

ATOL: Art Therapy OnLine

Visual Symbol Formation and its Implications for Art Psychotherapy with Incest Survivors – A Case Study

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Abstract

The additional value and unique contribution of art psychotherapy to the treatment of incest survivors is exemplified through a case study of a 56 year old woman. Art psychotherapy is unique in its capacity to enhance change through visual symbolization: that is, activities such as painting, drawing and sculpting. Through visual symbolization, implicit, non-verbal, sub-symbolic contents acquire a concrete presence available for reflective contemplation and mentalization.

Implicit relational contents may be articulated first through visual symbolization. The patient can have a sense of safety and control over the therapeutic process because he/she can choose to express him/herself non-verbally through visual symbolization alone. This is especially crucial with incest survivors because of the experienced helplessness connected to traumatic events.

If therapeutic change occurs, this will be evident in future products of visual symbolization. Thus, it can function as a diagnostic tool and as evidence for change, as well as serving as the major way of expression.

Keywords: PTSD, Incest, Art Psychotherapy, Mentalization, Case Study, Visual Symbolization.

Introduction

The case study of a 56 year old woman exemplifies the author's conceptualization of the unique contribution and additional value of art psychotherapy to the therapeutic and diagnostic processes (Markman-Zinemanas, 2011, 2013). In this article I will explore the ways in which the bilateral relations between visual symbol formation and intersubjectivity may enhance emotional processes that cannot occur in the same manner in non-visual types of symbolizations.

Visual symbolization includes activities such as painting, drawing, gluing and sculpting. I prefer to use this term over "art creating" because the use of the term "art" might have a judgmental connotation, which is not suitable in a therapeutic context.

Visual symbol formation and intersubjectivity are like the warp and woof of the same fabric of consciousness that is the basis of epistemological and emotional activity in art psychotherapy. A change in one of these processes immediately initiates change in the other type as well, and vice-versa. This conceptualization is based on interdisciplinary discussion—philosophical, psychoanalytic and neuropsychological.

The capacity to symbolize develops in the context of attachment. The pathological incestuous relationship impairs the capacity to symbolize and impacts the victim's relationships throughout life. Intersubjective processes can be articulated and reflected first through visual symbolization before they can be verbalized.

The visual symbol is a tangible entity available for reflective contemplation that can widen mentalization of the expressed contents. Visual symbolization involves movements that leave traces in the visual product. The intersubjective context of treatment can enhance development at the level of symbolization: from concrete to

abstract, from acting-out to mentalization, from sub-symbolic to symbolic and from non-verbal to verbal.

I will review relevant literature before presenting the case study. Theoretical implications will then be discussed.

Literature Review

Ernst Cassirer claimed that content should be symbolized in order to be present in consciousness (Cassirer, 1953, Vol.1). Melanie Klein (1930) connected the capacity to symbolize and mental health. D. W. Winnicott (1960) defined this connection:

“In a healthy individual who has a compliant aspect of the self but who exists and who is a creative and spontaneous being, there is at the same time a capacity for the use of symbols” (p. 150).

Wilma Bucci (1997, 2005, 2009) divided mental contents into three levels of symbolization: (a) sub-symbolization, (b) non-verbal symbolization, (c) verbal symbolization. In art psychotherapy, non-verbal symbolization is embodied in a tangible form through visual symbolization and the visual product.

There has been a growing awareness of the importance of the non-verbal, sub-symbolized and somatic components of intersubjectivity for human development and in psychotherapy (Bucci, 1997, 2005, 2009; Fosha, 2003; Bruschiweiler-Stern et al, 2002; Hirakata, 2009; Fonagy et al, 2002, 2008, 2012). With incest survivors this notion is especially crucial due to the perverted early relationship. The capacity for symbolization, mentalization and self-regulation can be profoundly impaired and affect relationships. Incest victims may use dissociation to disconnect the trauma from awareness in order to survive the abuse (Van der Hart et al, 2006). Dissociation might be applied to other areas of life. The trauma is remembered somatically before it can be verbalized. The survivor might be caught time and again in the role of the victim.

