

CHAPTER 5: APPLICATION

- A 1. BOND BETWEEN KOHUT AND EXPRESSIVE THERAPY
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My analysis of the application of the three Self Theories will be as follows: To each theory I shall first present a brief survey of the bond between that theory and Expressive Therapy (A1,B1,C1), then, for each theory (in continuation to paragraphs A1,B1,C1) I shall bring my interpretations and applications (A2,B2,C2) by: First; presenting a concise definition of the interpreted concept according to its psychological context as set down in Chapter four, second, sharing my thoughts and explanations with regard to the application of that concept in Intermodal Expressive Therapy, finally, I shall present a concise operational definition of these specific concepts as applied in Intermodal Expressive Therapy.

A 1. Kohut's Theory in Relation to Expressive Therapy.

Howard S. Baker (1990) begins his comprehensive article "Vincent Van Gogh: Selfobject Factors in Motivating, Facilitating, and Inhibiting Creativity", with a short Eskimo parable which I include here: "In an Eskimo parable the world is created by Father Raven. He begins in a void and nearly falls into a bottomless abyss, but at that very moment a sparrow appears to comfort him. Initially the great bird/creator has a human form; but as he slowly constitutes the world, he himself achieves his destined feathered form.

Three elements in this tale merit particular attention (1): in the process of creating, the creator forms himself (2); there is considerable danger involved in the creation process (3); at the time of danger, a facilitating other, the sparrow, is essential.

Kohut has written extensively about creativity and the Arts. He (1977) "concluded that the ability to create, in extreme situations, the fantasy of being supported by a godlike omnipotent figure should be evaluated as belonging to the assets of a healthy psychological organization" (46). He (1971) believes that "Creativeness is ranging from a new-found ability to perform a restricted range of tasks with zestful initiative to the emergence of brilliantly inventive artistic schemes or of penetrating scientific undertakings, related to the mobilization of formerly frozen narcissistic cathexes, in the area

of both the grandiose self and the idealized parent imago" (308). His basic psychological attitude towards the artistic product is in harmony with that of Expressive Therapy: "An artistic product, once it has been finished by the artist has become sacrosanct and, in principle, cannot be changed by another, whatever its imperfections and whatever the potential improvement might be. The work of the artist is unconsciously

recognized as unalterably bound up with the personality of its creator and it must not be tampered with through the intrusions of another" (310). He (1984) states that "a self psychologist does not confront the patient with an "objective" reality that is supposedly more "real" than his inner reality, but rather confirms the validity and legitimacy of the patient's own perception of reality, however contrary it might be to the accepted view of reality held by most adults and by society at large" (173). Kohut's open minded approach is already apparent in his first book, where he (1971) points out the potential therapeutic use of the arts as a supplement to psychoanalysis: "I believe that true psychoanalytic creativity may be motivated by the urge to investigate certain psychological areas that have remained incompletely elucidated in the personal analysis. Where the incompleteness of the training analysis is due to inner resistances in the analysand which the analysis was unable to overcome, or where it is due to obstacles from the side of the training analyst the result will be the attempt to resolve the impasse through re-analysis or self-analysis... Where the incompleteness of the analytic work, however, is due to the fact that the the science of psychoanalysis itself has not yet made the relevant discoveries, then it may become the impelling force toward the discovery of a suprapersonal, creative solution" (913). I think Art Therapies are such alternatives.

Such a predisposition to the Arts, enables us to search for further aspects common to Kohut's theory and Expressive Therapy. Kohut (1985) sees a direct link between the artistic product and the nuclear self: "The art of the tragic - whether sung, told, or written as in the great epics; whether through music, on canvas, in stone, or on the stage - is concerned with man's attempt to live out the pattern of his nuclear self. And the tragic hero who is the protagonist of the great tragedies, which must be counted as among the most precious cultural possessions of mankind, is a man who, despite the breakdown of his physical and mental powers, and even despite his biological death, is triumphant because his nuclear self achieved an ascendancy which never will, indeed which never can, be undone" (37). Kohut maintains that the artistic creation derives from the preverbal phase. When talking of music, for example, he observes: "There is something profoundly pre-verbal and liberating about the enjoyment of listening to music. Music enlarges one's identity to embrace "a whole primitive, non-verbal universe of sounds after the original threat is overcome."

And in conclusion "The ability to regress to this early ego state while at the same time preserving the complicated ego functions required to recognize and master the influx of organized sounds, is the prerequisite for the enjoyment of music (xviii)".

Kohut claims that creativity emanates from the positive aspect of the grandiose exhibitionistic self.

He was already certain of this in 1971, stating that "the primary central activity in the clinical process during the mirror transference concerns the patient's revelation of his infantile fantasies of exhibitionistic grandeur (147)", and, later on in 1985, with regard to the Arts, he argues that "Yesterday's fashions (like yesterday's selves) look ludicrous, strange and incomprehensible. A new style at first strikes us as foreign and unacceptable. But after we have come to know it the formerly strange,

ludicrous or repulsive is transformed: It shares now in that basic sense of absoluteness and perfection which every healthy person has retained in the storehouses of his experience, the grandiose self of childhood that survives in the depth of the personality" (34).

Kohut (1985) has analysed the artistic process and the artist's personality and arrived at some interesting conclusions: First of all, he claims that "In creative work... narcissistic energies are cathected with narcissistic libido and thus included in the context of the self(112)". Secondly, he states that "the creative individual, whether in art or science, is less psychologically separated from his surroundings than the noncreative one; the "I-you" barrier is not as clearly defined". He adds that "the creative individual is keenly aware of these aspects of his surroundings which are of significance to his work and he invests them with narcissistic-

idealizing libido. Like the air which we breathe, they are most clearly experienced at the moment of union with the self. The traditional metaphor which is expressed by the term "inspiration" (it refers both to the taking in of air and to the fertilizing influence of an external stimulation upon the internal creative powers) and the prototypical description of creativity ("and the Lord God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul"[Genesis 2:7]) support the assertion that there exists a close psychological proximity, on the one hand, between respiratory and creative inspiration (113)".

Thirdly, he observes that the fact that "creative people tend to alternate during periods of productivity between phases when they think extremely highly of their work and phases when they are convinced that it has no value, is a sure indication that the work is cathected with a form of narcissistic libido"(114).

