

Which Therapeutic Relationship? An Interactive Drawing Therapy Perspective

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Abstract

This article briefly considers the range of therapeutic relationships in Interactive Drawing Therapy (IDT); overviews the practice of IDT; presents a short cameo of using IDT with a young client; and discusses how both intrapsychic relationships and intersubjective relationships (when configured in drawings) can be seen to change as different “levels” of client work are reached and different “stages” of therapeutic progress are achieved, which raises the question: “Which therapeutic relationship is most pertinent to the work at hand?”

Whakarāpopoto

He whakaarohanga paku tā tēnei tuhinga ki te huānga whanaungātanga haumanu mai i te Kōmitimiti Haumanu Toituhi (KHT); wānanga i te whakawaia KHT; whakatakoto hoahoa poto mahitahi i te KHT me te kiritaki taiohi; ā, ka matapakia ka pēhea ngā whanaungatanga ā-wairua, ā-marau (inā waituhia) te kitea o te rerekētanga tae ana ki ia “koeke” o te mahi a te kiritaki ka noho rerekē te koeke paetae haumanu kauneke tūāoma, ka puta ake nei te kurupounamu: “Ko tēhea whanaunga haumanu te mea tino hāngai ki ngā mahi nei?”

Keywords: Interactive Drawing Therapy; imagery; unconscious; therapeutic process; therapeutic relationship

Psychotherapy by definition prioritises the unconscious, and the use of transference as a means to work with the unconscious is foundational. The therapeutic relationship between client and therapist is thereby considered pivotal in psychotherapeutic practice. Interactive Drawing Therapy (IDT) recognises an interesting challenge to the exclusivity of this dyadic expectation, because it can be seen that the presence and use of “a page” can become the primary transference object: the means observably to access, articulate

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and transform unconscious material. In addition to this mirroring function of an IDT page, the use of successive pages can be seen to move the client's focus from surface level to deeper level issues, such as from external world matters to internal world, from others to self, or from information to implication. This diversification of focus brings different parts of the client's psyche to the fore at different times, where they might be considered as potential candidates for constructing a therapeutic relationship.

This article builds on two previous articles (Withers, 2006, 2009) which, respectively, laid out the basic principles and practice of IDT; and outlined the IDT schema for assessing the client's progress through their therapeutic process, and guiding the therapist in the crafting of accurate interventions. In essence, IDT is a page-based therapy with a visual-kinaesthetic emphasis. The basic procedure appears relatively simple: a page is placed between client and therapist, and what is presented is put on the page where it can be seen and worked on, contributing to the client achieving a self-reflective and insightful observer function whilst, simultaneously, being experientially involved with the material on the page. However, having a page between client and therapist changes the nature of therapeutic relationship, and this article outlines some of these changes, thereby helping to shape IDT's "theory-in-practice" (Argyris & Schon, 1974).

The client's particular use of the page is considered by IDT to reflect the condition of the client's psyche, the depth of work that has emerged, and the particular stage of reconciliation the client has reached with regard to their sense of self. From a therapeutic perspective, these components of self can have both an internal psychodynamic orientation and an external inter-subjective orientation, raising questions about the contract and the constitution of therapeutic intent. This article indicates various therapeutic relationships that IDT clients can be seen to access, each of which provides a different therapeutic opportunity, which provokes the question: "Which relationship is most pertinent to the work at hand?"

The Therapeutic Relationship

The historical assertion of "talking therapies", as advocated by Royal Australian and New Zealand College of Psychiatrists and Mental Health Programmes Limited (Te Pou) (2009), is that it is the therapeutic relationship of client and therapist that is the main predictor of outcome. In surveying the literature on therapeutic relationship, Lambert and Barley (2001) affirmed that "decades of research indicate that the provision of therapy is an interpersonal process in which a main curative component is the nature of the therapeutic relationship" (p. 357). Whilst validating the fundamental presence and influence of a therapeutic relationship, these positioning statements assume that it is interpersonal and comprises the persons of "client" and "therapist". For the most part this is correct when considered in the context of talking therapies, with the inevitable transference and countertransference that is elicited when two people sit down, face-to-face, in an impartial environment. The therapeutic relationship, however, is neither constant nor prescribed, but changes with each stage of the unfolding therapy (Withers, 2009). Foundational to the development of the client-therapist relationship, and possibly of more fundamental impact, is the necessity earlier in life for the infant to discover that a relationship exists

between “self and not-self”, personified by “self and other”, and its eventual transference onto significant others, including the therapist.

