

ATOL: Art Therapy OnLine

Considering the Function of Repetition in Art and Art Psychotherapy

Annamaria Cavaliero

Abstract

This paper considers the use of repetition in art making processes in the fields of Art Psychotherapy and Fine Art. It asks whether there might be similarities between the two. It does not set up a hypothesis to be tested but is more a reflection on the subject, which could be developed into further research. Some of the art psychotherapy literature addressing uses of repetition is discussed. It is notable that this subject comes up quite often in the literature on autistic spectrum disorders and in mental health settings. The paper also looks at Freud's 1920 essay on repetition and his ideas about the existence of a death instinct, followed by subsequent writing on this subject by Deleuze (1968) who challenges Freud's definition of the death instinct. A recent case vignette from art psychotherapy clinical practice in an acute mental health setting follows this. Finally, consideration of repetition in the field of Fine Art/Visual Theory is presented. There is an attempt to identify common ground between the responses to repetition as a feature of art making.

Keywords:

Process, gesture, meditation, assimilation, rhythm

Introduction

Repetition in art challenges an aesthetic that favours the symbolic or allegorical and privileges material and process. Is it possible to compare the function of the repetitive process in the related fields of fine art production and art produced within the framework of art psychotherapy? The paper considers the use of repetitive gestures and marks to fill up the visual field, as well as the rhythm and rituals involved in making such imagery. It asks what drives the intensity of labour required to build up a body of work from a series of marks or forms. It will also consider the aesthetic of this kind of art and how important this is in the creation of a piece of artwork within the two disciplines. It asks whether there can be a correlation between the motivations of the fine artist and the art psychotherapy client. It is interested too, in the responses of the viewer to this kind of art and considers whether there is something universal in the imagery.

In the field of Fine Art, repetition of gesture, mark or form is often presented as a formal device, as a considered attempt to get to grips with an idea or an aesthetic. In terms of the art product, the general aim of the artist is to show it to an audience and for it to be contextualised in some way. In Art Psychotherapy the material is produced within a particular setting with a particular time boundary; the artwork is not intended to be shown to a public audience and the meaning of the work and intentions of the artist are not always presented in a clear and chronological fashion. There is a tendency in psychoanalysis to pathologise repetition (Freud 1917, 1919) and it has been thought about as being symptomatic in the art of psychotic patients (Prinzhorn, 1972). Does this pathologising occur in art psychotherapy literature? If so, a feature of art making might well be overlooked if it is seen simply as a symptom rather than a creative act.

This paper considers the potential crossover between the two related disciplines of Fine Art and Art Psychotherapy. If the aim of art psychotherapy is to bring about change, then repetition in art making could be seen as a negative thing, a resistance on the part of the client to move forward. The compulsion to repeat seems to have

many negative associations – with obsessive-compulsive disorders, bad relationships, cycles of abuse, fixations and neurosis. It can be presented as representative of something destructive, dead, stagnant, silent, closed, in stasis. However, repetition also has positive associations - with music, rhythm, pulse and the insistence of the life force; also with assimilation, learning, meditative states and communication. What is it about artwork of a repetitive nature that might elicit either negative or positive associations in the minds of the viewer?

In the art psychotherapy literature, repetition as a feature of art making seems to be associated with particular client groups and features in the writing about clients with learning disabilities, clients on the autistic spectrum, clients experiencing post traumatic symptoms and clients experiencing psychosis and long term mental health conditions.

Stack (1996) and Fox (1998) work with clients who display autistic features: Stack (1996) describes her work with a particular client with epilepsy and severe learning disability and refers to the theories of Frances Tustin (1990) among others. Tustin mentions the need to understand the function of repetitive behaviour and to respect this whilst also aiding the emergence from encapsulation. She says that the use of repetitive imagery can be interpreted as a way of literally holding oneself together in the face of anxiety, and noticed that her client, despite making advances in his motor control and imagery, would revert to repetitive 'Humpty Dumpty' drawings in times of change or anxiety – particularly over separation. Fox (1998) draws on the theories of Tustin (1992) and Winnicott (1986) among others. In a case study she describes how a client's repetitive actions with clay were interpreted as regression to an earlier stage of development. Fox found the repetition worrying and was keen to encourage a moving on, favouring art therapy as a means of renegotiating developmental states. Both Stack and Fox see the aim of the art therapy process as fostering the emergence of symbolic function. In contrast Emery (2004) says of autistic child clients that, "The idea of closure, completion or satisfaction seems unimportant, but process apparently is." (Emery, 2004: 145). Robbins (1987) refers to the need for mastery of fine motor

activities in therapeutic work with clients with developmental issues and acknowledges this as containing for the client. Tipple (1992), discussing working with clients with severe learning difficulties in a Mental Handicap Hospital (*sic*), is interested in the importance of actual mark making for the severely disabled person. He is concerned that marks can be too quickly dismissed as repetitive or meaningless. Tipple also points out how painting is very different from drawing; paint is a liquid material, more sensuous and less directly controlled than pencil or crayon. The way the client uses the art materials can say much about his/her mood and feeling state. Tipple stresses how important it is for the client that the art therapist provides a safe and bounded space. He describes how, within this therapeutic environment, the client is able to work with the art materials in ways analogous to the more sophisticated approaches of the Abstract Expressionist painters, who attempted to convey feeling states through their use of gesture and paint. Using a case study, Tipple shows how a client was able to settle from quite aggressive behaviour at first, into a relationship with the materials, which was reactive and expressive. Rabiger (1990), discussing art therapy at a school for pupils with severe learning difficulties, thinks about children's water play and work with clay in terms of sexual anxiety and curiosity. She notes that some children who are on the verge of figurative ability might then lose it around puberty:

“regressing into mindless or decorative scribble through adolescence, and then, at 19, often in their last week before leaving school, may resume greater signs of figuration.” (Rabiger, 1990: 35).

