

Editor's Note

In this wonderfully clear essay, Mary Watkins demonstrates that many of our usual approaches to the image (taken here in the context of art therapy) often negate and limit our relation to the imaginal. She also offers some extraordinary examples of how to relate to an image in terms dictated by the image. We can thus see in her work a beautiful blending of Berry's "*via negativa*, a psychology of the image proceeding from a recognition of unsuitable moves," and Hillman's *via aesthetica*, psychological life proceeding by and through image-sense. Watkins's task is the abiding task of archetypal psychology—how to do right by the image by taking our theoretical and practical leads from the image itself, just as it is.

Usually, says Watkins, it is we who get in the way of the image. We either use the image as a fulcrum for diagnosis, or view it as dangerous, or attempt to treat it according to preconceptions that "have not arisen freely from the dialogue between the image as it is and our theoretical framework." Another mistake, more subtle, has us laying ourselves bare before the image in an attempt to experience it in the raw, thereby foreclosing reflection and insight.

An alternative approach, says Watkins, "understands the particular image which arises as the best possible way of representing meanings as yet unknown and not fully grasped." Watkins would give priority to this image, seeing that "its specificity lends us the imaginal background to [every] experience, thus raising the dayworld onto the plane of metaphorical meanings." Echoing Hillman's "image-sense" and Corbin's "*mundus imaginabilis*," Watkins concludes that "[a]s image and experience interpenetrate, the image is not discarded but becomes an eye through which one perceives and senses."

Watkins does her best, which is considerable, to proceed with the image according to its own dictates and desires. Pay close attention to the examples she gives and how carefully she works. From the outset, note how genuinely interested she is in the image just as it is. Note how she leaves it to the image to determine how, or even if, things proceed. And pay special attention to how she remains passionately engaged with the image while respectful of its irreducible mystery. The self-effacing quality of her interpretative self-awareness offers both theoretical precision and practical wisdom, a precision and wisdom nurtured by an unwavering trust in images.

SIX APPROACHES TO THE IMAGE IN ART THERAPY

MARY WATKINS

(Spring 1981)

To my dismay, I have painfully discovered that there is no natural kinship among psychotherapists who depend on images for their theories or therapeutic technique. No number of annual meetings, foundations of new journals, societies or departments based on the image will create such a kinship. Use of the image does not form family ties among such diverse orientations as behavior therapy, Jungian therapy, guided daydream therapy, psychosynthesis, psychodrama, Freudian therapy, gestalt therapy. Nor does the explicit founding of a single kind of therapy (for instance, art therapy or sand play therapy) coalesce its group of practitioners. Within it there will be radical differences in the approach to the imaginal.

Let us look beneath the disguise of family resemblances, and list a number of theoretical allegiances one may serve in so-called "working with the image." Though these distinctions can be used whether we work with our own images or dream and fantasy images of patients, we will choose the images in art therapy as an illustration. Each of the six approaches to the image I shall describe has its own history (Watkins, 1976). Here, however, our concern will be with how these approaches negate, limit, or nurture one's relation to the imaginal. My allegiance is clearly with ways of relating to images that allow them to teach both

patient and therapist the depth of meanings—historical, existential, mythical, and poetic—lived by the patient.

ONE

We begin with what we shall call the diagnostic approach. Here the image is not evoked for the purpose of the patient's insight, or from any notion that the experience of an image is beneficial in a direct way. The image is evoked by the clinician for his own understanding and is elicited often before the beginning of treatment or when treatment has gone awry. But it is not felt to be part of treatment. The power of art to express psychodynamic issues and developmental level is so well accepted that using pictures to diagnose and form a treatment plan has been virtually co-opted by the psychological tester in her Draw-a-Person tests, Kinetic Family Drawings, tree drawings, etc. When art's contribution is narrowed to diagnosis, the art therapy room is drained of much of its vitality. There is little interaction with the patient around the drawings. The paintings are confiscated by the art therapist for analysis. Though the insights derived find their way into the psychologists' diagnostic reports, the images are discarded. The rhetoric of clinical reports has largely banished the language of images, for fear of fostering that culprit of pathology: so-called primary process, mythical or primitive thought. Roy Schafer (1976: 168, 175) is the border guard here, arguing that through our metaphors and images

...we introduce primary process modes of thought into systematic thinking, and so, as we do in the spooky theory of introjects, we contaminate the explanation with what is to be explained.

A soulful language cannot help us understand all we wish to understand about "soul," "soulfulness," and, in Schreber's phrase, "soul-murder" ...

