

**A Case-Study of a Female Substance Abuser During
an Art Therapy Process Incorporating Video
Feedback as an Integral Component**

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ABSTRACT

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This thesis is a case-study in which are examined eight sessions of short term art therapy with a female in-patient in a drug abuse rehabilitation center using video recording as part of the therapeutic intervention and as an aid to documenting the sessions. The client worked in drawing and painting media. The video tapes were made at each session and played back to the client at each subsequent session. A detailed transcription was made from the video tapes and was used as a main source along with the drawings and paintings for making observations and interpretations. (The sessions occurred in French and translations were made by the author).

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"Une peinture est la meilleure image cachée de celui qui l'a peinte." (Picasso)

"Les choses nous rendent regard pour regard. Elles nous paraissent indifférentes parce que nous les regardons d'un regard indifférent. Mais pour un oeil clair, tout est miroir; pour un regard sincère et grave, tout est profondeur." (Bachelard)

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CHAPTER ONE
INTRODUCTION

In the first part of this thesis, I outline the design of the case-study and the context in which it took place. The review of literature which follows presents a theoretical background of therapeutic applications with substance abusers. All the drawings and paintings are included in chronological order with a descriptive text. These provide the basis for a reflection on the process, an interpretation of themes, and a formulation of conclusions. A detailed transcription of the dialogue and gestures of the first session are included in Appendix A to exemplify the art therapy process that took place. In order to address questions specific to the thesis, I conducted interviews with two practicing professionals in the field - Jan Bauer and Maryse Charbonneau. Transcripts of these are included in Appendices B and C.

My decision to study Art Therapy came at a time when I was involved in therapy as a client, and when I was working both as an artist and as a member of a team in a helping profession. I am always involved in the creative process. I feel that I need a meditative aura to let the image

spring through what is called "inspiration". I agree with Jung that,

"Art is a kind of innate drive that seizes a human being and makes him his instrument. The artist is not a person endowed with free will who seeks his own ends, but one who allows art to realize its purposes through him. As a human being he may have moods and a will and personal aims, but as an artist he is "man", a vehicle and moulder of the unconscious psychic life of mankind." (Jacobi, 1971, p. 203)

In creating, I feel that I am part of a whole and that I possess a power to illustrate an internal universe that strives to be shared.

Likewise, in the past when I had the opportunity to occupy a position in a helping profession, I had the feeling of being part of a whole larger than myself, a feeling in which I found within myself certain strengths that enabled me to help other human beings in search of their identity. For me, the creative process and the individuation process reach for common ends. In both experiences, I live a movement towards a re-discovery of a 'con-naissance' of or a re-birth of what is, 'me'.

As a student of Art Therapy I found a structure to support and strengthen the links that I had been trying to make between my experiences as an artist, as an art educator and as an educator with special adult populations. In the art therapy session, I find it important to "be there", to be fully present with the person without invading his or her territory. I find it

important to give the client enough space in which to dream, a general feeling of autonomy, of freedom, and to provide the same aura of meditation that I find important for my own creative process.

It was with substance abusers that I worked for the major part of my practicum. The alcoholic seems to invest enormously in masculine values that build a barrier between the ego and the unconscious. The intoxicated state can be seen as an artificial attempt to contact the unstructured feminine values of the unconscious; but it leaves the psyche more weak and thirsty, since the ego was not in touch with the unconscious during the voyage. Art therapy appeared to me to be appropriate for this type of clientele. Art is a non-threatening way to tap the unconscious, to get in touch with feelings. My main role was to support and to reflect the person in their "way of individuation". (Singer, 1973, p. 3)

My assumption is that the client will know what to draw or to paint. I see myself as stable as a rock, and at the same time, as flexible as water. I learn from my clients. It is with an 'innocent' mind that I start a session; I try to focus on the unique expression of the unconscious. I feel that there is a better chance if the theory can assist the process rather than trap it into prefixed directions. And when an image is created by the person, I treat it in a way that is similar to Jung's attitude towards dreams:

"One would do well to treat every dream as though it were a totally unknown object. Look at it from all sides, take it in your hand, carry it about with you, let your imagination play round it, and talk about it with other people." (Jacobi, 1971, p. 64)

"I take the dream for what it is. The dream is such a difficult and complicated thing that I do not dare to, make any assumptions about its possible cunning or its tendency to deceive." (Jacobi, 1971, p. 70)

I try not to provoke or repress or comment on the manifestation of transference; whether it is positive or negative; I try to let it 'be'. My dialogue with client is as free as possible of any kind of judgment or even enthusiasm. I try with words, or even with body language, to mirror what the client shares with me, irrespective of whether it is painful or happy.

"The need for mirroring from another is lifelong, and represents the inevitable incompleteness that accompanies growth. For mirroring is an externalization of an internal, psychic reality. It is based upon the fact that consciousness and the unconscious exist in a relationship of mirror symmetry." (Schwartz-Salant, 1982, p. 46)

I think that mirroring extends the verbal dialogue that we have in art therapy, the artwork itself being a material externalization of an internal reality. The use of the video feedback appears to me to be a reinforcement of mirroring, assisting the client to re-experience at a conscious level an experience that occurred in the past at a semi-conscious or unconscious level.

CHAPTER TWO
DESIGN OF THE STUDY

The practicum

Starting my second year of studies in art therapy, I was looking for experience in several different types of settings. For part of my practicum, I was accepted to assist in a local English elementary school where I worked individually with children in a special education class. As a second setting, I was looking for one in which the language was French. I met the director of an institution for the rehabilitation of substance abusers. Later, when I was accepted, a therapist was assigned to be my supervisor and coordinator. Looking back, I feel that because it was integrated with my university supervision and theoretical studies my practicum was a valuable training experience. Within the institution, I found a team of very helpful and cooperative professionals with whom I was fortunate to spend several weeks learning and sharing.

While there, I benefited from an hour and a half of supervision each week, and I was invited to join the weekly staff meetings where the individual cases were discussed. The presentation of my client's artwork was considered an

integral part of the input.

The institution was residential; the clients normally stayed for a period of two months. After that, they went back to their home and their work, and continued their therapy with outside therapists. I scheduled a meeting with each of my clients twice a week.

The video feedback

While working with young adults the previous year, I had started to use video technology as a way to help them function as a group, to develop better self-esteem. These young adults were experiencing difficulties adapting to society; many were unemployed, living on social welfare benefits. A number of them were having problems with the law, usually due to delinquent acts. Some of them were transitionally registered in the institution after a period spent under psychiatric care. By initiating the idea of using video as a media, I was able to involve them directly in working both in front of and behind the video camera.

In response to some clients' requests in the new setting, I used the video as I had done before. I was curious however, to explore the possibilities of using video as a documentary means of recording the art therapy process. I did not have particular expectations; my main

question concerned the effects of using video feedback, i.e. video mirroring, as part of the art therapy process. Because video equipment was available in the institution, I was able to set up several preliminary projects to explore different ways to use video technology. After the arrangements for a research project had been made I was assigned a client for eight sessions of art therapy using the video camera.

The client

I did not interview the prospective client previous to our meeting, but rather consulted her dossier. It included some notes from the staff, and a 'life history' in which Anne (not her real name) described what she considered important in her past. Like all clients, at the beginning of their stay in the institution, she was given the assignment to write in detail about her childhood, adolescence and adulthood. Later, she had to work on a 'theme', a subject matter that she felt was particularly important in relation to her addiction.

Anne had agreed with her therapist to come to the art therapy session; equally she had agreed to allow the video recording of her work during the sessions. The possibility that the camera might be intrusive did not seem to occur to her.

Anne was small and thin, and to me looked older than the 37 years of age indicated in her dossier. Her voice was soft; she responded with little eye contact. Her face seemed expressionless. Her clothes were always clean, and she wore make-up and nail polish.

Anne was the fifth of a family of nine children. She reported that several times her mother had beaten her, and that at the age of four she remembered witnessing adultery between her mother and an unknown man: "I (have) started hating my mother at that moment," she wrote. According to her story, she was given responsibilities at the age of seven - washing diapers, shopping and other similar jobs. And at that same age, she was sexually abused by her father. She said that, "After this, I refused to accept the authority of my parents." She wrote that she had been the witness of incestuous acts in her family, and that "I told my mother, but she said I was a liar. I feel a lot of rebellion against all that."

Anne said that at age 13 she was raped by three men and that she suffered from sexual problems throughout her life after that event. At the age of 18 she had a daughter, and two years later, a second daughter; unable to take care of her second baby, she gave it to an orphanage. She wrote that she was at the time always fighting with her mother and "I had already started to drink occasionally." In the same paragraph, she recalled,

"As a child I tried to give caresses to my mother. She rejected me all the time...Being adolescent, I was dreaming of romantic love. Later, men took advantage of my innocence."

She got married at 21 and gave birth to a third daughter. Anne reported that she had begun to drink more and more while quarrelling with the father of her third child. At one point, she had to go through minor surgery. Her doctors gave her some valium to calm her. "My abuse of medication started at that moment," she said, "I was with people who were drinking a lot. Often my pay check was passed in the bar."

Anne wrote that later she met another man, that she and her two daughters stayed with him for seven years and that he had helped her somewhat to overcome her addiction. They were separated a few years ago, and to add to this loss she had recently suffered the death of both a sister and a brother. It was with another friend that Anne discovered AA and other institutions where she went to detoxify herself. According to her dossier, she was sober for a year and a half before she made the decision to come to the institution, in order, she wrote, to feel better in life.

The art therapy room

The room where the sessions were held was large, with windows overlooking a lake. Since the table, where the

client and myself worked was facing the window, we had a very good view of the water. I provided my client with a wide choice of two-dimensional media; for example, she could use thick or thin felt pens, coloured pencils, oil pastels, gouache, collage materials and paper of different textures and formats. I met Anne on Monday mornings, after she was back from her weekend at home. Our second meetings were scheduled for Wednesday afternoons, a few hours after the women's weekly group therapy session, after which she attended the pre-supper relaxation hour.

The methodology

In this case-study, I was interested both in experiencing the role of art therapist working with a female substance abuser, and the role of researcher of this process. In order to observe this process from an outside point of view, I decided to video record the visual and auditory information of all the sessions. Because I was interested mainly in studying what the client was externalizing, i.e., the gestures and the drawn or painted images, the video camera was focused on the table surface. This was the visual aspect; the microphone recorded any sounds or dialogue between us, as the audio aspect. The video recording, however, also played an internal role in the art therapy process; it was used during each session as

feedback, and it was therefore an integral part of the sessions. In this sense, the video played a dual role like myself, i.e., inside during the art therapy, and outside, after the art therapy was over.

The methodology was descriptive and inductive. The following constitute sources of information used to make interpretations, observations and draw conclusions.

1. My subjective memory in the role of art therapist.
2. My written notes describing each session after it was finished.
3. My written notes of statements made by the client while watching the tapes during the first phase of each session (after the first one).
4. The drawings and paintings produced by the client.
5. The audio-visual record on the video tapes.
6. My overall first impressions made from the tapes during a non-stop viewing when the sessions were finished.
7. My detailed notes made from the video tapes during a careful minute-by-minute transcription of the video tapes.
8. My written reflections on the video tapes during a close inspection, including the replaying of key moments of the video tapes.
9. My reading of theoretical backgrounds, before, during and after the research study.
10. My previous knowledge and experience before the project.

The procedure

For each session, the camera was set up to focus on the sheet of paper that was placed in front of the client on the table. The camera was focused so that the paper filled the entire frame. When the client changed the format of the paper, the camera was adjusted to the new size and shape. When the client was working, we could see her hands drawing or painting; sometimes her arms were also visible on the monitor. We could not see the face of the client and we could not see her body. We could not see the art therapist (myself). The dialogue between the client and myself was recorded. The video was recorded in 'real time' during the entire art therapy session. If the client wanted to see the image on the monitor, she had to lean back slightly and turn her head to the left. As art therapist, I could also see the monitor by turning my head to the left. The camera was also easily accessible to me for quick readjustment of the focus or the zoom. The camera was set up before the client came into the room.

After each session the tape was rewound. At the beginning of the following session, when the client came into the room, the tape was started, and the client and I watched the replay. The client was instructed to speak whenever she felt like it. She was told that she could stop the tape at any point. I wrote down any comments that were made during the watching of the tape. As soon as the

tape of the previous session was finished, and the client had no further comments, she and I moved to another table already prepared for a session of art therapy with drawing and painting media. Each of these drawing-painting sessions lasted for about thirty to forty minutes.

I saw Anne eight times over a period of five weeks. She was also attending individual psychotherapy sessions and group therapy sessions that clients normally attended in this particular setting. She wrote about and presented her 'theme' to the group at the end of her stay. The title was "Portrait d'une mère", in which the main ideas of her 'histoire de ma vie' were repeated, her hatred towards her mother, her anger about the rejections she had gone through in her family. It was somewhat confusing to follow her story since chronological steps were not always clear.

A few months after the termination of art therapy with Anne, and after the end of my practicum at the institution, I viewed the tapes from beginning to end in an almost non-stop procedure. Simultaneously, I took notes making free associations concerning what I felt was important.

A few weeks after the non-stop viewing of the video tapes, I made a detailed transcription of the tapes, noting: the timing, the words of the therapist (myself), the words of the client and the gestures of the client. Throughout the process, I was researching the literature on substance abuse, art therapy, psychotherapy and other related theoretical backgrounds.

The first rapid viewing of the tapes was a very involving experience that encouraged free associations, the easy flow of ideas from unconscious sources. I became aware that,

"the intuitive function also sees things as they are, but in a more general way, without being aware of perceiving specific details. Its tendency is to gain a total impression of the situation..." (Singer, 1973, p. 191)

On the other hand, the second viewing involving the transcription of details was very exhausting. It demanded concentration and objectivity. It seemed to me that in focusing on each second, I was losing the gestalt of the whole, but at the same time I was aware that I needed the notes as a source of information. It became clear to me that,

"the sensation function simply sees things as they are - it takes in all details directly, seeing sizes, colours, hearing sounds, and employing all other senses." (Singer, 1973, p. 191)

CHAPTER THREE
REVIEW OF LITERATURE

A. Art Therapy with Substance Abusers

The available literature on art therapy with substance abusers is not very extensive, consisting of less than twenty isolated articles and chapters in books (See Reference List). Each report seems isolated in that very few of the authors refer to each other; this is probably in part because these are 'pioneer projects'.

A review of the literature suggests that there are certain characteristics that are frequently mentioned with regard to drug abusers. These center around what Moore calls, "a lack of self-control and a difficulty in communicating". (1983, p. 251) All of the authors reviewed concur that art therapy can enable such individuals to make images in response to the need to feel that their actions are under their own control. With the manipulation of art materials, clients are encouraged to participate actively and physically in their own treatment. The invention of and control over external images is metaphorically the

invention of and control over the life forces that for drug abusers have become overwhelming. Virshup (1978) describes the process of graphically working through conflicts:

"Anger, guilt, fear, and other subliminal emotions may not only be expressed graphically, but while being explored in a series of drawings or sculptures, these feelings may at the same time be resolved and/or integrated; sequestered energies may be released and destructive impulses channelled, and all without the use of words." (Moore, 1983, p. 253)

All of the authors reviewed indicate that substance abusers have "communication problems". Unlike verbalizations that can reside only in the memory, art images reside in an external 'reality' that gives a stable reference point for the therapist and the substance abusers (or other clients if it is a group setting). For the substance abuser who frequently is caught in a pattern of avoidance of inner feelings, the art work is present externally for recognition and differentiation of states of feeling. Head (1975) writes,

"Drug-addicted people tend to avoid. In fact, the overuse of chemical is in itself an avoidance, a running away. The life pattern of avoiding all situations, of avoiding reality, of avoiding responsibility, of avoiding oneself, becomes so strong that a group of addicted people in psychotherapy continue to try every subtle means to avoid looking at their problem." (quoted in Moore, 1983, p. 252)

The avoidance pattern leaves clients with a sense of loneliness and a feeling of poor self-worth. Foulke (1976) writes that,

"The typical addict is accustomed to using words in the service of rationalization, denial, displacement, and projection to maintain the drug or alcohol habit and defeat the very process of psychotherapy. By claiming helplessness and lack of personal responsibility, addicts evade confrontation with authentic aspects of themselves and perpetuate their self-destructive lifestyles. The expectation that they use words, instead, to express their thoughts and feelings honestly and without guilt is too frightening for many addicts to cope with." (quoted in Moore, 1983, p. 252)

The art therapist's style

There are a wide variety of approaches to art therapy with substance abusers reported in the literature. These range from the more directive to the more passive, from individual-therapist situations to complex group settings, from free-expression to emphasis on high quality and skilled artworks, and from dogmatic therapist interpretations of artworks to non-interpretive peer group discussions 'around' the images.

