

PERSON  
CENTRED  
ART  
THERAPY

PRESENTED  
BY

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## HEALTH WARNING

You are responsible for what you bring to the sessions. Person Centred Art Therapy can bring up both good and bad experiences which may bring on unwanted thoughts and feelings and you may need to see a therapist. Please do not feel obliged to take part. This message by itself may alter your experience of the sessions

MARGARET WHITE

## PERSON CENTRED ART THERAPY

*Symbolising feelings and experiences in images can be a more powerful means of expression and communication than verbal description, and at the same time, is able to render these feelings and experiences less threatening' (Dalley, 1999 p. xiii).*

### THE PERSON CENTRED THEORY AND PERSON CENTRED ART THERAPY

Scientific research has shown that the brain is the major organ of the nervous system. It is the organ of emotion, thought and speech, and the body's control centre. Part of the brain is termed the cerebrum. The cerebrum has two hemispheres, which we call the right and the left side of the brain. The left side is usually the dominant, intellectual, analytical side, which controls activities such as writing and speech. It is the judgmental side containing all the shoulds and should nots. The non-dominant, nonjudgmental right side's role is visual/spatial, artistic and creative thought, *'the mode of the left brain is thinking, analytic, judgmental, verbal; the right brain nonverbal, spatial, spontaneous, intuitive, creative, nonjudgmental* (Silverstone 1997 p.4).

Betty Edwards (1993) wrote about our visual system where the brain gathers information by scanning our own individual world, and that the information collected is 'never the end of the story'. She says that depending on the persons past, training and mind-set, what we see changes due to our own individual unconscious process. Without our consciously knowing our brain expects and decides what we think we have seen, then rearranges the data, even disregarding some of it. She describes that the drawing changes the process of our perception and it allows a different kind of seeing, *'the brain's editing is somehow put on hold, thereby permitting one to see more fully'* (Edwards, B 1993 p.xiv).

It seems that the right side of the brain holds photographic memories of our past and our present. Clients, who go to therapy, can stay in the left side of the brain, talking and thinking about, thereby not connecting up with material in the right side which could contain repressed experiences. Art therapy can help to create a bridge between the right and the left side to reveal all of this. *'Words become 'right side of the brain' words of potential significance. These the client needs to hear,* (Silverstone 1997, p.7).

Person Centred Art Therapy, (PCAT), founded by Liesl Silverstone, is a non directive therapeutic way of working with people within art and symbolism to enable them to move on in their lives. It can be used to help clients to reach into their inexpressible private worlds to unblock suppressed experiences and can be useful in resolving particular conflict areas.

PCAT can connect the right side of the brain to the left. *‘Through art therapy an integration between the thinking and the knowing model, between conscious and unconscious material, could take place’* (Silverstone 1997 p1). Usually, the images conveyed to paper are hidden messages from the subconscious. These messages could be hopes, fears or dreams that are ‘needing to be known’. The knowing can be helpful in the search for the ‘Who am I?’

The person centred core conditions of empathy, congruence and unconditional positive regard are used throughout, along with the belief that the client knows best. In PCAT the clients are the experts of their images and their worlds. They are unique in their perceptions and experience of life. A philosophy which empowers individuals to learn and to grow, to take responsibility for themselves and be self directing. A philosophy that believes we are capable of knowing for ourselves, moving away from the idea that others know best.

‘Congruence’ is vital to facilitate therapeutic growth within a person. For when a counsellor is being congruent s/he is being her/himself, open and honest. *‘he is genuine without “front” or facade’* (Rogers 1967 p.61). The counsellor is aware of the feelings s/he is experiencing and will communicate them to the client when it is appropriate, which aids the development of trust within the relationship. The more congruent the counsellor, the more likely a change in the personality of the client, and in turn the client will become more trusting and congruent within the relationship. *‘I have let myself be a person --- real, imperfect ---- in my relationship with him’* (Rogers 1967 p92).

‘Empathy’ is an essential element within the relationship. This is where the counsellor is safe enough in him/herself to leave his/her world behind and join clients in their world, *‘entering the private perceptual world of the other and becoming thoroughly at home in it’* (Rogers 1951 p142), sensing and feeling the frustration, anger, hopelessness and many other feelings and to communicate his/her understanding of all this to the client. To have an understanding of what it is like to be them, enables them to get in touch with feelings that, sometimes, they are hardly aware of. Clients can then begin to learn from these feelings which facilitate psychological change and development. Empathy enables clients to feel that they are really listened to and truly heard.

‘Unconditional Positive Regard’ is accepting, caring for and valuing the individual for who they are and what they really feel enabling them to value and care for themselves. *‘A caring by the therapist which is totally uncontaminated by judgements or evaluations of the thoughts, feelings or behaviour of the client’* (Thorne 1992 p37). The counsellor shows that s/he really values the client which will facilitate a more congruent self concept within the individual. Rogers termed this ‘prizing’.

Most of us have never experienced unconditional love and respect for who we are, and never had the experience of being listened to empathically by a person who is genuine. The person centred approach is effective in personal development and a more autonomous way of being, aiding growth and integration, *‘when the counsellor offers the core conditions of congruence, unconditional positive regard and empathy, she is creating the optimum conditions for therapeutic movement’*. (Mearns and Thorne 1999 p.20).