There is not much more said about this but it would appear that Rabiger considers the hormonal disruption to be threatening and the decorative scribble defensive. Tipple (2003) writes about working with children with autism and autistic spectrum disorders, discussing art therapy assessment processes and interpretation of children's artwork. The subject of repetition is considered with relation to Piaget's (1951) ideas on assimilation. Although repetitive play can be seen by educational psychologists as negative, Tipple points out that Piaget has shown that, in infant development, repetition of actions is followed by reflection:

“Repetition is present in the production of art, it enhances the growth of motor skills which are necessary for art production, and it leads to the development of

graphic primitives, geometry and schema, which enable the artist to generate representations and signs.” (Tipple, 2003: 52).

Malchiodi (1998) dedicates a chapter to the emotional content in children’s art. She notes that:

“repetition seems to be present in both the structural elements and the art behaviours of children who come from violent homes, who have experienced abuse, and who have witnessed violent acts.” (Malchiodi 1998: 138).

She describes the artwork of a 7-year old disabled boy who had been caught up in the Los Angeles riots, in which he repeated layers of colour throughout the drawing. She says that these repetitions may be instrumental in the healing process in that they may allow a child to “gain a symbolic power over the trauma through repeating an image over and over in art.” (Ibid: 140) She says that the repetition may not simply take the form of a repeated drawing or shape, but that it might occur in mark making and bodily movement when drawing.

From her research, Malchiodi finds that therapists working with traumatized children have observed the use of excessive shading in their drawings. She says that although excessive shading has been thought about as expressive of anxiety, it can also be seen as serving:

“a function of self-soothing through filling in space in a repetitive way and may be one reason why repetitive activity is often presented in traumatized children’s art and play activity.” (Malchiodi 1998: 141).

She goes on to say that this self-soothing function has also been noted in the art production of children displaying a high degree of dissociative behavior:

“often using repetitive lines, marks and dots in drawing, meshing and blending colors in paint, or repetitive stabbing or other motions with clay” (Malchiodi 1998: 151).

She reports that therapists often notice that the children seem to become unaware of their environment and that there is an element of escape from memories or emotions. It is difficult to judge whether this is actually dissociation or simply absorption into the

art making process. However, it does allow a child “a measure of escape from a world that is troubling or anxiety producing.” (Ibid: 152). Discussing art therapy with children processing the effect of catastrophic events, Malchiodi notes that some children regress to developmentally earlier styles of drawing. She says:

“Like children traumatized by violence and abuse, children who experience catastrophic events may use repetitive patterns or repeat images to establish a sense of control.” (Ibid: 153).

She presents an example of a four-year old boy who experienced the 1994 Los Angeles earthquake. In art therapy he drew a pattern of lines and circles filling the paper right up to the edges, and persisted in drawing this even when asked to draw a different picture. She goes on to say that:

“repeating a familiar pattern may reinforce a sense of safety for some children, while others may simply perseverate in response to crisis.” (Ibid: 154).

Charlton (1984), discusses how pattern making can represent a need in the artist to control chaotic inner states and to construct “something which is safe, known and controlled.” (Ibid: 181). A case study shows how the art therapist was able to acknowledge the need for rigid, geometric pattern making in a psychiatric patient who was allergic to medication, during his distressed periods. Greenwood (1997) acknowledges the need to work with patterning as a stage prior to symbolization, in clients whose mature defences have never been established. The therapist’s presence and ability to tolerate the repetitive and seemingly meaningless creations can create the conditions for new defences to emerge. Both Charlton and Greenwood stress the need for patience and consideration when working with such clients, deciding when intervention is appropriate would depend on how the repetitive artwork is understood by the therapist.

Mahony (2001) describes visiting an exhibition entitled ‘Textures of Memory: The Poetics of Cloth’, where she is drawn to the repetitious elements in some of the artists’ work. She reflects on how psychoanalysis “looks at repetition as getting control of disorder” (Mahony, 2001: 53) and wonders if this is not overlooking the whole area of

meditative states. In her 2009 PhD, Mahony returns to this theme. Describing an art therapy group she thinks about how art-making processes can act as a vehicle for change, highlighting “rhythm, repetition and connectivity” (Mahony, 2009: 395). She considers the value of the slowness of development and the repetition in the processes, actions and objects produced.

It is interesting, that for many art therapists, there is a sense of repetitive mark making being part of a developmental journey towards symbolization. In the case of severely disturbed clients it is understood concretely as fulfilling an ordering role. Tipple seems the most concerned with looking for other aspects of meaning contained in the use of materials and gestures and marks, and considers the social context in a way that relates an art therapy client to the wider world of art production. It would seem that this way of working can bring up anxieties for therapists, and this begs the question of what the therapist wants to happen in the sessions. There is sometimes anxiety expressed on the part of art therapists if their clients seem to resist narrative or symbolization. Perhaps being curious about process is helpful in these situations.

Repetition is explored in psychoanalytic texts such as “Beyond the Pleasure Principle” (Freud, 1920) where Freud discusses the use of repetition to gain mastery over a distressing situation through the example of a child’s game. The child’s move from a passive situation to an active one is also discussed by Malchiodi when she considers the use of repetition in the artwork of children who have experienced catastrophic events (Malchiodi, 1998). Stack also discusses the use of repetition in the Humpty Dumpty drawings of her client, which she believes are made when the client experiences separation anxiety (Stack, 1996).

Freud, however, was also concerned with repetitious behaviours that did not seem to serve the purpose of gaining mastery of a distressing situation. He talks about psychoanalysis loosening repression and allowing experiences to be repeated in the transference. The compulsion to repeat can recall pleasurable experiences that have been repressed by the ego, but it can also recall experiences that can never have been

pleasurable. Observations of both transference phenomena and the life histories of men and women, led Freud to conclude that there must “exist in the mind a compulsion to repeat which overrides the pleasure principle.” (Ibid: 22) He went on to speculate on the existence in the realm of the ego, of a death instinct, which he compares to the life instinct of the sexual impulses. His hypothesis is that the death instinct has the task of leading the life form back into an inorganic state, and this can be seen, like transference, as a return to, and a recurrence of, an earlier state.