Interactive Drawing Therapy

In contrast to the dominance of talking and meaning-making in which psychoanalytic and cognitive modalities engage, the practice of Interactive Drawing Therapy (IDT) incorporates pages of drawing and writing into its repertoire, along with modifications to the page itself (such as folding or adding more pages). Thus IDT comes under the umbrella of “expressive therapies” (Withers, 2006). When used as tools for recording and working with graphically-expressed psychological material, the tangibility of crayons and paper provides the client with a conscious and unconscious means of giving form and visual shape to felt and projected aspects of themselves, as well as opportunity to modify the impacts of introjections (Withers, 2009). These imprinted and evocative images are sourced from within and portrayed on pages of paper where they can be seen to captivate the client’s attention and seemingly “talk back” to the client, inviting therapeutic response and ongoing interaction with the developing content on the page. In IDT parlance, “the client looks after the content, while the therapist looks after the client and the process”. By layering successive levels of client talk onto a page, both parties acquire a dual focus of simultaneously holding pragmatic and symbolic information, which appears to be a universal therapeutic phenomenon which can occur for all clients, and IDT allows for this in its way of working.

The continued use of pages, and the structured self-reflection that the IDT method evokes, sees clients communicating with themselves in a fundamentally novel way, where the main therapeutic relationship becomes primarily that of *client-and-page*, and to some degree between *therapist-and-page*; coexisting alongside the original relationship of the persons of *client and therapist*. The interpersonal primacy of the client—therapist dyad is now replaced by the mirroring function of an IDT page, which provides the client with a relatively direct access to their own insightful and resourceful unconscious — establishing a *self-to-self* therapeutic relationship which can be seen to bring a transformative potency that is independent from, and possibly of more strategic impact, than the original relational nexus that necessarily existed between client and therapist. The experience of this *self-to-unconscious* relationship appears to be intimately and often transpersonally profound for the client. In summary, the IDT way of working with pages can be seen to release an interesting range of psychic candidates for therapeutic partnership, which can be added to the IDT range of stage-specific relationships, along with relationships with various persona and sub-personalities.

Working with Therapeutic Imagery

It can be considered that we have an inner eye, in that our imagination attaches images to experiences, such as inclusion and exclusion, hurt and delight, gain and loss, environment and self: all envisaged and projected onto a complex inner screen of memory and expectation. Experience is stored as positive or negative images which

become consciously and unconsciously imprinted into the client's mind and body as though they have objectivity and truth, reinforcing the substantiation of projections and allowing the depiction of archetypal and archaic themes. The human ability to abstract and symbolise experience, and thereby reflect upon it rather than blindly react or re-enact it, is a sophisticated skill at the heart of IDT practice. By using pages to give concrete shape and presence to words, images and behaviours/feelings, the client is able to dis-identify from the affecting material ("It is there and I am here"), which promotes self-reflection and effective mentalising (Fonagy & Target, 1996).

IDT writing and imagery is about therapeutic engagement, not illustrated talk or unstructured self-expression. Therapeutic imagery has potency and immediate relevance to the client, and can be recognised by its capacity to draw out previously unconscious material. It directly engages the client in a recognisable, transformative and semi-formal ritual of interaction with the page, which brings a powerful and palpable sense of something having considerable implication, continuing to be drawn out on the page — which both client and therapist know is important, yet often cannot adequately be put into words.

Therapeutic imagery needs to be distinguished from developmental, archetypal and expressive imagery. Developmental imagery reflects the client's personal degree of psycho-social maturation, age-specific skill level, and cultural context. Developmental imagery is indicative of the constraints and strengths of the client's form-making and word-making capabilities. Therapeutic imagery is enhanced if the therapist can shape interventions which match the client's developmental readiness. In contrast to the idiosyncratic nature of the client's personal disclosures, archetypal imagery reflects psychological material which arises spontaneously from the "collective unconscious" (Jung, 1927) and thus is potentially accessible by all.

Whilst the talking therapies seek to interpret metaphor and symbol, IDT avoids this therapist-centred activity, in recognition that metaphor and symbol can be functioning agents in their own right, thereby providing an indirect, but evidential route to deeper and more existential matters that impact on the client's sense of self. This archetypal substance is often not immediately evident in the client's presenting material. IDT recognises that therapeutic leverage can be gained when working with visual metaphor by adopting the paradoxical IDT aphorism: "treat the metaphor literally, and the literal as symbolic". Visual metaphors provide a language which bypasses the constraints of logic, for anything is possible and permissible on a page (Stone & Everts, 2006).