All of the authors regarded a supportive approach as essential, reasoning, presumably, that the development of a therapeutic alliance rests on sufficient trust for clients to be able to express their feelings. However, each therapist found different approaches to help clients express/communicate better and thereby gain in their sense of self-control over their own destiny.

With the exception of Donnenberg (1978), all of the authors reported taking a non-directive approach to the

initiating of clients into the "art-making process. However, this ranged from "paint anything" (Albert-Puelo, 1980) to "express on paper the feeling around what has been going on in the (psycho-therapy) group" (Head, 1975, quoted in Moore, 1983). Both Foulke (1974) and Nucho (1977) told their clients explicitly that art was a way to get in touch with feelings. Virshup (1978) and Foulke (1976) stressed self-expression and discouraged aesthetic judgements. Emphasis on art materials was only evident in the work of Ulman (1953) and Wittenberg (1974).

The authors reported, in general, that they used the standard art therapy materials (pastels, paint, crayons, markers, collage materials, clay); none used video technology. There were some interesting extensions beyond the normal media. For example, Wittenberg (1974) had her clients tape-record their stories, Donnenberg (1978) required the group to paint to music, Kaplen (1978) used body paint. Although most followed a somewhat structured process, only Kaufman explained that he saw a correlation between the need for structure and the need to gain ego strength.

With the clear exception of Donnenberg (1978), most of the art therapists reviewed appeared reluctant to interpret the artwork of their clients. Virshup (1978) asked open-ended questions that were intended to lead the clients to observe the work without interpreting it. Nucho (1977) asked clients to project their feelings on to each other's

work but to avoid any interpretations. Kaplan (1978) encouraged group discussion in a non-judgmental, permissive environment; this usually involved discussion of the process (trust, touching...) by which partners painted each other's faces. Head (1975) reported that he found peer group comments on the meaning of the symbolic visual images as being very accurate, and more acceptable than from the therapist who is seen as being authoritarian. Wittenberg (1978) encouraged clients to explain their own drawings and to react to each other's for discussion purposes, but again not to interpret.

Each therapist included goals and outcomes of their sessions. The making of expressive art work as a vehicle for better communication was the most common aim. More specifically, Forrest (1975) hoped for increased self-awareness; Kaplan (1978) focused on play as a means to recapture primal feelings; Nucho's (1977) emphasis on symbolic mastery was seen as a means to achieve self-power; Ulman (1953) felt that an appreciation of the work of the masters in conjunction with image-making gave clients a chance to forget themselves. Most authors felt that the group setting helped to easily by-pass verbal defences. Only Albert-Puelo (1980) used an individual setting, following in general the classical psychoanalytical model of sitting obliquely to the left and behind the client.

All the authors considered here reported that art therapy was a unique means for confronting the needs of

substance abusers. But extensive research would still be needed to evaluate the relative contributions of the various styles and processes described.

The form and content in artwork

There is no well-documented empirical evidence that specific subject matter or specific use of visual language is characteristic of substance abusers. Naitove (1978) found a frequency of spirals, blood, eyes, geometric shapes, hair, purple, crosses, monsters, webs, and tooth-filled mouths, with users of illicit street drugs. Devine (1970) found that the most frequent theme that emerged from 55 male alcoholic patients was boats and water; that their style seemed to imply an anxious need for control over the dangerous world of impulse and feeling. Gantt and Howie (1979) listed as the symbolic content of "pictorial characteristics" of alcohol abusers the following: water, boats, bottles (as entities), orality, dependency, denial, and grief. They noted that in terms of 2-dimensional form drug abusers used the upper part of the page more as the problem increased in severity. Further research is needed to establish any consistent content or form in art therapy images with different types of substance abusers, female and male. Of interest in this regard is Wadson's (1980) study of family

patterns of alcohol abuse. Her findings suggest the validity of using artworks as a source of information, and offers a prototype that could be useful in articulating new research projects.

B. Therapy With Substance Abusers

A review of the literature on alcohol abuse reveals no clear evidence as to the cause of the disease. During this century, the pendulum has swung from a dominant view that alcoholism was genetically based to the current view that,

"...no study or series of studies has shown that heredity is more important than or separable from environment in the etiology of alcohol abuse. Nevertheless, some metabolic studies and several twin, half-sib, and adoption studies have suggested that genetic factors are indeed active in the predisposition towards alcoholism." (Blum, 1984, p. 275)

While psychologists and psychiatrists have identified an 'alcoholic personality' or a 'prealcoholic personality', there is still no research that explains why men and women with these same alcoholic personalities sometimes suffer from "bizarre phobias or a wide assortment of mental ailments from mild neuroses to severe psychoses.. or who may be leading reasonably normal lives." (Blum, 1984, p. 276) Most researchers are today strongly committed, in any case, to a hypothesis that "alcoholism is determined very strongly by both biogenetic and environmental elements"

(Blum, 1984, p. 276).

The concept of alcoholism has changed significantly since the publication of books by Jellinek (1960) and Mann (1958). These two authors presented for the first time a summation of available information in a comprehensive theoretical 'package'. Jellinek's position is evident in his title, The Disease Concept of Alcoholism (1960), which is somewhat parallel to it in its basic thesis. This will be discussed presently. Mann's book, representing the Alcoholics Anonymous' position was updated by one of the co-founders of AA (1968), and has already been re-printed thirteen times. Jellinek's hypothetical approach, on the other hand, raised many questions and stimulated a period of extensive research into the nature and treatment of alcoholism. The revised current view of alcoholism is accordingly based more on empirical evidence than was the case before 1960.

The traditional concept of alcoholism as represented by Jellinek and Mann held several positions which have been outlined in detail by Pattison, Sobell & Sobell (1977, pp. 11-26). These are essentially summarized in the AA phrase, "the obsession of the mind that compels us to drink and the allergy of the body that condemns us to die." (Anonymous, 1957, p. 13) Implicit in this statement is the notion that alcoholics are all suffering from the same physical and psychological disease that distinguishes them from non-alcoholics, that it is manifest in a loss of control - that

it goes through phases which are irreversible.

All of these assumptions have been challenged. In particular, the notion that alcoholism is a "unitary phenomenon which can be identified" (Pattison, Sobell & Sobell, 1977, p. 11) has been an obstacle which is finally being by-passed. At the same time, the efforts of AA and Jellinek in promoting the disease concept has shifted public opinion away from the idea that alcoholism is a sin - and it has encouraged government support of rehabilitation as well as the descriminalization of public drunkenness.

The alcoholism-as-a-disease model has also given rise to problems in society. For example, physicians resist the simplistic idea of 'lumping' together alcoholism with disease such as cancer or diabetes (Robinson & Podnoe, 1966); mental health professionals resist the possibility that alcoholism may be biologically based (Curlee, 1971); and politicians, judges, and lawyers complain when alcoholics are not held responsible for their high cost to society. Besides this, the presence of many paraprofessionals working historically in the field of alcoholism have established a tradition that reflects their values, attitudes and concepts (Pattison, 1973), and these are often in conflict with the newer professional, research oriented approach (Ravetz, 1971).

Concerning the problem of reversing what was previously considered to be irreversible, i.e., rehabilitation, an

exemplar study conducted in 1962-1963 in the Cincinnati Alcoholism Clinic concludes,

"The most relevant implications of our data and of the studies cited may be for our conception of the nature of addiction...addiction has been frequently conceptualized with primary emphasis on the qualities of physiological dependence, whereas the emphasis should perhaps focus on the qualities of psychic dependence. Alcoholism may be best described as a psychosocial behaviour syndrome." (Pattison, Sobell & Sobell, 1977, p. 161)

The new emerging concept of alcoholism is based on a comprehensive data analysis of each individual within given populations. Pattison, Sobell and Sobell (1977) outline four types of populations along a continuum of social competence, ACH - OPC - HWH - PWH: the aversion-conditioning hospital population, for those with high middle class motivation and achievement; the outpatient clinic population, for those with some social competence but at the expense of personal conflict; the half-way house population, for those with mechanical-type jobs and a failing personal life style; and the police work center, for those at the lower end of the scale who are socially inept and unemployed. (While this summary does not detail the complexity that differentiates the four populations, it gives a general sense of the approach to the problem.)

Since the treatment of individuals in contemporary practice varies greatly in the different facilities, it is important that there is an appropriate match between the subject and the approach. While this is the new aim, there

is still a need for research on both the selection process and the effectiveness of different approaches and combinations of approaches.

Research findings already indicate that "the social class of an alcoholic is closely associated with many aspects of treatment. In fact, it is a better predictor of type of therapy than is physical or psychiatric diagnosis." (Pattison, Sobell & Sobell, 1977, p. 255). Beyond this, the multivariant approach is being regarded as possibly the major influence on future program development. Since none of the facilities outlined here can provide a comprehensive treatment program for all types of alcoholic populations in a community, it is becoming clear that they must work together in the diagnosis and placing of individuals. This has already been realized in the governmental institutions that house all population types together. Rather than functioning competitively with each other, they work co-operatively offering an appropriate approach in accordance with the needs of each population, and ideally with the needs of each individual.

There has been a lack of research directed specifically towards the study of women and alcoholism. While at this initial stage there is more speculation than reliable findings, it seems clear that effective treatment for females may be quite different than has been practiced with males. For example, Curlee (1971) found that women related best to individual therapy, while men preferred group-

oriented treatment and unstructured contacts with other alcoholics. In addition, women, unlike men, frequently reported that their addiction had been triggered by a specific event, usually a loss such as a death or a divorce. Because society is more tolerant of drunkenness in men than in women, female alcoholism is frequently kept secret, even by the husband and family (Block, 1965). Wilsnack did several studies with women alcoholics and control groups which suggest that women

"do not drink to satisfy the masculine part of themselves. Instead drinking may offer these women a temporary escape from sex-role conflict...On a conscious level, then, the alcoholic women were no less feminine than nonalcoholic women. The alcoholic's conflict, the doubts about her adequacy as a woman may stem from the existence of masculine traits in the unconscious levels of her personality." (1973, p. 41)

Unlike the examples quoted above, Jan Bauer's study of four women alcoholics is an analytical search for models. Built on Siegler and Osmond's (1968) taxonomy of alcoholic types and Jungian psychology, she calls upon Greek mythology to 'understand' rather than 'classify' archetypal patterns of female alcoholism. In her search for similarities, Bauer found that Appollonian-Dionysian tensions (i.e., the striving for standards of perfection versus the generating of intoxicating rapture, etc.) were prominent in their 'myths'. But it was in the goddess Athena (the father's daughter) that she found their pattern personified - an echo of the positive idealized father to compensate for the bad experience with the mother. She

concludes that the Alcoholics Anonymous

"'trap' is preferable to the pit of alcoholism. What is more, it is all the more preferable since it is a trap suited to their Athena natures than any other - certainly an advance over the perfectionist values of Apollo or the Dionysian lure of ecstatic irresponsibility. It may restrict them to being only themselves - as they adhere to the Olympian way that the AA program reveals - but in this there is unity, both inner and outer, that they never knew before." (1982, p. 119)

C. Videotherapy

Considering that video technology is a comparatively recent development, there is a considerable amount of literature on its use in mental health practice. However, when one focuses on the use of video as a part of the art therapy process, there is very little research, unless related sources are pieced together.

As early as 1954, Carrere, a French physician published a report in which he showed patients films that he had made of them while they were experiencing delirium tremors in order to shock them into giving up drinking. Since the alcoholic may appear self-confident while concealing insecurity, may appear happy while concealing depression, and may appear to forget the intoxication period when sober enough to remember only the 'sober self', confrontation with the self image and its discrepancies seems central to the therapeutic process. In this regard,

"Watching clients watch themselves on video is a remarkable experience. The image on the screen interprets, questions, clarifies, suggests, criticizes, encourages, and contradicts the viewer. Video feedback is a form of self confrontation, and as such, it asks the client to come face-to-face with the way that he or she is seen by the world." (Heilveil, 1983, p. 4)

Research conducted by Baker, Udin and Bogler (1975), and evaluated on the basis of subsequent alcohol consumption concluded that,

"video tape self-confrontation of drunken comportment should be an ideal initial component in a treatment program where subjects are provided with explicit behavioural goals and techniques" (p. 790).

Further studies also help "to demonstrate the relative superiority of video techniques in the treatment of alcoholics... for example, Vogler, Weissbakc, and Compton, 1977" (Heilveil, 1983). Further Schaefer, Sobell, and Mills (1971) noted that self-confrontation increased rather than decreased the post-treatment drinking when there was no follow-up therapy.

Feinstein and Tamerin (1972) treated a client for five weeks by conducting therapy during experimental intoxication and subsequently replaying the video tape of the session with the client present. The results were dramatically positive during the therapy but negative after discharge. Faia and Shean (1976) video-taped an intoxicated client upon entry to the hospital, and then replayed it in a group therapy session. A simple prototype of the use of video is the study by Greer and Callis (1975) in which they

interviewed alcoholics who had overcome their addiction and then showed these as models to the new clients in treatment, reinforcing any positive aspects both during the interviews and afterwards during the discussion.

This thesis documents a study in which video playback was integrated with an art therapy process. In this case, mirroring drew more upon the unconscious than upon direct behaviour (the latter being typical in the studies reported above), and functioned in close co-operation with group therapy and psychotherapy.

CHAPTER FOUR

THE DRAWINGS AND THE PAINTINGS

The appearance of the house that was drawn during the first session (figure 1) is sad and lonely. There is no colour. Vegetation is absent. The client's inability to communicate is suggested by the presence of one small window placed in the door. It does not portray a denial of all possible dialogue with the outside world, but for the moment, it is limited to a single spot, a place that could be fragile. This parallels the client's words:

"J'ai de la misère à m'exprimer. J'en ai trop conté aux autres. Soit j'en dis trop, ou pas assez. Il me faut un juste milieu."

These words were spoken while she was drawing the lines that covered the earth. She said that they were intended to represent a laneway to the door (a possible communication), but that they turned out to be more like 'bicycle tracks on the grass'. While drawing these lines her gestures were unsure and repetitive. They were not nearly as assertive and convincing as the gestures with which she built the 'body' part of the house, or the roof

with its shingles that turned out to be bricks. A brick-roof is unusual and would seem to be destined to protect or reinforce its contents. If we adopt the metaphor that the attic is the mind, the intellect, the consciousness, this image of the roof can be linked to the fact that rationalization is one of the major defence mechanisms used by addicts. The smoke coming from the chimney can be seen as a sign that here is an interior life; her sun enlightens and gives life to the picture.

The following session Anne used a felt pen to create a family of cats, and a girl (who is supposed to be her sister) (figure 2). The cats are smiling but resemble balloons - their legs are not developed to walk. The girl's hair is dark and heavy, similar in meaning to the brick roof (figure 1). The whole picture has a floating sensation and the drawing has an air of childishness and awkwardness.

When I asked Anne to draw herself (figure 3), she drew a little person 'swimming in the creek with blood suckers'. With its circular shape, her 'creek' reminded me of the ponds, swimming pools and lakes that other female clients (in the same institution) had represented as a well-defined and closed circular containers. Male clients, on the other hand, had represented water as rivers or the ocean in a more open way. The head of the little person in the water is very big and could be associated with the process of rationalization.

During the third session, Anne was expressing anger. At first, she associated it with the instruments that had been used at home or at school to beat her. As I encouraged her to explore a more open gesture and a more fluent medium, she arrived at a diagonal movement (figure 4), and ended up using paint for the first time (figure 5) - while talking about the overwhelming power of her anger. When I presented her with a third sheet of paper, she went back to a more controlled medium (felt pen), and a more secure representation, the summer (figure 6). The 'head' of the tree is again invested with more energy than the body. This drawing was a transitional one pointing ahead to her watery illustration of red anger melting in blue water (figure 7). Near the end of the session, I asked Anne to make a representation of her feelings. She made a series of closed circles joined together (figure 8). At that moment, I think she felt the need to control her emotions so as to leave the room in a peaceful mood.

Anne started the fourth session talking about the depression she went through when her sister died. She used paint and made an image of a tunnel (figure 9). While she was doing it I was wondering if it might be a metaphor for the tunnel of birth, even if it was closed at both ends. Anne's words referred to a life-death dilemma:

"You don't have the taste of living and you are afraid to die; you don't know if you are in the world. (She used the expression 'au monde' which also means to be born.) You are between the two. You don't know when you will come out."