Deleuze made an extensive study of repetition in his thesis “Difference and Repetition” (1968). In his reading of Freud, Deleuze regards “Beyond the Pleasure Principle” as crucial, because it was here that Freud came across the death instinct, not in connection with aggression or destructive tendencies, but “as a result of direct consideration of repetition phenomena.” (Deleuze, 2004: 18). In Deleuze’s reading, the death instinct is a transcendental principle, whereas the pleasure principle is psychological. Deleuze says, “For this reason it is above all silent (not given in experience), whereas the pleasure principle is noisy.” (Ibid: 18). Deleuze distinguishes two types of repetition - static or bare repetition, and dynamic or covered repetition. Static repetition is a repetition that surrenders to an imposed and stultifying order. On the other hand, dynamic repetition appears to embody a sense of movement, evolution, growth.

Interestingly, despite this distinction, Deleuze refuses to detach one type of repetition from the other; he says that even a bare repetition such as an “obsessional ceremony or schizophrenic stereotype” (Deleuze, 2004: 20) will act as a cloak for a more profound and meaningful repetition, that which is driven by the death instinct. Trying to understand what Deleuze means by the death instinct is difficult, perhaps repetition is located in the balance between the life and death forces and their interdependency; he says:

“Eros and Thanatos are distinguished in that Eros must be repeated, can be lived only through repetition, whereas Thanatos (as transcendental principle) is

that which gives repetition to Eros, that which subjects Eros to repetition.” (Ibid: 20).

Deleuze dismisses the idea that repetition is driven unconsciously by repressed material and feels that this is a smokescreen for the real function of repetition, which is to do with disguises and masks. Williams (2003) helps clarify this concept – Deleuze has rejected Freud’s material model of an earlier state, instead the death-drive is the drive that is inside each mask we put on, the drive that compels us to move on from this mask to the next one. He says:

“So we repeat because, as masks, that is as combinations of actual things, sensations, virtual ideas and the intensities that light them up, we are driven to play different aspects of ourselves in different ways over and over again.” (Williams, 2003: 48).

According to Williams, Deleuze considers that the repetition within transference is not there to recover an original trauma, but to enable roles and masks to be authenticated. Analysis is “a site where a way of creating masks that respond to the significant points of other masks is given a seal of approval” (Williams, 2003: 49). Williams says that, for Deleuze, curing and health are not about actual traumas but about how to repeat well. “There is no first term which is repeated.” (Deleuze, 2004: 19)

One way of understanding this in terms of art psychotherapy might be that the therapist’s attention can help create an inter-subjective space where inscriptions of marks on paper, or other repetitive processes such as stitching, become meaningful in new and different ways over time.

In his book “The Artistry of the Insane” Prinzhorn (1922) described the art made by psychotic patients as possessing certain features such as perseveration, excess detail and a denial of external objects. He learned that many patients started out with the intention of writing a letter to relatives, but instead filled their sheets of writing paper with “seemingly senseless scribbles.” He noted that while the form of the scribbles might vary, all the resulting images would fill the whole page right up to the border. This was interpreted as a *horror vacui* (fear of empty space). He deduced from this that these unordered scribbles were “a progenital form of drawing” and saw them as “expressive gestures” (Prinzhorn, 1972: 42). Prinzhorn presents a letter written by Emma Hauck to

her husband (fig.1) as an example of a slightly more advanced stage of drawing, where elements of composition appear in the form of “rows of lines, alternation, and symmetry” (Ibid: 42).

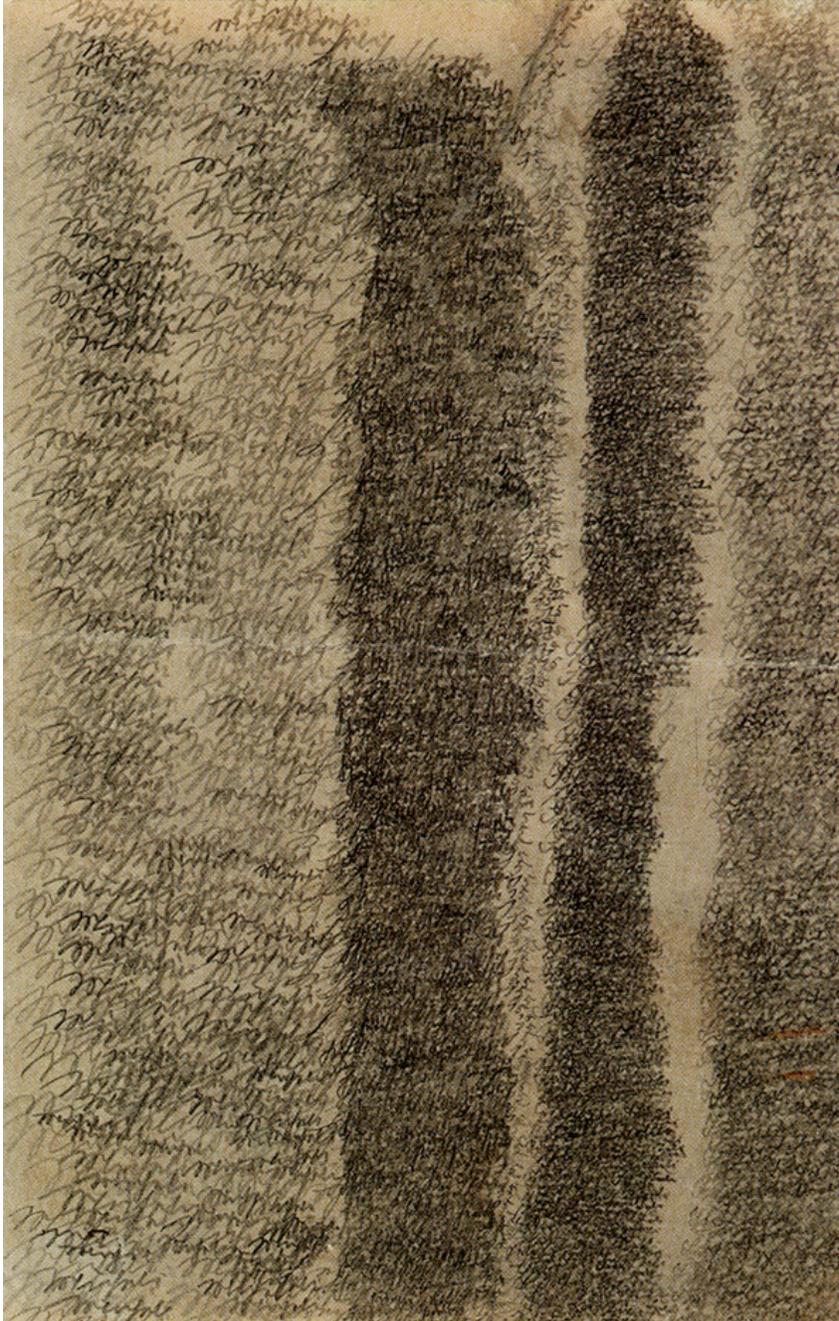


Figure 1: Emma Hauk, 'Sweetheart come (letter to husband)' 1909. Pencil on writing paper. Reproduced from Google Images.

