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No One Can Hear Me Scream! The Integration of Expressive Therapy Techniques, Creative Processing of Countertransference Inductions and the Use of Metaphor in the Psychoanalytically Oriented Outpatient Treatment of a Woman Artist with Schizoaffective Disorder

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This case study was originally presented as part of a keynote address given to the New York Art Therapy Association's 4th Annual Educational Symposium, "Creativity and the Role of Art Therapy in Our Quest for Inspiration and Authenticity," at the Maria Fareri Children's Hospital at Westchester Medical Center in October 2008. It was initially intended to be a brief illustrative example of how creative, expressive modalities can be integrated into intensive depth-oriented psychoanalytic treatment, drawing from ego psychology, object relations, Freudian, and Post-Freudian analytic theories. The response to this presentation, including the encouragement of my friend and mentor, Dr. Arthur Robbins, who attended the presentation, inspired me to expand the original paper into a more complete case study. The paper was further refined when, in October 2009, I presented a more fully developed version to the "Case Presentations by Guest Analysts" course at the Training Institute for the National Psychological Association for Psychoanalysis, where I received further helpful feedback from the group of analysts-in-training and creative art therapists, led by senior analyst Sherman Pheiffer. Further creative elaboration of this material was achieved as a result of discussions with Pierre Boenig, an art therapist, poet, longtime friend, and colleague, and from my colleague, Dr. Patricia St. John, at the College of New Rochelle.

The content of this material reflects more than 30 years of clinical practice as I have attempted to integrate my early training as an artist, then later as an art therapist, and finally as a psychoanalyst, into a treatment style that brings together these various facets of myself as I strive to apply them in my clinical work.

Introduction:

This clinical case study will attempt to demonstrate the clinical application of a combination of art therapy, expressive therapy (Robbins, 1980), and a rich variety of psychoanalytic theories in an in-depth psychoanalytic case study, as well as demonstrating the analyst's ability to process countertransference material through the art form of stone carving. The intense countertransference inductions (Lotterman, 1990; Roland, 1981; Chuah, 1986; and Wolf, 1985) inevitably experienced while working on a psychoanalytic level with a schizoaffective patient on an outpatient basis were at times overwhelming and needed to be channeled, metabolized, and synthesized in order for the analyst to sift through the myriad of confusing data and remain grounded, centered, and able to provide meaningful, effective interventions for this challenging client.

History:

Elizabeth, a 65-year-old artist with a serious psychiatric history of hospitalizations for a schizoaffective disorder and manic/depression, has been in expressive analytic psychotherapy for the past 15 years. She maintained two sessions a week while in New York City. Within the last year, she moved to a rural community out of state, where she maintains her two weekly sessions by phone. She is married to a man who is significantly older than she, who struggles with depression and tends to have anger management issues. He sees himself as a caretaker and enjoys the position of power that, as long as she remains ill and dependent, this relationship tends to offer him. He can be alternately emotionally abusive and lovingly caring. She has one grown daughter who is married, and has one seven-year-old grandson.

The youngest of three sisters, she has struggled since early childhood with a combination of dysfunctional family dynamics and some specific traumas. Several of these significant events of her childhood, along with a brief overview of her family dynamics, are important to note at this point. These include the suicide of her paternal grandmother, who had been a significant person in her early life and with whom she identified, and a series of traumatizing enemas that had been forced upon her by her father over a period of several

years in her early childhood. Both parents tended to have poor boundaries, and her mother was unable to provide a safe, secure base (Holmes, 2001) and offered no protection from the real and/or perceived abuses perpetrated by her father or the intensely perceived jealousies of her sisters. Her father was also an artist, and the identifications between her father and me would become an important aspect of our work. These traumatic events, along with serious genetic factors that tended to distort her ability to perceive reality clearly (Alliance of Psychoanalytic Organizations, 2006)—a hyper vigilant sensitivity with a tendency to misinterpret her perceptions; reframing perceptions to fit within her preconceived expectations; a tendency to regress into a dissociative state whenever anxiety intensified; and a tenacious tendency toward experiencing reenactments of traumas through these distortions (Freud, 1914)—presented a daunting challenge to our clinical work.