As the language of image is "raised" to the level of abstract thought, the precision of the image is lost. The image of dry, wintry bleakness, of a tree without leaves in a barren landscape, and the image of a dark, rough sea with growing storm clouds of purple and gray are homogenized when "depression" is the insight digested from these startlingly different pictures. Unfortunately Jungians too betray the image through their own brand of diagnostic reductionism. Here radically different images are subsumed under a single category—whether "anima,"

THE IMAGE IN ART THERAPY

"negative mother," "shadow," etc. Once adopted these terms too erase the particularity of the image artistic effort has been at pains to present.

Given the richness of her medium and the sensitivity of her eye, the art therapist may understand the patient more subtly than the psychologist or the psychiatrist. But as long as diagnosis is the aim, the possibility of working therapeutically through the medium of art is minimized. Where diagnosis is the prime concern, artistic productions fall prey as utterances and interactions to a point of view which assesses weaknesses and not strengths. The image merely expresses symptoms, deficits, and madness in one guise or another. The image can only be evidence to support one theoretical construct rather than another, one characterization of development over another. The particularity of the image is not allowed to create its own phenomenology of the patient's world, or to suggest a possible development inherent in its own structure. When this is the case (and I would argue that much of the art-therapy literature deals with this diagnostic concern), art therapy has betrayed itself by letting its diagnostic efficacy be the only avenue to respectability within the psychiatric hierarchy. When one focuses on how art can be used in diagnosis or to evaluate developmental phase, one obscures how art itself can aid development (not just assess it), how it can create conceptualizations (not be reduced to them), can form the substance of therapy (not only pave the way for it or be adjunct to it). Too often our intellectual curiosity sharpens our diagnostic skills and diverts us from therapy, so that as the patient passes through the hospital, special school or residence she is diagnosed by everyone and treated by no one. For all its value the focus on diagnosis can create a distance between art therapist and patient that precludes direct and prolonged involvement with the disturbing images that often arise during a period of crisis. The reasons such distance may be preferred (or unwittingly encouraged) are indeed complicated. But one contributor—an essentially negative view of images and of the "unconscious"—leads us to a second basic approach to the imaginal.

TWO

This second point of view envisions the unconscious and its products as dangerous. Asking patients to open themselves to the imaginal level of experience is tantamount to offering a system of delusions, encouraging a schizophrenic break, aligning therapy with

the worst and weakest in the patient rather than with ego strengths and defenses. The lines in this war of theories are clearly drawn. In some settings, a blatant feeling of the irrelevancy of a patient's images disguises a deeper fear surrounding the imaginal. If the images can be kept in the basement, so much the better. If medication is needed to achieve this, it is given without question. If art is included at all in places taking this attitude, it is merely occupational, like playing bridge or shop work—something to keep the patients busy, to keep their minds off the images which distress and disturb. Crafts or representational art may be emphasized, but not art that reaches toward fantasy. More often it is not given a place. This position is easy for us to fight. Most of us would deny any relation to it. But no sooner do we congratulate ourselves, than its close relatives arrive at our door claiming our kinship after all.

Art-therapy books are full of cautions against the use of art therapy for various kinds of people—usually those most disturbed by their imagery. In these cases, art is given credit only for evoking imagery in a person already overwhelmed with it, rather than credit for the boundedness that expression of an image through a concrete medium can give. Art demands an alertness, an activeness, an attention to materials and to aesthetic concerns.

In the second view, images are conceived as positive in most cases, but as negative when the boundaries between real and imaginary, between conscious and unconscious are considered too permeable. On that border are those clients who are often the ones struggling hardest with images. It is quite a trick to practice therapy while pretending you can steer persons away from the very images that most preoccupy. With more disturbed patients we need to recognize where our hesitations to work with images come from to gauge if we believe involvement with their most disturbing images would be "overwhelming" for them, or because we are not sure how to receive them, and help patients work with them. "Being overwhelmed" is itself an experience which comes in different images: being raped, tidal waves, drowning, quicksand, dissolving. The one being overwhelmed, while most often painted as an innocent victim of alien malevolence, can also take many faces: denying fighter, passive limp surrenderer, bitter vitriolic victim, etc. In image-work when a person enters into the experience of "being overwhelmed," we want not to stop images

but to find the one which gives form even to this experience. Whom do they feel like? Who do they imagine me as: malevolent overwheeler? withholder of salvation? anxious mother rushing to protect? What image precisely expresses the particularity of this psychological experience? (The fact of making the image precise can make it less overwhelming.) There are practical ways to help people feel safer working with images, but these should not replace an attempt to make imaginal whatever experience tends to disrupt the work.

You can remind the patient that she can always put the image-work aside for a while, suggest media that give expression to the image so that it is both externalized and communicable (painting, writing out dialogues with characters, etc.), or limit the time spent on such work at a sitting. For some people these bounds can make the experience feel safer, while still allowing the person access to her own experience. Again, though, one needs to work with the images around "unsafeness" and "safeness." We mustn't rush to reassure when we are not at all clear about the psychic landscape that has given rise to these terms.