Is Prinzhorn's negation of meaning in the use of repetition valid? What might influence this *horror vacui*? Scarcity of materials and opportunity to write may have played a part. Might it convey not simply a fear of empty space, but a sense of claustrophobia and literal lack of space, both physical and psychological? Going up to the edges is also a feature of patterning. Rhodes (2000) points out that Hauck's use of the words "sweetheart come", although certainly obsessively repetitive, is in fact a "verbal articulation of desire" and thus extremely meaningful. (Rhodes, 2000: 64). He argues that the visual impact of her work is accessible to a contemporary audience familiar with the work of mainstream artists like Cy Twombly.



Figure 2: Cy Twombly, 'Nini's painting (Rome) 1971. Oil on canvas. Reproduced from Google Images.

Interestingly Rhodes doesn't seem to consider that there is any comparison between the processes involved in the creation of the two products. Twombly made a series of paintings in Rome in 1971 in tribute to his friend, Nini Pirandello, who died suddenly (Fig. 2). It seems significant that in these elegiac works, Twombly returned to employing the calligraphic lines that characterised his earlier 50s work. These canvases express something of the inchoate and indecipherable nature of grief and also seem to imply the relentless ebb and flow of pain that the bereaved endure. The use of layering might evoke the interrelationship of memory and experience. This emotional expression of longing and loss is also conveyed in Hauck's "Letter to Husband". Prinzhorn's idea that it may be a form of drawing is not unreasonable as the letter is now seen as an art object.

Clinical Vignette

An art therapy client used similar repetitive mark making in an art therapy group on an inpatient acute ward. Mary (pseudonym) originated from an African country. It was the ward team's belief that Mary was never very verbally communicative even when well. She had been admitted to hospital because she showed signs that she was experiencing psychotic symptoms in the form of distressing auditory hallucinations.

Mary joined the ward art therapy group and remained attached to it during her inpatient admission. At first there was little acknowledgement of the therapist or other group members. However, she was immediately drawn to the art materials, selecting pencils and oil pastels and creating a large series of drawings using layers of gestural marks, starting at the top of the page and working left to right in downward motions with great urgency. There was a similarity to handwriting in this method. Although she did not appear to pay much attention to the therapist, she chose to sit in close proximity. The therapist maintained a non-intrusive approach at this stage. Mary may have chosen to sit near the therapist in order to feel safer (Killick, 2000) and it seemed that Mary automatically experienced the therapist as a good object despite her lack of interaction with the therapist. When she had filled one sheet of paper with marks she moved

quickly onto another. This seemed to indicate that the art making was concerned with evacuation of feeling or tension (Killick, 2000). It was fascinating to watch her drawing and to notice her seemingly random, but actually quite sophisticated, choice of colours. She worked in layers and filled the page, not wasting time between finishing one drawing and starting another. After she had come to the group a few times and worked in this way, the therapist asked her if the images could be put up on the wall as she put them aside. She agreed to this but did not look at them.



Figure 3: No title. Pencil and oil pastel on paper. Image reproduced with permission of art therapy client

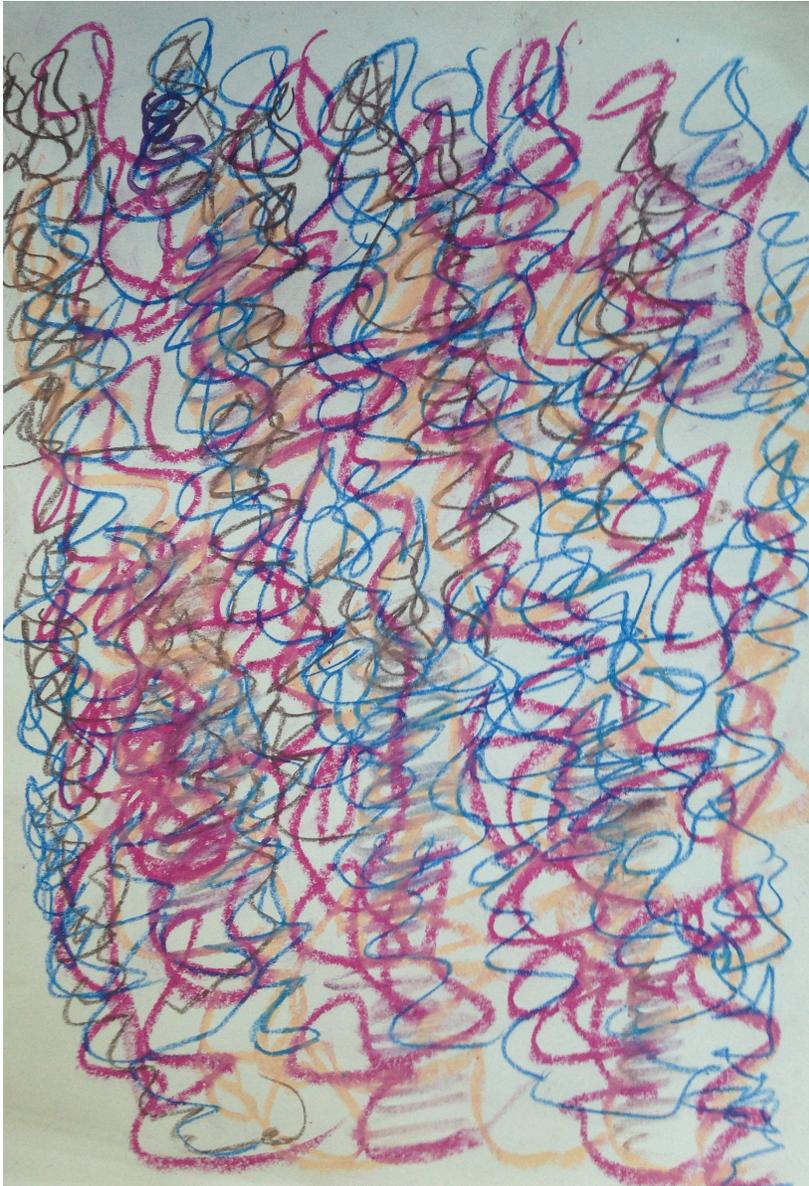


Figure 4: No title. Coloured pencil and oil pastel. Image reproduced with permission of art therapy client.