The next image (figure 10) could be drops of rain or tears. After completing it she talked about love, the contents of a heart, and schematically drew a baby (figure 11). (Was she that baby?) After freeing herself (figure 12) in a pleasant spreading of red paint to represent 'love', I asked her to make a last image. She drew a boat (figure 13) and described herself as being on the ocean of emotions. This was her first representation of water that was not contained in a closed form. I understood this to mean that she was ready to explore her unconscious.

Anne's series of images representing water (figures 14,15,16) became in the next painting a 'house' (figure 17) which seemed to be a composite of the first house (figure 1) and the boat (figure 13). Before making the house, she painted the fish in the water and afterwards painted the baseline that covered the water. In this painting, the roof has become like a window. Her 'house' could also be seen as a door to a bigger house, of which we can see only the bottom line. I regard the presence of fish as a good sign in therapy. It occurred with other clients in the institution, usually a few weeks after their therapy had started. For me, this signified that the client was ready to bring unconscious material to the surface. In Anne's image (figure 17) a 'bridge' separates the world of the fish (or blood suckers) from the conscious world above. As it was nearing the end of the session, I suggested to Anne that she represented herself. I was interested in

comparing her perception of herself at this point with her 'self-image' in the third drawing (figure 3). Anne drew the lips first (figure 18). Then she painted them, and passed the brush over them several times. Next, she drew the nose and the eyes, and circled the face with two brush strokes that she brushed a second time. She painted the teeth last. There was a smile. For me it is a hungry mouth, an emptiness to be filled, as expressed by the aggressive teeth and the demanding eyes. The image, which is clearly 'oral' was painted in the same colour as the fish.

The same day that Anne came to me for her sixth session, I had just finished working with two female clients who had in turn tried to express their anger towards their mother. The women's group therapy session had stimulated this emotion. Anne kept expressing her anger until she had covered four sheets of paper (figures 19,20,21,and 22). The next two images (figures 23, 24) were expressions of her well-being.

The image that Anne painted in the seventh session (figure 25) was beautiful. An important transformation had taken place since Anne painted the last house (figure 17). The 'house' was now a boat that navigated quietly, ready to host and feed the bird. I saw Anne more ready to deal with the departure from the institution and the termination of the art therapy experience. "L'oiseau va être sur ma route pour un bout de temps puis il va chercher quelqu'un d'autre

ailleurs."

The last house drawn by Anne (figure 26) is tall, colourful, and surrounded by grasses and flowers. The roof has become a 'window', and the base-line is thick and strong to support the building. Just prior to the termination of the session, Anne quickly completed her drawing of the sun. It seemed to be her way to say "good bye", and perhaps a symbolic suggestion of positive transference.

Three major elements kept recurring throughout the art therapy sessions: the house, the water, and the sun. The sun shines in the sky over the house. At times, the house floats on the water. But the sun and the water never appear together within the same image. I could interpret this separation, along with the over-emphasis of either one by itself, as Anne's search either for her feminine identify through the water or for an identification with masculine values in the sun.