As a therapeutic medium, simple images and key words can carry vast amounts of encoded information which can be worked up by client and therapist to provide a significant therapeutic encounter. IDT discourages the therapist from projecting their own associations, suggestions, or psychological comment onto either the page or the client, such as admiration of visual effects, or the designation of significance and meaning, because these therapist-centred interests can be seen to pacify and entertain the client, distracting them from their connection with the unconscious, and risks the therapist becoming prescriptive, instructive and impositional. Nevertheless, the IDT therapist remains in an essential interactive partnership with the client and the page.

Transitional space

The presence of an IDT page between client and therapist can be considered to function as an “analytic third” (Ogden, 1986). In addition, it can be considered that the mirroring and revealing quality of IDT pages creates a “transitional space” (Winnicott, 1965), now *in the external world, yet of the internal world*. This cohabiting experience can often be seen to captivate the client who, when contained and supported by the therapist, will often enter a light entrancement as their inner consciousness becomes externally portrayed on the page, where it can be consciously used to mediate between objective event and subjective experience — where the transformed image (on the page) exists in the external world, yet is imaginatively of the client’s internal world. Changing the externalised image seems to directly impact on the internal image and thereby changes the internal experience.

The written word

Words are social tools which name and allow expression and communication. They occupy one corner of IDT’s “word, image, behaviour” (WIB) triangle, and are another means by which the unconscious can express itself. It may seem that the more words we have, the more discrimination is possible, but words can also become a verbose and defensive impediment, at risk of becoming depotentiated and disappearing into shallow commentary: words in search of a purpose. Clients will often say insightful and heartfelt words, which can be lost in subsequent talk. When these words are written they are secured and have consequence. IDT practice suggests that the interpersonally-spoken word might be considered to be mostly in service to ego, whereas the written word might be more often in service to Self. Writing slows things down and invites consideration.

Transference and Countertransference

Discussing the conceptual development and understanding of projection and transference, Gelso and Hayes (1998) proposed that “transference in particular has acquired a range of meanings within the field of psychoanalysis, where it originated” and offered their definition of transference as “the client’s experience of the therapist that is shaped by his or her own psychological structures and past experiences, belonging rightfully in earlier significant relationships” (cited in Grant & Crawly, 2002, p. 4). However, when a page holds the client’s attention, the psychic energy of the client is disrupted from its interpersonal route of engaging the therapist, and can be directed to settle on the page, thereby holding but transforming the transference. Interestingly, once captivated by the imagery, the client can then move into a timeless period where they first stare at the embodied page, then stare at the therapist who in turn is staring silently back at the client: eye-to-eye, unconscious to unconscious, in a potent moment of ego-free, genuine relationship that does not rely on interpretation or explanation to have presence or appreciation.

There are certain stages in “the IDT therapeutic process” where high negative and positive transferences can be predictably anticipated with some precision (Withers, 2009). These stage- and level-specific relationships remind us that the client’s psyche can be seen to have a wide, innate and opportunistic capacity for reconciliation and healing.

Quite apart from active client transference being unwittingly evoked by the therapist, there are certain stages where the client becomes quite autonomous, taking their own initiative and not wishing to be led, which, if unexpected, can evoke a strong countertransference from the therapist who had presumed continuity of the previous client-therapist relationship. Another observable aspect of working with drawings is that the therapist is also susceptible to being captured by introjecting the visual content of the client's imagery that is taking shape on the page between client and therapist.

The IDT Therapeutic Process

Besides the predictable transference noted above, IDT practitioners have observed that, as clients move step-by-step through their psychological process of adapting to significant conflict or opportunity, their words, images and behaviours/feelings, can be seen to change unconsciously in quite distinct, congruent, patterned and predictable ways at each stage. Each "stage of change" reflects a shift in the client's condition, attitude and capabilities, and brings its own set of therapeutic tasks, risks and inherent foci of ideation and identification. A corresponding change to the therapeutic relationship and therapist's role is therefore required at each stage (Withers, 2009).

Client and therapist are complex multi-dimensional characters, in session and in role, each presenting and following selected "parts" of the psyche (Withers, 2006). The brevity of assigning therapeutic progress simply to the dyad of client and therapist does not take into account the several other unconscious and psychodynamic candidates that come into play as the therapy unfolds. These cohabiting parts of the client's psyche each bring a partial and often divergent view on proceedings, resulting in various "part-to-part" relationships in which client and therapist can be engaged.

Reading the client

IDT makes an important distinction between "reading the client" and interpreting the client or their drawings (Withers, 2009). Reading the client refers to the therapist's capacity to identify particular WIB patterns in the client's *process* cues that are considered unconsciously to indicate a particular readiness for the client to proceed, as well as providing strategic indication for the therapist on how best to intervene at this time. In contrast, "interpreting the client" rests in large part on *content* cues, which can be seen to vary at each level and stage, and are therefore considered less reliable and less client-centred.