Our first phase of treatment might be described as a testing of my ability to understand her mode of communication, as she began to bring in photographs that expressed her feelings metaphorically. Initially I needed to demonstrate my ability to discuss and understand them *within the symbolism of the metaphors*. For example, during several early sessions she brought in a series of black-and-white photographs of reflections in store windows, thus creating illusions of blending reality and fantasy (what was inside was mixed with what was outside). Through this process, and with the continued feelings of safety within the structure of our sessions, she was able to successfully reach a point of emotional stability. Paranoid distortions, such as her belief that her home was being broken into at night while she slept and her artwork was being "abused" by these intruders, were explored and later, to some degree, understood as metaphors of her paranoid projections. Early transference testing eventually promoted the internalization of a safe and secure foundation upon which a healing experience allowed her ego to grow with a newfound capacity for insight and introspection (Wallin, 2007). During this time she had been able to remain out of hospital settings, and for the first few years of treatment had been functioning marginally well, completing a master's degree in fine art, working part-time as a museum docent, and teaching art to children.

Then, after several years of this stabilization and growth, the death of her mother triggered a regression that led to a crisis period in her treatment (Freud, 1915). Her previous medication

was no longer able to offset her paranoid delusions, obsessive-compulsive symptoms, psychotic splitting, and manic/depressive episodes. (A similar regressive period had occurred prior to my work with her and had then required hospitalization.) Now, years later, her psychosis flared once again, and uncontrollable splitting (McWilliams, 1994) led to a psychotic devaluation of the psychiatrist who had been providing medication, and her prognosis was grim. Hospitalization seemed inevitable if we were unable to help her to stabilize. Her acting-out became more and more difficult to understand and contain.

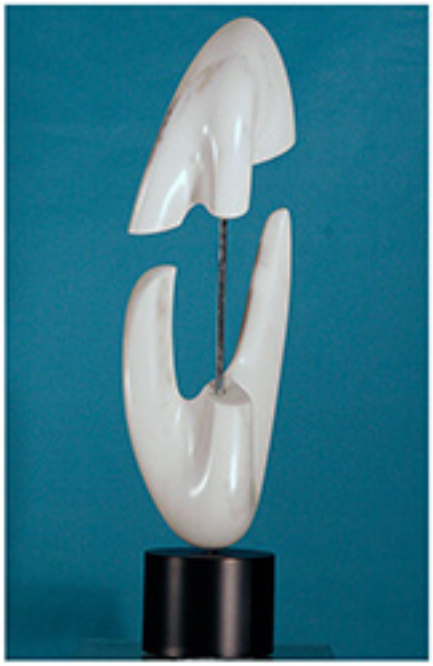
With the help of a new, now idealized psychiatrist, we were able to place her on more effective yet less sedating medication. But this led to other problems. With her newfound ability to feel more, much of the emotional trauma of her childhood began to reemerge. The delicate balance of adjusting her new medication, while allowing her to constructively digest and analytically process this new, emerging material at the same time as containing her acting-out, became a daunting challenge and required us to find an "ego rhythm" that would facilitate this process (Ehrenzweig, 1967). Her verbalizations and artwork became ambiguous, confusing, tangential, and avoidant. She was forgetful and secretly noncompliant with medication, and had difficulty completing her thoughts. Any progress that we seemed to make was followed by regressions into paranoid delusions. These often involved either me or her elderly husband, who had been her primary caretaker. Freud would have said this was an unanalyzable (intractable) transference (Freud, 1911).

I felt inundated with transference projections and complementary countertransference inductions. I struggled to digest, metabolize, and understand these powerful feelings and not act them out. I was frustrated by her elusive, manipulative, and, at times, devaluing behavior Grotstein, 1981; Robbins, 1980; and Wolf, 1985). She began cancelling or trying to rearrange (control) her sessions and was secretly noncompliant with her medication. There was so much going on that I didn't know where to focus my interventions.

During this time, I often received, on my office voicemail, panicked phone calls, sometimes at 3 a.m., such as "I'm calling to tell you that I'm leaving my husband because he's been secretly damaging and 'abusing' my artwork" or a thinly veiled hostile call: "I'm calling you to *thank you* for all the work you've done...but I won't be coming back again...."

She had tenacious delusions, such as that she was convinced her husband was about to abandon her, poison her food, or “abuse” her artwork; that the license plates on cars on the way to her session were telling her things; or she was convinced that I was fed up with her and would never want to work with her again.

During this time I was working on a stone sculpture. I had purchased a piece of white Carrera marble and began to shape it. The process was slow and tedious, as the material resisted my efforts. I began to uncover pockets of mineral material that were not visible from the initial surface and had seriously weakened the stone, so I set out to remove them and get down to the solid stone.