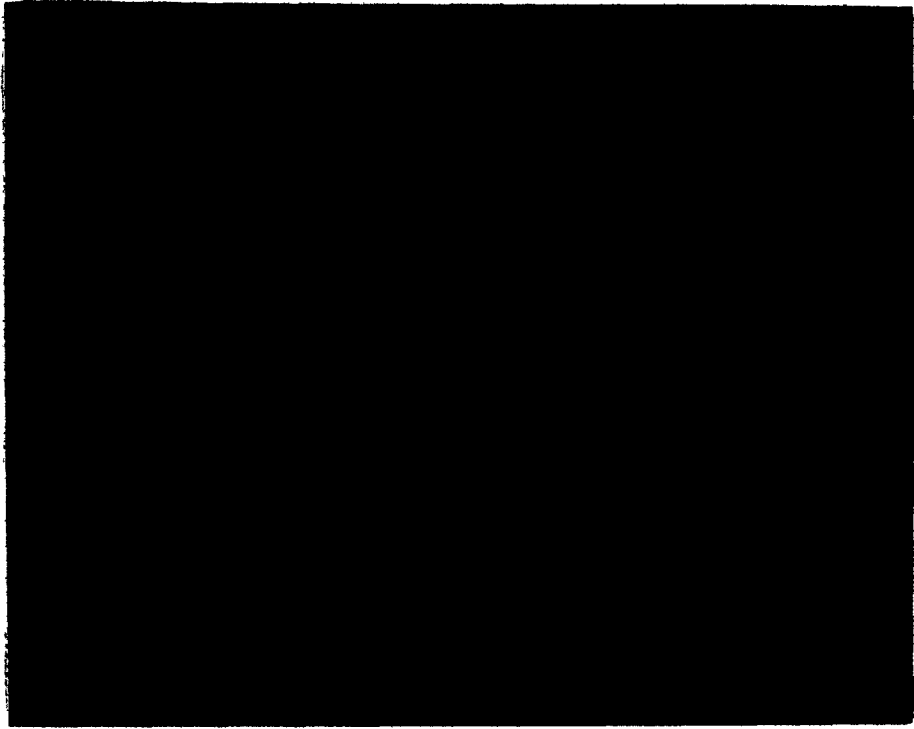


figure 1

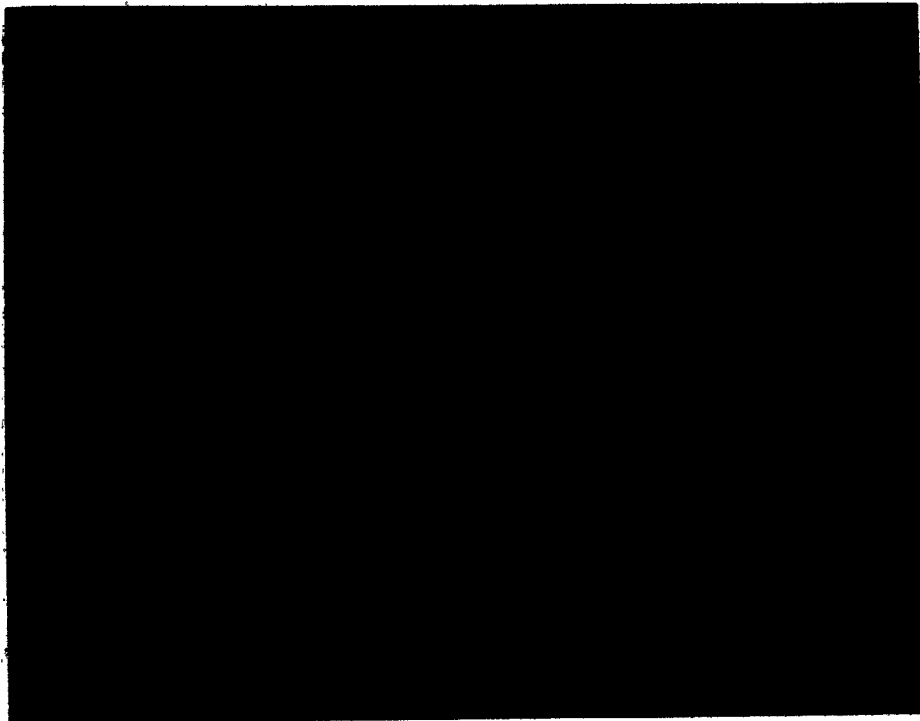


figure 2

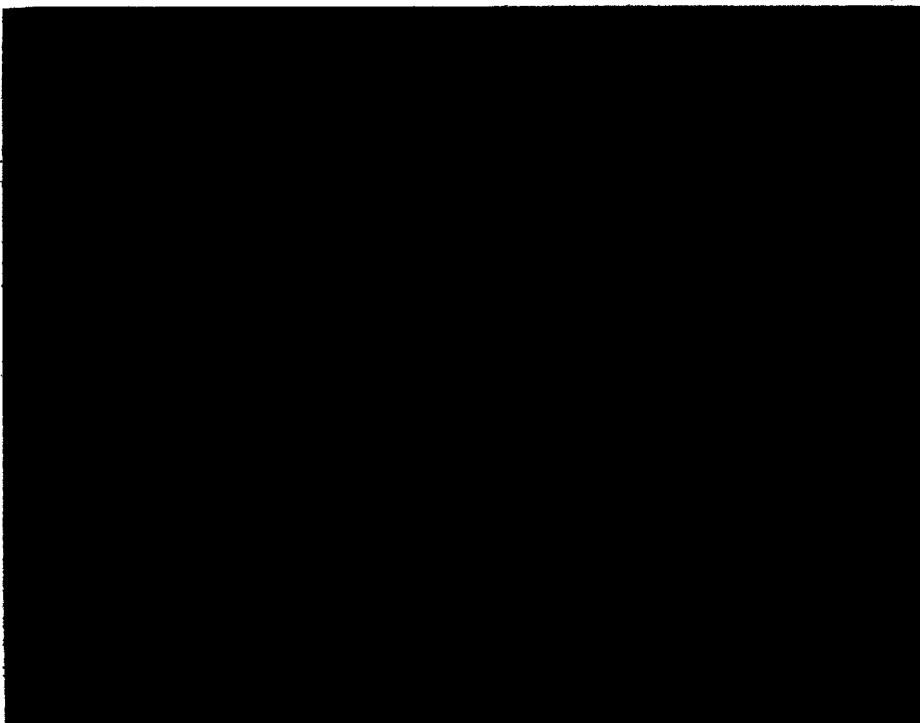


figure 3

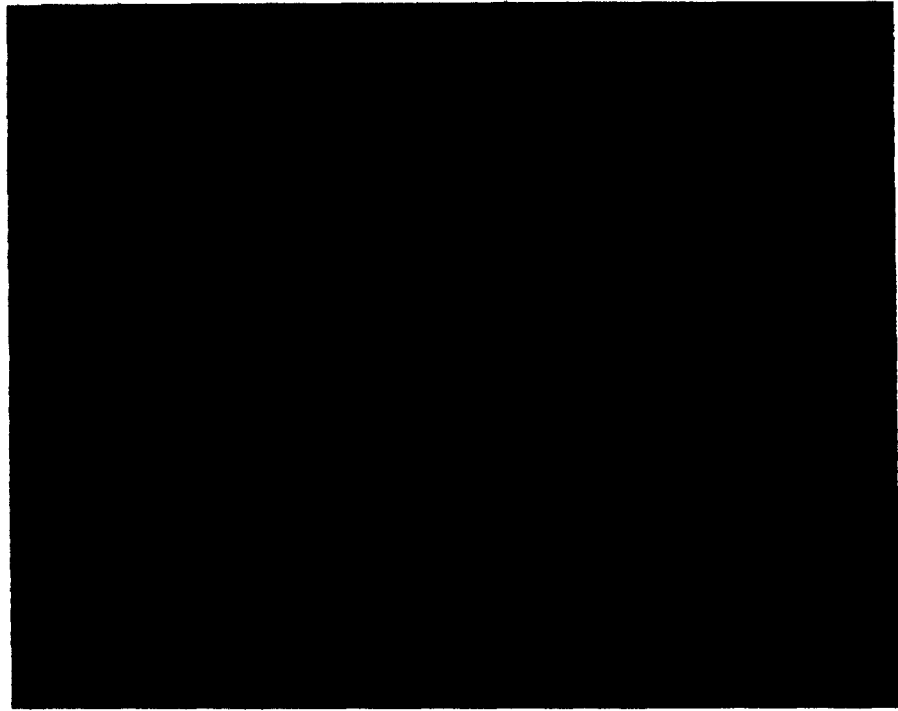


figure 4

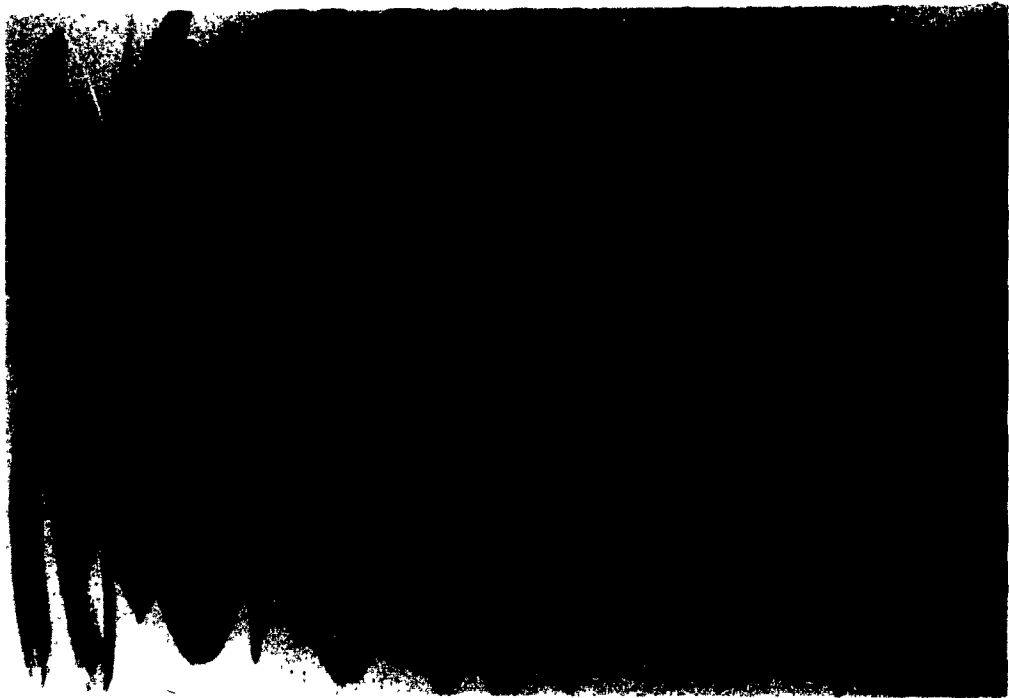


figure 5

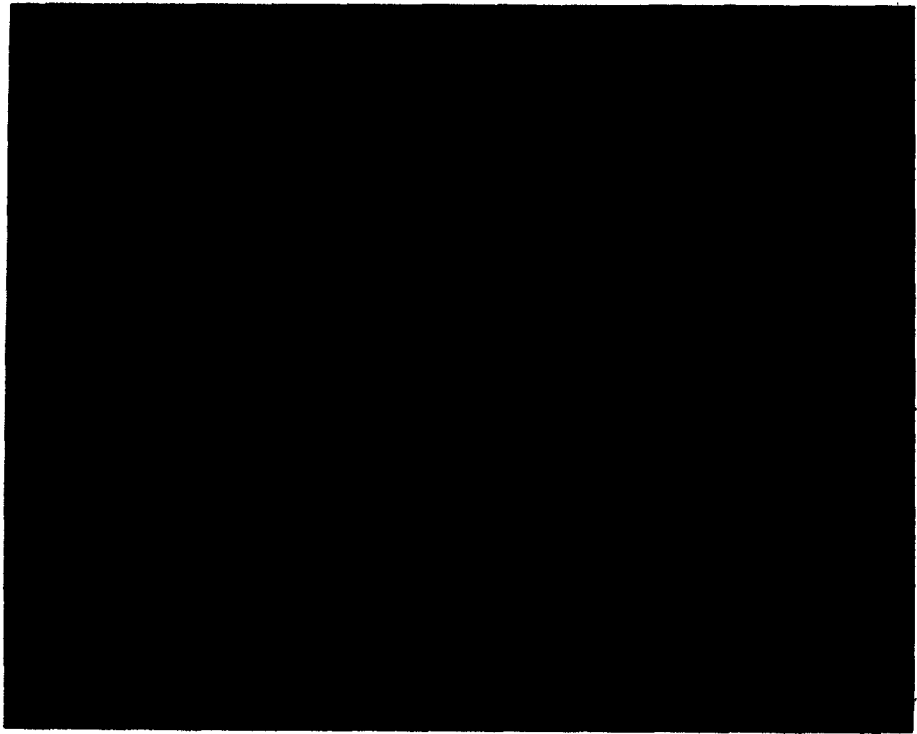


figure 6



figure 7

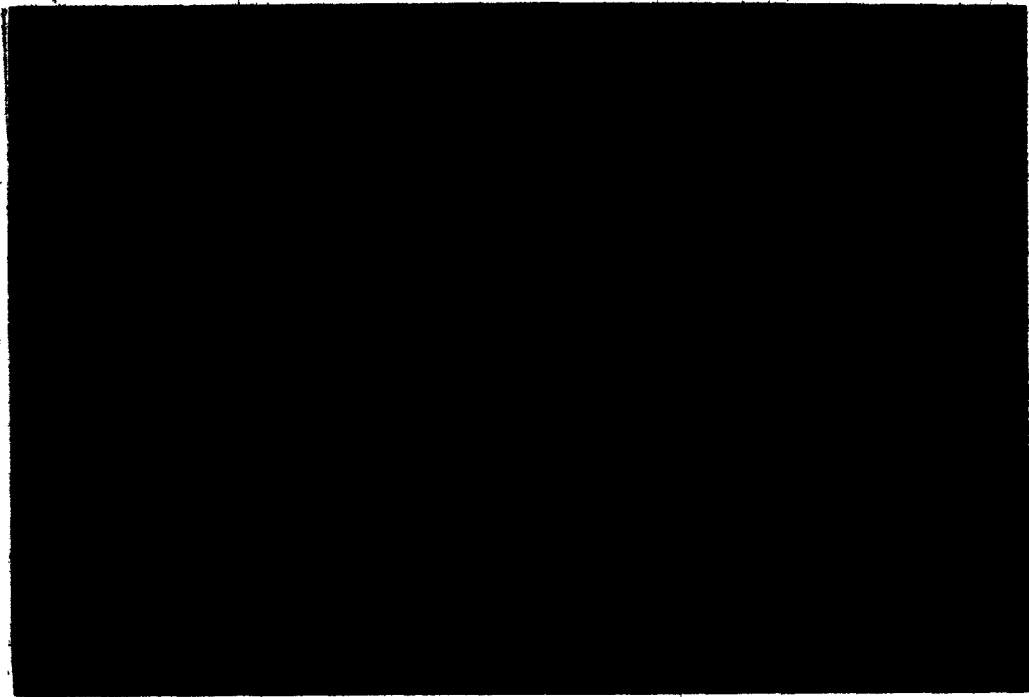


figure 8

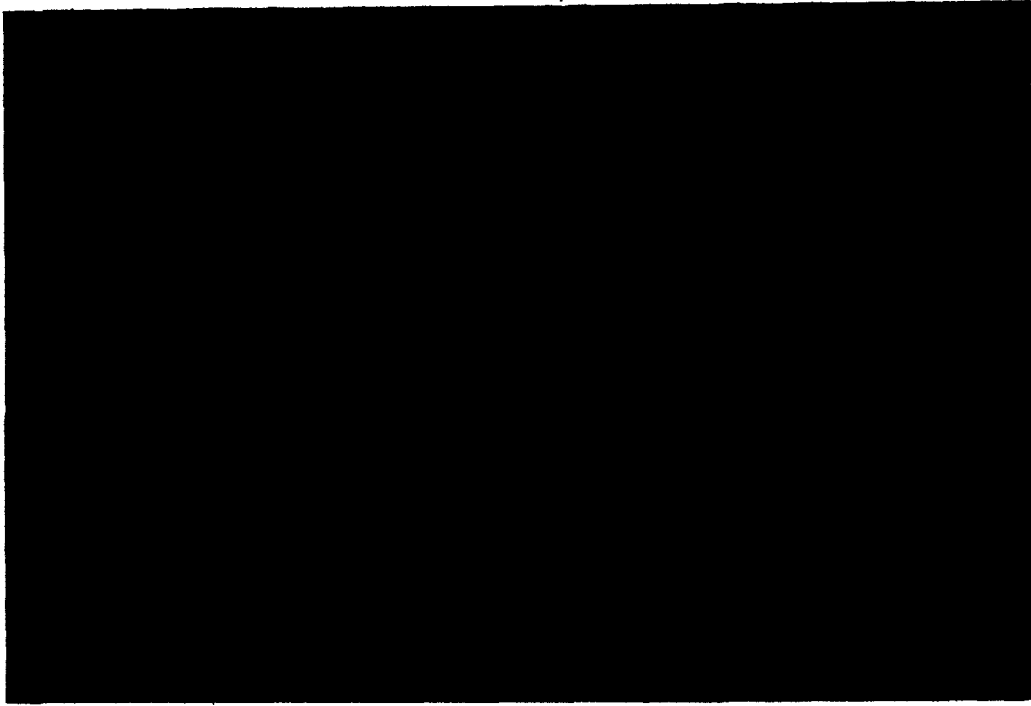


figure 9



figure 10

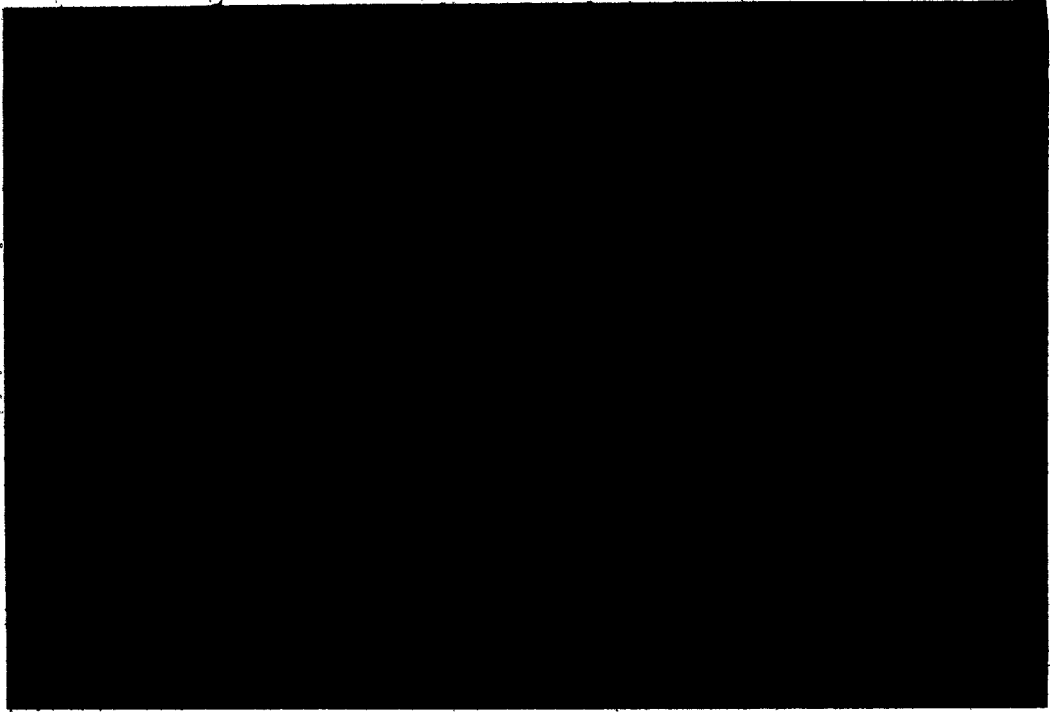


figure 11

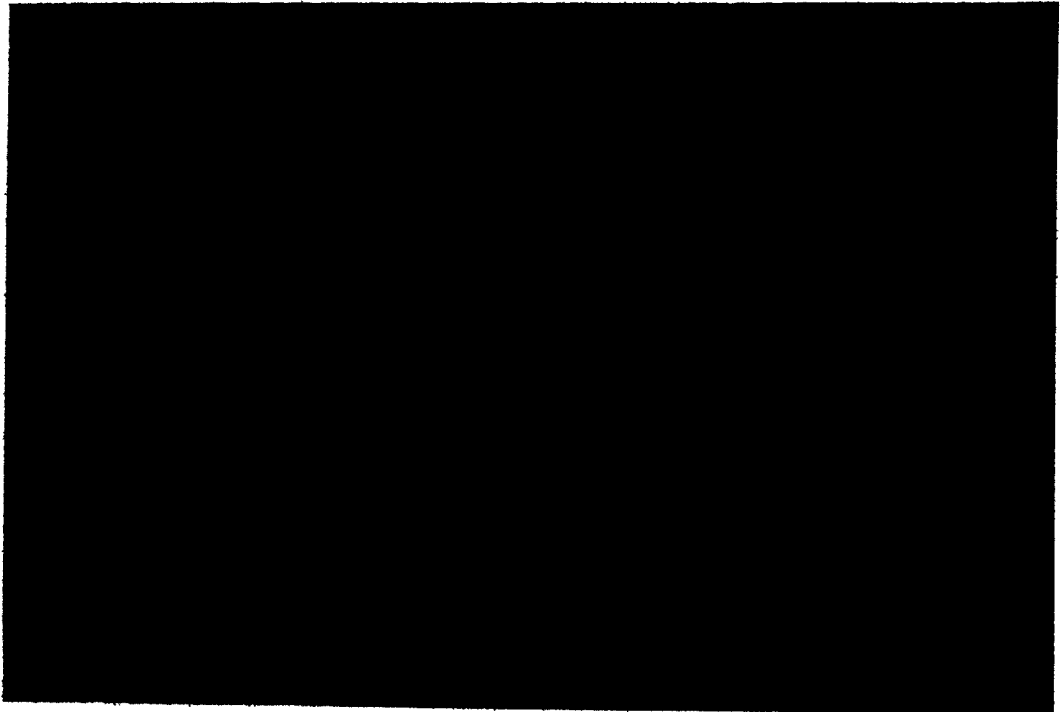


figure 12

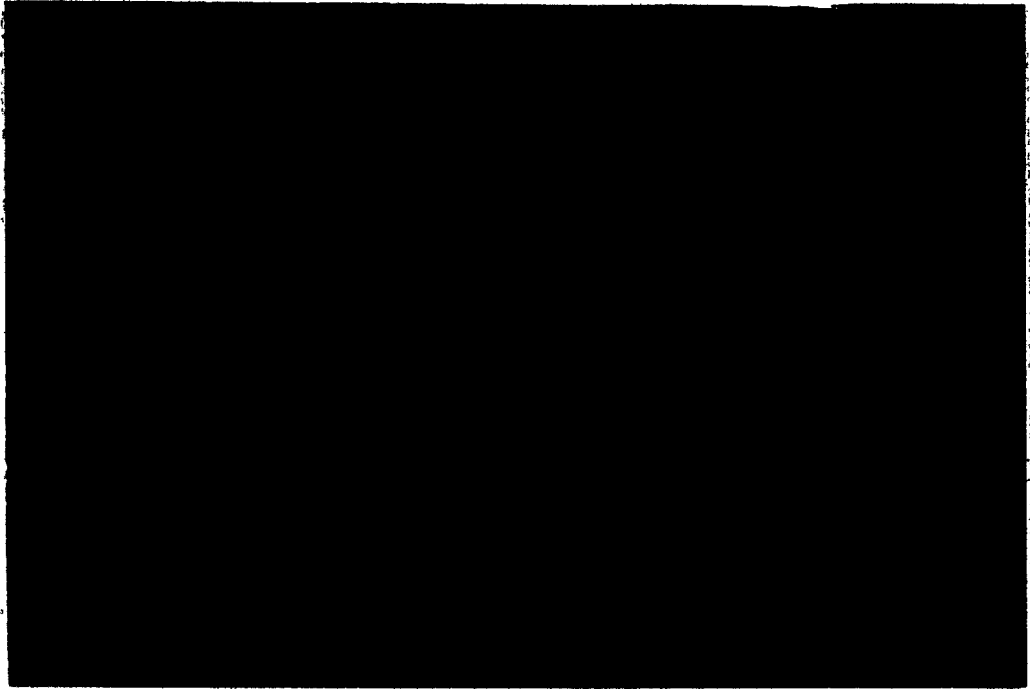


figure 13.