An interesting feature of IDT is that neither the therapist nor the client has to know or understand the *content* in order to extend the process of self-discovery. Challenging matters can be safely recorded on the page in symbolised or coded form, without the content being made explicit. The IDT page is for the client and their unconscious, not for the therapist and his or hers.

Working cross-culturally

It is noteworthy that the use of the written word, client imagery, behavioural, emotional and process cues has proved to be sufficient to achieve a *client-to-page* therapeutic alliance,

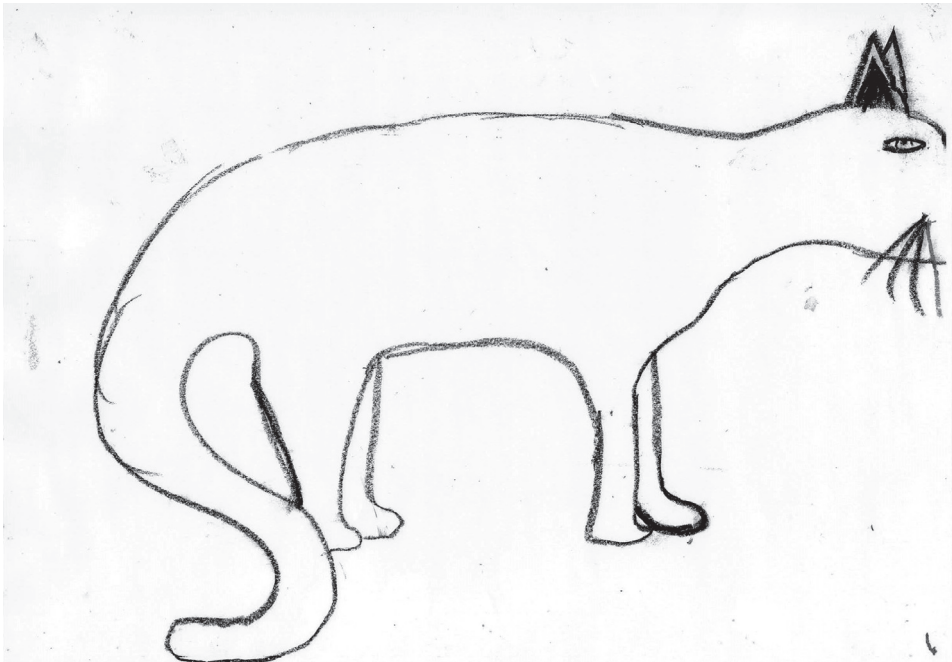
and engage in a therapeutic procedure that is not dependent on a shared spoken language, which suggests that the structure of the psyche may be held in common across cultures (Withers, 1998). Whilst some understanding of cultural protocols and professional expectations remains important in the conduct of a therapeutic relationship, imagery can be considered to function as a universal language (Zhang & Everts, 2012).

Misty the Cat

The following case highlights the inherent predisposition of the unconscious to work spontaneously, resourcefully and inspiringly, over nine pages of IDT drawing. It illustrates many of the points touched on in this article. The therapist is minimally involved in the content, yet is enabling of an intimate, transformative relationship *between the client and his unconscious*. The sequence was produced by a relatively robust nine-year old boy in a single thirty minute session, during which time very little was spoken or discussed.

PAGE 1

The client, "Patrick", presented as quiet and somewhat withdrawn. To match his age, silence and mood, and to get the session started without talk, he was invited to draw: "Draw an animal". For young clients this is often an easy and safe metaphor to open a session.



The client draws a cat, then subsequently explains about the head — that he “ran out of room” on the page. [The client is talking to the therapist through the drawing]. Rather than enquire about this or the presenting history, the therapist follows the cues provided: 1. Extra detail of ears, eyes

WHICH THERAPEUTIC RELATIONSHIP?