These three conditions will enable an individual to get in touch with him/herself, activating their natural actualizing tendency, giving them freedom to grow to reach their full potential *(a) acceptance and expression of the inner core or self, i.e., actualization of these latent capacities, and potentialities, "full functioning," availability of the human and personal essence'*. Maslow (1968 p 197).

PCAT can be used in many settings by different types of therapists:-

*'Art Therapists. Counsellors and psychotherapists . trainers, teachers, tutors . social workers nurses . occupational therapists . youth workers . those working with the dying . with cancer patients . with AIDS sufferers . with the abused, with addicts . with the educationally disadvantaged. with couples, families, teams . in short, for practitioners involved in the vast field of human development'*. (Silverstone, 1999 p xii).

### THE PROCESS

There are many different ways to enable the client to move from left to right brain thinking. To enable the shift clients will be invited to close their eyes, relax, and empty their minds. A guided fantasy may be offered, or maybe the client would be asked to, for example, let the image of an animal come into their mind. *(To aid the shift from the thinking to the creative mode, a theme or a guided fantasy can be a helpful tool'* (Silverstone, 1997 p.5). Another way would be an 'on the hoof' session where the counsellor listens for an emotive words, symptoms, memories, dreams, how the client is feeling, when the client is finding something difficult, there are many. The client would then be asked to convey the image to paper in what ever way they wish. I bring the imaging early in the counselling session to give the clients some time at the end to process what is going on for them or to work through something painful, time for what ever the client needs.

The imaging is usually done in silence. Sometimes the client will talk whilst doing their imaging and being that the client knows best the counsellor will engage with them. Whilst imaging the counsellor will make mental notes of everything the client does, the media used, the size and colour of the paper, everything will be taken into account. When the client has finished the image the counsellor will reflect the process back. For example, if they took a long time to choose the paper, the counsellor might say "I noticed you picked up several different pieces of paper, then you chose this one?" or maybe they folded the paper, maybe they took a long time choosing the colours they were going to use. Simply everything would be noted whilst clients are imaging as each detail could be significant to them. I remember one client in particular who seemed to have difficulty choosing the first colour to use. She sat on the floor and seemed to be searching and searching for the right colour. When I reflected this back later she laughed and said "Oh! that is so me, always got to get it perfect, you should see me when I'm choosing something to wear, I drive everyone mad".

The counsellor, showing great interest and curiosity, will keep the client focused on the image to help them make sense of the underlying messages. Unlike the psychoanalytical or psychodynamic therapist, the PCAT counsellor never interprets

another's work, which is much harder to do than it sounds. Clients will interpret their own images, *'allowing the client to know what the picture meant. No interpretations. No guess work. No me knowing best'* (Silverstone 1997, p 2).

Hypothetically speaking, the counsellor will 'oil the gate' between the left and the right brain by using the PCAT tools of bridging, reflecting, mirroring and paraphrasing. They will also listen to the image. Whilst accompanying the client through the image the counsellor will ask many questions. For example s/he may begin with "Tell me about your image?", or "Where would you like to start?". Bridging is used when the client says, for example "I've drawn a ball", the counsellor could ask "and what's ball for you?". The client may reply "something you kick" or there could be another meaning, e.g. "somewhere where you go to dance", again these would be bridged. It may take many bridges before the client is able to understand what the image is saying to them. Colours, emotive words, mistakes they may have made would be bridged.

Things that are missing can be important, like hands, feet and faces. The counsellor will ask "Does that mean something to you?", "What's that about", "Is that ringing any bells", "Is that saying something to you?". Metaphors can play a big part during the session and the counsellor will be listening and reflecting them back. 'Out of this world' could mean 'not from this world, alien, not nice' or 'Out of this world' meaning 'really wonderful'. 'Like a cat with two tails' "what does that mean?". Nothing would be left to chance. The client's body language would be reflected back, especially when it is incongruent to what the client is saying and their tone of voice to enable them to see themselves completely. To me it is rather like a beautiful dance with two people flowing in the same direction, making the same moves, speaking the same language, almost as if they are one.

A thorough exploration of the image will take place. 'Leaving no stone unturned' the facilitator will guide the client through every part of the image, using words to bridge the right and left side of the brain making the unknown known, letting the client come to their own conclusion. *Words become 'right side of the brain words of potential significance. These the client needs to hear. Thus it can be that more words need to be reflected when working with images'* (Silverstone, 1997 p7)

The images are usually symbolic forms of the self projected onto the paper. *'The picture is an extension of the self in symbolic form made visible'* (Silverstone 1997 p.7). When I worked with young offenders, I found PCAT an excellent way to communicate. I usually started with the image of an animal. A young lad laughed, during my facilitation, and said "it's me". Another said, "How did you do that?". When I asked "I guess I'm wondering what you mean?" he replied "I've been in therapy before and no-one has got that much out of me". I call this magical; my clients have said it's 'eerie', 'uncanny', 'weird' and 'strange' when describing the phenomena. This is the magic of person centred art therapy