figure 14



figure 15



figure 16

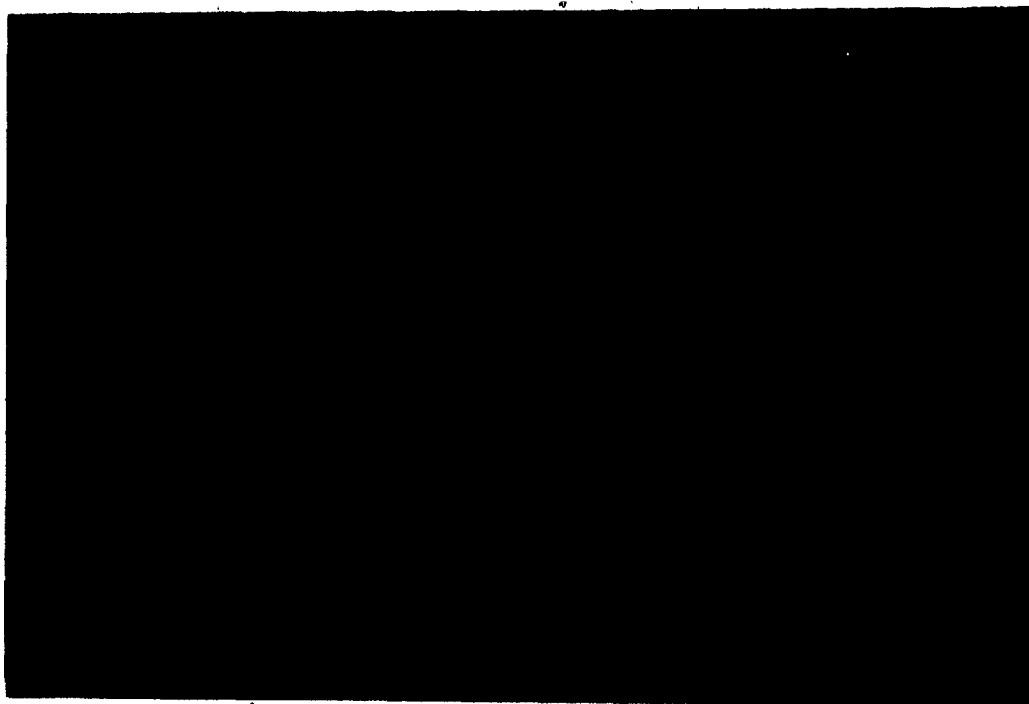


figure 17

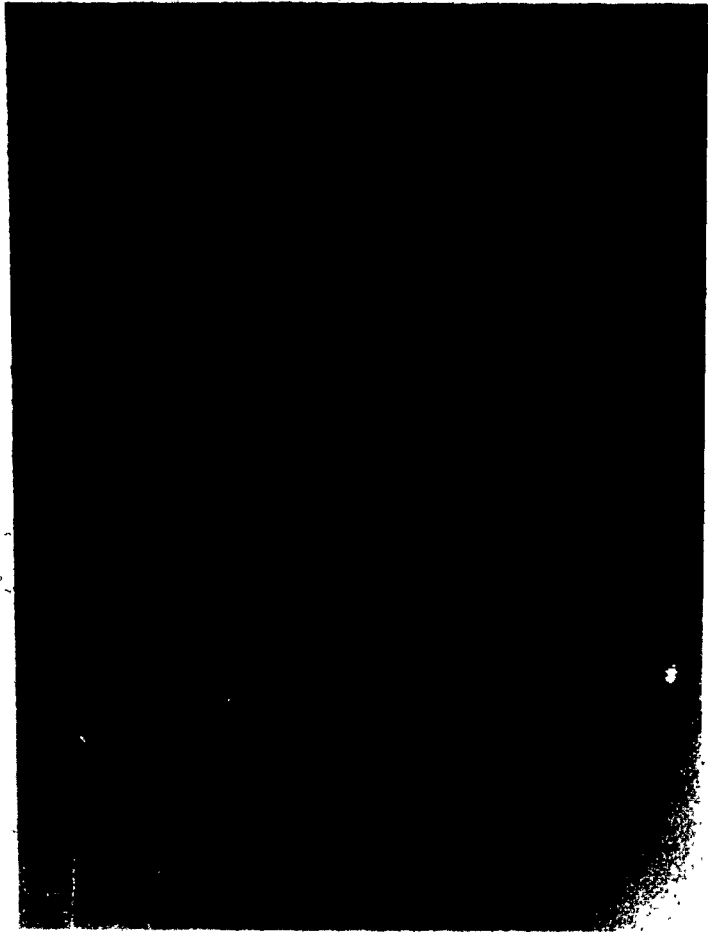


figure 18



figure 19



figure 20



figure 21

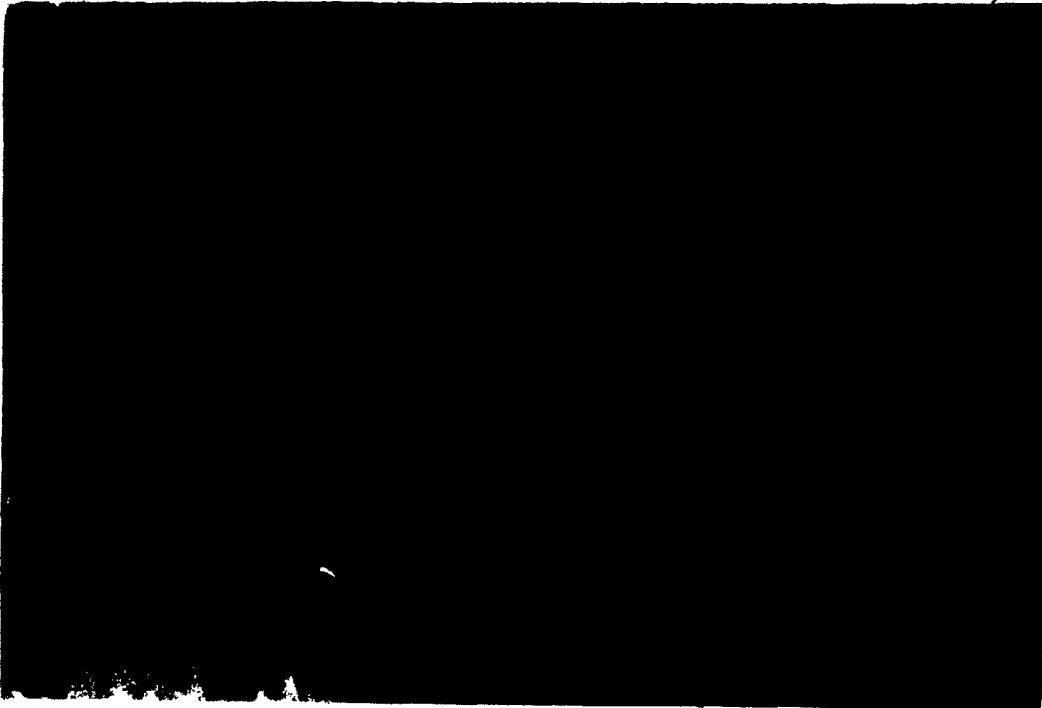


figure 22

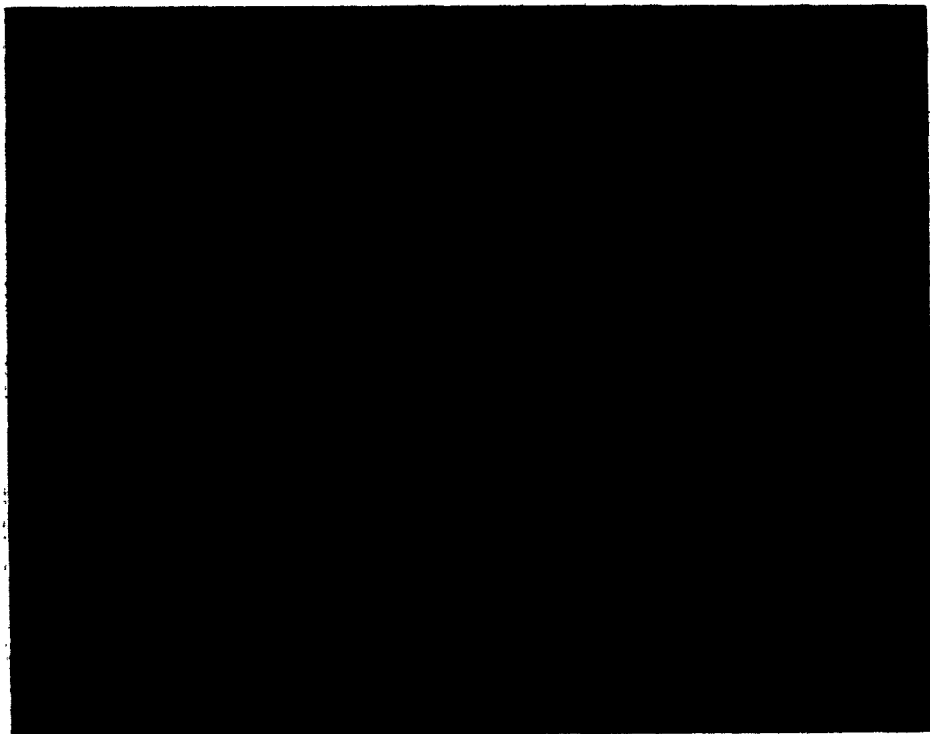


figure 23

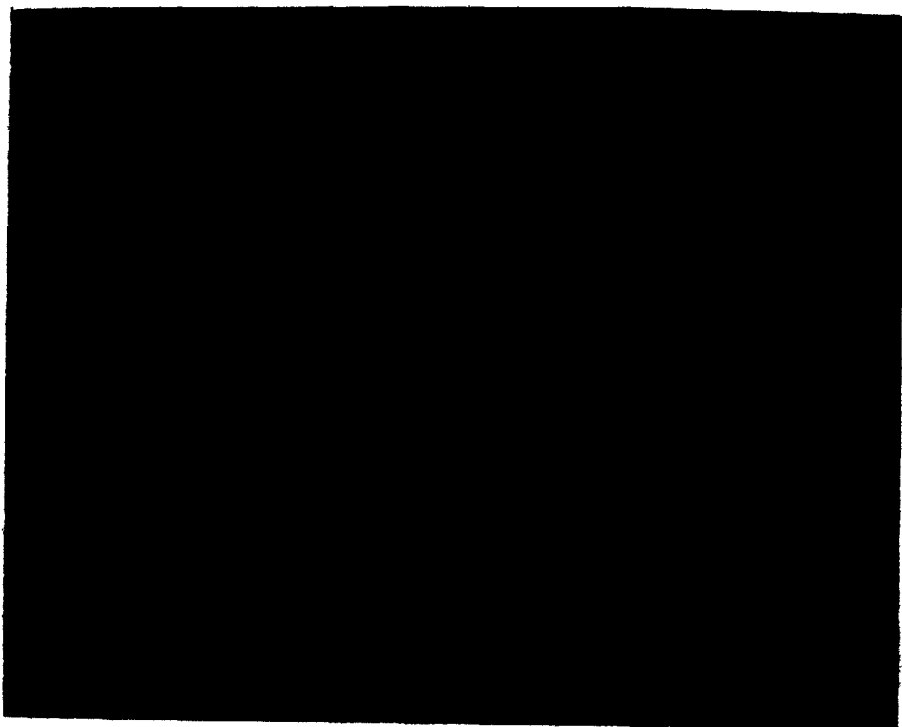


figure 24

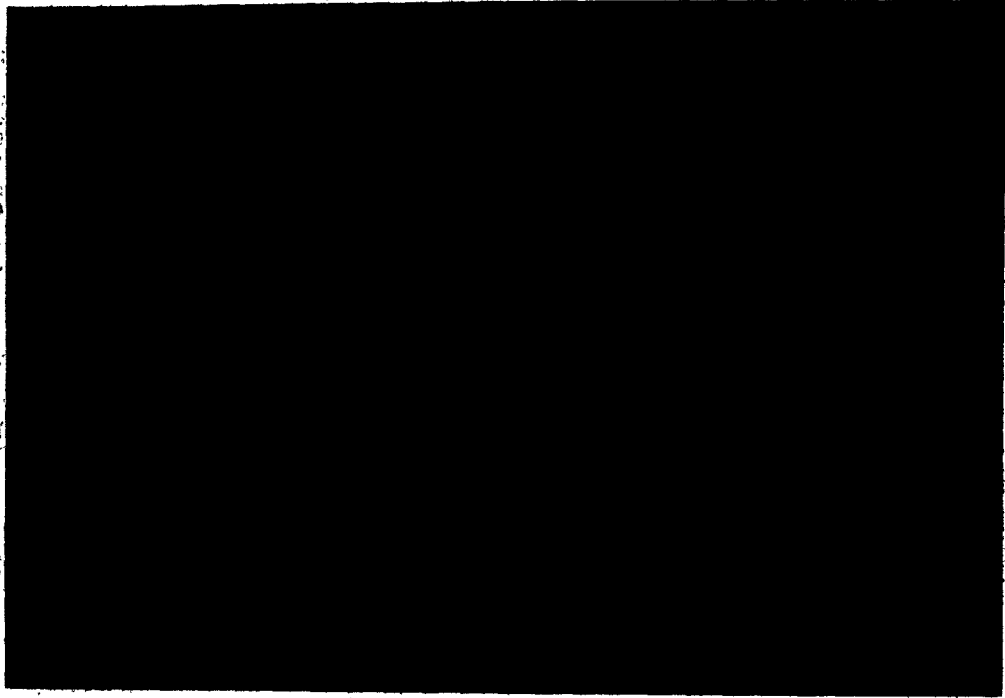


figure 25

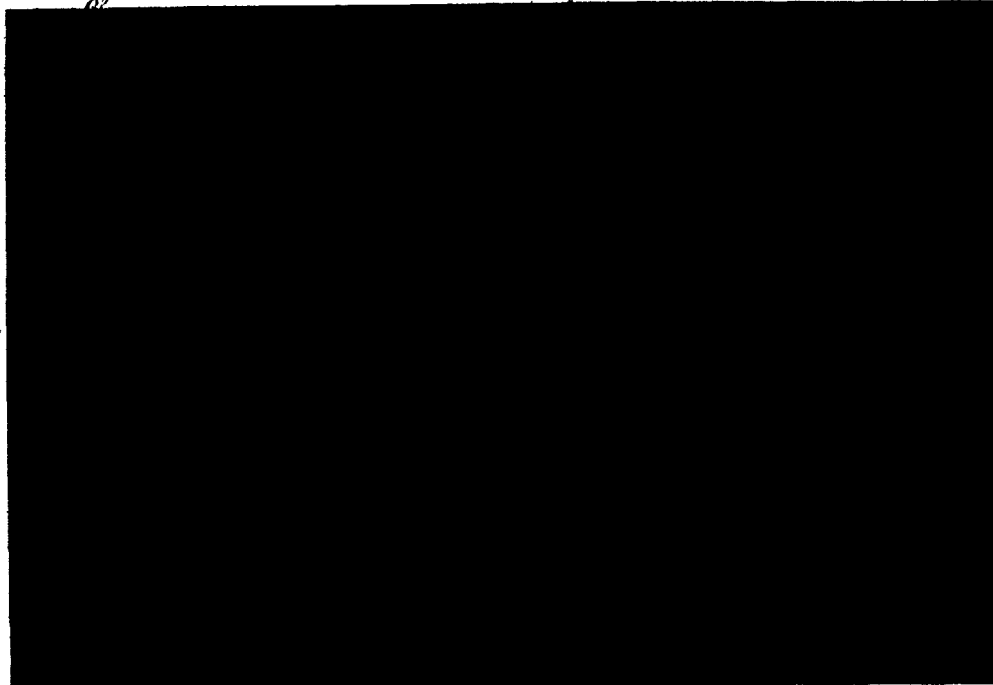


figure 26

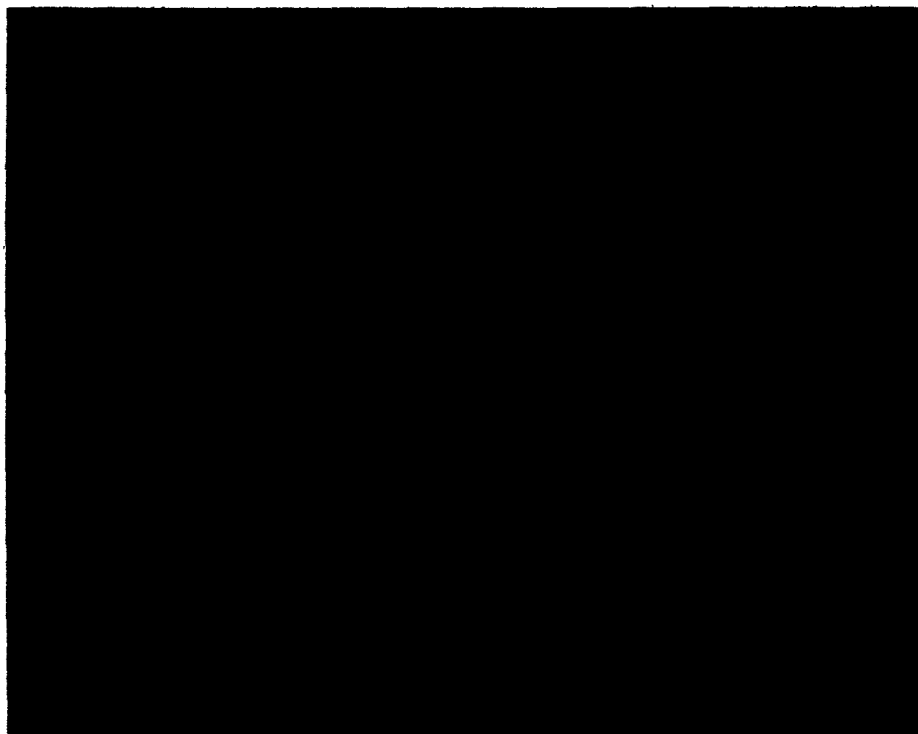


figure 27

CHAPTER FIVE
REFLECTIONS ON THE PROCESS

A. The First Session

After reviewing all the video cassettes, I felt that the initial moments contained pivotal ideas. Anne's relationship with her mother and with her daughter turned out to be a major theme throughout the therapy process. From the beginning, I sensed that Anne was searching for her identity both as a mother and as a woman. Her images and her way of drawing in the first session gave me essential clues to help understand her needs and her difficulty in communicating her feelings.

Chodorow (1974), a sociologist at the University of California, has shed some light on this problem of female identity. She has pointed out that in Western tradition women are defined in relation to men, whereas men are defined as individuals. Hammer elaborates these ideas in more detail:

"The idea of the individual self developed slowly; from the beginning, the hero and the adventurer have been masculine. As a society, we have viewed relationships from a masculine perspective; women have been

considered important only in terms of their roles as wives and mothers of men. Because society expects a mother to raise her daughter to be a wife and mother in her turn, most of what passes between a mother and daughter falls outside the acknowledged social context of men-women relationships. This has had the paradoxical effect of making the mother-daughter relationship an 'underground' one, whose emotional power may be increased precisely because it is 'underground'...What is taken for granted, and therefore ignored, may be the most powerful." (1975, p. xiii)

During the first session, Anne mentioned that seeing the art materials reminded her of a drawing that her daughter had made when she (Anne) was in the hospital for surgery. A psychologist had asked the child to draw her mother. "On the drawing," Anne said, "the scar was at the wrong place." I noted that Anne, even before starting to draw, was talking about her daughter's drawing rather than her own, and that she was referring to a misplaced scar of years ago. I think that this is her way of reflecting on her own childhood - reflecting back to a time when her search for help was not given where it was needed. I found significance in the misplaced scar. As an additional example, after her surgery, she was given valium, the wrong medication for someone with her history of addiction.

A few minutes later in the session, Anne mentioned that her father abused her when she was seven years old, at a time when her mother was in the hospital. This double reference to 'hospital' (her mother's absence at an important time, and her own 'misplaced scar' and medication) suggests to me that Anne saw her relationship with her mother and her father as 'sick', and that she felt

a need for therapeutic help. The reference to 'hospital' was repeated again, an echo of it occurred during the fourth session, when Anne was talking about a nurse's role while covering a sheet of paper with red paint to represent the 'essence of love'. The open gestures, the red colour, the paint, the 'nurse' as feminine nurturer all indicate to me that she was looking to the 'nurse' to give her the love that she had needed for so long:

"Comme ce que vous (the therapits) faites avec nous: vous nous donnez beaucoup d'amour, d'affection. Si vous étions bafoués, nous n'aurions rien appris. C'est comme une infirmière, si elle travaille juste pour son salaire elle n'aime pas son métier. Elle doit aimer ses clients. Comme moi si je battais ma fille je ne l'aimerais pas, hein. Mais j'aime ma fille; comme ma mère elle dit nous avoir aimées toutes égales ce n'est pas vrai! Si elle nous avait aimées toutes égales on serait toutes pareilles!"

I saw positive transference when she talked about us, the therapits, who give love to their clients while at the same time painting on the side of the paper next to me. Immediately after she said that she was also a good mother because she did not beat her daughter. Her own mother, she said, did not provide adequate love. I see a confusion between her sense of herself as a mother and as a daughter because, according to the dossier, she was beating her child.

It is understandable however, that she would put the blame on her own mother as the Bad Mother, and associate herself with the Good Mother that the nurse and I represent.