Allan Schore (2011) connected the right brain function to the development of dissociation in early trauma:

“The fragile unconscious system of such personalities is susceptible to mind-body metabolic collapse, and thereby a loss of energy-dependent synaptic connectivity within the right brain, expressed in a sudden implosion of the implicit self, a rupture of self-continuity, and a loss of an ability to experience a conscious affect.” (p. 81).

Diana Fosha (2003) claimed that right brain functions are impaired and self-regulation is not efficient:

“...the quality of the right mind, so to speak, involves processes that are emotional, visual/imagistic, and somatosensory; the language in which emotional experience is encoded is non-linear and not linguistic, and somatosensory...”(p. 3).

In art psychotherapy there is bilateral stimulation of the two hemispheres to integrate visual and verbal narratives into coherent autobiographical memory (Dee Spring, 2004).

Through visual symbolization, there is additional activation of the right hemisphere and dissociated content can become explicit. The tangible presence of visual products may facilitate integration of the dissociated contents:

“In conjunction with verbal association, nonverbal psychotherapeutic approaches bridge the communication gap among split-off parts of the self as well as between the patient's inner world and external reality.” (International Society for the Study of Trauma and Dissociation, 2011, p. 161).

Riley (2004) described the unique contribution of art psychotherapy with patients suffering from post-traumatic stress disorder (PTSD):

“Art Therapy is an action therapy that through the use of the tactile and visual senses provides the possibility of adding body memories to the therapeutic dialogue. If the body memory evokes repressed memories of early trauma, then the imagery can be projected in a visible fashion and controlled experiencing of painful recollections is possible.” (p. 186).

This active component of visual symbolization enables the patient to build a new reality through the concrete existence of the visual product. The productive component of visual symbolization is different from the passivity of the incest. As Annie Buk (2009) claimed:

“...the bodily and life-affirming activities of the artist making art can remediate the feelings of helplessness, passivity, and annihilation experienced during trauma.”
(p. 62).

Joint contemplation is an essential part of treatment. The patient might not be ready to process the expressed contents while they are being articulated, but has the opportunity for contemplation at a more suitable time. Various products can be contemplated and compared at the same time. Any change in symbolization can be noticed. While contemplating, symbolization process can be reconstructed. The implicit components of intersubjectivity, which was non-verbally processed through joint visual symbolization, can also be reflected verbally.

As a result, development at the patient's symbolization of the therapeutic relationship can take place and can be generalized to other relationships. If a change has occurred, it will be evident in future joint visual symbolization as well as in the patient's works. Thus, the products can function as an evidence for change.

Freedberg and Gallese (2007) describe the neurological activity that takes place while contemplating artworks:

"This reconstruction process during observation is an embodied simulation mechanism that relies on the activation of the same motor centers required to produce the graphic sign." (p. 202).

While contemplating, the neurons responsible for the human motion depicted in the picture are activated in the observer's brain. In addition, the neurons responsible for execution of the work, or the implied movements that are connected to the content of the work are activated. The automatic neural activity relates to the realistic as well as the abstract components of the artwork:

“With abstract paintings such as those by Jackson Pollock, viewers often experience a sense of bodily involvement with the movements that are implied by the physical traces – in brush marks or paint drippings – of the producer of the work.” (p. 197).

In joint visual symbolization the joint movements are actually executed and not merely simulated. As a result, intensification of this process might occur, and may explain the influence of the joint process on dyadic interaction and the empathy that can develop.

The diagnostic and therapeutic additional value of visual symbolization and intersubjectivity will be illustrated by the case study of Gila (pseudonym), a 56 year old woman.

Case study

The local “rape crisis center” referred Gila to art psychotherapy. She was looking for an experienced therapist working with the sexually abused. The treatment took place in a private clinic. The first four years of treatment are described.