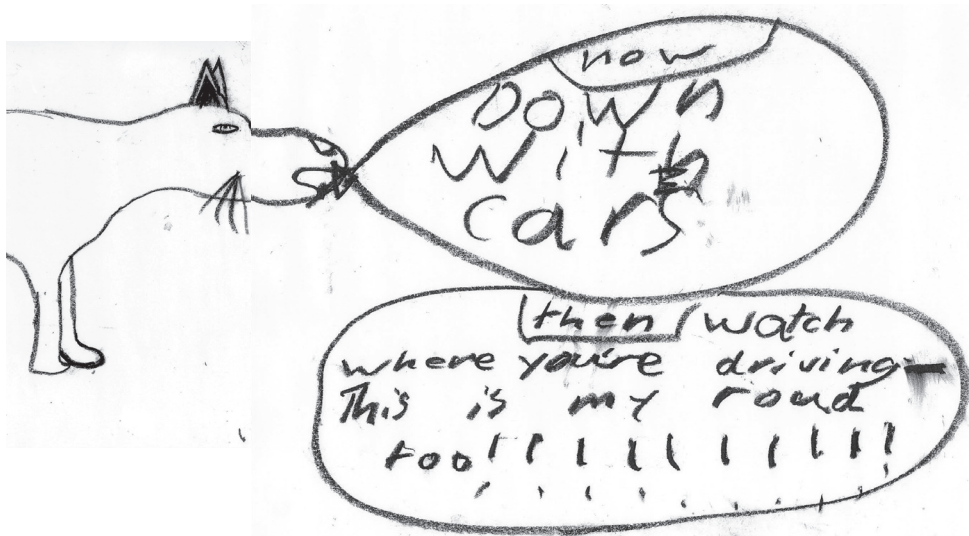
and whiskers given at the head end; 2. missing half of the head; 3. His words “I ran out of room”; and adds another page at the head end, inviting the client to continue.

PAGE 2

Page 2 develops in two steps.

First Patrick adds the open mouth to which the therapist intervenes by saying “Cats only open their mouths for two reasons: to bite something or say something”. [While there could be other options, this aims to stimulate the imagination and “activate the page” by moving the drawing from a static literal illustration to a multi-frame event that is occurring in a wider context. The therapist comment is an interesting example of spontaneously utilising countertransference to enter into the client’s drama.]

The second step is when Patrick spontaneously adds a speech bubble, followed straight away by a second speech bubble — with added time references: “(now) Down with cars”, “(then) Watch where you’re driving — this is my road too!!!!!!!!!!”. This explicit and assertive claim of rights covertly lets the therapist know the client has recovered sufficient ego-strength to continue, despite some earlier hardship. Look at all those exclamation marks — the unconscious repeating what is important. This example illustrates two of IDT’s criteria for recognising priority cues: “repetition” and “extra-ordinary energy”. Note that this particular page is a good illustration of a nine-year old’s developmentally-appropriate focus on the establishment of boundaries, social rules, and concerns about fairness.



PAGES 3 AND 4

One of IDT’s “tools” is to rotate the client’s experience around a WIB triangle of words, images and behavioural/feeling cues. We already have pages of drawing and writing so the client is simply asked and directed: “How is the cat feeling about this? — Write it down”.

Patrick reaches for a new page and silently writes: "It's angry". In order to draw out the context he is asked "When does this cat get angry?" Patrick pauses then writes "when it can't get away" and continues over two pages of self-disclosure via the intermediary of the cat. Note how client and therapist are both talking in the third person about a cat, when both know that the other knows it is about the client in some way.

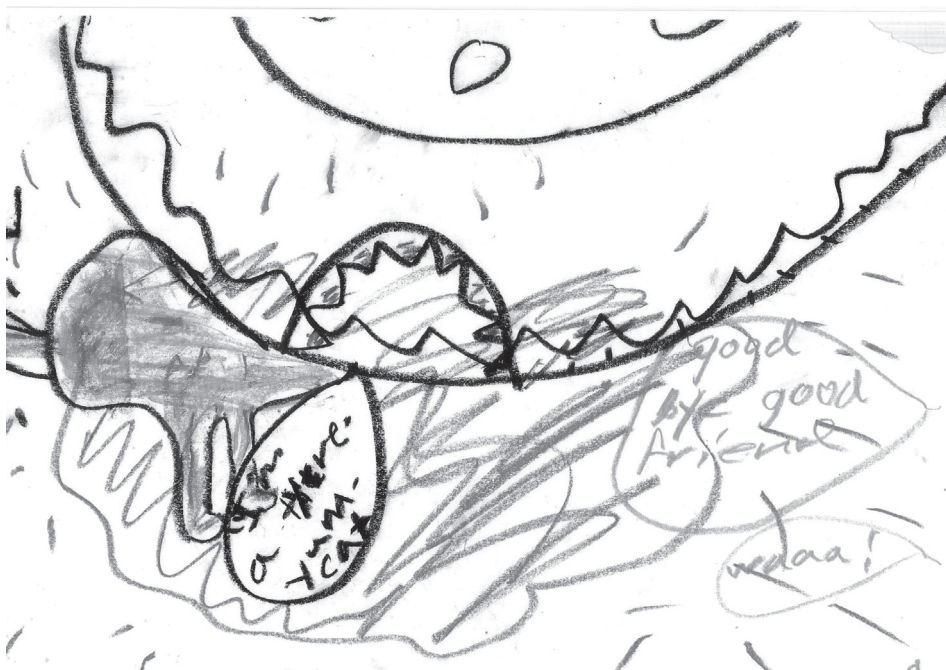
it's angry
when it can't get away
-when it gets scared
-when it gets hurt