THREE

Here the imaginal is recognized and encouraged to come into the clinic or special school for the sake of treatment. Notice that the image is beckoned in order that it may undergo therapy. The image does not heal; we heal the image. The art therapist suggests another color to the child than the black he has used for the last four pictures. One gives less attention to pictures with disturbing imagery and prefers to concentrate on ones that express so-called "ego-strength," or one emphasizes what is considered to be "positive" in the picture (the green bud, the emerging light, the centeredness, the balance of opposites, etc.). For instance, in Edith Kramer's classic book, *Art As Therapy With Children* (1971), a picture of a giant (which actually expressed more of the child's impotence and emptiness than his ego-strength) was placed rather quickly into a drawer until the child, Kenneth, could one day give the giant the strength usually expected from such beings. Let us not turn aside from Kenneth's giant (see Picture 1).

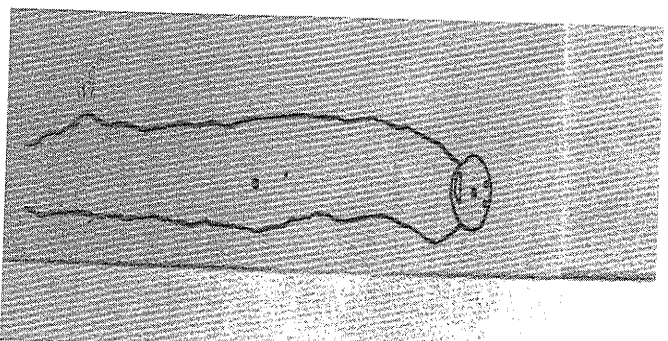
Kenneth: Kenneth, a six-year-old abandoned child who had knocked about in many foster homes, was much given to

grandiose fantasies that consoled him in his isolation and helplessness. One day he wanted to paint a picture of a giant "as tall as the art room." He climbed a high closet from which he could reach the ceiling and measured out a long strip of brown wrapping paper reaching from there to the floor. While he was measuring, Kenneth declared that he wanted all the colors because the giant would be very beautiful... He chose black crayon and at the top of the paper drew a life-sized head with faint features. Then he drew two lines reaching from the head down to the bottom of the paper, representing legs and body at once. In the middle of this configuration he placed a small rectangle—the "penis"—above it a tiny circle—the "bellybutton." That was all. I asked Kenneth if the giant would have arms. Kenneth did not respond. I offered him a tray full of "all the colors;" he did not take them. There was a moment of sadness. Both Kenneth and I knew that there was nothing we could do. To urge him on would only have deepened his sense of defeat. We rolled the paper up and put it away with Kenneth's other work. Maybe a time would come when he would have the inner strength to paint it. (Kramer, 1971, 29-30.)

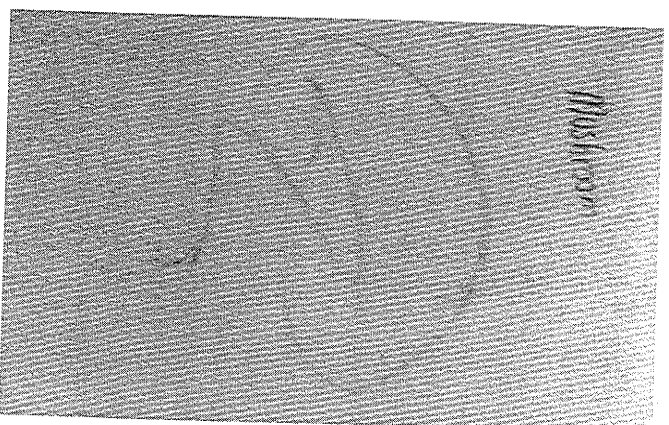
Kramer realizes that this giant expresses much of what Kenneth feels—a creature created to be powerful but who is unable to fulfill this role. It shows how Kenneth may experience a split between whom he is supposed or wants to be and how he feels inside.

Is there not a way in letting this story be told and showing empathy for this predicament that Kenneth can leave the art room more "developed?" How might we go about it? Young children are ready to give a story to almost any set of lines or formless colors. For the child the scene he paints is not a static snapshot of a single moment, but contains the past and future of its characters. To test this, one need only show interest in the child's picture; soon enough one finds oneself confident to an amazing session of story-telling.