Gila came to treatment with two declared wishes. The first was to organize an art exhibition, the theme of which would be her incest. As a toddler, her father and her older brother sexually abused her. She had a detailed plan of the exhibition that would take place in the neglected warehouse where she had been abused. Visitors to the exhibition were to follow a specific path, without being able to leave it in the middle. Gila was aware that this could be a stressful experience. When I asked her what it would feel like to cope with the visitors' reactions, Gila was startled. This issue had not crossed her mind. It was completely dissociated from her detailed plan.

Gila's second wish was to unite her different parts. Each piece of Figure 1 signified a different part. She had prepared a container for these pieces, shown at the upper left.



Figure 1. First month of treatment

The painting to its right is called: "I am being born". The painting on the lower right is called: "I am a mother" and the painting to its left is called: "I am a wife".

The painting "I am a mother" has fewer layers of paint in relation to the other paintings that consist of endless layers covering one another. Gila was proud of her motherhood and did not feel the need to hide in this domain of her life. The other paintings are connected to her relationship with her childhood abusers and her divorced husband, who had beaten her for twenty-one years of their marriage. Gradually, Gila's need to cover in her art as well as in her life, lessened. She could share traumatic memories that were dissociated before and first presented explicitly in her visual products.

The human figure was hardly present in Gila's works and when it was present it was partial. Figure 2 includes an unframed face missing some facial features. The right eye is invaded and is different from the left eye. The experience of being brutally invaded is reflected by the invaded eye and by the harsh and intensive lines.



Figure 2. 35x50 cm, Eight months into treatment

In Figure 3, the traces of the act of tearing are located in the middle of the partial figure.



Figure 3. 100 cm x 70 cm, One year into treatment

Gila's trauma is articulated by the torn figure and in an abstract way through the harsh lines repeatedly crossing. Her movements while symbolizing reflect her body memories.

Gila knew that she could create jointly with me. The first time she chose to paint jointly was fourteen months into treatment. Symbolizing on the same paper can be horrifying. The possibility of invasion of the patient's space is concrete. Gila had to feel secure before she could share the same paper. At the same time, she started to make eye contact. Figure 4 is a joint watercolor. I tried to follow Gila's painting style. Expressing herself jointly during a safe, intimate process was new for Gila. She could be intimate without the danger of abuse.



Figure 4. 35x50cm, 16 months into treatment

Reflecting intersubjectivity as it occurred in the aquarelle, Gila's awareness of her communication in real life expanded. She began to take care not to fall into the victim role and whenever she succeeded, she regarded this as an accomplishment.

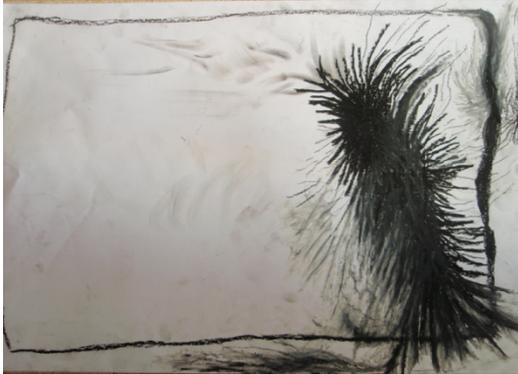


Figure 5. 35x50 cm. Eighteen months into treatment

Eighteen months into treatment Gila drew a creature resembling her image of herself as a toddler: black, dirty, ugly and smelly. It could be overwhelming to contemplate her works because the traumatic memory was vivid and not easily contained. This drawing reflects the internalization of the abuser characteristics:

“This internalization can generate momentary experience of unbearable psychic pain when the self feels attacked – literally from within – and potentially overwhelmed by the experience of badness that is impossible to mitigate by reassurance.” (Allen, Lemma & Fonagy, 2012, p. 433).

This was the first whole image of her, and it was meaningful for her to externalize it. Through contemplation, Gila began to develop self-compassion. She realized she was the helpless victim, rather than feeling guilty for her abuse.



Figure 6. 35x50 cm. Twenty months into treatment.

In Figure 6 a violent act is depicted. A huge leg is invading the framed space and, simultaneously, a diagonal rod-like shape is piercing the leg. There is an exceptional difference between the size of the leg and that of the stick figure that is the less invested part of the drawing. Forcefully executed lines are the traces of the aggressive act of drawing. Gila remembered chasing her father, focusing on his big legs. The description of the perpetrator and the victim reflected Gila's better differentiation between them. Her self-accusation lessened.