Several times during the sessions, Anne continued to question her identity as a mother. This usually occurred just before talking about her own mother in a negative or 'blaming' way. Bauer noted that feminine identity was a central factor in the four women alcoholics that she studied:

"The mother is not only the source of life but, for a woman, the source of sexual identity. It has already been pointed out by many authors that alcoholics are likely to have been deprived of maternal nurturing, either literally or figuratively. Certainly these four women are no exception. In each case there is a very strong negative mother complex." (1982, p. 102)

Charbonneau makes a parallel observation: "Les clientes toxicomanes que je rencontre, je constate en général qu'elles ont manqué de beaucoup d'amour. Surtout de L'amour de la mère." (Appendix C)

B. The Video Feedback

A drawing, a painting, or a collage condenses all the gestures onto a single surface. Video feedback, on the other hand, retains "real time", recording visual gestures simultaneously with auditory events. Everyone is familiar with the primary media, mentioned above, but none of our ancestors and few of our contemporaries have seen themselves on a video monitor. I was surprised, therefore, that Anne seemed to have no reticence about the presence of

a video camera and playback equipment in the room during the art therapy process. It had been there from the beginning; it was part of the set-up before she arrived, and she never commented on it. At the beginning of the second session, she and I looked at the tape of the first session and from that instant, video feedback was an integral part of the process. She always sat quietly, watched the tapes attentively and rarely commented.

From the beginning, I was wondering how Anne would respond to the video medium with its "real life" details, and to the video content, her images, her gestures and her remembered feelings, since video "feeds back" like a time-mirror, without regard for who it reflects or who observes it reflecting. Also, I wondered about how the feedback would affect the images and themes that would emerge in her work after watching herself on video.

Although Anne rarely spoke while we were replaying the video tapes, she always made a brief comment at the end. Her words were clues to her involvement. On one occasion she said, "My father was really severe!" At a later time, she was able to gain some distance from the anger that she had just observed. She said, "This is going to be less tumultuous!", and proceeded to make a new drawing.

Since mirroring is a basic aspect of my approach as an art therapist, it is necessary at this point to present some background, and in particular, how it is related to the use of video feedback during the sessions. According

to Lachman-Chapin, who draws on Kohut's (1971) theoretical work on narcissism and empathy, there is a

"part of us that makes us want to ...be seen as someone marvelous...to be acknowledged as perfect, great...I feel ashamed to admit it and pretend it's a joke. But I don't have to be ashamed to produce some marvelous painting or sculpture." (1979, p.4)

What is the source of this search for perfection?

Kohut (1971) suggests that when the original perfection of the merger with the mother begins to fail (as is inevitable), the child adopts two ('bi-polar') basic narcissistic configurations: 'the archaic grandiose self' and 'the idealized parent imago'. Pushed forward by the first and pulled forward by the second, the self begins to form and develop. When the child acts narcissistically in the world, he needs to be mirrored (first by the mother or primary figure and later by others) so that he can win admiration and attention. According to Kohut, this process persists throughout life as age-appropriate actions satisfy the narcissistic needs.

Without mirroring, the child will continue to hope for admiration and attention to satisfy the infantile longings. Adults who are still suffering from deficiencies of the grandiose self develop 'mirror transferences' during therapy, while those whose need to perceive perfection in a parent was not met develop 'idealizing transferences'. (This ideal parent is usually the father.) Adults cannot ask for a confirmation of the grandiosity that they failed

to receive as young children without feeling intense shame. (Kohut, 1971)

Kohut defines mirroring as emphatic responsiveness of the self-object, the self-object being a person or thing valued for its function in enhancing oneself. (By contrast, a true object is a person who is valued for himself.) Lachman-Chapin interprets Kohut's theory in terms that make it applicable to art therapy practice:

"Our role is to perform the function of self-object, to respond with nurturing attention that can prove reparative...We should relate to clients as ourselves, as real people, willing to be used as self-objects by our patients...I see this as different from remaining neutral and thereby encouraging patients to react to us as remembered figures from the past. The patient who seeks a mirroring response does not "remember" the crucial person from the past...from early preverbal stages...As the patient begins to...drive pleasure, self-fulfillment, and a sense of being an agent, the demands on the therapist as a self-object are diminished...the artworks themselves begin...to take on attributes of self-objects." (1979, p. 6)

Both as an artist and as an art therapist I find an affinity with the theoretical basis provided by Kohut (1971) and paralleled by Winnicott (1971), and the application of it by Lachman-Chapin (1979). I agree firstly that the artist is usually experienced in receiving attention and exhibiting as well as fulfilling grandiose expectations of parental figures (the two polarities of Kohut); and secondly, that the artist is usually experienced at creating age-appropriate works that strengthen the self; and thirdly, that the artist is

experienced in practising skills of inventing self-objects. As an art therapist, I find it important to draw on my experience as an artist.

For example, as an artist I find it important to establish a meditative aura when I am working to help me get 'inside' the experience. I try to recreate the same atmosphere for my clients in art therapy so that they will be able to overcome 'blockages' such as the shame that Kohut refers to. Sometimes, I use mirroring to help the client get started. For example, during the first session Anne was having difficulty, as is evident in her dialogue: "...mmm...un dessin...je ne sais pas, moi...O.K. je vais faire juste une maison... (rire)...La confiance...N'en ai pas...(geste de balayer la feuille avec la main droite...)" I mirrored her by saying, "la confiance ne semble pas bien forte, hein?" And then she started to draw a line. (Appendix A, nos. 085-095)

Before Anne started to draw, or when her drawing process stalled, my only means of mirroring her was with my words. As soon as she started to draw, however, the image itself began to act visually as a second mirror. This emphatic, reflective process of the words and images interacting helped her to develop what Kohut called 'mirror transference'. Then, with the introduction of the video playback, a third mirror became operative. However, in the latter case, Anne and I were spectators outside the process beholding another version of ourselves from the

past.

Although the first two mirrors (my voice and her drawings) were re-mirrored by the video on the monitor screen, this experience of being at the same time actors on the inside and spectators on the outside was mirroring of an essentially different kind. In this case, it was assisting Anne to develop what Kohut called "idealizing transference". Another example of this kind of transference was evident in Anne's use of the left side of the paper, i.e., the side which was closest to where I was sitting. On one occasion Anne drew a bird on the left side of the paper (figure 25) and said that she was happy to feed it. On another occasion she drew a tree to the left and said that it was useful to society. I noticed that when Anne worked at the middle of the paper, she was talking about herself, and when using right side of the paper she usually referred to her mother or to her daughter.

CHAPTER SIX INTERPRETATIONS

In this chapter I am searching for the links between the different elements or recurring themes that I have identified in Anne's art therapy process with the general characteristics of female addicts; i.e., the mother-daughter, the water, the father and the house.

A. The Mother-Daughter Conflict

"It is disgusting; it is stupid. Why did she give birth to me?", Anne asked herself as she covered a sheet of paper with black oil pastel in a rapid vertical movement (figure 13). This resulted in a small but intense repetitive gesture in the right hand corner of the paper. Then, changing the sheet from a horizontal to a vertical, she continued, "She should not have brought us into this world if she did not love us. She could have put us in an orphanage...I fell in the wrong hat, like a rabbit in a magician's hat..." And Anne filled three pages using black and dark coloured oil pastels. This was the same morning

that Anne, in a women's group therapy session, had cried for the first time - while expressing her anger towards her mother.

Anne's verbal and graphic message concerning her mother was clear; however, it became even more significant when I noticed the increased energy that she invested in her drawing gesture while talking about her mother or her daughter. Throughout the remainder of the video tapes, I observed the monitor with a renewed attention, keeping in mind at all times the first few minutes of the sessions when she had talked about the drawing that a psychologist had asked her daughter to make.

In an incestuous relationship, the role of the mother is usually one of ignorance and sometimes one of unconscious collusion. While the mother does not actively encourage it, she remains inactive. However, not to defend the girl against the father's abuse is for the child the same as condoning it. In this case, the mother was even physically absent and was ignorant of the event.

In Blair and Rita Justices' The Broken Taboo, the daughter, like Anne

"has a poor relationship with her mother, or none at all. The mother may be gone, she may be in the hospital, she may be at home but does not like or want the daughter...The daughter has low self-esteem. She considers herself unattractive, unloved, inadequate ...She is looking for attention and affection." (1979, p. 69)

In Anne's words and images we can feel the weight of the losses that she has suffered. First there was the rejection from her mother, leaving her with a yearning for attention and affection. Then, as she explained in her first session, at the age of eleven, she lost the friendship of someone who could have replaced her father and, even to some extent, her mother, as he was giving affection and care. Later she lost her kittens, and she suffered the loss of her brother, and her sister who died in her arms in the hospital; and even the temporary loss of her husband. The love that she feels her mother never gave her was always absent; what might have replaced it seemed repeatedly out of her reach.

All the losses in Anne's existence were in the end manifested as her loss of self-esteem and the loss of the ability to trust. "When you are small," said Anne, while drawing with small circular gestures the 'hair' of her sister (figure 2), "and you demand something, it must be the smallest, one who comes first; when my daughter was at an orphanage, I did not have enough food for myself, she had what she needed." Her pencil was suddenly immobile. Anne compared her own parenthood with that of her mother. I sensed that she was becoming aware of the reality that what her mother did to her, rejecting her and withholding love, she might be doing to her own daughter. Anne seemed to be at the threshold of a deeper meaning:

"Il n'est pas possible d'être cette mère 'parfaite' sans comparer ce comportement idéal que nous essayons d'atteindre avec celui, répressif, qu'avait adopté notre mère. Si nous allons jusqu'au bout de cette comparaison, nous ne pouvons pas manquer d'être furieuses contre cette ancienne 'mauvaise' mère qui est restée cachée dans notre inconscient...la colère est donc retournée, contre nous mêmes, contre notre mari...elle retombe aussi en partie sur notre fille."
(Friday, 1977, p. 403)

At the beginning of the second session, after seeing the first tape, Anne decided to draw a cat. She 'ended up' drawing a family of cats. I noted that she had trouble identifying which one was the mother and which one was the father. With reference to the mother cat, she said, "A mother is supposed to take care of her kittens..." probably expressing her wish about the care that she never received from her mother. She even talked about the kitten that was her favourite one in the picture, "It is tender; it likes to be taken in someone's arms...One can caress it, even if it scratches...it is small like this (as she had drawn it on the picture)... it looks for warmth." It seemed clear to me at this point that Anne was projecting her own needs through the kitten, using it as a metaphor. When I suggested to Anne that she make another drawing, she wanted to continue on the same sheet of paper; she drew her sister, saying that she felt good when she thought about her.

On one occasion, I asked Anne to draw a portrait of herself. This was immediately after she had represented 'how she felt' by means of blue surfaces illustrating the

water and its tranquility (figures 14,15,16,17). I asked, "If a photographer came into the room, what picture would he make of Anne?" She invested a long time in making an image in response to this question (figure 18).

In her portrait, the mouth (excessively big) was, according to Anne, smiling. She was dealing with the oral issue symbolically and therefore did not have to deal directly with the fear and anger that were so threatening to her.

One of the basic feelings towards the mother seems to have been expressed in the representation of the mouth in the self-portrait,

"Because the baby is dependent upon an external agent, usually its mother, for relief from oral stress and the fulfillment of oral pleasures, the mother can control the baby's conduct by giving him the food when he is obedient to her wishes and withholding food when he is disobedient. Since the giving of food becomes associated with love and approval and withholding with rejection and disapproval, the baby becomes anxious when the mother rejects or leaves him, for this signifies the loss of desirable oral supplies." (Hall, 1979, p. 105)

For part of her life, Anne was dependent upon the alcoholic beverages and medication that she had been absorbing. At some point in her life, she decided to get rid of the addiction, to join the AA and to search for therapeutic help. A year and a half later, Anne came back to the same institution. "Je suis toute débalancée. Je cherche un équilibre!" She had to go back to the root of her problem. Physical well-being is not all; the soul

needs to be 'purified', too.

B. The Water

Several times when asked to represent herself or the mood that she was in, Anne painted water. Typically, starting off in a mood that she described as 'quiet', she gradually covered the sheet of paper in blue, watery tempera, and used the word 'la mer' (implying also 'la mère', the mother). I remembered that Anne's first representation of herself was in the 'river', (figure 3) using the schema of a full circle. She represented herself as a little person in the middle of the circle surrounded by small strokes that were the 'sangsues' (blood suckers). She told me that she did not like swimming because of the memory of the sangsues, and that was why she was making an image of herself among them.

Does the water represent the archetypal Mother? Does this image suggest a desire to be 'inside the mother', while at the same time a fear of being there because of the bloodsuckers? At a later stage in the art therapy, Anne represented her 'quiet' feeling again by painting some blue water, this time with some red fish (or blood suckers?) swimming in the water. Because the paints were so wet, they were diluted in colour, and looked as if they belonged to the water. "We cannot eat red fish" Anne said, "Fish don't

have to represent my negative aspects. I can use them positively... this is my inside, this is my outside." (figure 17). She showed the water as the interior, the house painted on top of the water, with the long brown line as the exterior.

She said that the inside was the water; she said that she was afraid of the water. These words lead my mind to other images of the water that had been represented by my other clients in the same setting. After seeing it, recurring in various images, in pencil, colour pencil, felt pen, or tempera, I took the habit of asking if "You like swimming?" Giving a typical answer for either males or females, she said,

"No. I enjoy being near the water very much. I could sit near the swimming pool, or the river, or the ocean, or the lake, or in a boat, maybe go fishing, but I am afraid to swim! I have a feeling that the water is going to swallow me, to choke me..."

Another said, "I hate water because of the bottom of the lake. I do not know what I am walking on. I am afraid that the soggy bottom is going to absorb me!" The few persons who did swim said that they had forced themselves to learn to swim, 'overpassing' a terrible fear.

I had the opportunity to ask one of my female clients what the water represented for her. "The water is beautiful; it is alive; to me water represents life. I think... Yes, I am scared of life."

I also had the chance to talk with some therapists

about my question: "I think the fear of the water might represent the fear of the mother. It is in many cases such a profound need!" Another therapist told me the water represented the emotions, in this case of the addicted person's fears. Another professional told me, "It could be the fear of sexuality and at a deeper level the fear of pleasure and of involvement in life in general. Don't we use expressions in French such as, "Faire le grand plongeon, Se jeter à l'eau". To this I add, describing a person who gets involved, that "elle va se mouiller" or "je suis heureux comme un poisson dans l'eau... ce n'est pas la mer à boire..."

According to J.C. Cooper's An Illustrated Encyclopedia of Traditional Symbols,

"The waters are the source of all potentialities in existence; the source and grave of all things in the universe; the undifferentiated; the unmanifest; the first form of matter... All waters are symbolic of the Great Mother and associated with birth, the feminine principle, the universal womb, the prima materia, the fountains of fertility and refreshment and the fountain of life." (1978, p. 188)

At the beginning of session seven, Anne said,

"Quand tu prends un verre, tu prends quelque chose, un moment donné tu t'arrêtes on dirait que tu fonds... Si je peux arriver à faire fondre ma colère."

Then she took her brush and started to cover the paper with liquid blue paint - in order to represent the water that came from the melting of her anger. "Ah! C'est dur pour

moi!" The 'drinking' seemed to give Anne a feeling of relaxation close to the substance of water. In this way she was closer to what she feared. But now, in the institution, she was probably searching to replace the artificial power of alcohol and medication. I saw it as a way to 'tame' the water,

Chevalier writes about water:

"Les eaux, masse indifférenciée représentent l'infinité des possibles, elles contiennent toutes les vertus, l'informel, le germe des germes, toutes les promesses de développement, mais aussi toutes les menaces de résorption. (...)

L'eau est le symbole des énergies inconscientes, des puissances informes de l'âme, des motivations secrètes et inconnues. Il arrive aussi souvent dans les rêves que l'on soit assis au bord de l'eau en train de pêcher. L'eau, symbole de l'esprit encore inconscient, renferme les contenus de l'âme que le pêcheur s'efforce de ramener à la surface et qui devront le nourrir. le poisson est un animal psychique." (1969, p. 374)

Just as Anne had a fear of water, she had a fear of the unknown, a fear of the unstructured, and a fear maybe of the unconscious. To represent it as water would illustrate the simultaneous attraction and repulsion of this vital element. Her calm and peaceful movement when she was painting the blue water, utilizing a gesture of the whole arm, was different from the 'tight' gesture she used to represent the sun.

C. The Father

It was after her presentation of the sun that I questioned Anne about her father. He appeared to have been severe and did not, as she said, trust her as a child.

She recalled also that he did not give much to his children, rather taking away from them anything they owned. He killed their kittens in front of them. This must have been a very important event in Anne's life, because, after watching her first cassette, in which she recognized her lack of self-esteem, she decided to represent these kittens. In fact, she illustrated a whole family and maybe her own metaphor signifies that her father 'killed' the whole family.

Anne compared the rehabilitation institution to the sun, a power that might help her towards happiness and well-being. Isn't it the sun that melted her anger in the waters? I presumed that Anne's sun was a presentation of authority, and that to represent it as her last painting gave her a tentative feeling of integration. She was not the first female client that had represented the sun as an ultimate presence. I can still hear another woman saying, after carefully drawing a yellow and orange sun alone on a sheet of paper, "It is so pleasurable, warm, and comfortable... This is the way I represent myself here and now."