Patrick gets to the bottom edge of the page. As before, another page is added and the therapist invites him to "Write some more." Nearing the bottom of the page there is a sudden shift from protest to embodied experience: "Help I'm run over", which provides a visual-kinaesthetic prompt to move to a new page: "Draw the cat run over."

when
-Others trespass
I am frightened
said the cat: "Help I'm run over"

PAGE 5

Reaching for a new page Patrick draws this latest image from the unconscious. In the original there is a lot of red blood and squashed body — the unconscious is not interested in niceness or tidiness, but it is very keen on humour: The tyre is spontaneously given a mouth full of teeth and speech bubbles are utilised again: “I’m a tyre — Yum cat”.



PAGE 6

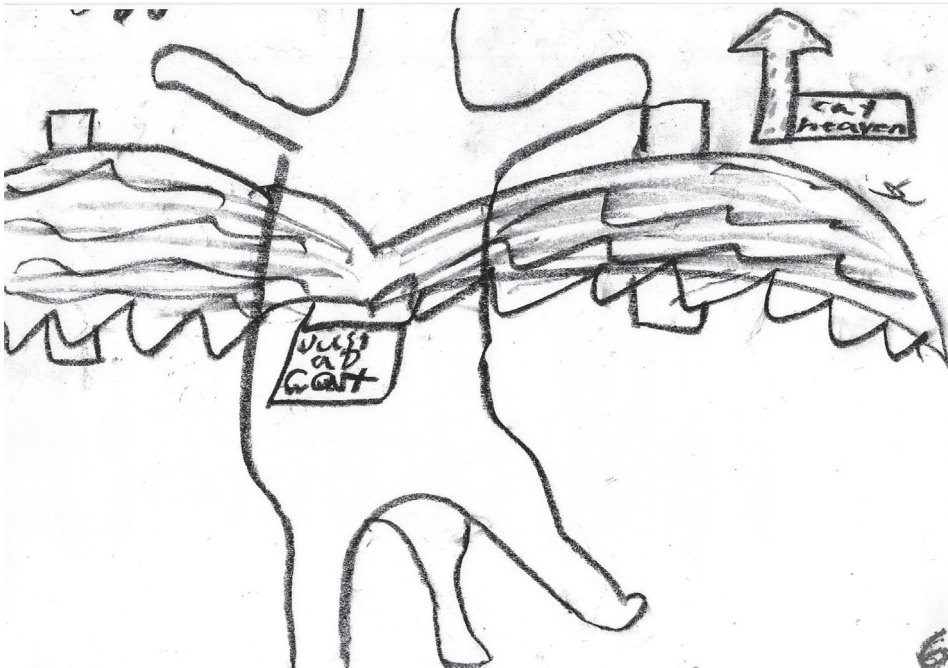
Again notice that part of the cat has gone “off the page”: the cat’s tail. Nothing is trivial with the IDT way of working, so a page is added to the left and the client is gestured to the tail.

Patrick draws the full tail, then has a play on the cat’s name (Misty) and writes “Not misst” — more humour and double talk, telling the therapist that this unfolding story is re-presenting some real wounding. Then from “off the page” comes another speech bubble: “Whoops! Sorry”, a covert and transcendent message of admission and apology from “the other”. After a silent pause, this is followed up by the therapist using a classic IDT cue: “Draw what happens next!” (Withers, 2001)