Sometimes we do not get the answer instantly, sometimes it comes later, sometimes never, as it may be too painful to remember, (it is not unusual for the client to 'unconsciously' move away from the image as the knowing would be too painful at that time). For instance, I can remember vividly the first image I did on the PCAT

Certificate course, it was an image around Bonfire Night, the facilitator pointed to the outside of my image where there was nothing. I said “Oh that, well yes, that’s nothing”, (unconsciously avoiding pain), “I did that on purpose so that I could cut the image out and put it in my portfolio”; my conscious left brain process. Later, I realised that at the time of doing the image I had forgotten that I wanted to cut it out. I started to bridge my words, ‘empty space’ went through my mind, this thought was immediately replaced with ‘void’. I bridged again ‘void’ and then the answer snapped into my mind. Yes, I was feeling a void, a loss, my last child had left home to go to university and I was missing him and my children so very much. This knowing helped me to recognise why I kept feeling low and I was able to deal with the pain. *‘Symbolising feelings and experiences in images can be a more powerful means of expression and communication than verbal description, and at the same time, is able to render these feelings and experiences less threatening’* (Dalley, 1999 p. xiii).

### **Dreams:**

We can use PCAT in imaging around dreams. Dreams have no chronological order and are not rational. They suggest material from the day before as well as hopes dreams or fears. They could be material that we want to deny. It could be fruitful to bring to the clients awareness what their dreams mean to them. We would find out what was going on for the person the night before, e.g. the feelings, any issues, as there may be a link. It is important to know whether it was a dream, a daydream or serial dream. Dreams can sometimes make sense. They can be alerting us to an aspect we ignore. We can explore the aspects of the self by bringing the image back to the self. “Which aspect are you most drawn to?” Sometimes it is important to use intelligence too. The counsellor would in the summary say something like “So last night you had ‘that’ and ‘this’ and ‘then this dream’”.

Whilst at college, I did an image of a teddy bear. I couldn’t understand why. Later I studied the image. Teddy bear the most precious of my possessions when a child. If I was scared, poorly, alone I turned to my teddy for comfort and support. I was feeling as vulnerable as I was when I was little. (I had given up smoking and it wasn’t easy, I felt vulnerable feeling feelings for the first time without a cigarette), *‘unconscious feelings can become consciously recognised’*, (Liebman, 1900, p 17).

### **‘THE SYMPTOM’**

Usually we experience a symptom telling us something in our body is not quite right. Let’s say the message is I feel pain in my chest.. Imaging around the pain in the chest is about making a self diagnosis before going to the doctors. (Knowing what is going on in our own bodies before going to the Doctors can help us to receive the right treatment. A doctor can only treat the symptom). We are the experts of ourselves. As we know best we can be our own patient. There was surgeon who used to get his patients to image around their pending operation. If the result of their image was that they would get well, he would go ahead with the operation and vice-versa if not.

One question to ask is “How comes I’ve got this symptom now?”, or “How comes I’m open to this germ/virus now?”. (Why is my body open to this infection now).

Another question would be “What is this doing for me?” or “What is it helping me to avoid?”. A therapist would work with the symptom.

There are similarities and differences between PCAT and other types of Art Therapies. It seems that they all agree that the images are of conscious and unconscious material. There are many different ways of practicing art therapy depending on the individual therapist and their particular orientation. The main difference with PCAT is that we are seeking to find the meaning from the individual as we believe that they are the expert, they are in control and they know what the images mean to them.

## **WORKING WITH GROUPS**

Group dynamics. When working in groups there are different roles we undertake both consciously and unconsciously, e.g. rescuer, supporter, joker, the initiator etc. (These are explained in the latter pages) A facilitator will bring these roles to the awareness of the group. He/she will explain how a person is reacting, what they were doing, and then make the group aware of how each member can contribute to that persons behaviour, the group will let them take on that specific role for the whole group. I used to be the outsider and also the panicker.

When groups work together on the same image they often show how they are feeling and how they fit in the group dynamic. I used to do lot of circles on the outside at first and then later when I felt safe I would venture into the middle of the picture to put my mark. Through PCAT I have learned to rescue myself, stopped persecuting and putting myself in the role of victim.

## **CONCLUSION**

There is no right or wrong way. We cannot hurt the client with PCAT as this is their image, it stays completely and utterly theirs, I am merely a facilitator to help them make sense of the symbolic language from their right brain. Through PCAT my clients have come on in leaps and bounds. Sometimes it is painful, but it is worth the pain to move on.

This therapeutic experience of growing aware of and accepting oneself enables people to improve on themselves to live a more autonomous way of being. *‘He finds it possible to move out from behind the facades he has used, to drop his defensive behaviour, and more openly to be what he truly is’* (Rogers 1967 p64).

## **MY PHILOSOPHY**

P.C.A.T. enables a person to explore their images, gain greater understanding and acceptance of who they are today and deal with what ever they need to deal with, and move on in their lives. They too can to learn and grow from their own experience of PCAT. ‘Always becoming’.

*‘When we can draw spontaneously, without thought, some microcosmic truth of us emerges’* (Silverstone 1997 p.183).

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