

Imagery and Psychotherapy

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The Drawn Image: Can the Minding System be made visible?

"In Volume IV of *Affect Imagery Consciousness*, Tomkins looked deeply and lovingly in the eyes and face of the minding system of the human being and declared, 'it was Good'"

(Mosher, *AIC-IV*, p. 355.)

"Progress seeks the middle way (between positive and negative affective experience) recognizing that the joys of progress and the excitement of its pursuit are won only by enduring the distress and shame inherent in committed creativity" (Mosher, *AIC-IV*, p. 363.)

According to Tomkins, consciousness is created of a fusion between affect and cognition, a fusion that I suggest can often be negotiated through a process of drawing one's way through negative affective experience; a process that seems to activate and make visible the minding system of the individual. Linguistically, Tomkins's transformation of matter, life, and mind from nouns to the process terms of mattering, living, and minding, and his description of the function of knowing as caring, or minding, comes through as a brilliant description of the human organism's natural ability to make meaning out of experience. So I wonder: Can these processes of minding and caring and making meaning be made first more visible and therefore more talkable? Is it not the minding system that I see at work as affect-laden experiences are recorded in and therefore released by drawn images? Might it be that the minding system seeks the response of at least one other mind in order to function at its best?

Through this ongoing column I will describe how, for the purpose of making meaning, individuals may be guided to bring together affect and cognition through the use of drawn imagery. I will present clinical examples that make clear how the act of creating a drawn image captures the attention of self and other, enhances one's tolerance for negative affect, brings self, image, and another into a conversation, and makes possible a unique combination of these events such that previously inaccessible information is made conscious and transformed into meaning that can allow and often foster further progress. This process, this system, this means of exploration, investigation, and explanation is as close as I get to understanding and observing the minding system at work.

In an earlier issue of this *Bulletin* (Volume 3, p. 14, 1996), I presented the Drawn Facial Affect Technique:

Following a verbal or nonverbal indication of intense affect experienced or described during the therapeutic hour, and after the client has fully described the situation, I may return clients to the affective part of the troubling experience, give them a 5 x 8 card and a pencil with an eraser, and ask if they could draw how

their face looked on the inside when this experience occurred. Then the client and I study the drawing, working together to identify the affective patterns into which the facial features are arranged. Next, I ask if they can draw what their outside face looked like during that same incident. This task is followed by another joint viewing and verbal discussion of how the features were drawn and how they correspond to what we know about the innate affects. The final task is to promote the notion that once their message is understood, emotions can be organizing rather than disorganizing. In this last task, the two drawn images are examined together, thus generating a fuller understanding of emotional experience and providing a pathway for the enhancement of empathy.

The following clinical example demonstrates how I guided a patient to bring affect and cognition together after a dissociative episode:

Ms. Z frequently dissociates during her sessions. It is my practice to request a series of drawings from the patient while she is in this altered state, for the drawn images help to break down her disavowal. In a recent session, she appeared startled when I greeted her by opening the door to the waiting room. The eyes of this highly intelligent professional widened, and then her head began to turn back and forth much in the manner Tomkins (1962) has described as a learned but involuntary escape script that can follow the release of the startle pattern. She folded her arms across her chest and looked around (much as a child will on entering a strange place) as she walked slowly and stiffly into what should have been the familiar surroundings of my office.

In a little while, when the dissociative episode had waned and Ms. Z had returned to an adult frame of reference, I asked her to draw what her inside face might have looked like when I opened the door to the waiting room, and during the first part of her session. This is what she drew:

"The eyes are blinking," she said when asked to discuss the drawing, "and then wide opened. The lines in front of the eyes are there because it's like looking through a gray fog."

Disavowal is an imperfect defense. In order for her to produce this drawing she must have retained some memory of her affective experience. Yet the request to draw her inside face provided no clue that so innocent a review of the incident might bring with it memory of those parts of the experience that had initially been so powerful and noxious that she had avoided them through dissociation. As she drew what you see above, and as we discussed her drawing, Ms. Z became



aware that during a dissociative episode she has less control over her mental function than she had believed. Before we went through this exercise, she remembered neither being startled when I opened the door nor that she had behaved like a frightened child. Her response to her own drawing of her inside face included a brief replay of startle and fear as sequelae of the neocortical functions involved in recall of the memory, the act of drawing, and her associations to the drawing itself. The result was full recovery of those 20 minutes previously lost through dissociation, and our shared, growing appreciation of the possibility that similar dissociative episodes may represent a learned pattern of escape from archaic sequences of startle followed by fear.

This clinical vignette may amplify my suggestion that it is useful to ask patients to draw what their inside face looked like during a moment when consciousness had been shifted by dissociation.