FRACTURE

I began to realize how, through the process of working on this sculpture, I had been externalizing my feelings about my work with Elizabeth. All of my unconscious reactions, including powerful inductions, conflicts, and dilemmas, were now being unconsciously externalized through nonverbal symbolic metaphors, into the stone-carving process and not

simply the art product. Once externalized and placed into this process, they were then more available for my ego to recognize and deal with effectively (Blanck and Blanck, 1979; Horner 1979). This was not a perfectly smooth process. I sometimes felt out of control, as my creative process had become a route for my unconscious to channel the raw information. It often took time to reflect on and synthesize this information. I simply had to trust the process.

Our initial work together had not exposed the deeper damage until we had replaced the original sedating medication with one that allowed the damage to be exposed and worked with. I saw this now reflected in my sculpture, as I was able to see and remove the damaged, structurally weakened elements and reach the solid foundation within my stone.

Over a period of weeks a new form began to emerge. It was slender and delicate. The solid bottom portion divided itself into three support elements that recombined at the top. Suddenly, as I continued to refine the form, I noticed a fracture in the stone that I hadn't seen before. It went through two of the three support columns. I was faced with a critical decision: Do I leave the fractures in the stone and hope for the best, or do I intervene in a way that accepts these flaws and work with them to create a new form? I decided to break the stone at these fracture points and work with what remained; an elongated delicate form that was supported by only one fragile column of stone.

As I reflected upon this new challenge, I realized that in my work with Elizabeth we needed to go back to an early point in her life when some of the most damaging traumas had taken place. To help her regain her healthy ego (Horner, 1979), she needed to remove the *"fractured*," fragmented elements that had been left by these early experiences. I recognized that there had recently been three pillars of support that had held her in place: her daughter, her husband, and me (or on an earlier developmental level, the oedipal triadic: mother, father, and herself). She was now splitting, and her psychotic transference was displacing paranoid fears onto two of the three contemporary supports (Grotstein, 1981). Her husband was becoming the recipient of primitive fears related to her father's poor boundaries and abusive behavior. Her daughter was now seen as a toxic influence, based on early confusing, self-object transference reactions stemming from a pathological relationship with her

narcissistic, emotionally unavailable mother (Kohut, 1978). I was, for that moment, the only connection left to enable her to feel any grounding in reality.

As I continued to work on my stone, I finished and polished what I then felt the final form would be. As I transported it home from my studio, I inadvertently allowed it to slip, and it cracked into two entirely separate pieces. I felt deep frustration and despair as I helplessly observed several months of hard work fall apart before my eyes.

In looking back, I realize now that this was destined to reflect a pivotal point in my work with Elizabeth. It took several days before I could open the padding that I had wrapped the piece in. I literally felt my stomach turn in a knot as I looked at the damage. It was, at first, a visceral feeling of helplessness that could be understood as a projective identification; the unconscious disavowal and projection of a patient's overwhelming feeling into or onto the analyst (Ogden, 1979). Then, slowly I allowed my ego (Horner, 1979) to begin to rise to the new challenge of processing these feelings, thus serving as a model for her (Grotstein, 1981).

But, what to do? I played with the pieces and explored various possible configurations, searching for the one that felt most right. Do I epoxy the pieces back together? Do I make two separate sculptures, mount them together or separately? Many questions percolated through my mind. I began to relax and enjoy the new challenge while I explored the newly emerging range of possibilities.

I eventually decided to connect the two pieces with a new transitional (Winnicott, 1953) element; a solid steel rod that both separated and held the two elements securely in place, forming a new and stable relationship with each other. We might see this as a structural solution to the Borderline challenge of finding the right distance between self and object (Robbins, 1998).

As I reflected on this process as having some parallel significance to the case, I realized that I had been subtly drawn into a countertransference induction (Roland, 1981), of trying too hard to hold her together, and I decided to stop trying so hard. I suddenly understood that we needed to shift the format of our sessions to more symbolic, creative forms of expressive communication to enable us, in Winnicott's terminology, to explore her authentic issues and

not her reactive responses to my impinging countertransference acting out (Winnicott, 1960). I had been holding her too tightly, and she needed her transitional space to foster her ability to grow.

As an artist she had, from time to time, brought in artwork for us to discuss. I now suggested that she, once again, begin to use her artwork in sessions and that we use it as a symbolic or metaphorical starting point for our discussions.