Kohut (1977) believes that artistic works reflect the creator's state of self: "The musician of disordered sound, the poet of decomposed language, the painter and sculptor of the fragmented visual and tactile world: they all portray the breakup of the self and, through the reassemblage and rearrangement of the fragments, try to create new structures that possess wholeness, perfection, new meaning"(286).

He, and other Self Psychologists, have stressed that creative artists, during the process of intensive creativity, display an intense need for self-selfobject relationship.

In 1984, Kohut wrote: "When I first described a transference of creativity," I particularly had in mind the creator's need for a merger with an idealized selfobject while he was engaged in the most taxing creative tasks and the subsiding of this need after the daring creative step had been carried out"(201). He (1985) later describes the process: "In the transference of creativity, it is a current situation that is central, a situation in which an enfeebled self, drained of its cohesion-maintaining cathexis and engaged in the daring exploration of the moon landscapes of the unknown, will seek the temporary aid that comes to it from the relation with an archaic selfobject, particularly with an

idealized parent imago. True enough, the transference of creativity repeats an archaic childhood situation: it is a reversion to that phase of development in which the self in formation had not yet separated itself from the figures in its environment - had not separated itself, in other words, from the imagoes which for the social-psychological observer are the "objects" of the child"(195).

Klingerman (1983) in his article "Art and the self of the artist", presents four main streams in the creative drive:

"1. An innate intrinsic joy in creating, related to what has been termed "functional" pleasure.

2. The exhibitionistic grandiose ecstasy of being regarded as the acme of beauty and perfection, and the nearly insatiable need to repeat and confirm this feeling.

3. The need to regain a lost paradise - the original bliss of perfection - to overcome the empty feeling of self-depletion and to recover self-esteem. In the metapsychology of the self this would amount to healing the threatened fragmentation and restoring firm self-cohesion through a merger with the selfobject - the work of art - and a bid for mirroring approval by the world". He later adds the fourth: "The need to regain perfection by merging with the ideals of the powerful selfobjects, first the parents, then later revered models who represent the highest standards of some great artistic tradition.(388)"

Brandchaft (1991) quotes Kennan (1989,p.xiii) in trying to formulate the nature of selfobject in an artistic context: "Everything that is observed, everything that is known or can be known of reality emerges from the interaction between two moving objects, that which is observed and the pair of eyes that are observing...for one of the keys to the understanding of the human predicament is the recognition that there is, for the human individual, no reality - no comprehensible and useful reality, at any rate - other than that of an object as perceived by the human mind - no abstract reality, in other words detached from the eye of the beholder. All that we see around us may be considered to some extent as a part of ourselves, the reflection of our own astigmatism, our own individual perspectives and - sometimes - our intuitions. Unless it is taken that way, we cannot recognize its reality or even know it to be real"(103).

The artist's need for a close selfobject derives from an inevitable solitude. Kohut (1971) first explains this phenomenon as a "need (which is) especially strong when the discoveries lead the creative mind into lonely areas that had not previously been explored by others. The sense of isolation of the creative mind is both exhilarating and frightening, the latter because the experience repeats traumatically an early childhood fear of being alone, abandoned, unsupported. In such a situation even the genius may choose a person in his environment whom he can see as all-powerful, as a figure with whom he can temporarily blend. Later, Kohut maintains that " During creative periods, the self is at the mercy of powerful forces it cannot control; and its sense of enfeeblement is increased because it feels itself helplessly exposed to extreme mood

swings which range from severe precreative depression to dangerous hypomanic overstimulation, the latter occurring at the moment when the creative mind stands at the threshold of creative activity. And when his discoveries lead the creative mind into lonely areas that had not previously been explored by others, then a situation is brought about in which the genius feels a deep sense of isolation"(192).

Baker (1990) thinks this inevitable solitude is crucial to the understanding of the creator's self and brings Noy (1984-85), Storr (1988) and Bloom's (1973) views on this issue.

Noy "saw a positive side to the social isolation of the creative artist. According to him, at least relative isolation facilitates the habitual pattern of innovative thinking essential to any high

level creative work". Storr feels that without that solitude "original thought can rarely be developed", and Bloom refers to the "anxiety of influence" by misreading works of earlier strong poets"(206).

Klingerman (1983) assumes that many artists suffered from "actual loss of selfobject in childhood. In these artists there is an overwhelming need to feel whole again by reconstructing the ideal self or selfobject as a concrete work of art"(389).

Rotenberg (1985) goes a step further by taking Kohut's concept of the selfobject, and analysing it in the context of the artistic process. In his article, he relates both to D. Stern and C. Bollas, and his comprehension of the issue has greatly contributed to my research. His first major assumption is that "to participate in a visual work's aesthetic meaning is not only pleasurable, but, more to the point, transforms the participating, viewing self"(195).

Rotenberg explores the dynamics of the viewer's self. At first, the art object is unfamiliar and causes frustration, then "increased understanding of the work may bring about in the viewer a sense of need satisfaction and increased cohesiveness, even exhilaration. The establishment of "empathic resonance"(Wolf, 1981) with a work's meaning will enhance the sense of cohesiveness, harmony, and positive affective coloring of the self."(201)

In the theoretical discussion, Rotenberg first discusses the space in which selfobject functioning occurs. He argues that "one of the distinguishing features of the selfobject is that its boundaries do not end with the physical boundary of the self ... the selfobject concept comprises what is out there, such as person, canvas, stage, screen and yet it is coextensive with the individual psychological experience of the self. It denotes a self in the here and now but also faces forward in time and action to a potential future uttering of its capabilities."(204)

Furthermore, he states that the selfobject concept advances our understanding that fusions of self and other experiences exist as part of the psychology of everyday life, without requiring us to reroute them...Fusion of self and object is not necessarily archaic, primitive, regressive, hallucinatory, or paranoid, but it can be any of these and necessitates a discussion of optimal psychical distance". (502)

He maintains that "this activity, in which the art object acts as selfobject, is the process by which symbol formation occurs. The selfobject, through its emphasis on shared, communicative space, makes the process of creating symbols more understandable". Rotenberg tells us that "insofar as painting "talks" to us, we hear its voice, listen to its language in the shared space occupied by the viewer's unique receptivity and the symbolic expressions offered in condensed form in the painting".