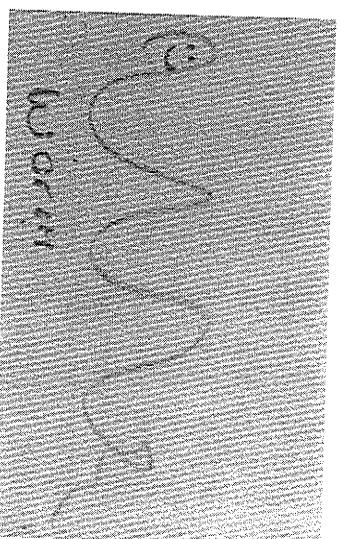
I would help Kenneth say something about where the giant is, how he feels, what he is thinking about and doing, how he spends his day. I am interested in Kenneth's giant and I show it. If Kenneth's conflicts are close to his awareness, I might empathize with how hard it is when others want you to be a giant, or when you feel you must be the one to take care of things, to be protected and safe. I would be



Picture 1



Picture 2



Picture 3

careful to choose my response from feelings I know Kenneth can have and from what the giant is sharing with us. Or if the conflict is further from awareness I would talk with him about giants' feelings when they are expected to be strong and to scare or care for everyone. I would restrict our talk to giants, focusing attention on the imaginal scenes and figures that preoccupy him. I want to keep the giant out of the drawer and let him have space with Kenneth and me. I might join Kenneth in speaking to the giant. When we play a game or talk about home, where is the giant? How does he feel? What does he think?

In fact, when an image like the giant is central you may encourage a series of pictures and stories about the life and times of this character. One four-year-old boy began unprompted to cut out pictures of characters he had drawn so they could interact with one another. He had me keep them during the week and at the next session would eagerly pull them out for yet another play. While such figures may arouse fear, sadness or anger, finding ways to relate to them inevitably arouses one's liveliness. Let us remember that this liveliness is not aollyanna gloss imposed by the therapist, with suggestions of superficial change in the image or the favoring of one over another. It involves from a relation to the image as it is, as it presents itself.

In this third type of treatment attitudes toward the image, the tendency is to look for the positive in the picture, even if this means arising through what it presents. There are certain notions of what good and bad images are—light is good, dark is bad. The therapist treats the person by ridding him of the bad image and implanting or encouraging positive ones. This finds its most suspicious expression in techniques that do not allow the person to draw what comes spontaneously, but ask for a particular family of images (like mandalas). Juggenbühl-Craig labels these as efforts to "sweeten the image" (1977). This approach includes intervention toward making images correspond to naturalistic criteria. James Hillman has called this the "naturalistic fallacy" (1979: 157, 142). Edith Kramer presents an example of introducing such criteria to change the image from outside.

Clyde: Eight-year-old Clyde, an intelligent, inhibited, and depressed child had grave doubts about the size, permanence, and intractness of his sexual organs, even though they were normally developed. Clyde was a good sculptor. One day he modeled a gorilla, standing upright with raised arms, about a foot high. He wanted to give it a

penis and asked me how big he should make it. When I suggested that he show me what he thought, he shyly professed a clay sausage the size of an adult penis. I made him hold the clay penis against his sculpture and pointed out that it was as big as the gorilla's legs. I asked him whether he had ever seen a person with a penis as large as his leg. Clyde smiled, and shook his head. Looking down on his lap he seemed to ponder the relative size of leg and penis. Then without further hesitation he sculptured a very life-size sexual organ in a state of erection, complete with testicles. (Kramer, 1971: 34-5.)

Kramer claims that her response was helpful insofar as it led Clyde to ponder the relative sizes of penises and "demonstrated to him the absurdity of his first idea." She claims that had she "encouraged Clyde to stick an oversized penis onto his gorilla, this would have aggravated rather than allayed his anxieties" and he would have seen his therapist as "seductress and a fool!"

Is what Kramer imagines necessarily so? What if Clyde had been encouraged to give the statue the penis he felt it required and to express how this creature felt? You can give the child information about reality without restructuring his fantasy. You can allow that penises are relative to body size and still acknowledge that people may feel their penis or a gorilla's to be enormous or tiny. We want the child to understand what goes along with this feeling of having a tremendous penis. What is the gorilla up to? How would he, Clyde, feel with the gorilla? What would they do together? We should draw back from assuming what an image is about. If we do not let the gorilla and his penis remain as the image dictated, we end up with misunderstandings of persons that mirror only our "normalizing" preconceptions, which have not arisen freely from the dialogue between the image as it is and our theoretical framework. We too eagerly impose our notion of what development of the image would be (i.e., an average penis) and fail to follow the line of development suggested by the image.

One common mistake in dream interpretation and working with waking dreams is the tendency of the therapist and the patient to side together favoring one character over another. When the dream-ego suffers the image of some awful figure, one thinks the solution lies in ridding the dreams of that figure, by understanding it as some

concrete referent in the patient's history, or by training the dreamer to act differently in the dream. But let us slow down a moment and look at the dream or waking dream less as a narrative where this causes that, and more as an image—where all the parts co-determine each other. If we do this, we will agree with Patricia Berry (in "An approach to the dream," 1974: 99), that

There is no way I can say this character is a good person, this is a bad one, this figure made the wrong move, or see how unconscious he was. Characters are unconscious. Given the arrangement they all do what they have to do, and given the characters the situation has to be as it is.