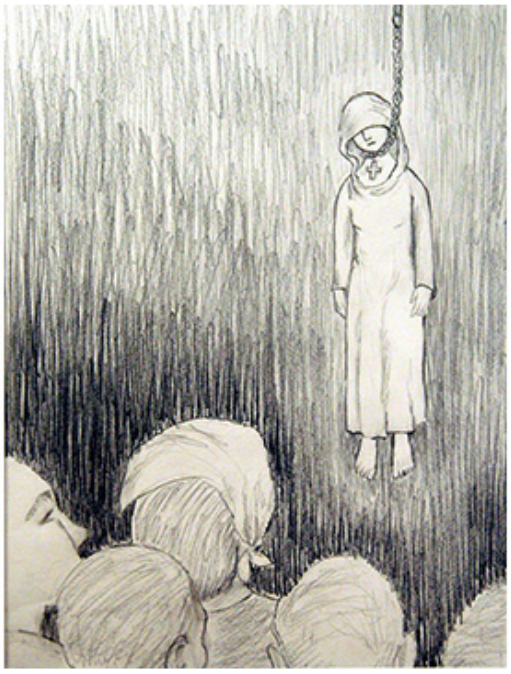
During the next session she brought in a collage and began to explore the visual metaphors that she saw in the abstract images. This helped me to listen more carefully to her and find the level of symbolism that she was most available to work on. It had been extremely difficult for me to know how to discern this from the myriad of layers of material that she had been overwhelming me with. What then began to emerge was the plight of a very young child caught between two parents, each one overwhelming and frightening in their own way. Through this creative expressive experience, she was able to process a complex series of identifications, impulses, and imaginary consequential retaliations.

We used her artwork as a way of channeling, synthesizing, and organizing her primitive, raw, unconscious material (Robbins, 1987).

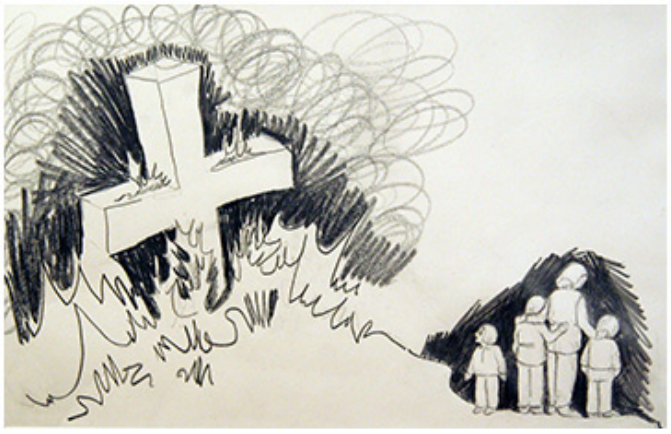
The treatment began to change. Acting-out declined or, for the first time in recent months, became analyzable. Insight was more secure and less transient. We decided to have her husband become more involved in the therapy process and participate in the first few minutes of each session by reporting his observations. This helped to further separate her fantasies from reality. This structure seemed to open the floodgate, and artwork dating back many years was brought in: Drawings, photographs, and paintings were processed with a new and growing capacity for insight.

She would bring in a visually powerful image from which she was initially disconnected. As we discussed it, I would offer my affective reaction. This affective mirroring (Kohut, 1971) would quicken her visceral memories of the event, and she would slowly integrate the experience.