Although Gila knew that she could ask for additional art materials, at the beginning of treatment she used to bring her own materials, as if to say that the materials in the clinic could not satisfy her needs. This reflected Gila's reluctance to be helped by others. The first time Gila could ask for help was when she discovered she had breast cancer.

She enjoyed asking for and receiving help. Figure 7 was created during this period. Various complete figures are depicted. Until then, if Gila's works had contained human figures, there was only one, incomplete figure. Gila connected the colors used in the drawing to the colors of her medicaments. The drawing is framed and divided by the green form. Although traumatic contents are articulated, it seems better contained.



Figure 7. 35x50 cm. Twenty-Two months into treatment.

Gila enjoyed revealing her illness, contrary to the secret of the incest. The difficulty to be helped was first discussed relating to the supply of art materials and later was connected to various relationships.

Through joint contemplation different observations may be shared. For example, I could direct Gila's attention to details she had ignored. In Figure 8, Gila concentrated on the multiplicity of eyes and on the significance of others' gaze in her life. I noticed the similarity to her description of a scene where Gila was lying on the ground with her brother leaning over her.



Figure 8. 35x50 cm, Two years and four months into treatment.

Contemplation can expand both patient and therapist's points of view and direct the attention to the visual symbolized contents to expand their mentalization.

At the time of the daily radiation sessions, Gila was horrified at lying half-naked in the presence of men (see Figure 9). Chemotherapy was emotionally easier for her, although physically it had been harder. As a toddler she had been treated at the same hospital with radiation for scalp ringworm, accompanied by her nanny. The present treatment threw her back to her past as a helpless lonely child as if it was happening now. At the radiation situation her capacity to regulate herself was unavailable:

"In effect, mentalizing goes offline when defensive (fight – flight – freeze) responses come online" (Allen, Lemma & Fonagy, 2012, p. 428).



Figure 9. 35x50 cm. Two and a half years into treatment.

She gradually realized that nobody could touch her now. She rehearsed phrases that she would use during the next radiation. In the following radiation she managed to relax. In Figure 10 she expressed her better regulation while being radiated. The past did not invade the present.

Visual symbolization can help structure time and locate traumatic events at the time it occurred:

"It is visible evidence of how time has been spent for the patient who loses it."
(Frye & Gannon, 1993, p. 189).

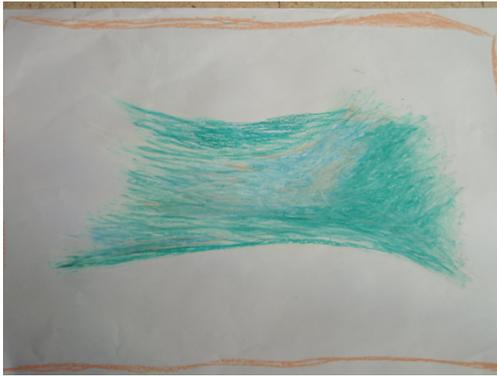


Figure 10, 35x50 cm, Two and a half years into treatment.

Gila tended to put the needs of others before her own. She was afraid that otherwise she would be rejected. Two and a half years into therapy, for the first time, she met a man with whom she felt authentic. Her needs had the highest priority.

Figure 11 was created following this date. Previously, she did not draw all the facial details and their contour (see Figure 2). In Figure 11, the face is divided on the right side, but all the facial features are present and framed. She used pastel colors and there are no profound contrasts between them. Gila said that it was the first time she felt fully present on a date. She felt comfortable rejecting his request to come to her apartment.



Figure 11. 35x50 cm. Two years and ten months into treatment.

While Gila was painting Figure 12, I offered to glue a piece of paper under a hole accidentally created. Gila refused, saying that this hole reflected her condition—damaged but satisfied with her ability to accept it. The fear of past experiences lessened:

“As long as patients are afraid of their inner life, they cannot integrate their internal experiences, so that structural dissociation is ongoing” (Van der Hart et al, 2006, p. 14).