Over the weeks that she was in hospital, Mary continued to attend the group, sitting next to the therapist every time. She seemed very keen to produce, leaving discarded art materials to be tidied away. Gradually she became more communicative and her rate of production became less urgent. She was encouraged to say something to the group and therapist about her images and it was surprising when she said that they represented many things to her. She spoke urgently about clothing – shirts, bras,

trousers and skirts and then food - rice and chicken, vegetables and fruit. One of the group members commented that her pictures seemed to represent all the things she liked. It seemed as if all her images were described in this way and it did not always feel as if the words and images were actually connected. However one image seemed different. Mary looked closely at it and then said that it reminded her of a wedding with the bride and all the guests dancing.



Figure 5: 'Wedding'. Graphite, felt pen, oil pastel and chalk pastel on paper. Image reproduced with permission of art therapy client.

On another occasion Mary seemed upset, shooting angry glances at her fellow group members. When she started to work she used the same gestural marks, but this time she added dark shapes across the layers of marks. The therapist decided to comment on the change in her process. Mary responded by using the word "problems". She talked in a stream of words about children and trouble and how she always tried to be good in church.



Figure 6: No title. Graphite, colored pencil, oil pastel and chalk pastel on sugar paper. Image reproduced with permission of art therapy client.

The use of dark marks and shapes seemed to indicate an interruption to the sense of rhythm and flow previously displayed in the imagery. Something might have happened on the ward or in the group to trigger this feeling in her, which seemed to awaken memories of being reprimanded. It felt as if Mary had found a way of communicating feeling by changing her process in the presence of an attentive therapist.

As Mary's mental health improved and she started to go out and have visits with a female relative, she continued to attend the group. When she was ready to be discharged she asked to take her folder home with her. It was as if through the interest shown in her art making processes she had been able to communicate some of her thoughts and distress, and in turn had experienced the therapist and group as containing and responsive. This seemed to show that she was emerging from a withdrawn and preoccupied state and engaging more with those around her. Even though her imagery contained the same schematic marks layered in a downward motion, there would be differences; in colour and tone, sometimes the work would be framed by a border, at other times dark shapes would be introduced which seemed to correlate with distressing thoughts and feelings. Her output was at its greatest when she was quite unwell, suspicious, guarded and afraid. When she felt calmer she spent more time looking and seemed to consider aesthetic choices. Certainly how she used the art therapy group changed – when she first came it seemed as if she only wanted to use the art materials but over time she began to look at other people's artwork and to interact with her fellow group members. She started to tidy away the materials she had used, and seemed to enjoy the looking and engaging in imaginative acts of association, as well as drawing and painting. When Mary was producing the images she seemed to be expending some excessive energy and tension, the pressure and urgency of the mark making was intense. With encouragement Mary started to look at the finished images and it was at this point that she would make the associations. Where she did seem to make decisions was in how she layered the marks and the choice of colours. She would start with pencil or coloured pencil, then maybe felt pen and then oil pastel and latterly in the therapy she would add watercolour washes. She favoured oranges, purples and pinks. It seemed as if the containing boundaries of the art therapy group and the value that was given to the produced imagery, helped create an environment where Mary could communicate and express her feelings more and she could also take pleasure in looking at, and enjoying, the work she had made. Given that there were features of encapsulation in both Mary's presentation and her mode of art-making, the literature on autism might be relevant to her case.



Figure 7: No title. Oil pastel and watercolour on paper. Image reproduced with permission of art therapy client.