Samples of Artwork from this Phase of Treatment

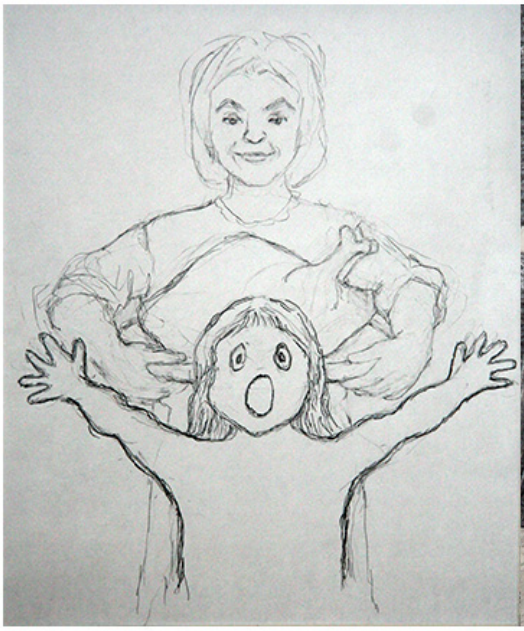


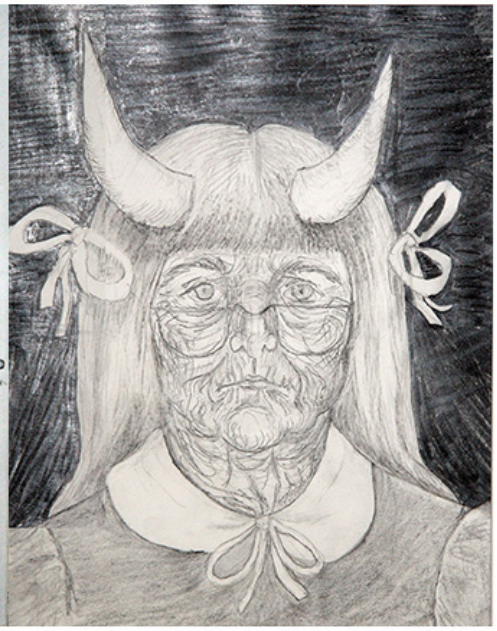
GRANDMA'S SUICIDE



FUNERAL

These images helped to externalize her feelings of loss when she lost her grandmother at age eight.



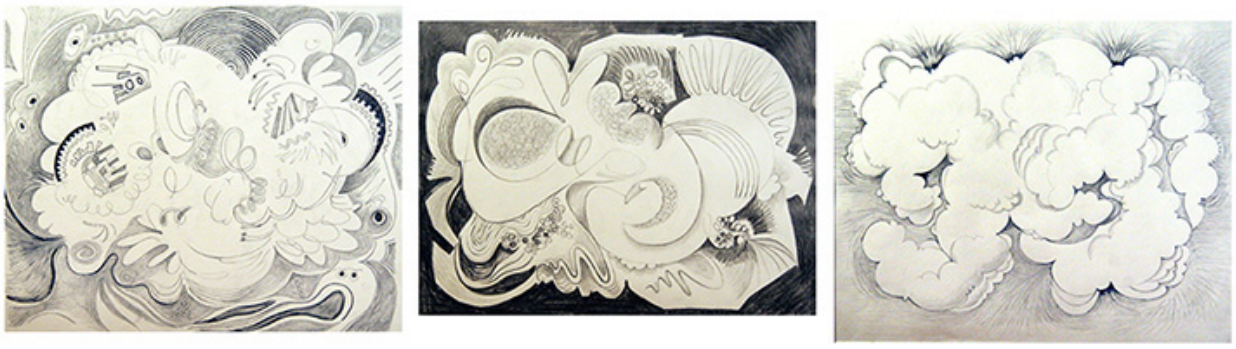


NO ONE CAN HEAR ME SCREAM and MY “BAD-SELF”

These images represented her sense of being unable to express her rage as a child, the consequent depression, and her feeling that she was a “bad” person.

I began to see that these affective sessions were inevitably followed by states of agitation and regression, often into a paranoid delusion.

She entered a manic phase and reported that she stayed up all night prior to our sessions to organize and prepare to bring in huge amounts of artwork. A new theme in her artwork also appeared at this time. She began to intersperse these raw, overwhelming images with images of surreal, often frighteningly bizarre environments: cloudlike, chaotic forms. She became emotionally disorganized. I suddenly realized that she was reenacting and mirroring her own life experience, exposing herself to feelings related to traumatic events that eventually overwhelmed her and promoted a regression into a chaotic ego state (Cameron, P., Palm, K., Follette, V., 2010).



REGRESSIVE IMAGES

These images are a sample of the kind of drawings that would inevitably be brought in after intensely emotional sessions during this period.

Once I interpreted this to her and pointed out this paradigm in the processing of her artwork, we were slowly able to find an ego rhythm of uncovering, reconnecting, and digesting

traumatic affects that wouldn't overwhelm her fragile emerging ego structure (Ehrenzweig, 1967) .

We also understood this as a paradigm for her struggle throughout her life with traumatizing events and consequent regressions into mental illness.

Transferentially, she had been inadvertently making me into a traumatizing object as she obsessively brought more and more images into our sessions for me to see. If I hadn't intervened and slowed her down, I would have reenacted the experience of her father intrusively penetrating her, opening her up and forcefully removing what was inside (Chuah, 1986).