Our task is not to criticize one character and praise another. Through painting more pictures and engaging in active imagination we want to understand what the viewpoints of the various characters and landscapes are, and how indeed their modes of being are co-constellated. Hillman and Berry suggest the dream ego often mirrors the ego viewpoint, whereas more unconscious viewpoints are personified in the other characters, who consequently are particularly important to understand.

I argue against this third approach because though such therapy employs the image, its conceptualization of the unconscious stands squarely against an imaginal psychology. Rather than expressing the spontaneous and recurring issues in a person's life, an image is used to introduce a therapist's normalizing goals or the patient's collective ego values. The direction moves away from involvement in the unconscious via the art itself, which results in a basic disrespect for the form in which images spontaneously occur. There is no appreciation of the constructive, purposive or prospective functions of the unconscious. Implicitly fearing imaginal experience, the treatment approach hastens to substitute one image for another, suggesting small or gradual changes (improvements) in an image. Persons are steered away from the images that are their actual and immediate preoccupations.

FOUR

In the psychoanalytic interpretive approach, the latent meaning derived from interpretation is more valued than the manifest image. The image becomes a story to be deciphered into the elements of past life, to which images are believed to refer—particularly to traumatic

THE IMAGE IN ART THERAPY

events and psychosexual issues. Like Freud's notion that analysis could terminate dreaming by emptying the contents of the unconscious, this approach deals with images as though intending to be rid of them. Imagination itself is placed only in relation to the inadequacies of reality and the strength of one's desires and wishes. The presumption is that were reality more adequate, or the distance between desire and actuality collapsed, imagination would cease to dream. Imagination is a way to master, to adapt to, to supplement reality. I don't debate these functions of imagining; they are obvious and important. But they do not exhaust the activity of imagining.

The fourth approach does not claim for art a privileged position among the therapeutic modalities, nor does it grant to art or expressive therapies that make use of the image what is distinctly valuable about them. For one can use behavior in a group, transference, or free association to derive the same psychoanalytic insights. The path, as I see it, proceeds from image to insight and interpretation, from image to actual event, not the other way around.

FIVE

Here the expression of the imaginal becomes curative in and of itself. It is not the interaction between patient and therapist, or the interpretation of the image that benefits the person, but simply his or her "experience" with the image. This view does not benefit from the globality at which its explanation usually stops. What actually is curative, what actually helps is left unclear. Supposedly, one need only allow the "conscious" to be open to the "unconscious," whatever these theoretical constructs point to, for healing to occur. When this is the case the art therapist has the responsibility of creating an atmosphere in which art can happen, particularly art that is expressive of fantasy life. This approach underplays the importance of her ability to understand the picture, to reflect these understandings, and help the patient work with them. Connections between the artistic product and the patient's daily life are not sought. There is virtually no attempt to form an insightful integration of the imaginal and the daily.

A paradoxical effect of this approach is to strengthen the alienation of imagination from "reason," of images from "reality." One is tacitly taught that images occur when one is in a special situation (an art room, at a sand tray, actively imagining, writing in a journal), and

not that art is but a medium to bring forth images already active in our moment-to-moment lives.

SIX

Our critical comments thus far have hinted at a sixth approach. Here the image is not merely one more expression amenable to diagnostic interpretation. Here the image is respected in spite of our possible fear or doubts. There is not prejudice against certain images which leads one to suggest changes, substitutions, improvements, deletions, or to ignore/repress them, or see them as psychoanalytic disguises for latent meaning. Though the experience of actively imagining is supposed beneficial in itself, the sixth approach urges us beyond the simplicity of the fifth.

The sixth understands the particular image which arises as the best possible way of representing meanings as yet unknown or not fully grasped. We ask less "What does this image mean?" and more "What are the images intrinsic to the activities, thoughts, and feelings I am engaged in?" What images am I in when I feel exhausted, when I am shy or ambitious, when I am relating to my husband, child, or my own body? The image in its specificity lends us the imaginal background to each experience, thus raising the dayworld onto the plane of metaphorical meanings. As image and experience interpenetrate, the image is not discarded but becomes an eye through which one perceives and senses.

Working from this approach the art therapist is far from an appendage to diagnostic procedures, an arts and crafts clean-up lady, a sanitizer and straightener of images, a watchdog for impending fragmentation, or a kind, friendly presence while one paints and draws. She is someone alert not just to the literal image which is drawn, but to images in the patients' gestures, tones of voice, ways of interacting, presenting complaints and history. Through this alertness she helps the patient interact with the image being expressed in order to see more metaphorically his or her daily struggles, fears, and preoccupations. Her questions and suggestions are aimed at extending the presentation of the image as it is, and in helping to establish a way of reflecting on images such that they begin to move the imaginer from the figured page to an awareness of multiple moments when an image is being lived. The art therapist should attend to the structure of an

THE IMAGE IN ART THERAPY

image, so that its myriad details are seen not as random expressions, distortions, or disguises, but as necessary to the precise meaning of the whole image.