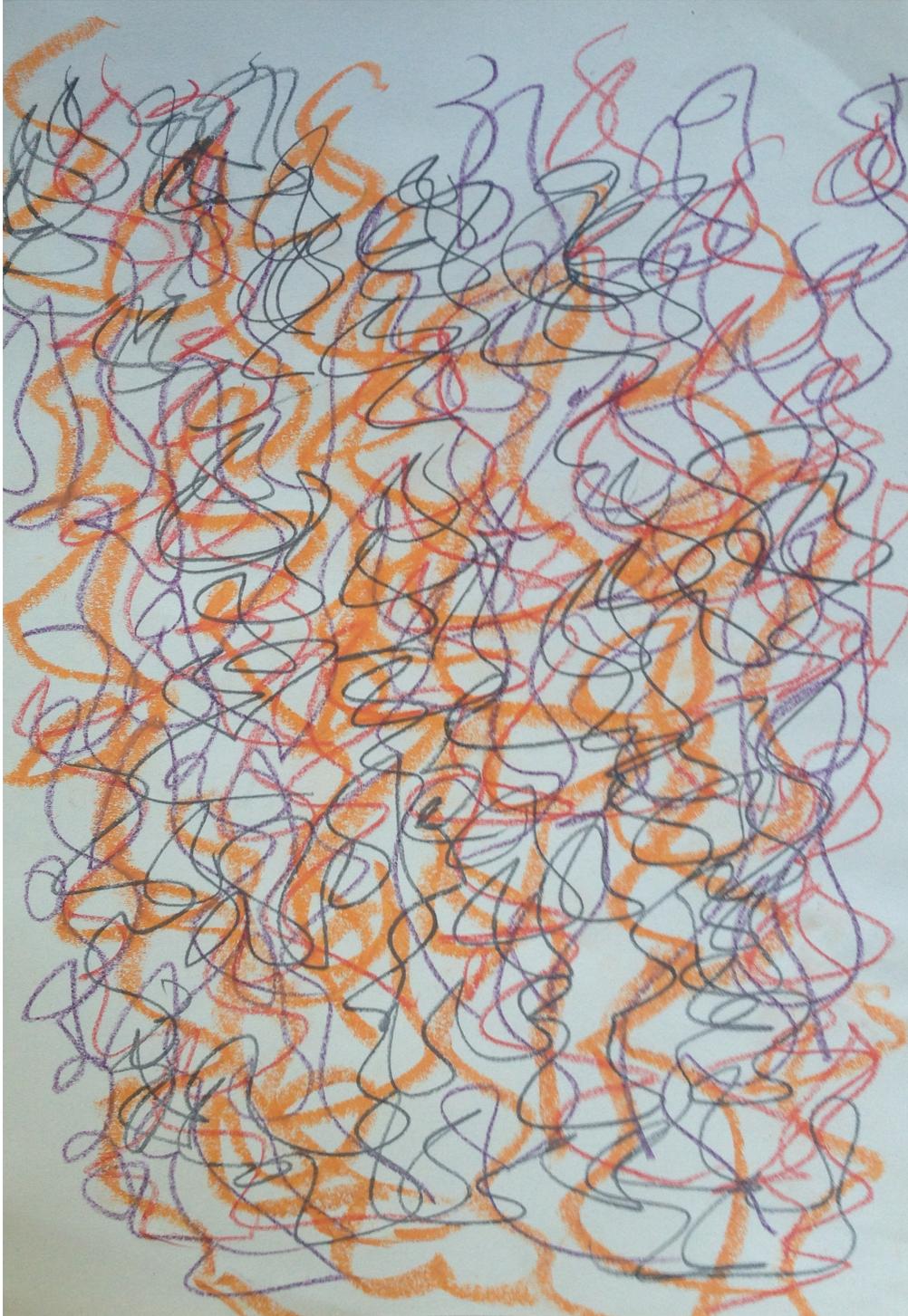


Figure 8: No title. Graphite, coloured pencil and oil pastel on paper. Image reproduced with permission of art therapy client.



Figure 9: No title. Felt pen, oil pastel and watercolour on paper. Image reproduced with permission of art therapy client.

Fine Art

Levy's (1996) paper "Repetition and the Scientific Model in Art" considers how some artists use repetition to "depict and evoke nature's processes, with actions such as duplication, folding and mirroring"(Levy, 1996: 80). She discusses Deleuze's ideas on dynamic repetition:

"Active repetition in art can evoke evolutionary processes, likening the dynamic repetition to genetic action. Used dynamically in art, repetition can go beyond rote articulation to invoke experience and memory, in turn involving reproduction and reflection" (Ibid: 80).

Using a musical analogy, she says that when artists repeat visual phrases they engage time, and she equates these qualities of marking time and deferring closure with establishing “a sense of organic continuity and outward growth” (Ibid: 80) She compares the structure of genetic processes to the art processes, in that it allows flexibility:

“Different genetic products can be assembled into new configurations. A corresponding feature in art is the flexibility provided by combinative units like grids and modules. As a model for art, genetics provides for system, variation, and organic metaphors.” (Ibid: 81).

Krauss (1985) discussing the concept of originality in art, observes the frequent occurrence of the grid in the work of avant-garde artists and asks what it is about the grid that lends itself to such appropriation. The first thing she comes up with is the grid’s “imperviousness to language”(1985:158). Krauss describes the grid as silent:

“This silence is not due simply to the extreme effectiveness of the grid as a barricade against speech, but to the protectiveness of its mesh against all intrusions from outside...With its proscription of nature as well as of speech, the result is still more silence.” (Ibid:158).

Krauss sees the grid as proscribing nature, whereas Levy (1996) sees the use of the grid by artists as reflecting processes that occur in nature. For Krauss the grid is an inflexible and restrictive construction, a barrier to interaction. She mentions artists who she deems to have become caged by the grid, whose adherence to it has prevented the possibility of development (Mondrian, Albers, Reinhardt, Agnes Martin). She says that the structure of the grid condemns the artists to repetition and self-imitation. This might be mistaking the intention of the artist as always wanting to develop and change; the use of repetition in meditation through chant and breath control and the marking of a surface might be comparable.

Interestingly Nancy Princenthal’s new biography of Agnes Martin “Agnes Martin: her Life and Art” (2015), and the recent retrospective at Tate Modern, reveal that Martin was diagnosed with schizophrenia and had intermittent episodes throughout her life. In

a lecture (17th March 2016) about the exhibition, Tate curator Dr Lena Fritsch spoke about how Martin experienced serious mental health issues while living in New York and subsequently left the city, finally settling in New Mexico where she seemed better able to maintain control of her career at a distance from the art world. She may have been happier in a less interpersonally challenging environment, certainly her career continued to thrive.

Maria Walsh (2000), writing a review of a retrospective of work by Yayoi Kusama at the Serpentine Gallery, is critical of the artist's more recent work. Kusama is an artist who has a psychiatric history who has been supported by psychiatric institutions in Japan to maintain a studio. She is a major figure in the fine art world. Walsh sees Kusama's later Infinity Net paintings as weak in contrast to the 'psychic intensity' of the early work of the 1950s and '60s. (fig. 10).