Rotenberg relates to "the area of interaction between the artist and his own work". He claims that the artist "puts his own puzzles and internal ambiguities outside of himself and then reacts to them as if they were other than his. Once the artist begins a work he surrenders to it as though the work were dominating him, demanding the solution of its own ambiguities, and requiring completion. The artist experiences the selfobject functioning of the art work as alive, active, interpretive, and eventually having transformational capacities, to the extent that the inner puzzles of the artist are worked out throughout this externalization".

Rotenberg (1985) develops Kohut's notion that, selfobject, by nature a fantasy, may not only be human but also an object. He argues that "One objection to using the selfobject concept in this instance is that a selfobject cannot be an inanimate object.

This objection is refuted by the recognition that in the distinctively aesthetic experience, the self is influenced through its dialectic with the condensed symbolic assertions of the art object and therefore with those of the person or the artist who created it." He states that the "selfobject functioning of the art work, at the moments that constitute the aesthetic experience, is constituted not by the material qualities of the object, but by the condensed communication of tensions provoked by the symbolic- therefore human-assertions of the work." (207)

A 2. Theoretical and Practical Interpretations of Kojut's Concepts regarding the Self, as applied to Intermodal Expressive Therapy.

I find that Kohut's theory and its implications, contribute to Intermodal Expressive Therapies on three levels.

1. The therapist patient dyad; here, concepts such as "empathy" and "mirroring" are keywords in understanding the art of Expressive Psychotherapy.
2. The patient's diagnosis and his intrinsic motivation: The concept of "grandiose exhibitionistic self" in its positive and negative connotations help us to understand and evaluate the artistic product created by the patient.
3. The mental role, its significance and essence of the artistic product in relation to its creator (the patient) and to its observer (the therapist): here, the concept of "self object" makes a crucial contribution.

1. The therapist patient dyad: "empathy" and "mirroring".

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 technique 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.

Empathy is a core therapeutic idea in the Expressive Therapies. When Kohut (1984) talks about 'listening open-mindedly' and resisting the temptation to squeeze (the) understanding of the patient into the rigid mold of whatever theoretical preconceptions he may hold, be they Kleinian, Rankian, Jungian, Adlerian, classical-analytic, or, yes, self psychological, until he has more accurately grasped the essence of the patient's need, and can convey his understanding to the patient"(67), I cannot help seeing the various forms in which empathy is realized in the process of Intermodal Expressive Therapy.

An act of art (even in its very beginning) whether it is a line, a sound, movement, or an emergence of self in the presence of a therapist-witness, is typical of the psychological conditions of "ego relatedness" in Winnicottian (1954) terms. A creative idea, or expressing an emotion through a gesture of the body, have the characteristics of a child's deed. As therapists observe the patients in the depths of their creative process, and accompany the formational stages of an artistic product - they develop an empathic attitude in the Kohutian sense. Furthermore, if they join in the patient's process by feeling the material, sensing the motion, following a voice the patient reveals, surely they connect with what Kohut (1971) refers to as "their own past mental organizations"(37).

Lachman-Chapin (1979) stresses that the Intermodal Expressive Therapist prefers to intervene less, and rely more on the supplying of optimal conditions for creativity and healing to occur.

My characteristic behaviour in Intermodal Expressive Therapy is constant appreciation of my patient's work of art. Observation takes place on three levels:

1. Observation of the creational process, while being quietly present.

2. Trying to get a sense of the source experience which has led to the present expression in art form.
3. Participating by assisting, or contributing my own creativity or enthusiasm.

We may therefore identify empathy in Intermodal Expressive Therapy when some of the following conditions exist:

- 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.

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.

When a patient is experiencing emotion, I have found it extremely important to gently duplicate his actions. If he bends forwards, I follow, curving my body in a reflection of his; if he whispers, I quietly do the same; if he crumbles a piece of clay, I too, let my fingers try that motion.

When we participate in our patient's activity during Intermodal Expressive Therapy, we not only pledge ourselves to empathy, but we also mirror our patient, thus granting him/her vital support.

When patients are engaged in an act of expression, they are engaged in a performance. The only nonverbal way to give support with a message of confirmation, approval and comprehension, is to mirror them. This reflection must be done gently, never by taking over the activity, though sometimes by accelerating, or slowing it down. In Expressive Group Therapy, appropriate mirroring can easily be achieved by including other members of the circle in the activity the patient is engaged in. He/she may then experience the enjoyment and appreciation of the others in his/her creative act.

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.

2. The Patient's Diagnosis and His Intrinsic Motivation: "Grandiose Exhibitionistic self".

Grandiose Exhibitionistic self - The self is bipolar and the counterpart pole to the idealised 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.

The patient's artistic work (often characterized by a hesitant attempt to reveal a genuine gesture), usually derives from the grandiose self. There we can see evidence of the patient's true self and motivation.

It is always amazing to see how children, (in contrast to adults) free of shame, perform openly and expressively through such mediums as music, art or movement.

When a child, even more so an adolescent, but most of all an adult, have dared to perform during a session of Intermodal Expressive Therapy, the act may derive from the exhibitionistic, hidden, infantile part of his/her personality. Psychologists tend

to label this as regression, yet this innocent and important phenomenon, the artistic product, emerges from our grandiose archaic self.

The wish to become somebody, leave a trace, the urge to dare, that tiny courageous act, are all due to the grandiose self.

Intermodal Expressive Therapy tends to become an arena for the products of grandiose exhibitionistic selves. Its playful, imaginary, colorful, dramatic and artistic language, often invites and supports explosions of grandiosity. The signs of this grandiosity manifest in the: expansion of size, range of colors, mix of materials in the visual arts, full exploitation of space and energy in movement, and increased intensity, volume and variety of melodies in music. Grandiosity is often achieved gradually, a step by step crescendo, often ending with a slow decrease of energy.

Grandiosity in the context of Intermodal Expressive Therapy plays the role of "a correcting experience". It permits the patient to reach unconscious or repressed content by artistic means.

This process is usually accompanied by intense emotion, ending with a smile of profound satisfaction.

I have often heard a patient whisper at the end of such an activity: "My Mom or Dad should see me this way..." meaning how great it is to revolt, or separate and individuate, or temporarily free a castrating super-ego.

In his second article, Rotenberg (1992) presents a new concept which he calls "Optimal Operative Perversity". He claims that "the term perversity is used here in its dictionary sense of "deviating from what is right or acceptable" or "stubbornly contrary" (171).