PAGE 7

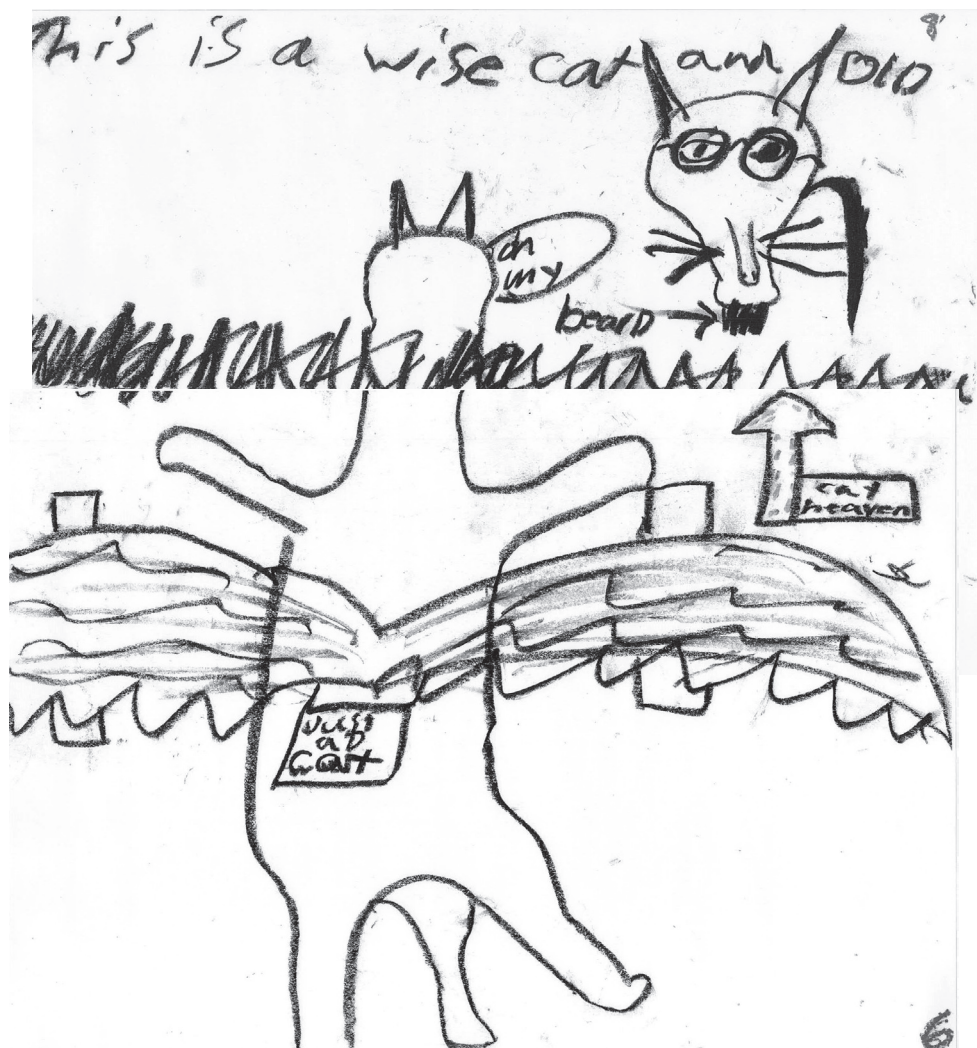
A new page; more humour: a pair of golden feathered wings, each with a jet engine beneath, the label "Just add cat", and the arrowed sign "cat heaven": lots of directional process cues of moving up.



PAGE 8

The cat's head is omitted from the neck, so a page is added above, and the therapist literally and symbolically leans back while the client extends the scene: the cat's head now moving up through clouds onto the next page as the cat enters heaven.

Patrick writes with appropriate awe: "Oh my" and the projection: "This is a wise cat and old", drawn with strong reading glasses and a labelled "beard", creating an unanticipated and unprompted access to that old wise part of himself, projected out.

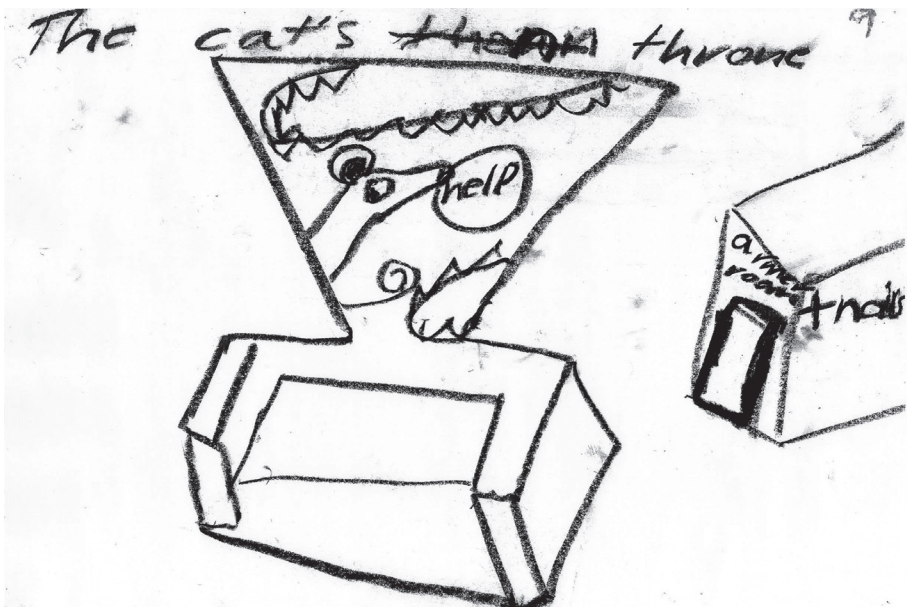


PAGE 9

With a sense of approaching closure Patrick says "Wait, there's one more drawing."