Figure 12. 35x50 cm. Two years and ten months into therapy.

Sometimes she said that she missed dissociation; when she was worried, she could not ignore it as easily as before.

Three and a half years into therapy Gila visited an exhibition of another incest survivor. She said that her idea of her exhibition might not be suitable any more. It seemed extremely aggressive: "like a punch in the visitor's face". The original plan had been a way of acting out her trauma—a "symbolic equation" (Segal, 1991). Symbolic equation is the earlier phase of symbolization in which there is hardly any distance between the symbol and the symbolized. It belongs to the paranoid-schizoid phase that is characterized by omnipotence, grandiosity and concrete processing. The development in Gila's symbolization changed her attitude to the exhibition. She did not have to be directly aggressive in order to make her point. Her more coherent life-story seemed more complex than that. Metaphorically, her self-concept was colorful and not simply black and white. Or, in Bucci's terms, the sub-symbolized contents became non-verbally symbolized by visual symbolization. Through reflective contemplation she could relate

to these contents verbally as well. Gila's relationships with relatives, friends and colleagues expanded and improved. She felt more regulated, comfortable and authentic with others.

When her cancer treatment terminated, Gila gave me a bowl that she had made (see Figure 13). She had been doing pottery for years, but recently her work had changed.

It was easier for her to centralize and control the clay. In her words: "Before, I did not have a center". She thought I could understand the split in the way the bowl was painted.



Figure 13. Three years and three months into treatment.

Visual symbolization and intersubjectivity are interwoven in Gila's treatment. Gila could choose to visually symbolize without verbal reflection, which enabled her to feel control over the therapeutic process. Intersubjectivity was first articulated through art material exchange, joint painting, and joint contemplation. Gradually, these contents were connected to her relationships outside treatment to initiate change.

Discussion

Intersubjective processes occur in art psychotherapy in the same manner as in any other type of psychotherapy. Patient-therapist relationships (transference, counter-transference and projective identification) are especially crucial with incest survivors. The caregiver, who is supposed to be a source of help in time of danger, is the on-going abuser (Fosha, 2003).

Although Gila was generally critical, she never criticized me. Gila claimed that in order to use me as her therapist she could not notice my drawbacks. She imagined that I had a trouble-free life. She could relate only to certain aspects of other people's personalities, similar to the way in which she could relate to herself. She kept my notes to look at when she was stressed, like a transitional object. She said the humor between us was helpful.

In art psychotherapy, intersubjectivity can be articulated in additional ways. Through visual symbolization the implicit intersubjective processes can be embodied tangibly—from supplying materials, to technical help, joint visual symbolization and joint contemplation, as well as the symbolization process itself. The implicit components of intersubjectivity are thus symbolized in a non-verbal way and may be mentalized through joint contemplation.

The ways in which visual symbolization may turn the implicit components of intersubjectivity to explicit entity

1. Art materials supply as explicit communication.

The way in which the art materials are supplied and the way the patient accepts, demands, or uses them is a non-verbal form of intersubjectivity similar to the earliest communication. It is the embodiment of the therapeutic relationship that includes satisfaction of needs. Catherine Hyland-Moon (2010) understood art materials as a metaphor for food:

“The potential implication of this in relation to transference issues is that the therapist may be seen as parent/therapist who is beneficent or withholding, who "feeds" the clients materials that are good, nurturing, and plentiful, or bad, unsafe, and insufficient.” (p. 53).

The patient's attitude to materials can be connected to the non-verbal components of the patient's intersubjectivity outside of therapy. Bruschiweiler-Stern et al. (2002) considered therapeutic changes as dependent on these implicit processes. The fact that Gila used to bring her own art materials initiated reflection of her difficulty to be helped by others in real life. When she was able to accept help, the change was evident in her drawing as well (see Figure 7).