Relating to Optimal Operative Perversity, Rotenberg maintains that "this term condenses attitudes and actions within the creative

field whereby the artist creates problems or stumbles upon them and then attempts to resolve them... The act of oppositional expression may be driven to some extent by aspects of the self that deserve elucidation. One of these is the feeling of grandeur, which is often seen by others as pathological grandiosity" (175). He bases this understanding on Kohut's (1976) statement that "during creative periods, the self is at the mercy of powerful forces it cannot control... it feels itself hopelessly exposed to extreme mood swings which range from severe precreative depression to dangerous hypomanic overstimulation" (818).

Rotenberg stresses the positive side of grandiosity in the creative process, indicating that "oppositional expressions, insofar as it determines creativity, is not negativism, it is not reaction formation, it is not the experiential pole of ambivalent paralysis" (176).

Grandiose artistic work reveals diagnostic data.

Kohut (1971) tells us that, in its negative aspect, the grandiose self contains Pseudologia, which is "the origin of lies" (110).

Here we face a False Self production on which we shall have to work in therapy.

Rotenberg (1992) develops this notion, claiming that "the hauteur, grandeur, defiance and stubbornness of the artist's self are reminiscent of Kohut's original description of the bipolar self, particularly the grandiose pole of the self" (176).

Levy (1990), following Chasseguet-Smirgel (1985) who distinguished between Anal art ("consisting of decoration and imposture) and genital art ("with its deeper values of truth") contributes to this issue. He claims that in the same painting there are manifestations of those two parts of the self.

His description of anal art fits the products one may observe in the artistic works of the grandiose self: "Decoration is often based on the anal mechanism of reversal, reaction formation and negation. Orderliness and the wish for coquetish beauty, and above all, the admiration of the surface, of the outside, and the denial of depth, of the inside, are all of anal origin. .. Decoration provides sensual pleasure, it hints at the tactile level and it arouses a feeling of majesty and pride, but all this functions as a background to the denser meaning of the shield itself, which is not decoration... Decoration is artificial glamour, the sweetened, even fake, version of the true." Levy subsequently states that art contains both Anal and Genital components which are both essential to its enjoyment. I believe it is the role of Intermodal Expressive Therapy, to permit the narcissistic patient to enjoy the freedom of grandiose art.

We may therefore 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 perversion": that is, a provocative idea, style, or behavior.

3. The Mental Role of the Artistic Product for its Creator (the patient) and its observer (the therapist): "self object".

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.

When presenting my concept of self object in Intermodal Expressive Therapy, I bear in mind the fact that Kohut (1977), Rotenberg (1985) and others, concurred that selfobject can be an artistic object, since "selfobject functioning of the art work, at the moments that constitute the aesthetic experience, is constituted not by the material qualities of the object, but by the condensed communication of tensions provoked by the symbolic-therefore human-assertions of the work"(207).

On the other hand, I also bear in mind my experience with my patients' artistic products.

In the context of Intermodal Expressive Therapy, as we observe the patients in the process of creating a clay sculpture, a painting, a musical score or a graceful movement, we will quickly notice that they handle their work as if holding babies. In music, we might feel how capricious they are, in movement how self absorbed they are.

And should we make the mistake of damaging the work of art, or relating to it with incautious freedom, the patient may react with a fury that we may regard as an over reaction.

Yet the patient's reaction conveys his/her deep, natural attachment to this work, a feeling that is beyond simple possession, a feeling of intense identification that reveals a profound and significant link with that "little creation".

In Intermodal Expressive Therapy, we encourage a personification of the artistic product by letting the object speak. If this experience succeeds, we witness a dual self selfobject relationship.

Going beyond the Gestalt technique, where talking to an object reflects a projected part of the personality, McNiff (1991) claims that "personifying images, gestures and other artistic expressions enables them to fulfill their ability to act as 'agencies' of transformation rather than simply functioning as "illustrations" of the restructured psychic life through spontaneous events"(279). He also believes that "a therapy of imagination creates relationships with the imaginal other through dialogue." In verifying that technique, McNiff explains that "the artist responds as the picture's "speaker", a term we take from shamanic cultures where the mask that the person wears, or the object that is held, is considered to be alive, but incapable of speaking alone... Humans enter the imagination of the image, or event, and speak for it, rather than as themselves"(282).

This natural interaction is quite different from our contemporary belief that we project ourselves onto everything we say. Animistic cultures can teach us how it is possible to discipline, educate and sensitize ourselves to become agents of another's expression"(282).

When we make artistic-products "speak", we face a triangle of selfobject relationship between the patient, his "revived" work and the therapist.

Rotenberg kept the artist in the "baby's position" and explained how an artistic product functions for its creator as a selfobject. But in my opinion, once the artistic-product has received an independent autonomous entity, it functions as a "personified baby creation" for its creator. By "dual self-selfobject relationship" I mean that not only the artistic-work functions as selfobject for its creator (Rotenberg's theory), but that the creator can function too as a selfobject for his personified art work (just like the original mother-image for the baby in Kohut's theory). This distinction is incredibly important because, as we all know, in the case of narcissistic disorders, patients tend to create merger and twinship transferences with the therapists and hang onto relatedness for a long time, while here, when having experienced a "good enough mothering" to that "speaking creation" of theirs, those patients develop merger and twinship attitudes towards their own artistic products.

They are willing to live conflicts intrinsic to those states within the dynamic circle of creativity, and they may give up projecting it on the therapist. If patients create an artistic product, they benefit from the selfobject relationship according to Rotenberg's theory (where the object functions for them as selfobject), should they succeed in personifying the product, and letting it "talk" to them, they benefit from an additional "dual selfobject relationship" (where they function as selfobject for their creation). Once this happens, we enter a triple self selfobject relationship: The therapist, who takes part in this process as an observer, is free of the patient's transference, and he/she, too, can experience his patient's art work as a selfobject, according to the "Rotenberg version": that is as an "artistic self-object", which enables the patient transform himself.

So the two - or more precisely - the three: patient, patient's artistic work, and therapist, may transform and develop themselves simultaneously in the creative process of Intermodal Expressive Therapy. Baker (1990) claims that creative people don't find sufficient self-selfobject relationships in their relationships with others. They must organize their lives principally around self-selfobject relationships that do not directly involve people. Some find ways of using their creative process and their created product as centrally organizing selfobjects. Yet he stresses that "creative work, however, does not free them from the need for human interaction.