When, for instance, a child refuses to go to sleep at night, kicks, screams, and protests, keeping not only herself but all others awake, we want to know, and to help her know, what this "going to sleep" is really about. For suddenly or gradually the situation of going to sleep has begun to take on different meanings, until our talking to her about going to sleep is not at all what she is concerned with, though she would be hard pressed to express in words just what that latter is. An eleven-year-old with a long history of illnesses, operations, of non-compliance with medical procedures that could end in shortening her life, began having trouble retiring after four months of hospitalization in a residence for children with psychological problems which exacerbate serious physical illnesses. She would refuse to go to her room. When forced she would wake the other children and involve them in her antics. She would engage in physical struggles with the staff and create distress for all. The most she could say to me, her therapist, was that she felt at these night times as though the nurses' station was too far away and they probably would not hear her if she called. She could not say why she might want to call, what she thought about during the fall-asleep time, or why her activity escalated in a way atypical of her. One day during this period she introduced into her squiggle drawings the theme of a child lying in bed at night.

Let me tell you a bit about how I proceed with children's squiggle drawings. I follow Winnicott's suggestion, combining these drawings with mutual story-telling. One person makes a squiggle on a sheet of paper with eyes closed. The other person looks at it, imagines what it might be and completes it. Then the process is reversed, and the second person makes a squiggle. When we have four to eight squiggles, the child and I select a few of the pictures and we tell a story together about them. We may pretend that they are illustrations to a book we are writing together. Some children will dictate to you from beginning to end their own story. Others will write a story themselves only if you look away from them and keep busy writing one yourself. Usually you can alternate sections. You as therapist can use your turn to encourage the child to say more, to focus on the feelings of a story character to articulate the underlying mood, or bring the child's

attention back to an element of the story she is ignoring because of its difficult nature. In sum, one tries to deepen or extend the child's own line of imagining rather than suggest alternatives. Children will almost always fill an empty space in a narrative. If the child says, "The grasshopper was looking for food," you can respond, "and he looked here and he looked there before..." and leave a space for the child to continue the story.

With this girl the following pictures were named and finished by her: a mushroom, a worm, a necktie, a mother bird and her baby, and a boy lying down in his bed (see Pictures 2-6). She was amenable to our using her pictures to write the story. I took the lead and began the story using her picture of a boy lying down in his bed. I wanted to help her bring forth the images around this situation of going to bed.

Therapist: Once upon a time there was a boy lying down in his bed.

Child: And the mother bird was singing to her baby bird.

Therapist: And the boy heard this and it made him feel...

Child: Lonely. And then he saw a necktie on the floor and he picked it up and wore it. It was his Dad's.

Therapist: This necktie reminded him of his Dad, and when he thought about his Dad, he felt...

Child: A little better. And then he found a worm and picked it up and gave it to the birds and they were singing and they were happy that the boy gave them a worm because they were hungry.

Therapist: But the mother bird and her baby were thankful to the boy and wanted to do something to make him feel better. And so, they asked what they could do for him.

Child: He said, "Do you know where my father is?" And they like tweeted. And he said, "Could you try and find my father because I don't know where he is?"

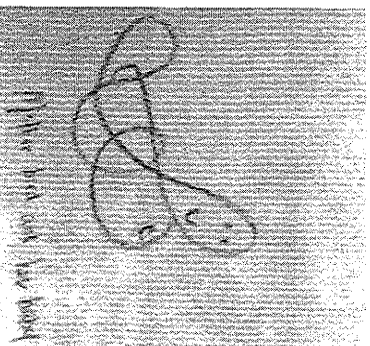
Therapist: At this point, the boy felt very sad, and he began to cry, because he missed his father and didn't know where he was.

Child: And then the birds went to go and look and found him. Then the boy whispered in his ear and said, "Let's do something to help the birds."