Cooper writes,

"Sun: the supreme cosmic power; the all-seeing divinity and its power... The transcendent Archetype of Light (Dionysos)... In most traditions the sun is the universal Father..." (1978, p. 162)

After representing the melting of the water, Anne, using a felt pen, drew a tree. The drawing was completed by adding the sun.

Actually, I heard Anne saying, while carefully drawing the sun, "they have not reached it yet; they cannot touch the sun!" She also associated the sun with God, but refused to associate God to a father (a relationship that the Catholic religion tended to preach) since she said that she had lost total trust in her father by the age of seven. Now that her sister was dead, she could communicate to God through her. Her sister was the link between Anne and God - God, the father, the creator, the representation of perfection, the unattainable man, the man Anne never encountered in her own father.

In her book Alcoholism & Woman, Jan Bauer gives us a clue as to the source of this search for perfection:

"Related to this common negative mother complex is a common positive father complex. But the father image is inflated and idealized far beyond the reality of the actual father. This would be a necessary compensation for the negative mother, a sort of overloading of the one positive parent..." (1982, p. 110)

It is impossible to ignore the incestuous aspect of the father-daughter relationship. When Anne talked about her father, she remembered the experience. In the same institution, most of the women with whom I worked had had

incestuous problems, mostly with their father, sometimes with an uncle, or grandfather. A study by Virkpunen (Quoted in Jeary, 1982, p. 133) found that 48% of the cases of incest studied gave an indication of alcoholism. French psychoanalyst Françoise Dolto wrote:

"Je constate qu'une relation incestueuse coûte toujours vite très cher à ceux qui l'entretiennent: les facultés de symbolisation du sujet sont gelées, bloquées; son développement affectif s'interrompt. L'enfant incestueux se retrouve précipité dans une solitude infinie, tragique. D'une manière générale l'inceste aboutit à la destruction du psychisme, à sa régression dramatique." (Quoted in Campo, 1984, p. 20)

It was not possible for Anne to invest trust in her father. The 'bridge' he could have provided between the home and the outside world had never been built.

C. The House

The video feedback enabled me to see the process as a sequence: a succession of elements in a single drawing, a succession of elements in a single session, and a succession of sessions. Within the over-all sequence, I discovered the recurrence of certain themes that gave the sessions a sense of unity - as if they were composed of variations and developments of a few motifs. To compensate for the fact that video sequences can only be retained in the memory, I relied on the drawings to give me information

of a more contemplative nature.

In watching the tapes, I was able to observe the order in which Anne joined different elements until they constituted an image. For example at the beginning, the video recording reveals that after hesitating, she verbalized her wish to draw a house. After hesitating again, she talked about her lack of self-confidence, and then finally 'built' the rectangle that was to support the complicated 'brick roof'.

The schema of the house was established in the first session. In subsequent drawings and paintings, the roof became gradually less heavy; the windows became wider. In the last drawing of the house (figure 26), the roof became a window; also, in this drawing Anne made the base before drawing the house on it. It was as if she found a way to 'ground' herself. In the first drawing, she had made the 'earth' only, after the house was completely drawn. The following is the transcription from the video tapes of the dialogue and gestures that occurred during the making of the last drawing of the house (figure 26).

- | | | |
|-------|--|---|
| 302 C | En tout cas ici c'est une grande maison et puis ce qui me sécurise le plus c'est que je sais que je peux toujours revenir Je n'ai pas honte de dire que je suis venue ici. | fait la base de sa maison au milieu de son champ en insistant. murs fenêtre |
| 322 | Vous m'avez fait comprendre c'est quoi des émotions... | fait la porte |

333 J'ai rencontré le père G.

Il a le don de nous enlever
notre culpabilité

As tu vu les fleurs que
fait l'éducatrice?

Commence un tronc
d'arbre.

fait le faite de
l'arbre et revient
dans le sens
contraire à petits
traits.

petite fleur entre
la maison et l'arbre.

When I compared this dialogue with what Anne was saying during her first drawing, I noticed repeated elements: the guilt, the name of the same educator, the expression of strong emotions. It seems clear that the issues discussed during the first drawing were more problematic than was the case with the latter one. Between these two representations of a house (figures 1 and 26) were the painted ones (figures 13, 17 and 25). It was in these watercolour paintings that the houses were similar to boats.

This exploration of paint as well as the representation of water also occurred between the first and last drawings of the house. The final drawing of the house can be seen as the structure that all the previous house drawings built so they would have a place to live.

CHAPTER SEVEN

CONCLUSIONS

A. The Use of Video

One of the unsuspected outcomes that resulted from the use of video recording was my reaction to hearing myself function as an art therapist. Having worked in the role of art therapist both with and without simultaneous video recording, I became aware that the two experiences are significantly different. Without it I was dialoguing with my client without much awareness of myself; i.e., without much awareness of myself as an outsider might see me. I was simply focusing on the immediate problem, trying to put energy into my contact with the client.

When I first listened to the 'therapist' (myself) while watching the first session with my client, I was critical of my part of the dialogue. I was asking myself, "Why do you speak so much?... Do you really have to ask that question?..."

It did not take long for me to decide to bypass this critical outlook towards myself; it was preventing me from

being more 'open' concentrating on what was happening on the screen. By using the video feedback as a mirror (Kohut, 1971), I was able to consider my possible counter transference with my client more objectively. I could question myself differently. For example, I was able to ask, "I wonder what leads me to ask this particular question, or to give a new sheet of paper?..." To explore the possible answers I found myself searching into the domain of the art therapy process itself.

Playing back the video recording of each previous session for myself and my client served several important functions:

1. It mirrored to the client the images she had made during the previous session.
2. It refocused the client so that she was able to start making artwork immediately on the basis of where she had 'left-off' on the previous occasion.
3. It kept me more aware, more inside the art therapy process, because I was also, like my client, re-informed as to the details and the developmental aspects of the previous session.

"The experience of watching oneself on the video monitor may trigger strong affect, not only in response to seeing one's own physical image, but also in response to the verbal content of the scene watched.

This affect...can elicit adaptive functions, which in turn can enhance self perception." (Heilveil, 1983, p. 5)

In this study, video feedback was used as a mirror of the traditional art therapy process. While I feel that my experience was positive, I am concerned that this use of video not be misunderstood. First of all, the video was not an essential element to the art therapy process because the basic or primary level of mirroring was already present in my direct feedback to the client. Secondly, there is a danger that the therapist can begin to rely on the documentation of the sessions thereby diluting the need to be fully present inside the art therapy process. Thirdly, the use of video as a mirror in this study should not be confused with other possible uses, such as confrontation (Baker, Udin and Vogler, 1975).

B. Art Therapy with Anne

Although Anne 'fits' into the pattern of the female alcoholic personality that researchers have described, I found it important not to apply these generalization to her case not only because this is a case-study of one example, but because to generalize would be to ignore a problem that researchers keep confronting. As Bauer (1982, p. 13), observes many alcoholics may be narcissistic, but not all

narcissistic people become alcoholics. "What differentiates alcoholics is simply that they get drunk." Presumably, this is why she had the wisdom to link her four examples with mythology, rather than try to differentiate the alcoholic from the nonalcoholic in clear objective terms. I found it important to be aware of the general personality types and theoretical backgrounds, but just as important to enter each art therapy session with the assumption that Anne's case was unique.

The review of literature reveals a clear split between the traditional 'folk' methods and the new professional approach to alcoholic treatment. It seems clear to me that the AA has served an important function as revealed in its record of success. However, I am concerned about the high price that individuals, especially women (Bauer, 1982, pp. 24-28, 118-120), have to pay. The fact that AA still relies so heavily on an anonymous and collective power and on a narrow, religious path of abstinence seems to run counter to some of the newer research findings (Pattison, Sobell & Sobell, 1977) as well as to my experiences with Anne.

I find it encouraging that the multivariant approach referred to in the review of literature (Pattison, Sobell & Sobell, 1977) is pointing in the direction of appropriate treatment for different populations as well as appropriate treatment for individuals. It is in this context that I would recommend the addition of individual art therapy (as

well as group art therapy) to the already well-established group therapy in the institution where I made the study. Anne's series of drawings and paintings (Chapter 3) was unique. The images and themes which emerged came from her, were expressed by her, in her way of working, and she saw them according to her way of seeing. As mirrors, they helped Anne to 'revisit' her childhood (Kohut, 1971) and helped her to 're-engage' in the life-long process that Jung would call 'individuation' (Singer, 1972). It is in this context that I am able to understand the positive sequence that I read into the series of drawings and paintings that she made.

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APPENDIX A

The First Session

The first session is transcribed below in detail, both to underscore its importance and to give a precise picture of the process. Although the other seven sessions were also transcribed from the video tapes for research purposes, they appear in the thesis only in the form of selected quotations throughout the text.

Tape Counter
Number

Dialogue

Gestures

000 Cliente: ça me fait penser bras croisés sur la
à un jeu que ma fille a fait table
quand elle était petite.
Thérapeute: un jeu...
C. ben...un jeu, tu sais. gratte sa main
Le psychologue avait vu ça gauche avec main
de même, lui; elle avait droite avec ses
su que j'allais à l'hôpital, doigts, trace des

Tape Counter
Number

Dialogue

Gestures

a m'avait dessiné, elle
avait su que j'avais une
opération elle avait mal
marqué la coupure que
j'avais.

lignes sur la
table; fait un cercle
avec ses mains et
un arc de cercle
avec ses doigts sur
la table.

020

T. Voilà, tu as trois formats
de papier. Tu peux faire

Un bras est plié

ce que tu veux.

sur la table.

C. Je peux faire ce que je
veux.

T. Oui ce que tu veux...

Des barbeaux, des
personnages, des arbres,
des paysages...

030

C. Je peux prendre la
couleur que je veux.

T. oui

C. Parce que je ne suis pas
bien bonne en peinture encore

Tape Counter
Number

Dialogue

Gestures

bien moins en dessin. Juste
du crayon, peut-être...

T. Oui. Tu as des crayons prend un petite
de couleur ici...puis des feuille de papier,
feutres, des formats de de sa main droite,
papier, des pastels à prend un crayon foncé
l'huile.

045 J'ai toujours pris le foncé
d'habitude. Je ne sais pas
pourquoi. Mais en tout cas...

T. Qu'est ce que tu
consommais, toi?

060 C. Je consummais de l'al- tient le crayon au-
cool. Pis des médicaments dessus de la feuille
mais...en plus grosse avec ses deux mains
quantité je consummais
des médicaments. Pis de
l'alcool.

065 Ça fait un an et demi
que je n'ai
pas consommé.

T. Pourquoi tu es revenue
ici?

C. Parce que je suis toute
déséquilibrée... Je ne suis
pas capable du tout de
m'affirmer. Pas capable de
dire mes goûts à moi... Je
marche en fonction des autres.
Je suis tannée d'être comme
ça... je ne veux plus être
comme ça.

C'est pas comme ça que je
veux être. Je suis venue
chercher un peu ça... Qu'on
me donne des trucs comment
m'en sortir...

T. On va se donner quelques
minutes vu que tu as ta
relaxation. Les autres
fois on pourra prendre
l'heure. Maintenant tu
peux faire un dessin...

met ses main prêtes
à dessiner.

Tape Counter
Number

Dialogue

Gestures

085	C. ...mmm...un dessin... je sais pas, moi...O.K. je vais faire juste une maison. Rire. : La confiance... N'en ai pas... frotte le papier.	arrête son geste et pose ses 2 mains sur la page Geste de balayer la feuille avec la main droite du petit doigt
095	T. la confiance ne semble pas bien forte, hein?... C. non... T. C'est un commençant que l'on peut en prendre (de la confiance)	d'un geste lent trace une ligne verticale et repasse une 2ième fois du même geste. du même mouvement droit et calme fait une ligne horizontale perpendiculaire à la précédente et puis, une autre.

Tape Counter
Number

Dialogue

Gestures

C. ça fait pas bien égal... ou ben c'est pour montrer l'état que j'ai ...comme je suis Je suis bien déséquilibrée...	de bas en haut fait une 4e ligne qui ferme le rectangle. Commence le 'toit' de sa maison, de bas en haut du côté droit... continue le dessin du 'toit'. La 'porte'. La fenêtre de 'la porte'. Continue la 'fenêtre'
Parce qu'à matin je faisais rien que pleurer, tu sais; je ne savais pas pourquoi je pleurais... Là j'ai trouvé pourquoi... au moins c'est ça tu sais.. Peut-être j'essaie trop d'aller loin dans le passé...pourquoi j'ai consommé...C'est important de le savoir. On dirait qu'à l'intérieur de moi c'est une autre personne.. C'est ben dépressif... J'aime pas ça..Aux yeux	

Tape Counter

Dialogue

Gestures

Number

du monde je suis une femme
forte..

repassse avec le
crayon sur les
carreaux de la
'fenêtre'.

On dirait que je cache ça
ce jeu là, plus envie de
vivre ça..Anne c't'une
femme forte elle est
bonnasse...

La poignée de la
'porte'
Remplit en petits
cercle concentriques
la poignée de la
'porte'. Soulève
crayon et semble
contempler son dessin

135

Moi, je ne suis pas
réellement comme
ça...
en silence...Soupire...

une rayure sur le
toit...cheminée,
fumée
Fait les horizontales
du toit...
Fait les verticales
sur le toit

J'espère que ça va déboucher
un peu. (petit rire)

fait quelques

Tape Counter
Number

Dialogue

Gestures

m'aider...

T. C'est quoi tu penses ton plus gros problème?

C. Je veux savoir pourquoi je suis sensible comme ça... Je suis pas capable de m'affirmer.

Tannée de vivre en fonction des autres qui décident pour moi... tannée de vivre ça

155

Des fois je suis comme une bombe à retardement, j'explose... Quelqu'un me dit quelque chose, taf! j'explose... la révolte... tannée de vivre ça..

Des petites briques...

Je ne sais plus quoi faire

Je me demande ce que ça

dernières

lignes sur le 'toit'

repassse les lignes

horizontales du toit

et en refait d'autres

repassse

les verticales

du toit.

petits traits

verticaux sur le haut

de la toiture de

gauche à droite.

repassse les petits

traits.

montre avec son crayon

va en bas à gauche

et fait une ligne du

Tape Counter
Number

Dialogue

Gestures

va me donner, m'aider à me
comprendre?

côté de la feuille à
la base de la maison.
Repasse par dessus
Va faire de même à
droite. C'est plus
petit.

J'ai de la misère à me
comprendre.

C'est ça que je suis
venue chercher en réalité,
ici, tu sais. Vis-à-vis,
des réactions des autres,
là, je veux me connaître.
Je suis tannée de raconter
mes histoires à tout le
monde, là.

Continue de faire ces
traits

Petits
traits verticaux
à la base de la
maison.

180

J'ai de la misère à
m'exprimer. J'en ai
trop conté aux autres.
Soit j'en dis trop ou
pas assez. Il me faut
un juste milieu.

repasse sur le haut
des diagonales
en bas à droite
convergeant vers
la maison.

Tape Counter
Number

Dialogue

Gestures

Parce que je suis sûre si
je n'étais pas venue ici
je consommerais encore.
Je m'en allais là. J'ai
l'impression d'atteindre
le bas-fond. Ou comme je
disais à ...je faisais une
dépression 'straight' tu
sais. Elle a dit 'non.
Parce que mon médecin m'a
dit d'aller voir un
psychiatre.
Je ne suis pas folle.

J'ai posé bien des questions
à mes parents mais rien ne
sort de là...J'ai senti un
grand vide quand j'ai perdu
ma soeur il y a quatre ans.
Elle avait 4 ans plus
jeune que moi. Je me
confiais gros à elle..
Quand elle est morte..

repasse sur les
diagonales du bas
à droite. Elles
paraissent plus
foncées sur l'écran
TV.

Repasse à petits
traits de haut en bas
les diagonales sur le
'gazon'.
repasse plus
rapidement.

Repasse sur les
diagonales, surtout
celles du centre,
rapidement.

là je ne sais pas pourquoi
je fais ça des lignes là..
Peut-être parce que je te
parle. C'est tout...Je
fais ça quand je parle au
téléphone..je barbouille
malgré moi...

- 220 T. Que penses tu de ces
lignes là? montre du geste
les lignes sous la
maison.
- C. Moi ça représente un
gazon..en tout cas..Ben
pour commencer je
voulais faire un passage
qui rentre dans la maison
je veux dire un petit
trottoir mais ça a fait
autre chose quand j'ai
commencé à barbouiller là
ça sorti en barbeau. Ça
sortait comme ça quand
Repasse sur ses

Tape Counter
Number

Dialogue

Gestures

j'étais petite.

lignes en bas à
droite.