While creativity functions for them as a pivotal selfobject, many artists - perhaps most - discover that they must also find reasonably effective, ongoing human sources of selfobject support to facilitate their productivity" (190).

This notion forms the basis of my belief that the therapist's crucial role is that of a human mediator between the artistic and the human selfobjects.

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.

B. 1. Stern's Theory in relation to Expressive Therapy.

Stern's theory illuminates basic aspects in the Expressive Therapies. He bases his theory on interrelational correspondences of affects during the preverbal phase, and he instinctively uses many examples taken from, or related to, the world of expressivity.

Stern reminds us of our amodal perceptual capabilities which we tend to abandon while developing verbal language, yet rediscover, in the expressive activities.

Stern (1985) believes in the potential of our early wholistic-sensational perception, stating that "No matter whether an object was encountered with the eye or the touch, and perhaps even the ear, it would produce the same overall pattern or activation contour" (59).

His conviction that "All learning and all creative acts begin in the domain of emergent relatedness" (67) support my belief that there is a unity of the senses, and therefore a reason and a theoretical rationale for using Intermodal expressive Therapy.

B. 2. Theoretical and Practical Interpretations of Stern's Concepts regarding the Self, as applied to Intermodal Expressive Therapy.

Stern's theory, as I perceive it, contributes to Intermodal Expressive Therapies on three levels:

1. The centrality of the Intermodality of the senses which creates the theoretical foundation of Intermodal Expressive theory. Here, he uses concepts like: "amodal perception" and "vitality affect".
2. The occurrence of a dramatic recollection: where concepts like "episode", "RIG", "self regulating significant other" and "evoked companion" create new language which explains how patients choose a component in their artistic work and start associating.
3. Therapist patient nonverbal communication concepts such as "Affective attunement" and "Intentional Communication" shed further light and sensation on the art of communication between therapist and patient in the context of Intermodal Expressive Therapy.

1. Intermodality of the senses: "amodal perception" and "vitality affect".

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".

Stern tells us that once a sense of self emerges, it prevails throughout life, enabling other senses to "overlap" and enrich the personality. If we accept this assumption, we can rely on the amodal perception asset, while experiencing an expressive therapeutic activity. This is especially prevalent with adults who have long stopped using their amodal perception, while overusing verbal language for emotional expression. According to Stern's theory, "affects act as the supra-modal currency into which

stimulation in any modality can be translated. This is a kind of amodal perception too, since an affect experience is not bound to any one modality of perception" (53).

Amodal perception is a hypothesis basic to Intermodal Expressive Therapy. Stern (1985) maintains that when patients are engaged in expressive activity which combines movement, music, and art, "no matter whether an object was encountered with the eye or the touch, and perhaps even the ear, it would produce the same overall pattern or activation contour" (59).

The application of the above notion to Expressive Therapy, calls for an wholistic experience in which patients are exposed to stimuli from various modalities. The basic assumption is that, while the patient relates to the modality which attracts him/her at a given moment, he/she simultaneously perceives other stimuli in alternative modalities. These contribute (according to the amodal perception principle) extra sensational data which create a "multi dimensional experience".

After an experience of this nature, patients often report two main recollections: (1) The overwhelming intensity of the experience; (2) Surprise at the disappearance of defenses, thus opening up the possibility of new content, insights, or impressions.

When amodal perception is applied in Group Expressive Therapy, an individual may be involved in a process in one modality, while the group works in another. (example: in movement - while a patient is painting the group may circle round him/her and dance; in art - while patient is busy drawing the group may accompany him/her with a song ; in music - while patient is playing the group may move about). The therapist may include a third modality, or reflect that of the individual by mirroring. A similar process takes place in an individual session. Here the therapist may accompany the individual in one modality (example - drumming) while the patient works in the modality of movement.

Such an experience has the power of tribal ritual and derives from the execution of Vitality Affects. What happens in such a dramatic and emotional process, according to Stern, is a transference of affective metaphor.

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.

2. The Occurrence of a Dramatic Recollection: "episode", "RIG", "self regulating significant other" and "evoked companion".

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. Stern (1985) explains how a baby, at the early age of three months!, associates with current routine experiences which involve the Self versus

Other. This sheds light on how patients decipher their acts, achieving significant insights, while staring at an artistic product just completed.

It is important to note that when Stern describes the above process, he begins with the identification of an "episode", continues with the baby's ability to generalize episodes through "Representation of interactions that have been Generalized" (RIGS), explains the attachment to a "self-regulating significant other", and, finally, focuses on the "evoked companion".

In the case of Intermodal Expressive Therapy, the patient may sit near his artistic work with sealed face that possibly indicates lack of comprehension, or resistance.

The information they can report usually relates to the process embarked on while creating an artistic product. They may share with us the reason for choosing certain materials, making a certain movement, or preferring a certain rhythm.

Stern's description of how a three month old baby functions mentally, explains the process where what has been loaded unconsciously onto an object, movement, or melody, in early childhood, is being discovered years later in Expressive therapy. By using the intervention technique which I have labeled "maintanance" (see chapter 3), the patient is advised to concentrate on one component in his/her work. This fragment functions as an "Evoked companion". As Stern tells us "Evoked companions operate during actual interactions with another person, as well as in the absence of others. They operate by becoming activated, so that a self-regulating other becomes "present" in the form of an active memory. They are a record of the past informing the present"(116).

Now the selected fragment becomes the main expressive object, and is located in the center of the process. By personifying the object, by letting it "talk", the object suddenly reveals repressed memories. They are connected to a significant other. Islands of memories which burst out, create a chain of "episodes" which may be experienced and displayed as RIG. We should be reminded here, that Stern defines a Rig as a "generalized episode (that) is not a specific memory. It does not describe an event that actually ever happened exactly that way. It contains multiple specific memories, but as a structure it is closer to an abstract representation, as that term is used clinically. It is a structure about the likely course of events, based on average experiences"(97).

The therapist, and/or the group, function in this process as the "mother", who, according to Stern " Once (she) has so imbued an object and withdraws, the infant is likely to continue to explore it alone, so long as it has the after glow of personification. It has become, for the moment, a self-regulating person-thing, because, like a self-regulating other, it can dramatically alter experience of self"(122).

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.

3. Therapist Patient Nonverbal Communication: "affective attunement" and "Intentional Communication".

Affect 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.