Patrick reaches for another page on which he draws "The cat's throne" which, psychoanalytically, could be regarded as an archetypal setting of empowerment and dominion. [By the fact that the therapist withholds such comment/s, the client is encouraged to maintain their open stance and access to the disclosures of the unconscious.] Then, with irony and conscious reconciliation, Patrick carves detail into the back of the throne: a small innocent mouse calling out "help" as it is about to be eaten by a cat with open mouth and masses of teeth. This sophisticated use of irony to address a life-death struggle illustrates the transformative power of archetype to enable the restoration of the natural order of things — in this case the classic cycle of symbolic revenge, safely played out on the page.

Patrick concludes by coming full circle, now able symbolically to resource himself in the external world by drawing an "armoury" with "nails". When asked what they were for, he replied "To put on the road and keep cars away." The client clearly indicated this process was complete and jumped up ready to go out to play.



In summary, in the space of thirty minutes, the client produced nine representations of a cat: mouthless cat; run over cat; angry cat; "help me" cat; dead cat; rising to heaven cat; wise cat; royal cat; and resourced cat. Each is part of a spontaneously-evolving story, with its own respective therapeutic task. As the intuitively-shaped and unfolding story is followed, combining an intersubjective *self-and-other* exchange, as well as a *part-to-part* psychodynamic relationship, the therapist contains and supports the client whilst advancing the process.

Discussion

Working with pages and jointly-constructed imagery provides a visual language that utilises the client's representational systems. As successive pages are developed, a process of preferred direction, psychological momentum, therapeutic gain, and observable steps and stages becomes evident. Working with imagery provides a means to access both personal and archetypal material, and intuitively addresses both secular and transpersonal interests. Working with therapeutic imagery enables the client to see their situation differently, to transform projections, to modify dominant schema, to increase therapeutic involvement, and to generate significant self-reflection and insight, suggesting that an inner wisdom and authenticity may reside in all of us. Of particular interest are the changing profiles which are relationally encountered when different parts of the psyche are given form. Working with pages changes the nature of and required service from a therapeutic relationship.

Because the IDT therapist follows the client's WIB and process cues, they risk becoming visually engaged with, and under the spell of the client's pages. The IDT therapist, therefore, needs to "lean back" sufficiently so as to minimise therapist-centred interventions, yet be within touching distance of the page, so as to be able to access accurate, intense and genuine empathy, which is needed when working with metaphor and transference.

Because there are several aspects that make up the structure and function of the psyche, the question arises: "What constitutes an effective therapeutic relationship for this client at this time?" Traditionally this has been awarded to the *client and therapist*, but this was formulated in an era when the talking therapies had therapist and client sitting eye-to-eye in an otherwise minimalist environment, with all the inevitable projection, transference and countertransference that is relationally engendered.

IDT demonstrably supports the client as they intuitively access intrapsychic relationships within, and intersubjective relationships without. These variations of potential therapeutic relationship can be seen to change as different "levels" of client work are reached and different "stages" of therapeutic progress are achieved. The IDT three-part operational maxim: "Be where the client is", "Help the client to reveal self to self", and "Help the client to have the experience of being where they are" (Withers, 2001), paradoxically answers the original question set out in the Introduction to this article: "Which therapeutic relationship is most pertinent to the work at hand?" — by recognising that there is no singularly correct relationship.

Conclusion

Experience with IDT reveals that "working with pages" has important consequences for investigating the therapeutic relationship. Firstly, the practice of placing pages between client and therapist demonstrably changes their relationship, with the emphasis moving from "client-to-therapist" to "client to page", to that more essential relationship of "client-to-unconscious". Secondly, the mirroring page helps the client reveal "self-to-self" in a way that reduces defensiveness and draws out authentic psychodynamic elements of the client's psyche. Thirdly, IDT method can be seen to access the insightful and resourceful functionality of both the client's and the therapist's unconscious, deepening the foundations of this crucial professional alliance.

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