230

Cà peut représenter aussi
des roues de bicycles tu
sais quand le monde a
pillotté sur le terrain.

repasse encore les
lignes en bas
droite.

240

J'ai plus ben ben d'idée..
je pourrais bien faire un
soleil..avec l'institution
y a un peu de soleil qui
rentre..
Tantôt, je sais pas..
j'avais l'impression que
j'étais observée quand
l'éducatrice..je me suis
sentie observée..C'est
peut-être mon imagina-
tion mais j'avais cette
impression là..

cercle assez rapide
en haut à gauche assez
gros avec des petits
rayons courts tracés
dans le sens de
aiguilles d'une
montre.

Un court, un long.
Pèse plus fort est
repasse sur les rayons
à 20 h.

T. lui as tu demandé?

Tape Counter,
Number

Dialogue

Gestures

C. non...

T. C'est la première fois
que tu la vois...

C. non...je l'ai vue la
semaine dernière...elle
est gentille.

260

Comme à l'école quand on
fait un mauvais coup et,
quand on se fait prendre
en flagrant délit, comme
on dit.

repassé sur les
rayons en
appuyant.

265

Pourtant je n'ai rien à
me reprocher. Mais je
suis comme ça je vis
beaucoup de culpabilité
Peut être ma culpabilité
est rentré dans ça.

lève son crayon
et arrête de
dessiner.

T. et ton père, comment
il était par rapport à
toi..

C. Bien..oui...il y a.

Tape Counter
Number

Dialogue

Gestures

des bouts c'est parti de
ça ..Parce qu'en allant
à la messe, là, il nous
obligeait à aller à la
messe; on allait à la messe,
on revenait, il nous
demandait on disait oui
il disait: "pas vrai
menteuse t'as pas été
à la messe" bien il
fallait amener des
semainiers paroissiaux
et là il ne nous croyait
pas encore...

T. Que ressentais-tu?

C. Je ressentais de la
haine. Ben là je l'aime,
je lui ai pardonné. Mais
il y a des affaires qu'il
a fait quand j'étais
petite...Mon père pour moi
il n'a pas de respect
parce qu'il a abusé de moi.

Pose son crayon
et ne bouge pas,
ne le tripoté qu'un
peu de bout des
doigts sa main
gauche semble être
à sa joue gauche.

immobile pendant
tout le dialogue

quand j'avais 7 ans pendant
que ma mère était à
l'hôpital..Moi, ça m'a
marquée, ça
C'est plus mon problème je
m'en fais plus avec ça.

300

Des fois on nous disait:
'dis toi: "Dieu" c'est ton
père". Moi je ne pouvais
pas dire ça mon père a
abusé de moi donc je met sa main gauche
ne pouvais pas l'aimer au bout du crayon
un moment donné on oublie et le remue un
ça..Maintenant je parle à peu.
ma soeur. je me suis
adressée à elle. Je lui
dis: "Parle-lui toi à
Dieu..Ça arrive souvent
dans ma prière..
T. Parlons de ta maison..
C. C'est une maison normale
qui ressemble à la maison

quand j'étais petite; il n'y a rien dedans; c'est ce que j'ai vécu dans la croise ses bras maison, du confort il n'y en avait pas. Chez nous c'était une ancienne grange; 8-9 là dedans j'ai failli mourir dans ça.

T. de quoi?

C. de manque de nourriture, de manque de chaleur de manque de tout ça, on en a arraché beaucoup. J'ai failli mourir.

T. de quoi as tu failli mourir?

C. J'avais des problèmes avec mes dents..

340

ma soeur avait un chum.

Son chambreur est venu chez nous. J'étais à genoux dans un coin: ma mère me

Tape Counter

Dialogue

Gestures

Number

battait; il m'a pris chez
lui les fins de semaines,
à l'âge de 11 ans jusqu'à
ce qu'une des mes tantes
se mêle dans ça. Lui, il
s'occupait de moi, il m'avait
acheté un piano, tout ce
qu'un petit enfant a besoin
à cet âge-là. Des fois je
cherche la photo, maman dit
qu'elle ne l'a pas, je sais
qu'elle ne l'a pas... immobile
j'étais bien, dans ce
temps-là. Il m'a fait
arracher les dents parce
que j'étais malade...
j'étais bien. Il
m'appelait son petit "loup"
puis j'ai bien aimé
T. Où tu dormirais si c'était
ta maison...

360

Cliente: ben..en haut..

Tape Counter
Number

Dialogue

Gestures

ici

montre le toit

T. et en bas..qu'est ce

qu'il y a ?

C. la cuisine, le salon..

370

(fin de la session)

APPENDIX B

Dialogue with Jan Bauer

Sylvie Paradis: Jan Bauer, vous avez écrit Women and alcoholism. Pouvez vous me dire, d'après votre expérience, ce que ces personnes ont en commun.

Jan Bauer: Ce que je trouve comme problématique, c'est le rapport avec le père. Ce sont des femmes de tempérament très indépendant, qui ont des qualités pour travailler et pour s'imposer dans le monde professionnel. A un moment de leur vie elles ont été frustrées dans cette démarche; et plus souvent c'est à ce moment que l'alcool est rentré dans leur vie. C'est souvent le père qui encourage l'enfant à entrer dans le monde; il permet en quelque sorte un pont entre le monde de la sécurité de base du monde de la mère et le monde professionnel, le monde de la réalité extérieure. Pour les personnes qui n'ont pas eu de père soutenant ça veut dire qu'elles manquent beaucoup de confiance en elles en tant que femmes professionnelles ou en tant que femmes dans le monde extérieur. Et pourtant, ce sont des femmes qui ont tout: L'intelligence et la personnalité mais il leur manque la confiance en elles à cause d'un manque d'encouragement à la base, d'un manque de reconnaissance comme personnes.

S: Et ce manque de reconnaissance vous trouvez que ça vient

surtout du père?

J: Pour tout cas pathologique il y a toujours un problème des deux parents mais il y a toujours à la base un des deux qui est prioritaire et dans le problème de l'alcool à mon avis c'est toujours un problème de père. La personne commence à boire à l'adolescence; l'adolescence est un moment d'initiation au monde de la réalité, c'est le début de la fin du sein maternel où l'enfant commence à s'approprier pour affronter la réalité, pour sortir du foyer maternel et, là, c'est plutôt le rôle du père de permettre et faciliter ce mouvement-là. Il semble que dans la vie de l'alcoolique le père n'a pas été assez présent, ce qui veut dire que ce mouvement vers la réalité extérieure a quelque part avorté. Cela mène alors à boire avec les camarades ou boire dans les situations sociales pour se donner confiance. C'est un problème de l'être et de son identification sociale, et je pense que c'est pour cela que les groupes Alcooliques Anonymes sont sans doute ce que l'on a trouvé de mieux pour aider ce problème: c'est dans la société des A.A. que l'alcoolique se sent acceptée et reconnue.

S: A la base de ce manque de confiance, c'est le manque de reconnaissance que le fille n'aurait pas obtenu par le soutien du père? Quant à la mère, voyez-vous aussi une déficience au niveau de son rôle, ou est ce que vous cristallisez le problème au niveau de l'adolescence, du passage vers la vie indépendante et le manque de soutien.

du père?

J: L'alcoolisme en tant que tel vient du manque de soutien du père, ça me semble clair, mais il y a un problème de mère sans exception chez les femmes alcooliques. Elles sont portées très tôt vers le père en compensation; elles ont cherché au près du père le soutien qu'elles n'ont pas reçu de la mère; elles ont tout misé sur le père, ayant coupé très tôt de la mère parce qu'il n'y avait pas assez de base affective. Alors en compensation elles misent sur le masculin, y compris leur identité. Ce sont de femmes qui se voient comme "soeurs d'hommes", comme égales, comme collègues sur le plan professionnel. Il y a eu un problème avec le père, une frustration au niveau de la reconnaissance sociale et professionnelle.

S: Vous dites que, enfant, la femme a investi beaucoup dans son père si elle n'a pas obtenu ce qu'elle voulait de sa mère. Elle s'est identifiée à son père; comment se fait-il que dans cette dynamique-là, elle n'a pas eu le soutien pour devenir indépendante? Est-ce parce qu'elle s'attache trop, ou parce que l'attachement avec la mère n'est pas accompli?

J: Je pense que c'est à défaut de s'identifier à la mère elle va s'identifier au père mais ça ne veut pas dire que le père est en mesure de combler l'attente, bien au contraire. La femme alcoolique a tout le tempérament

pour réussir mais le père en qui elle mise n'est pas en mesure de répondre à cette attente elle mise alors sur une espèce de chimère. Elle fait l'identification masculine avec un masculin qui n'est pas solide.

S: Vous me parlez de la femme professionnelle et intellectuellement développée, comment faites vous le lien avec la clientèle de milieu défavorisé pour qui il n'est pas question de s'accomplir dans une profession?

J: La prédisposition pour la femme alcoolique aisée est la même prédisposition pour la femme alcoolique défavorisée; dans les deux cas ces 2 femmes qui devraient faire quelque chose avec leur vie ne seront pas comblées uniquement en tant que ménagère, mère, épouse, elles ont besoin pour être reconnues comme personnes à part entière. Dans un milieu défavorisé ça peut se faire autrement que par une profession très haute que donneraient des études mais simplement d'être reconnues par des activités autres, peut-être même être répondre à ses besoins...Et c'est bien problématique dans le milieu défavorisé pour ces femmes comment trouver une façon d'avoir une reconnaissance autre que par les rôles traditionnels.

S: Dans la littérature sur l'alcoolisme, on lit que l'homme va boire en groupe pour s'identifier avec ses pairs, et la femme, plus souvent va boire seule, ou en cachette.

J: La femme est mal jugée si elle boit en groupe. L'homme est favorisé dans son ivresse, par la quantité qu'il

peut boire, on va rire même s'il dépasse la mesure. Si la femme dépasse un tant soit peu la mesure elle sera très mal jugée. Elle se réfugiera alors derrière un rideau, elle boira pour se donner du courage, elle n'ira pas risquer le jugement social. Il a quand même beaucoup de femmes qui boivent dans les bars, elles s'identifient à l'homme en se vantant de 'boire comme un homme', s'identifient aux prouesses masculines.

S: Dans l'imagerie des personnes alcooliques avec qui j'ai travaillé, femmes autant que hommes, souvent je les ai vu représenter de l'eau. L'idée de l'eau était associée avec un sentiment de bien-être, mais si je demandais si elles aimaient nager, on me répondait 'non, j'ai peur de l'eau.' On me disait aimer se tenir auprès de l'eau, aller à la pêche, ou en bateau, mais on détestait le contact avec l'eau. ..peur de se faire engloutir, étouffer, avaler par l'eau ou par le fond de l'eau. Pouvez vous me dire ce que cela vous suggère?

J: Je trouve très intéressant ce que vous avez observé. Cela confirme ce que je vois au point de vue psychologique. L'eau, c'est l'inconscient, la mère. Les hommes et les femmes alcooliques sont deux tempéraments qui s'identifient au père qui en mythologie représente le conscient, le rationnel. La mère en mythologie c'est l'irrationnel. L'eau a beaucoup de ça, c'est plus flou, l'eau n'a pas de limites. Le tempérament alcoolique s'identifiant aux valeurs

masculines va chercher à saisir les choses, à aller vers le conscient et à voir peur de l'inconscient. L'alcool leur permet de rentrer dans le monde de l'inconscient, ils n'y arrivent pas autrement, tenus qu'ils sont par leur besoin d'être conscients. Ils finissent par basculer dans ce qu'ils craignent le plus. Ils sont fascinés par l'eau mais ils en ont peur en même temps. En thérapie ce sont des personnes qui ont beaucoup de mal à se laisser aller au monde des rêves et de l'inconscient de façon naturelle. L'alcool est une façon de le faire mais ils n'en profitent pas, car ils ne sont pas connectés avec leur 'moi'. L'alcool est une façon de se débarrasser du moi pour entrer dans l'inconscient. le moi n'en profite donc pas. En faisant de l'art c'est une façon d'exprimer leur inconscient, de quitter la tête. C'est très important car ils finissent par être trop héroïques.

APPENDIX C

Dialogue with Maryse Charbonneau

A brief interview with an experienced psychologist who has been working in residence rehabilitation center with substance abusers for several years.

S: Maryse Charbonneau, d'après votre expérience avez-vous constaté beaucoup de différences entre les caractéristiques des personnes alcooliques du sexe féminin et du sexe masculin?

M: Il y a pas mal de différences au point de vue alcoolisme...D'abord, c'est plus rare que la femme soit strictement alcoolique. Plus souvent qu'autrement la femme a une problème d'alcool et puis de médicaments. J'ai ici des statistiques de 1983; sur 215 sujettes on avait 26% des femmes qui consommaient seulement de l'alcool. Alcool et dépresseur, 27%, alcool et autre, 5% dépresseurs seulement, 18%, autres produits, 23%. On voit que l'alcool n'est pas le produit exclusivement consommé par la femme.

S: Ce n'est pas le cas de l'homme?

M: Il en consomme, mais beaucoup moins. Selon les même statistiques, sur 714 hommes, 399 individus consomment de l'alcool seulement. Si on fait la proportion c'est plus de la moitié. Toujours sur 714 sujets, 6 hommes consomment des dépresseurs, 3 des stimulants, 124 de

l'alcool et des dépresseurs, 7 de l'alcool et des stimulants, 68 de l'alcool et perturbateurs, 8 d'autres. Alors on constate que la femme se voit prescrire 2 fois plus de pilules et de tranquillisants que l'homme.

S: Si on prescrit des médicaments à la femme est-ce parce que la femme va consulter?

M: Bien sûr elle consulte pour avoir des prescriptions; ce que l'on avance aussi c'est que quand la femme consulte on met ça sur le compte de ses 'nerfs'. Une femme qui va consulter, elle peut aussi être fatiguée, à cause du travail, des enfants. Le système émotif de la femme est fragile, le médecin va prescrire en conséquence... Pour un homme on va parler plus facilement de surmenage, de d'autres facteurs. les médecins n'aiment pas que l'on leur reproche cela. Pour plusieurs cependant c'est un fait.

S: Dans le passé de la femme alcoolique, avez-vous constaté des éléments qui revenaient souvent parmi vos clientes?

M: Oui. J'évite cependant de faire un tableau trop noir de la femme alcoolique. Je travaille au niveau de la résidence... Mais je constate souvent comme caractéristiques c'est la tendance à la victimisation, le manque d'habiletés sociales, l'état dépressif, la pauvreté des modèles, la dépendance financière, la solitude, l'agression sexuelle, tout cela. Par exemple, au sujet de la dépendance financière, 60% des femmes

vivaient des revenus de l'aide sociale out de leur conjoint. Au chapitre de l'agression sexuelle, on reconnaît que la très grande majorité des femmes ont eu des relations incestueuses avec le père, le frère, les oncles ou même le grand père. Il est rare que la femme toxicomane n'ait pas été au moins une fois victime de violence grave.

S: Vous parlez de pauvreté des modèles. Pouvez-vous me parler de la relation mère-fille dans l'histoire de la femme alcoolique?

M: La pauvreté des modèles...Justement, cela peut être dans la relation mère-fille...Souvent la femme reproduit ce qu'elle a vu chez sa mère, sa soeur, ses tantes; elle s'identifie au modèle qu'elle a eu autour d'elle. Si, par exemple elle vient d'une certain milieu où les femmes sont battues, elle accepte cela plus facilement et ne réagit pas. Lorsque, en thérapie, on propose d'autres modèles ça peut amener la cliente à devoir changer des choses.

Chez les femmes toxicomanes que je rencontre, je constate en général qu'elles ont manqué d'amour. Surtout de l'amour de la part de la mère; elles ont même vécu le rejet. C'est le même scénario qui se dégage; au niveau de la petite enfance une enfant cherche l'amour de sa mère, elle ne le reçoit pas, ce qu'elle vit là-dedans c'est un rejet mais aussi beaucoup de culpabilité; cela entraîne

alors une image négative, un profond manque de confiance en soi. En thérapie, on touche à ces carences. C'est douloureux, c'est long à travailler. Je ne dirais pas que celà s'applique à tous les cas, il faut avoir en tête que les femmes toxicomanes que nous recevons ont un lourd passé. Plusieurs ne développent jamais l'autonomie ou la confiance fondamentales nécessaires pour fonctionner normalement.