2. Joint visual symbolization.

Patient and therapist can symbolize together—painting on the same paper or sculpting together (Winnicott, 1971; Markman Zinemanas, Gvuli Margalit, 2004). It is a non-verbal way of communicating. Patients' and therapists' movements leave visual traces in the product that can be contemplated at the end of the process, or at any other time. The product may function as a visible concrete analytical third:

".... a space that lies at the crossroad of subjective and material life... Interpretive space is opened between the symbol and the symbolized, between brute reality and subjectivity" (Aron, L. 2006, p. 365).

The joint aquarelles of Gila and myself (see Figure 4) facilitated an intimate experience, led by Gila. As a result, relational change in her actual life occurred. She became more aware and reflective concerning her relationships.

3. Intersubjective processes occur between the creator and the evolving symbol and with the product.

Although not another subject, the visual symbol behaves as such by its ongoing change as a result of the creators' movements. Maurice Merleau-Ponty described the dialogue that exists between the artist and the symbol, in which it is not always clear who is passive and who is active. There is a continual reciprocal influence between the evolving symbol and the person who symbolizes (Merleau-Ponty, 1968).

While visually symbolizing, flexible movement can occur between actually painting or sculpting, stepping back, contemplating, reflecting and painting again; between primary and secondary processing (Kris, 1952, Noy, 1969), between the physical activity and the mental processes. Contrary to other arts, in visual symbolization the evolving symbol is located outside the creator from the beginning of the symbolization process. While singing, dancing or acting, the creator is an inherent part of the evolving symbol and cannot look at it from a distance. Contemplation is possible only following the symbolization process, by watching a recording. The visual symbol can be seen as a whole, at once. Intersubjectivity between creator and the evolving symbol and with the product can give rise to the following processes:

a. Visual symbolization as a legitimate way of expressing negative feelings.

Negative contents can be articulated without directing these toward the therapist or any other person. This is also relevant regarding positive emotions that are not easily expressed. Compared to verbal symbolization, in visual symbolization there is more proximity between the symbol and the symbolized, while being created as well as in the final product. Gila's could be aggressive by beating clay, by violent brush strokes and by tearing paper. In addition to realistic content, the above acts may facilitate aggressive expression without causing harm. Although negative contents are expressed, productivity through the creation of a new tangible reality is evident. Through being productive, Gila became less overwhelmed by her trauma. The symbolization process and the art materials served as a container for the contents that could not have been contained earlier. She was better regulated and could notice the change in her life through contemplating her works.

The visual product can be contemplated and thus symbolized and mentalized in a more abstract way. Development from a symbolic equation to a flexible symbolization becomes possible or, in Bucci's terms, the sub-symbolic content is non-verbally symbolized. As a result, self-regulation may improve and initiate relational change, as happened with Gila.

b. Time conception.

Intersubjectivity between the creator and his/her artworks can change the concept of time that might be confused in cases of childhood trauma (Putnam, 1989; Van der Hart et al, 2006; Allen, Lemma & Fonagy, 2012). For Gila, contemplating her paintings was frightening. She wrote about the role of visual symbolization on her concept of time:

“... I existed as a mother, as a wife, as a teacher, not as ‘myself’. I existed mainly in other people's gaze. The same gaze that frightened me so much also facilitated a real existence for me, and when I was seen I existed. This is probably the same gaze that is needed in order to contemplate the works I am creating in treatment. And through the gaze, the sense of sight and the rest of the senses that are involved in the work, my existence is stabilized for me; the existence over time, the existence through the past, the future and the present. Through treatment I acquired/understood the significance of my existence through the realistic presence of the works I have created, through the ability to see and talk to, and about these and relate to them as reality. At the root of the matter, in my opinion, is the terrible fear of looking back, to see, to examine what had been before. All that had been before was scary, bad; usually I was horrible and terrible thus it is better not to be at all. During and through the works the "the backward time" was also created. The fear of examining backward still exists, but now it is taken care of, and usually it does not threaten to annihilate me... As a result of creating the backward time, the present was created – this is the time of the treatment itself. Later, around the axis of treatment an axis of everyday time was created, of "before treatment" and "after treatment". The time slowly expanded and stretched, and fears and anxieties that were connected to it were alleviated.”