As we continued to work this way, bringing in artwork to serve as a guide through the often confusing, tangled themes, other memories that had long been repressed began to reemerge, clarifying some of what had been vague, ambiguous memories.

In one session during this phase she saw forms in her artwork that were being forcefully penetrated and emptied out by snakelike shapes. This was followed by memories of having been traumatized as a young child by a series of forcefully administered enemas.

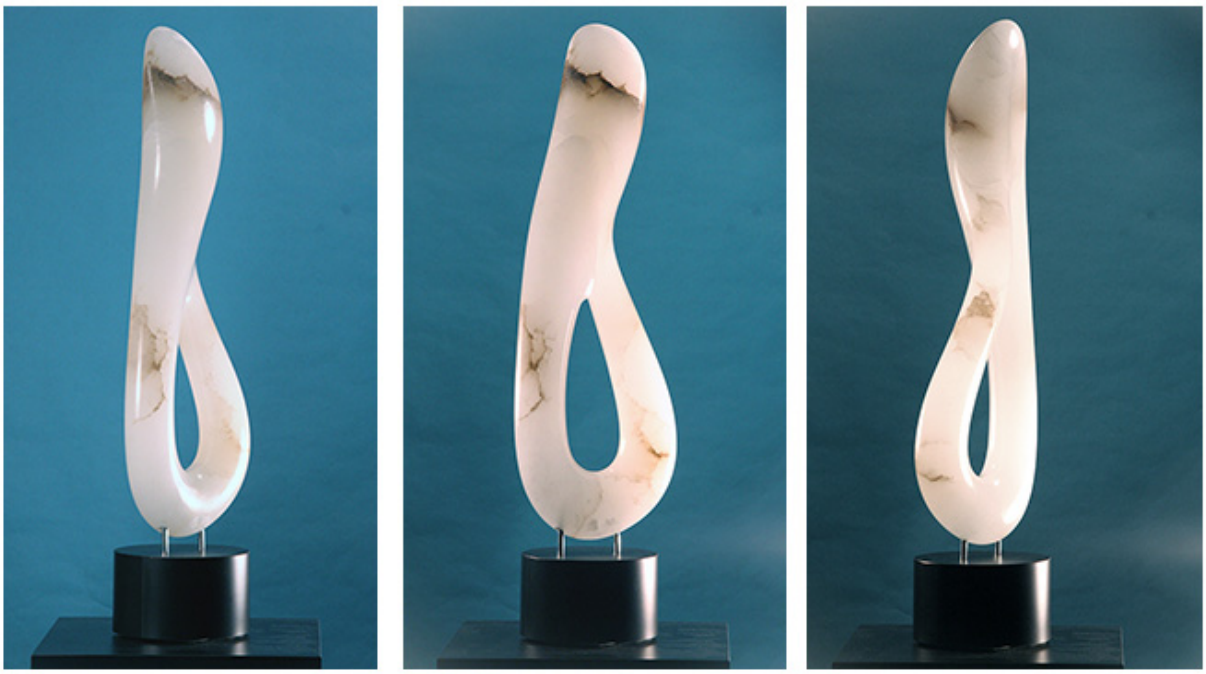
The next session she began by stating that she was going to tell me something she had never told me before. She displayed photographs of flowers and described vinelike shapes that she saw as phallic or father-like touching a budding young flower and the flower dying after it had been touched. Our further processing led to vague memories of being fondled by her father and her understanding how her delusion that her husband had violated her artwork was the affective precursor to the emergence of this memory. This, in turn, led to new insight and a deeper understanding of her sense of having died inside; a multidetermined reference to her grandmother's death, her father's intrusion into her body, and a long-time symptom of feeling frozen in her genital area.

At times, her regressed ego state so closely mimicked organic damage that I ordered a complete neurological evaluation, which turned out to be negative. With this ruled out, I was reassured and prepared to move forward with our newly defined treatment format.

She continued to bring in her artwork, which became a platform from which I could refocus her inner experience into mirrored reflections that she could take back in as metabolized building blocks of a new, understood self. I would open myself up, perhaps in a way that she never could, to receive her associations and delusions along with the nonverbal, symbolic content of her images. I used myself as a receiver of this material, utilizing the synthetic function of my ego to allow it all to percolate and digest before offering any feedback (Wolf, 1985, 1990; Robbins, 1987).