In relating to this concept, I would like first of all, to emphasise Stern's differentiating between Kohut's "empathy/mirroring" concepts, and his (Stern's) "affective attunement". "Is attunement", [asks Stern], sufficiently close to what is generally meant by empathy? No. The evidence indicates that attunements occur largely out of awareness and almost automatically. Empathy, on the other hand, involves the mediation of cognitive processes. Affect attunement, then, shares with empathy the initial process of emotional resonance; neither can occur without it. Attunement takes the experience of emotional resonance and automatically recasts that experience into another form of expression. Attunement thus need not proceed towards empathic knowledge or response. Attunement is a distinct form of affective transaction in its own right". (145)

According to the above explanation, the attunement of an Intermodal Expressive Therapists would appear to be their capacity for mastering and expressing themselves naturally in several modalities. They can take the experience of emotional resonance and automatically recast that experience into another form of expression. Since Stern attributes this ability to any normal intuitive mother, I am sure that to some degree, every Art, Movement, and Music Therapist conveys affective attunement spontaneously. This happens when the Movement Therapist suddenly sings while a patient is moving; or an Art Therapist moves his neck spontaneously up and down, while the patient is drawing a fluctuating line; or the Music Therapist conducts=draws a patient's melody in the air with his/her hands. One should notice that, as the patient has his own unique manner of response to the therapist, so, too, Stern points out, the baby communicates affectively with the mother through "intentional communication".

This phenomenon often manifests in the Intermodal Expressive therapeutic process. We are talking about an intense, dramatic, non-verbal activity (even if this takes place within the patient-therapist dyad), that is characterized by movements, sounds and visual art creations. The patients need to communicate with the therapist, and the most effective manner will be through intentional communication. They will express aversion, satisfaction, fear, or eagerness through eye contact, increasing

signals, and changes in the form of those signals. These will be perceived by the therapist and will significantly deepen the relationship between the two.

In summarizing these two concepts, 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 the same or from another modality.

Intentional Communication is identified as any pantomime the patient engages in, in order to transmit a feeling to the therapist, or members of the group, during nonverbal experience.

C. 1. Bollas's Theory in Relation to Expressive Therapy

Bollas (1992) explains the dynamics of creativity, claiming that "A poet or scientist or musician begins with a natural sense of an undeveloped and inarticulate task. At first the ideas generated are trials, some seeming about right, others not so. In time, a set of ideas or representations feels more correct and as these ideas set in, they give back to the scientist, poet, or musician an increasingly specific vision of his object world, attuned to seeing things now with an enhanced eye" (89). Bollas is attracted to the bond between the unconscious-creative self (defined as "genera") and its artistic production. He often uses illustrations from the arts, for instance his quotation from John-Steiner writings:

"Composing thus emerges as a process with demands - as do other forms of creative endeavor - an ability to synthesize germinal ideas into elaborative structures" (157). Bollas maintains that "this description of musical structure is a useful illustration of how genera work, involving elaborations which continue throughout a lifetime. Always "there" for use, genera, like a composer's protean visions, remain in mind for re-usings" (86).

Bollas (1987) uses musical, visual and sensational examples to illustrate the aesthetic transformational objects. In relating to Movement Therapy, he writes: "This body memory conveys memories of our earliest existence. It is a form of knowledge which has yet to be thought, and constitutes part of the unthought known" (46).

Bollas's concept of the "third areas which maximize the interplays of life", like "a concert, a park, a beach, a sporting event, a party with friends", that will "serve our need to conjure ourself through the use of objects to be found there, just as they will delight us with the unexpected" (37-8), indicates that the expressive therapeutic activity belongs to that potential space where therapeutic transformation occurs. I think he approaches the fundamental concepts of Expressive Therapy when he describes how "We each live amidst thousands of such objects that enlighten our world - things that are not hallucinations (they do exist), but whose essence is not intrinsic to what Lacan calls the real. Their meaning resides in what Winnicott termed "intermediate space", or "the third area": the place where subject meets thing, to confer significance in the very moment that being is transformed by the object. The objects of intermediate space are compromise formations between the subject's state of mind and the thing's character" (18).

In a sense, Bollas regards objects as plastic. He writes: "The choice of form is a kind of psychic route, as each subject, possessing many different forms for the collecting of experience, renders himself in a different medium, so that playing with the forms means simultaneously being played by them". (41).

C. 2. Theoretical and Practical Interpretations of Bollas's Concepts regarding the Self, as Applied to Intermodal Expressive Therapy.

The innovative concepts which Bollas introduces in his three books, illuminate important factors in the therapeutic process of Intermodal Expressive Therapy.

1. In relation to the "Object" produced throughout an artistic-therapeutic process, Bollas acquaints us with the idea of the "Aesthetic Moment" and the "Conservative Object".
2. In my understanding the artistic process in Intermodal Expressive Therapy which we simply call Creativity, I think Bollas contributes the concept he calls "Genera".
3. As required conditions for initiating the appropriate process in Expressive Therapy, we may use Bollas's conception about the state of "Evocation" and the "Destiny drive".

1. In relation to the "Object", the artistic object: "Aesthetic Moment" and "Conservative Object".

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.

When taking into consideration that the aesthetic moment "remains throughout life", I wish to draw the reader's attention to a specific moment during a session of Intermodal Expressive Therapy: A patient has just finished his artistic product. Or, a new movement, a changed posture has just been achieved in a movement session. Or a unique melody emerges from our patient's instrument or voice. Often, the producer is overwhelmed and intrigued by this new object, enchanted by its power. He/she usually refuses to release it and terminate the session.

In relating to such significant moments, Bollas poses a series of questions, which I believe to be intrinsic to the incident described above. He (1987) asks: "Why does the aesthetic moment evoke in us a deep conviction that we have been in rapport with a sacred object? What is the foundation for this belief?"

It occurs, in part, because we experience this uncanny moment as an event that is partially sponsored by the object. Further, we cannot calculate when we will have an aesthetic experience. It is almost inevitably a surprise. This surprise, complemented by an experience of fusion with the object (icon, poem, musical sound, landscape, etc.), of feeling held by the object's spirit, sponsors a deep conviction that such an occasion must surely be selected for us. The object is 'the hand of fate.' And in our induction by the object we are suddenly captured in an embrace that is an experience of being rather than mind, rooted in the total involvement of the self rather than objectified via representational or abstract thought.