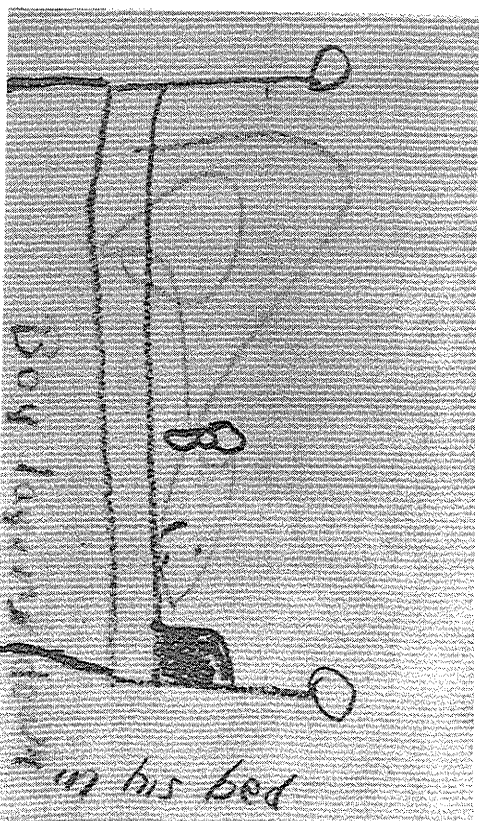
Therapist: The mother bird wondered if the father knew how much the boy had missed him, as he had lain awake in bed that night.



Picture 4



Picture 5



Picture 6

Child: And then the boy found a mushroom and gave it to his father.

Therapist: He wondered if his Dad would go away again and the mother bird knew that this was what he was worried about.

Child: And he knew his father wasn't going to go away again and so he lived happily ever after.

There is much one could say about these pictures and this story. Her mood changed as we completed the story. She appeared relieved, playful, closer to me. Indeed, as in the fifth approach to the image, the experience of the image emerging and developing already produced a positive change in her mood. This was so in spite of her involvement in a painfully disturbing issue—not knowing where father is. Her knowledge that she was opening to what the problem around going to bed was—not just with me, but with herself as well—brought relief. She seemed proud of herself, as she did on occasions in the past when she allowed some psychological work to occur. She wanted to make photocopies of the pictures and story for me. She took the originals into the hall where she lived, reading the story with great animation and pride to the staff and a best friend.

If we try to learn from the story and its pictures what image she was in at bedtime, we can say that going to bed was a time of being a virtual audience to other small creatures being mothered, though left out herself. She felt lonely. If we follow the story along, however, we find a number of transformations which occur in this initial situation. It is important to emphasize that these transformations are not gained by alterations in “reality”—in her relations with her actual family or the milieu staff. They occur spontaneously through her involvement with the images.

For the boy lying down in bed is a time of mother bird singing to baby. It is not his mother singing to him, but rather he is a lonely spectator to this mothering of which he is not the object. From this lonely feeling he is able to find a father-thing and to bring this near to himself. While baby bird is sung to by its mother he puts on Dad's tie, becomes as Dad, and feels “a little better.” Once as Dad, or when in Dad-likeness, he is able to perceive the others' hunger—yes, hunger in even those that have mother's singing. He is able to find a worm, some food, and give it to them. And in his doing so, mother becomes

not the only one to sing; the baby sings as well. In the boy's being like Dad, the characterization of the baby bird has deepened from a passive and presumably gratified recipient of mother's melodies to being also hungry. Hungriness, loneliness, is no longer perceived in just the boy. The boy is not only able to perceive this hunger in others but to act on it as “giver”—indeed, he is able to give even to mother. When he gives to the birds he can address his not knowing where his father is, and he can ask for help in finding him. The father is found by the bird friends, and the child once again wants to give gifts—first to the birds and then to father. Being like Dad and finding Dad bring out feelings of his own abundance, which stands in genuine contrast to his initial loneliness and deprivation. This dramatic sequence not only helped to lift the going to bed difficulties onto a more imaginal level, but enabled the child to move on this level.

Problems with the literal father and with the staff's understanding of the dynamics of the child's bedtime struggle needed to be addressed, as her spontaneous conversations afterward showed. But in the dramatic sequence—before any correction of reality with the real father or staff had occurred—we find the image working out its own solutions. Though the explicit focus of the story is the lost father, the boy is involved in much more than this loss. He has already found ways to be like the father. In the father's absence and in his presence, he wears the tie, he feeds the birds. He also allows himself to ask the birds about the father and try to enlist their help. Given this child's real-life situation, of being removed from her home and placed in the care of others, the step of engaging with the birds as helpers was important. She can communicate with the birds. This move in fantasy was not expressive of her usual indirection in dealing with her needs.

Father-things and the birds enable the child to shift from a position of initial loneliness in the face of others receiving to a more differentiated and articulated self. As the characterization of the imaginal other deepens, so reciprocally does the self's. As baby bird moves from grieved baby to hungry bird to helping and being helped, so does the boy become not only lonely, but perceptive, giving, asking, and grateful.