As we continued to process her artwork in this format, our sessions became a safe place for her to bring memories that were condensed and stored in her artwork, and she was now able to digest, feel, and understand these initially traumatizing, raw, primitive affects.

This process, resonating within me, inspired a new sculpture, as I struggled to contain and not in any way act out these raw affects and images.



ENIGMA

Enigma emerged from a piece of rough-cut, white translucent alabaster. As I began to remove the top surface, once again exposing mineral deposits within the stone, I reflected

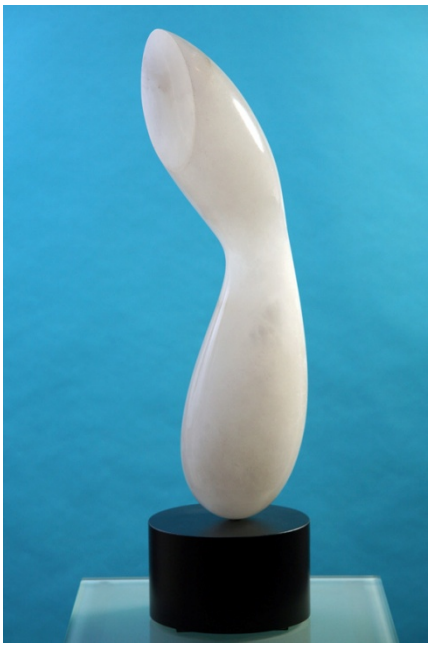
that my choice of stone had been influenced by my need not to be surprised by what lay beneath the top layer. I could see deeper into the translucent stone as I continued to dig. This stone was much softer and more sensual than the other marble piece. As it picked up the light from the surrounding environment, it glowed softly from within. The stone mirrored my capacity to pick up Elizabeth's light, contain it, and reflect it back with a soft glow that would enhance her emerging ego and not overwhelm it to the point where it would "fracture."

Her choices of artwork that she brought into our sessions now expanded to include drawings, paintings, and photographs of her family when she was a child, as well as photographs that she herself had taken over many years. These were often presented on illustration boards or matted and framed in groupings that she had spent hours organizing prior to her session.

As time passed, Elizabeth brought in a series of photographs of her grandson sitting on some twigs, a mannequin reflected in a store window, and another mannequin sitting in a rocking chair, wrapped in a blanket with a candle flame illuminating its face. Her associations began with references to the punitive judgment of the Catholic Church (the twigs were in a shape of a cross) and went on to her memory of forced anal penetration by her father. These experiences had led her to believe that she was bad and deserved to be punished, and to her fantasy of an identification as being male. This was a way to protect herself from her dangerous father, as well as to please her mother, who she believed had wanted Elizabeth to be a boy. The first mannequin represented her frozen, disconnected, dead self in need of revitalization through the reflective therapeutic process that we had created. The glow from the candle reflected both the illumination and warmth that she had now begun to experience.

I watched, listened, absorbed these images and thoughts, and asked for clarification when I was confused. I was using my ego to untangle the confusion that accompanied these images.

I found myself creating a new sculpture that reflected this quiet, thoughtful phase of using my ego for listening, taking in, digesting, understanding, and integrating those events and traumas that she brought to me (Reik, 1948).



LISTENING

In a parallel process, as I became clearer about what was going on, so did she! As I reflected this back to her, she said, “I didn’t understand what I was putting out in these photographs until you asked me these questions. Now it’s all become clearer.”

During the next phase of treatment, she began rematting and reframing some of her original artwork, putting items into new sequences and combinations of images. During a session when she began to feverishly clean her glasses, I commented that she seemed eager to see things clearly today. She responded that she had lost two pairs of glasses over the past week and had finally gone to the optometrist to get a new pair. This kind of symbolic dialogue is quite common. She was able to understand that no one had changed her artwork. It was her new ability to see things differently that had first appeared to be alien and coming from outside of herself, a basic paranoid mechanism that was now, for the first time, analyzable.

In one session during this period, she said, “I feel grateful that I can trust you and feel safe here. You’ve allowed me to recall memories and have my fantasies safely so I could get them out and begin to see things more clearly. It’s been so reparative for me. Through this process, I’ve had a different outcome”. She then presented me with a large, brightly colored

bowl she had made from a lightweight claylike material. I understood this as a symbolic representation of the container that our work together had created for her.