The aesthetic moment is an experience of 'rapt intransitive attention', a spell which holds self and other in symmetry and solitude. Time seems suspended. As the aesthetic moment constitutes a deep rapport between subject and object, it provides the person with a generative illusion of fitting with an object" (31).

Very likely we shall hear how this artistic discovery has accompanied him/her throughout the week. Patients may even arrive with a compensating, or illuminating dream which indicates the importance of that "accidental object" for them. They are curious to explore it, further converse with, and understand it, and such experiences become soil for meaningful ploughing.

The above example (which seems parallel to Bollas's description of the aesthetic moment) occurs quite often in Intermodal Expressive Therapies.

It is clarified by Bollas's explanation concerning "the first human aesthetic".

If we succeed in helping our narcissistic patients' attempt to reconstruct through an aesthetic object, we grant them a most important experience. Bollas (1987) writes: "The mother's idiom of care and the infant's experience of this handling is one of the first if not the earliest human aesthetic. It is the most profound occasion when the nature of the self is formed and transformed by the environment. The uncanny pleasure of being held by a poem, a composition, a painting or, for that matter, any object, rests on those moments when the infant's internal world is partly given form by the mother since he cannot shape them or link them together without her coverage". (37)

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.

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.

After the hundreds of hours I have spent with my patients as they talk to objects during the dramatic processes of Intermodal Expressive Therapy, I have come to the conclusion that objects contain secrets. Yet, when objects are permitted to release content and secrets burst out, I have noticed that, somehow, the deposited information, had been coded long long before. It seems to me that it only waits for the appropriate conditions in order to emerge.

I used to explain this phenomenon in Jungian terms.

Jaffe (1964) in Symbolism and the Visual Arts, claims that "Dr. Jung has pointed out the close relation, or even identification, between the native and his totem animal (or "bush-soul")." (263)

She maintains that "the animation of the stone must be explained as the projection of a more or less distinct content of the unconscious into the stone" (259).

Bollas (1992) contributes further explanation which confirms my assumption that content is not solely a function of a present projection, but is a result of a sophisticated, logical process, as if the preverbal infant were saying: "I nominated an object - a swing - to conserve some aspects of this self state" (20).

Bollas devotes much thought to the relationship between Object and Self. His detailed descriptions of "six ways by which object can stimulate us" (34-35) are directly applicable to Intermodal Expressive Therapy. The six ways are: sensorially, structurally, conceptually, symbolically, mnemically, and projectively.

I prefer to illustrate this by describing a short process in Intermodal Expressive Therapy, to demonstrate how the "conservative object in focus" operates.

A young woman presents an art work she has created during a group session. She is hesitant, yet curious to continue "working on" that product, and she asks the therapist and the group for their help. She is sitting on the floor; near her crossed legs lies a "woollen nest" dumped in a mass of wet clay and dark blue and grey gouache spots. To me, the work seems "prima materia", hardly comprehensible, yet obviously important to this woman. We are looking at a "conservative object", mainly because she cannot comprehend its meaning, though feels it to be significant.

I suggest she close her eyes and let her finger tips slowly wander about this object (introducing a sensational imprint to the experience).

She does so and, after a while, her fingers begin to circle around that "woollen nest" (as if the structural form wished to tell her something). She displays anguish, a slow tear running down her cheek (a sign of a mnemical phase). I tell her "to stay there" and see what this feeling or vision means for her. She is quiet, but her tears confirm that she is touched by the object.

She then says: "I see a pond, a dark pond" (Projecting a visual scene on the gouache spots). Talk to it, I encourage her, see what it symbolizes for you. She whispers to the gouache spot, identifying it as the fish pond on the Kibbutz where she spent her childhood. I suggest that the pond may want to tell her something. I address a question to the water: "what do you wish to tell

her?" Suddenly she represents the pool: "You are so lonely here, there's no one near by". A dialogue between herself and that conservative-object ensues. Towards the end, the pond tells the young woman: "you are so busy with your social life, I wish you would come back to me for a while". In a sharing process later on, this woman understands the function of that specific art product, (it gave her a new concept for rebalancing her extrovert vs. introvert activities). She states: I've got to learn not to be afraid to be myself".

We may therefore 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.

2. The Artistic Process in Intermodal Expressive Therapy: "Genera".

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 characterised 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.

In presenting his ideas about "Genera", Bollas (1992) poses a paradox. He states that "Genera cannot be found in the external world and possess no material actuality, although paintings, poems, musical compositions, and other forms of art express such internal processes" (88).

The main characteristics of Intermodal Expressive Therapeutic process, are its spontaneity, improvisation, dramatization and flexibility.

Obviously, such elements do not allow for an extra feeling of control.

Patients are invited to relax their defences and let themselves flow in a process that carries them into the unknown.

The therapist, unless driven by opportunism, high risk inflational drives, grandiosity and arrogance, is very much aware of these perils, constantly seeking for theoretical support in order to understand these processes, fascinated in their potential.

As Bollas describes it: "A poet and the founder of psychoanalysis both use the metaphor of a radio receiver to address a particular form of listening, which in my view is the work of the intuitional part of the mind, one that knows how to receive messages (or signification) if it has crystallized points of attraction from a collection of psychic nodes that I term genera" (91).

Bollas's concept of "Genera" is then, a crucial anchor for the Intermodal Expressive Therapy vessel.

Bollas tells us that, unconsciously, there is a hidden manuscript, a score, a program, that directs our patient's creative journey: "We dream ourself into being by using objects to stimulate our idiom, to release it into lived expression. We do not think about it at all while doing it. We are just inside something - our dream work - that is itself a pleasure.

It is subjective jouissance to find the means of being dreamed into reality; there is true joy in finding an object that bears its experience which we find transformational, as it metamorphoses a latent deep structure into a surface expression" (53-54). He later on adds: "We are "guided" by inner constellations of unconsciously organized psychic apprehensions which are part of a continuous, asymmetrical, creative response to the world" (110).

As therapists, we should strive to illuminate Genera. Knowing that it is resting down there, affords me, the therapist, a sense of safety.