Is the father's staying only a matter of wish-fulfillment? Or has some shift occurred for her with regard to the feeling of the presence of the father, regardless of static objective circumstances? Was I as

therapist wrong to suggest the boy was worried about the father's going again? Indeed, as I look back on the end of the sequence, the child's concern was with the giving of gifts to the helpers. My intervention perhaps forced her to retreat back to the father, to give him the gift. Perhaps I reinforced her preoccupation with the father when she might have been healthily ready to let it be for then. The sad thing is that I won't know. My own preoccupation interrupted the stream of her fantasy at this point. I can only try to get more out of the way next time.

It is true that the child had serious concerns with her actual father. After this story-telling she became increasingly able to acknowledge her fearfulness that she would never see him again. In his depression, he had confused leaving his wife with losing his daughter, and had not been able to reassure either himself or her of the continuance of the relationship independent of his marriage. Her father needed to be reminded of the importance of his tie to his daughter, and that he could establish a relationship with her independent of the destiny of his marriage. The child needed to hear that her father's leaving her mother was dependent on his relationship to the mother, and not on her—as the fantasy of gifts to the father in the story suggested. Listening to the dramatic sequence helped the bedsetting staff to see more clearly that the annoying and infuriating behavior which at times seemed directed at them could be understood as the child's struggling with feelings of loneliness, of motherlessness, of uncertainty as to where the fathering was. Once they could respond to this situation, by taking time to read to her or talk to her about her day as she snuggled into bed, or enlisting her help with the younger children, the need for punishment ceased.

These attempts to aid the child in her concrete relations are crucial. Unfortunately, as clinicians our focus on them often diminishes our appreciation of what has already been accomplished and experienced through participation with the image.

Aristotle claimed that the best interpreter of dreams was one who could grasp similarities. When we work with images we want to be alert with our patient for similarities and analogies. With the bedtime girl I used the story to focus on bedtime per se, but if we approach any image through analogy we realize that there are many moments when a child is acting as though in that image. For instance, we would

want to be alert to when she "puts Dad's tie on," when she feels all the mother-singing is for others, etc. With adults, you can ask when they feel like or inside a particular image they have presented. They can keep the image close to awareness as they move through the week and find instances of when the world that surrounds them is "as-if" the one in the image. I am arguing against a one-to-one correspondence between image and event. I am arguing for how the image precisely describes different ways of being in the world (and different worlds to be in).

For instance, Boss (1958: 116) writes of a man whose dreams were filled with all varieties of magical mothers. Boss claims that the man had surrendered his existence to being a child and thus he called out in both waking and dreaming life for his world to be peopled with mothers. Similarly, an emotionally detached engineer whom Boss treated dreamed only of inanimate objects and lower forms of life for months. There were no people in his images, as his life was not attuned to them (*ibid*: 113). In this way the image is not discontinuous with everyday existence, but describes in its own way the world of the imaginer.

And what, you might ask, is its "own way?" My answer to this has been to learn from dreams the structure of an image. Note that dreams are essentially dramatic. Though characters may be depicted in a present moment, there are allusions to their past and future. The dream releases us from the confines of daily time and space. One can dream of being in any era, country, time of year or day, type of landscape. The dream can also release us from our habitual identity, attitudes and actions; a woman can be a man; a man a child; a sad person angry. Also when we are dreaming, the dream is not experienced as occurring in our heads, but rather we are surrounded by its world.

An image has a totality to it, such that one part calls out another. A certain character could only have one kind of room to live in, or tone of voice with which he speaks. In a drawing when one part of an image emerges, often a question allows the rest to unfold: Where does this take place? What time of day is it? What does the air feel like? What is the atmosphere of this place? Who is present? What happens here? What just happened? Where are you in relation to this scene? If the picture is of a person, one might ask what he/she is

thinking about, where he/she is, where one is in relation to the figure. One might ask what seems familiar about the person or the mood around the person. One can suggest that the painter step inside the picture, into the place or into a relation with the figure depicted. But always the focus is on the image.

Jung said, "Only what is oneself has the power to heal." From this point of view all the good intentions that attempt to transpose images, to disinfect horrifying ones, close the door to exploring images, introduce positive images—all these seemingly benevolent efforts—sidetrack a person from what has the power to heal. But given the fears and prejudices of much of our discipline concerning the unconscious, how can we be trusting enough to convey to another an openness to images which arise spontaneously and which stand in an autonomous relation to the conscious personality? Perhaps the only way to develop this faithfulness is through one's own experience with the imaginal. Just as analysts are required to experience the entire process of analysis in order to be in a position to help create a narrative from the patient's streams of association, we who work with images must stay close to the images that form the structure of our own psychological experience. We must write out our dreams, illustrate them, speak to their characters, paint spontaneously, seek for the images that determine our responses to others, to ourselves, our patients and our life. It is in this process that we will gain a trust in images. Gradually the small ways we reveal our theoretical alliance to this viewpoint will become more apparent to our colleagues. Gradually too we will betray the people and the images we work with less.

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