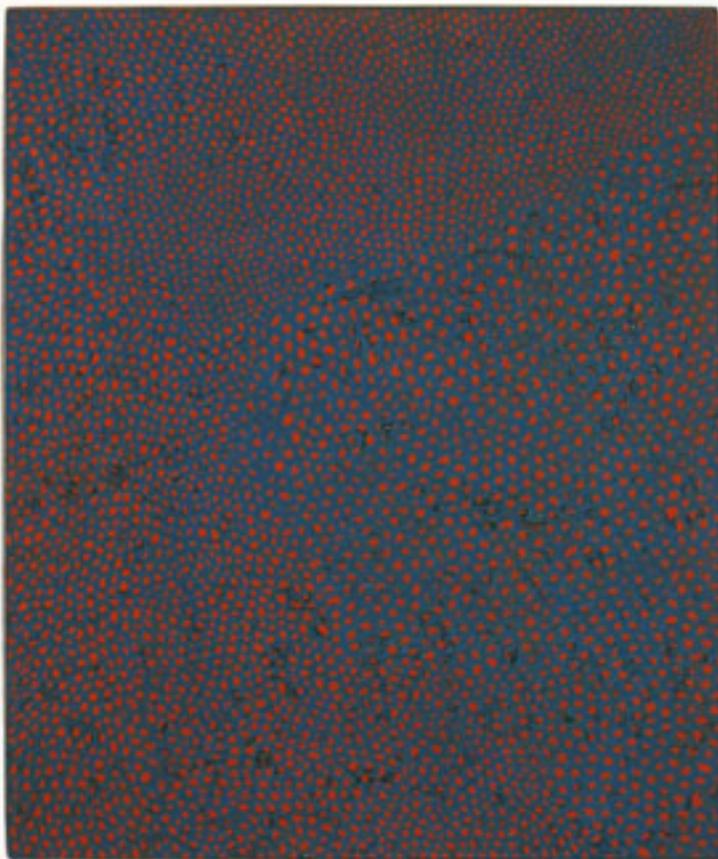


Figure 10: Yayoi Kusama, No.F.C.H. 1960. Oil on canvas. Reproduced from Google Images.

Walsh talks about how so-called outsider art, “driven by therapeutic forces, more often than not results in compulsive patterning.” (Walsh, 2000) Looking at Kusama’s Infinity Nets of the 1990s (figs.11&12), she is drawn to conclude that the work has not developed and has become self-quotation. She sees the artwork as “compulsive patterning” and while she believes that intense psychic experience can work creatively, she thinks it is difficult to sustain over time. As she puts it, “the metaphors run out” (Ibid). It could be argued that, just as Twombly returned to his earlier calligraphic imagery at a time of sadness, so might Kusama return to the kind of work that she made as a young artist at time of stress.



Figure 11: Yayoi Kusama, Infinity Net 1997. Acrylic on canvas. Reproduced from Google Images.

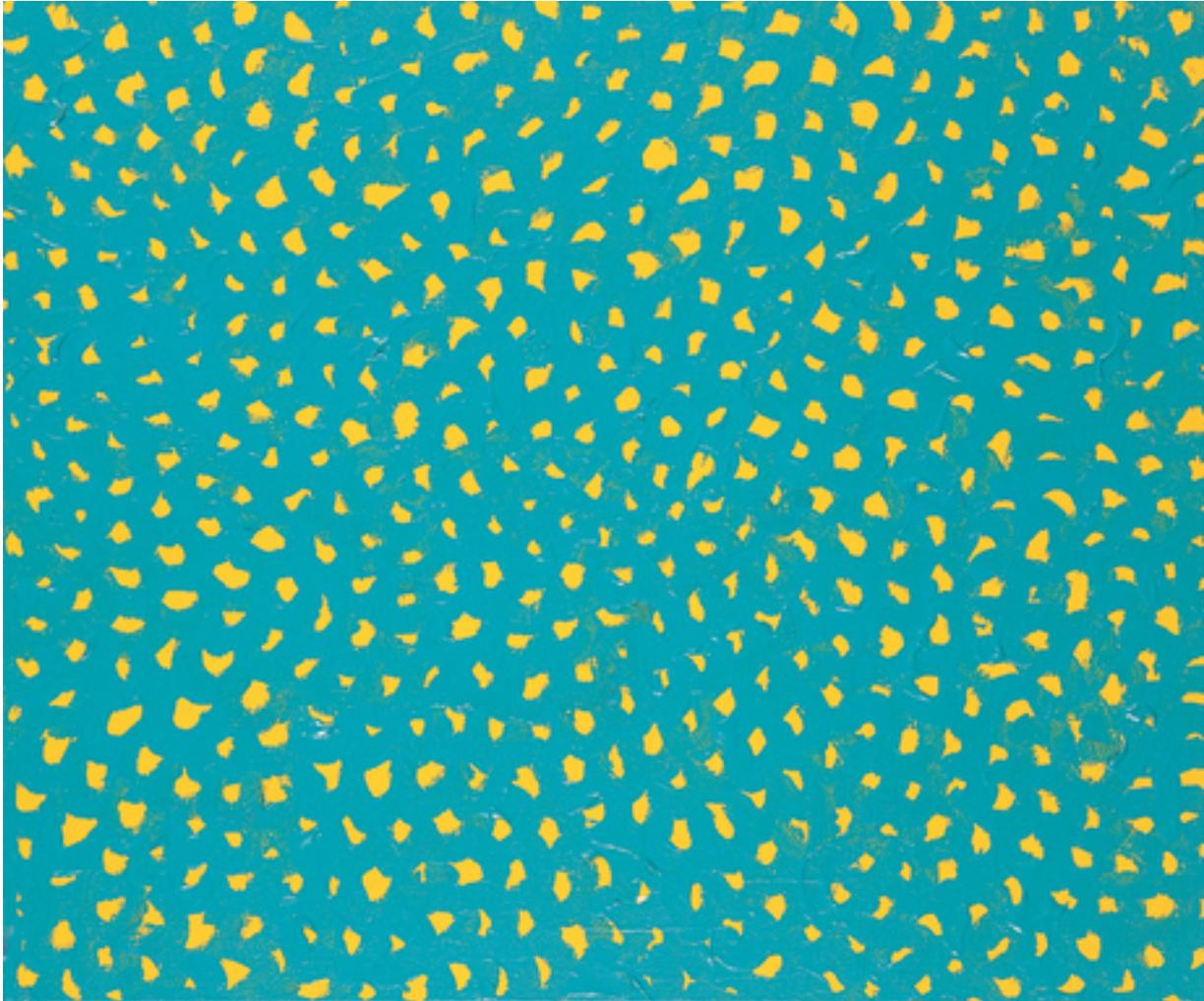


Figure 12: Yayoi Kusama, *Infinity Net* 1998. Acrylic on canvas. Reproduced from Google Images.