Paradoxically, Gila noticed she could enjoy the present moment while drinking coffee in the hospital. Contemplation helped her place traumatic events at the time they really happened. She had an image of her parents grabbing her by the skin on her back, thus preventing her from moving forward. Contemplating initiated mentalization of traumatic contents that were overwhelming otherwise.

Gila tried to differentiate better between the past and the present (see example connected to figures 9 and 10). A difficult part of the PTSD syndrome is the experience of present anxiety that actually belongs to the past (Van der Kolk, 2001).

c. The opportunity to develop self-empathy.

Guilt and shame in relation to childhood trauma are common (Putnam, 1989, Van der Hart et al, 2006). Gila's works helped her to feel self-compassion. Instead of the image of her as guilty, dirty and stinking (see Figure 5), she could now perceive herself as a helpless victim. She realized that the negative characteristics actually belonged to her abusers. Her identification with the abuser gradually decreased: the "strange bonding between abused and abuser" (Putnam, 1989, p. 177).

4. Intersubjective contemplation.

If visual symbolization alone were enough for therapeutic change we would expect artists to be healthier mentally. The artist lacks the intersubjective component of treatment and can concentrate on the value of her/his works without being concerned with their psychological meaning. Joint contemplation is an essential part of the therapeutic process. The patient is aware of being contemplated. The therapist's interested gaze is containing in a similar way to the mirror role of the mother (Winnicott, 1967). Gila sometimes felt frustrated because I had not told her "all" that I had seen in her works. Later, she realized that the works made her, Gila, see what there was to be seen. Sometimes she was ready to notice traumatic symbols a long time after they were visually articulated.

Conclusion

Generally among incest survivors, intersubjectivity and the capacity to symbolize are impaired. Incest occurred in the attachment relationships within which those capacities developed. In order to survive, the victim is likely to develop dissociative mechanisms that might be applied to other domains of life (Strick and Wilcoxon, 1991; Sar, 2011; Courtois, 2010). The dissociated memories are stored in the victim's body in implicit

forms (Bucci, 1997, 2005, 2007, 2009; Fosha, 2003; Van der Kolk, 2001; Bromberg, 2003; Courtois, 2010).

By visual symbolization the relational sub-symbolic implicit contents are embodied tangibly. Through contemplation the dissociated content can no longer be completely ignored. It is available for mentalization. The patient can visually express herself/himself in the most primitive way, which leaves its visual traces in the product. The content that was unavailable prior to its visual symbolization can be symbolized for the first time.

Dissociated contents can gradually be integrated into the patient's personality. The patient can choose to relate to these contents verbally, or to remain with the visual symbolization un-verbalized. This helps her/him to feel that he/she has control over the therapeutic process (Frye & Gannon, 1993). Bucci (2009) has raised the question of whether it is always necessary for therapeutic change to take place for the sub-symbolized content to be verbalized or whether, in certain cases, non-verbal symbolization is enough?

“If we take seriously the endogenous organization of the sub-symbolic and symbolic nonverbal systems, we need to examine the possibility that sub-symbolic modes of communication themselves may be sufficient in some cases to bring about therapeutic change...” (p. 73).

Through visual symbolization the patient can be productive in relation to traumatic contents, opposite to the passivity connected to incest. As in Gila's case, the patient's new experience of control through visual symbolization could be applied outside treatment. The development in symbolization and intersubjectivity improved Gila's mentalization and self-regulation. Thus, she could relate to life events in a more realistic way, instead of repeatedly acting out her past trauma.

In art psychotherapy, intersubjectivity and visual symbolization continuously and mutually affect one another. These relationships facilitate the unique diagnostic and therapeutic contribution of art psychotherapy. Visual symbolization functions as the main tool of expression and as an evidence for change.

Biography

Daphna Markman Zinemanas, PhD, has been an Art Therapist since 1986 and is also an artist. She practices Art Psychotherapy in a private clinic and teaches in: the School of Art-therapy, Haifa University, Israel; the Kibbutzim College and Shaanan College.

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