Art Therapy, because "much of what has been claimed for the influence of the creative process on psychotherapy has been expressed through the misuse of these figures of speech".

This debate, labelled by the editors, "Dialogue", was first presented at the Department of Art Therapy, Hahnemann Medical College, Philadelphia Penn. It indicates the vulnerability of Expressive Therapy without the support of psychological theories. Robbins (1982) presents an interesting article describing his efforts towards "Integrating the personal and theoretical splits in the struggle towards an identity as Art Therapist". He describes the theoretical development of Expressive Therapy and psychological theories and refers to Lachman-Chapin's (1980) article which deals with the attempt to apply concepts from Kohut's Self Theory to Art Therapy.

Towards the end of his article, Robbins (1982) arrives at the following conclusion: "I have modified the original theoretical framework of sublimation to include the ideas of Kohut, object relations, and ego theory, but I have found that a whole kaleidoscope of theories move in and out of my awareness. At times Jungian archetypal images have connected a patient to the broad stream of the collective unconscious and further extended notions of the self, while at other points, Gestalt Therapy has been a meaningful tool to help a patient confront the split-off parts of the self and object representations".

He continues, stating: "Theory, then, has become organic, a part of myself rather than a defence to interfere with my experience with patients...Psychiatric theory can no longer be seen as a necessary evil or, worse, an infringement on the professional identity of the artist".

Expressive Therapy, in my opinion, does not stand alone as a therapeutic ideology. I believe that Expressive Therapy should neither be elevated, nor used to condemn other therapeutic techniques. All share the goal of helping our patients advance to the next developmental stage, towards a "relative felicity".

In the course of my personal and professional development, I have learned and experienced both Gestalt and Jungian theories. As a result, I have applied Gestalt principles and Jungian concepts intensively in my practice of Expressive Therapy.

Observations of the Art Therapy process have brought me to an important conclusion: Beyond the powerful, direct, organizational and experiential values which Gestalt Therapy contributes to Expressive Therapy, and beyond symbolic meaning, diagnostic knowledge, and the transformation individuation process with which Jungian Psychology empowers Expressive Therapy, 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, 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 or the therapist.

It is the purpose of this work to contribute a reconciling view of the integration of crucial concepts in self theories, and their application in the exciting artistic technique of Expressive Therapy.

This dissertation addresses the common ground between the Clinical and the Expressive Therapists. It offers students of the Expressive Therapies a theoretical basis and framework for their creative intuitions. It offers alternative modes of communication to Clinical Psychologists and Social Workers who get "stuck" with words, and it shows how the self-theories of H. Kohut, D. Stern, and C. Bollas can be applied to creative work. I hope this work will also become a source for further discussion in the never-ending debate between Psychology and Expressive Therapy.

Kohut's Self Theory provides a wide and solid theoretical base which clarifies Stern's differentiative theory of the pre-verbal Self, and even illuminates vague aspects in Kohut's own theory.

Analyzing Kohut's concepts of the Self in terms of Expressive Therapy seems innovative. In addition, his ideas about the self and creativity, art and the artistic process, contribute a great deal to the comprehension of the expressive therapeutic process.

When trying to understand the "archaic self", as Kohut presents it in his writings, and considering Intermodal Expressive Therapy as a non-verbal oriented therapy, I felt a need for further differentiation with regard to the concept of the Self. This is where I found Stern's theory very appropriate. "Intermodality" is a core term he uses in explaining the affect interaction between mother and infant during the preverbal stage of the human development.

His theory of intermodality offers solid theoretical background for Intermodal Expressive Therapy.

Finally, I have chosen to adopt Bollas's theory on "the Self as an inner object". His ability, on the one hand, to create his own concepts, definitions, and spiritual gusto, and, on the other, to advance significantly Winnicott's concept of the Self, have profoundly contributed to my understanding of how to apply and explain the Self in the field of Expressive Therapy. The theoretical issue of the Self as an entity is vast, and has been developed intensively since the post Freudian literature. Jacoby (1985) mentions that "Heinz Hartmann, in 1950, proposed introducing the term "self" into psychoanalysis (Hartmann, 1964, passim).

As used in psychoanalysis today, the word refers mainly to what is also known as "self-representation" - the image of myself that I carry within me, either consciously or unconsciously (38)".

In my exploration of this profound and challenging subject, I have found that not only is the Self engaged in a developmental process, but that related ideas and literature have also gone through a process: Ideas have developed and matured. A great deal of intellectual courage, and creative wisdom, have given birth to structures and therapeutic conclusions.

Since all three theorists start their observations from the parent-child dyad, from here diving into the inner presentations of the Self, I have found their theories both complementary and compensatory, creating a solid and reliable theoretical background for my research.

Expressive Therapists have relied intensively on the theories of object relations. The Self as an independent concept is a central notion in contemporary psychology, and I would like to analyze its manifestation in Intermodal Expressive Therapy. Chapter 5 will deal with the applications of the Self in Expressive Therapy.

While in object relations theories, the Self is defined (as previously mentioned) through the dyad between ego and object, in self psychology, the Self is the Object. This idea fascinates me, especially when considering its application in Expressive Therapy. This introductory Chapter 1 precedes the survey of the Expressive Therapies (art, music, and movement) presented in Chapter 2.

In Chapter 3; I shall present an Intermodal Expressive Therapy Model which I have developed as the basic framework of this thesis. The idea of creating an integrative model arose while attempting to explain what I refer to as "Intermodal Expressive Therapy". In this chapter I describe the uniqueness of this discipline. I try to answer why, how, and when we should shift from one modality to another, what its benefits and drawbacks are, and who should use this mode of therapy. This chapter presents a developmental line of creativity which I call the The Six Stages Creative-Axis. I then present in detail the Traffic Light Model for modulation between modalities, which describes how and when to modulate. This part is accompanied by short vignettes to demonstrate and clarify the model.

Chapter 4 focuses on the three Self theories of Kohut, Stern, and Bollas. The research aspect of this dissertation intends to examine the validity of the concepts of the Self in these theories, as applied to Intermodal Expressive Therapy.

For this purpose, a lexicon of concepts will be edited. I shall therefore survey the three theories, and present them in this chapter already in a lexicon form.

I have found many references to the issues of creativity, expressivity and the artistic and aesthetic processes in the writings of Kohut, Stern and Bollas. In addition, some of the central concepts in their theories have direct implications and significance regarding Intermodal Expressive Therapy.

I shall deal with these issues in Chapter 5. This chapter is subdivided according to each of the three theories, into two parts. In parts A1,B1,C1- I shall deal with their ideas and explain their bonds to Expressive Therapy.

In parts A2,B2,C2- I shall present my ideas and applications, ending with operational definitions of Self concepts as these are applied in Intermodal Expressive Therapy. Thereafter, in Chapter 6, I shall deal with methodology, which I intend to apply in order to test my interpretation of Self concepts as they are applied and explained in the therapeutic process of Intermodal Expressive Therapy. I intend to expose independent

professional judges to the above data, and then to show them a video cassette for evaluation, followed in Chapter 7 by a report and results on this experiment.

The final chapter of my thesis, Chapter 8, will constitute a comprehensive discussion. I shall suggest a possible integration between the three theories as they are applied to intermodal Expressive Therapy, then I shall relate to the results of the experiment and analyze the judges ratings, discussing the validity of my interpretations. And finally I shall refer to possible future elaborations on the Intermodal Expressive Theory.