Bollas stresses the importance of the conscious work of the ego in creating conditions for the unconscious level to express itself: "the ego understands that unconscious work is necessary to develop a part of the personality, to elaborate a phantasy, to allow for the evolution of a nascent emotional experience, and ideas or feelings and words are sent to the system unconscious, not to be banished but to be given a mental space for development which is not possible in consciousness...The contents of the received are then the nuclei of genera which, like the repressed, will return to consciousness, but in the case of genera as acts of self-enrichment rather than paroled particles of the incarcerated". (74) This process is displayed in Intermodal Expressive Therapy.

Having stated that Intermodal Expressive Therapy is characterized by spontaneity and dramatic components, and considering the fact that its basic language is symbols, means that the atmosphere and language of this media create fertile earth for the growing expressive seeds of the unconscious.

Yet Bollas warns us that this process is not only relieving, because "An individual who cultivates Genera seeks objects and experiences that yield positive qualia, although positive here does not mean optimistic, good, or conflict-free, but something that will link with and possibly elaborate the psychic material that is incubating into a new vision" (79).

If we follow Bollas's seven steps in the formation of Genera (88-89), we can illustrate how this concept is implemented in Intermodal Expressive Therapy.

In order to explain this delicate process, I shall use my model of the "Creation Axis", a concept I have discussed in Chapter 3.

When patients start experiencing the Creation-Axis, they explore the first three stages: Encounter, Organizing and Improvization.

What characterizes these stages are vagueness, disorientation, trial and error, chaos, fluidity, and a lack of any special meaning. If the therapist is not only willing to tolerate these stages, but also to encourage his patients to maintain and accept them, or in Bollas's terms: "allow the patient not to know", then sooner or later they will naturally shift into the next three stages along the Creation-axis.

Now, what has just been described above, takes place in Bollas's Stages 1-4 in the form of Genera. He describes a gradual process of containment in the unconscious, within which is "a collection of hundreds

of links to the psychic complex in a chaotic state". Bollas stresses that the ability to tolerate these stimuli in a chaotic state in the unconscious, is crucial to its ability to organize itself towards the emergence of the Genera.

Stages 5-7 according to Bollas, describe "a process of structural cohesion", a development of new vision, first the manifestation of the presence of Genera in consciousness, and a feeling of revelation. When we return to the Creation-Axis, we find Bollas's stages 5-7 in the form of Genera, taking place in the last three stages of the Creation Axis (3-6): Main-Theme, Elaboration and Preservation. As we recall from chapter 3, during the Main-Theme stage, the patient is focusing on a particular object in which he/she invests further creative energy (parallel to Bollas's "structural cohesion"). In the Elaboration stage, the patient decorates the Main-Theme and dares to explore new angles and a new vision which derives from a sense of mastery (parallel to Bollas's description of the person who "discovers a fundamentally new perspective that generates many derivatives"), and, finally, in the Preservation stage, the highlight is the feeling of relief, satisfaction and pride (parallel to Bollas's stage 7 where "this moment will often feel revelatory." (88-89).

We may therefore 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.

3. Required Conditions for Starting an Appropriate Process in Expressive Therapy: "Evocation" and the "Destiny drive".

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

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.

In Intermodal Expressive Therapy, we usually begin every activity with a relaxation process. There are many ways of doing this: leisurely activities such as breathing exercises, guided fantasies, free movement and, listening to music etc. There is the category of more direct intervention, such as use of the voice,

(imitations of voices and motions in a circle), physical exercises, walking in the dark with closed eyes etc.. Finally there is the category

of rituals such as prayer, mandala arrangement, or passing round a specific object.

If these techniques are appropriate for the patient's emotional and mental state, they are very effective for reaching what Bollas (1987) calls Evocation.

Until I became acquainted with Bollas's definition of 'Evoke', (from the Latin evocare), meaning to "call forth or to summon" (239) and which denotes an intentional intervention, I had considered these techniques ways of breaking down defences and resistances. As a result of Bollas's attitude towards the various possibilities of evocation, I now find tremendous challenge in experiencing "essential aloneness", "unknowing", and "moods", with my patients.

In Intermodal Expressive Therapy, essential aloneness, means, letting our patient spend very long periods with his/her artistic product, without any intrusion from an eager therapist. Bollas's thesis that essential aloneness starts "in the long evolution of the foetus" is fundamental to Intermodal Expressive Therapy, which is considered a nonverbal oriented therapy.

Bollas's concept of Unknowing grants us new horizons for intervention in Expressive Therapies. Expressive Therapists usually know how to work with the "knowing" phase in therapy ("organizing, seeing, cohering") encourages us to consider other areas of intervention - the fields of "unknowing".

In Intermodal Expressive Therapy, "loosening, and not perceiving" have to do with stages 1-3 on the Creation Axis, where the emphasis is just on Being with the patient and not Doing anything.

Moods are the "air" in these forms of therapy. While in verbal therapy, a certain mood may frighten patients, or even be considered a withdrawal, here, it is the essence of a session. Space, materials, objects and setting, on which Expressive Therapy is based, surround our patients with mood, and invite them to remain there. Much of our initial effort goes to creating a particular mood or atmosphere.

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. '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 .

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.

Before approaching an artistic object in order to explore it, patients frequently need to express fear, or anxiety, at facing the unknown. This prior elaborating phase is an obligatory introduction in all the modalities. We paradoxically put aside the artistic product, the scary

movement, the overwhelming noise... and invite our patients to address the inner conflict between "Destiny Drive" and "Withholding impulse". While discussing the dynamics of "becoming a character", Bollas (1992) declares that "to release one's idiom into lived experience, requires a certain risk, as the subject will not know his outcome"(54). Hence, we are dealing here with the patient's intrinsic motivation to change. In Gestalt therapy that degree of readiness for change and capacity to "work" was called by Koffka & Kohler (1947) "Pragnans Principle". It was defined as: the patient's total readiness for change, which is a function of (1) his/her state of awareness, (2) his/her willingness to express needs and (3) his/her ability to face those needs in order to solve a problem. They insisted on checking the patient's degree of Pragnans prior to any Gestaltian intervention.

If I feel, or see, that my patient is struggling within him/herself about whether or not to start or resist exploring his artistic product, I spend time activating his/her Destiny Drive.

With this concept, Bollas (1989) adds another motivational aspect of the patient's ego strength involved in the therapeutic process. Once aware of the pushing power eager to fulfil itself by means of the artistic object, patients usually display tremendous courage, energy, creativity and involvement throughout the process. In Bollas's words:"a sense of destiny is when the person feels he is moving in a personality progression that gives him a sense of steering his course".(34)

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.