Andrea Inselman, writing in a pamphlet accompanying the exhibition “Fixations: The Obsessional in Contemporary Art” at John Michael Kohler Arts Center, 2000, presents the work of fine artists who use “repetition, accumulation, seriality, time consuming labour” in their work. Inselman, however, challenges the assumption that the work is merely compulsive. She introduces the positive qualities of the obsessional character such as “constancy, steadfastness, commitment and devotion.” (Ibid). She also refers to the spiritual dimension of some of this kind of work, describing it as “akin to the tranquillity of yogic meditation” (Ibid). One of the artists in her exhibition is Kusama,

and Inselman argues that Kusama harnesses her visions and fears “channelling them into works of enormous creative energy and drive.” (Ibid).

Perhaps these responses echo some of the counter transference responses of art therapists when witnessing repetitive art processes in their clients. It is interesting that both Inselman and Walsh see Kusama as capable of harnessing her psyche creatively, although Walsh would like to see a visible development. This comparison is interesting, as it seems to reflect some of the thoughts on repetition in art making amongst different client groups. Kusama described her obsession with pattern as a means of self-annihilation and used the simile of being carried on a conveyor belt towards her death (Hoptmann, 2000). The images certainly seem to have a hypnotic power over the artist, but it could be argued that at the same time the work keeps the artist alive and functioning despite her struggles with mental illness. Hoptmann describes Kusama’s continual restatement of the Infinity Net as “a reaffirmation of her persona, a defiant ‘I exist’.” (2000: 34).

Discussion

It would seem as if therapists have to rely to a certain extent on their counter transference feelings when working with a client who is engaged in a repetitive mode of working. Art therapists might refer to some image making as defensive, a barrier to interpersonal relating or emotional feeling, and might feel the need to use their skills to help clients move on from these positions. On the other hand, the therapist might feel that important processes are being worked through and explored in the repetitive use of the art materials, within the holding environment of the therapy situation.

It might appear as if repetitive art processes are not conducive to interpersonal relating, certainly in the art therapy literature repetition comes up most when discussing clients whose verbal and interpersonal skills are diminished. However, it is arguable that these are clients for whom art psychotherapy can be extremely valuable, where the use of art materials within a successful holding environment is paramount.

Although encapsulated features are part of the disability of autism, and social withdrawal can be a by-product of psychosis, there are aspects of these behaviours in art-making processes in the wider world. For an artist to retreat into his/her studio to make art that is repetitive and labour intensive, and which could be described as obsessive, is somehow acceptable, usually because the artist will present the artwork to the public as a bridge out of this enclosed world. The artwork is perceived as having significance for the artist. Within art therapy, even if the finished result of the work produced does not seem important to the client, s/he may well have the sense that the therapist values it; and the process, which perhaps does feel more important, is unfolding in the presence of another human being.

Perhaps there is a crossover between the fine artist and the art psychotherapy client in the use of repetitive mark making; although Agnes Martin's work was often shown with Minimalist artists, her work differed greatly from theirs as it was hand drawn by the artist. Kusama also makes her own marks on her paintings. Twombly continued to make hand made paintings until his death. The work has a sense of urgency, is created by the artist's own hand and with great intensity of labour, and may express and communicate some sense of the struggle to maintain a sense of identity and presence in the world.

Kusama's use of art to inscribe her physical presence onto the world, despite dizzying sensations of space and borders, could be significant when thinking about the art making of those art psychotherapy clients who are in some way depersonalised by their situations in life. The choice of colours and the intensity of the marks show that each painting could be seen as something new and fresh and invigorating. Kusama also makes sculptures, installations and photographs and her work is informed by cultural and political discourse. She also employs repetitious processes in these practices. Is it possible that the Infinity Nets function as anchors and moorings for her practice as a professional artist?

It is interesting to consider the issue of whether the art-making process is observed or not, when considering its reception. Prinzhorn collected images and drew his

conclusions from the art product alone, and he also selected examples to support his ideas (Rhodes 2000). Art critics also respond to the product, even if evidence of its process is in the work. The art therapist is privileged to observe the creation of a piece of art and is thus responding to many other communications, verbal and non-verbal, and these will have a bearing on how the artwork is received.

The metaphor of silence has come up a lot in the discussions of repetition, and again responses to this silence have varied. For Krauss the silence of the grid, while it does summon up some sense of transcendence, has an empty quality to it. This is the grid as a full stop rather than a continuum. Krauss appears to see the repetition of the grid as something that has to be broken free of in order for growth and development to occur, in the same way as Freud hoped that understanding of transference might also allow change to occur. If repetitive art making is self-soothing and absorbing, then it is often silent. But silence is not always deathly. It can be a dynamic silence, often a sexualised space where bodily feelings of excitement are sublimated in an act of creativity. In terms of responses to art, although the art critic or viewer is not usually a witness to the act of creating an artwork, some sense of the artist's intentionality seems to be desirable. Deleuze's (1968) belief that intentionality is present in even the most rote action or seemingly meaningless utterance, might help art therapists to be open to the client at all times.

This paper suggests that repetitive processes can be extremely significant for people in times of flux and stress. Viewed positively, as well as serving a restoring and ordering role, these practices can also be strengthening to the individual, allowing time for the psyche to surface and feeling states to be conveyed. There is some disagreement in the various literatures presented, on whether or not repetitive processes are associated with compulsion, *horror vacui*, stagnation and sameness or with generative processes implying continuation, expansion and growth. There is also an association with meditation and regularised breathing.

Piaget's (1951) ideas on repetition and assimilation support the idea that, in many instances, repetition in art is reactive to inner drives, emotional states, art materials and, to a varying degree, external objects. The latter may be a particular area where art therapists can direct their skills. In art psychotherapy each case is viewed with regard to the needs and circumstances of the client, and all image and mark making is given due consideration as to its possible function for that client within the therapeutic environment.

Biography

Annamaria Cavaliero is an associate lecturer at Goldsmiths, University of London and a practicing Art Psychotherapist, working in the field of adult mental health for a London NHS Trust. BA History of Art, BA Fine Art, MA Art Psychotherapy.

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Lecture

Dr Lena Fritsch “*Agnes Martin: Her Art and Life*” delivered at the Institute of Psychiatry as part of the Art Of Psychiatry series of lectures and films, 17th March 2016.