Example of session dialogue: working with visual metaphors:

E: I'm rematting and absorbing my old artwork. This old photo of the dancing flower seems to have a skull in the center. There is an eeriness, a beauty and a mysterious feeling to it.

R: Can you explore this as a metaphor?

E: Yes, I'm talking about myself, the flowers represent me—some dancing petals and the skull….

R: These are all parts of you?

E: Yes. I trained as a dancer when I was a child, but there is something dangerous in there, too, if the flower dances off the page...like something is pulling me.

R: (I decide to explore the Transference implication) How are you feeling about me right now?

E: You are pulling me into another picture above this one, where there is a leaf protecting me, and there is a lot of movement, excitement, and energy. But if I turn it upside down…now there's a guy in the picture with dark glasses…there is craziness there, my father was the major problem in the family and he has big teeth. He's inside of me. Then, when I turn the picture right side up, it has different creative, positive energy. I'm drawn by the leaf to this flower, yet frightened by it.

R: Our work here draws you to face this. You sometimes feel like your world is turned upside down when these old feelings come up, but now you also see that you are safe here with me. You feel a connection between your father's creative energy and his craziness, and this sometimes frightens you.

E: Yes. There was a push and a pull with my father.

R: So your creative life energy as a child—the dancing and artwork—also had a skull at its core?

E: Yes, there is an ugliness that I feel in my core that is still hard to face, and I have to keep working on it. I see now that it's connected to my father and my identifying with his creativity.

Final/Current Phase

As time went on, it became clear that the precarious health of her aging husband required some logistical changes, and she relocated to a rural area, out of state, near her daughter's home. This created the need for us to find a new psychiatrist for medication monitoring as well as changing to a telephone session structure. These challenges were addressed and we were able to shift into an effective new treatment structure. We entered a phase where she would bring in paranoid distortions of her perceptions, and I would gently ask questions that helped correct these distortions and clarify misperceptions as well as supporting her reality when it came to confronting her husband with his abusive behavior. As she improved in her mental health, he seemed to fly into abusive rages and was noncompliant with his antidepressant medication. This was addressed with joint phone sessions where we all three discussed these issues.

It is important to note here that during most of my previous vacations, taken during the 15 years that I have been working with Elizabeth, it would be typical for her to regress and act out. Her behavior was now quite different. The following was taken from the first session after my most recent three-week vacation:

E: I feel so much stronger lately, like a child who is born and welcomed into the world and feels loved. While you were away I showed the psychiatrist a drawing of an alligator swimming in water lilies, taken from photos years ago. Now the alligator seems friendly,

and I can see how I tried to frighten people away to protect myself from them getting too close.

R: Now that you feel stronger, you no longer feel the need to protect yourself that way. You no longer need to frighten people away. As you let people get closer, you can also feel their love.

E: Yes. I have old pictures here of leaves that look flat and two-dimensional, and I want to rework them and make them three-dimensional.

R: Is this a metaphor?

E: Yes. I'm moving from two-dimensional world into a three-dimensional world.

R: You can now experience the world with shades of gray, not just black and white—with subtlety, complexity, volume, and form.

(Taken from a recent session):

E: Last night was the first time I ever initiated sex with a man. I felt safe and secure with Ed, and I told him. That's so new for me. Now I want to plan an exhibition of my artwork by beginning with drawings of people and ending with drawings that have people in them.

R: Your life began with people in it, then you were frightened and withdrew into your own world, and now you're ready to let people back in.

E: Yes, I'm ready to piece it all together. It all needed to be dissected and then put back together in order for me to have a future. It's so quiet and peaceful around me now. It's amazing what falls into place when my head isn't filled with chaos."

Postscript:

Elizabeth has settled into her new home with her husband and has to this day continued to enjoy the progress that she had been able to achieve as a result of her analytic work. She does, from time to time, have some regressive paranoid periods, often punctuated by her

forgetting to take her medication. But she continues to respond positively to my interventions, which are designed to help correct her distortions and bring her back into reality. We continue to have two phone sessions each week and Elizabeth is attempting to set up a webcam that will eventually enable us to add a visual element to our biweekly contacts by using Skype as a way to communicate during our sessions. She also continues to explore new creative modalities, and we often communicate through the symbolic metaphors that she presents through the use of these new materials.

Her most recent accomplishment is the exhibition of her artwork at a local library. In her artist's statement, she describes the show as a pictorial journey from illness to mental health through the guidance of an art therapy process.