Becoming friends: Or the moment when dialogue with a drawing led to a form of self-connection during an art therapy session

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Abstract

When do we consider therapy to be 'successful', independently of any quantitative relief of symptoms? How can imaginal dialogues [1] conducted in an art therapy setting open up a pathway toward healthy self-care? What might be the process that enables a dialogue with a picture to occur, one that in turn opens up an experiential space in which clients are able to develop a 'quality of befriending' in relation to themselves? Taking these questions as his point of departure, the author has developed an embodiment-oriented (lived-body) session that describes a strategy for conducting imaginal dialogues in art therapy. The art therapist presents this process by reference to a session with a female patient at a psychiatric clinic in Germany. He shows how he guides the patient from the surface of the image/picture into the more profound dimensions of her own art using exercises relating to perception, description and gaining a felt sense of the artwork. A series of 'situational snapshots' serves to trace a process, in the course of which the patient enters into an internal dialogue with the picture, enabling her, for a brief moment, to encounter herself as a friend.

Keywords

Aisthēsis,[2] power of imagination, friend-self, lived-body self, response art, trialogue, imaginal dialogue

Introduction: Talking with pictures and getting in touch with oneself

Clinical art therapy in Germany often still takes a highly traditional approach in which the therapist, usually with a clearly psychotherapeutic intention, assists the patient in working through a variety of issues. The idea behind this approach is to reduce symptoms through reflection, rethinking, reconsidering and reframing. In practice, this endeavour often ends in an attempt to 'correct' the patient's thinking according to the therapist's ideas. This has caused me considerable dismay throughout the twelve years of my working life to date in a psychiatric setting. My own approach, by contrast, pursues a rather different understanding of therapy: it involves considering the painting as an 'as-if-Other' and starting a dialogue with it, influenced by all the elements of socialisation of the client (her/his projections) and of course those of the present therapist (her/his/their way of prompting responses), in order to enable the client to reconnect with her-, him- or themself in a kinder, less harmful way. Therapy, in my understanding, cannot only consist of trying to reduce (so-called) pathological symptoms. What if there is no possibility of healing? What if the (so-called) psychological condition remains for the rest of the patient's life? What if their symptoms are actually the most stabilising factors in their experience? What if a (so-called) pathological symptom is in fact a resource in disguise? To explore these possibilities, I follow the Platonic idea of being able to live a good life (meaning autonomous, meaningful, fulfilling, socially

connected) and doing so even in conditions of mental illness. I adopt a more philosophical stance of therapeutic guidance, one that offers questions and is loose enough to open up a space for the very individual processes of different people. Obviously, this again is an intention – but it is not one that is trying to prod the patient in a certain direction; rather, it provides a theoretical framework for the sessions that does not automatically lead to a certain outcome but may throw open a range of possibilities. To open up this space, I follow the methods proposed by the school of intermedial art therapy. Unlike most of the clinical art therapy I have observed, contemporary art therapy education in Germany displays a strong trend towards the intermedial or multi-modal.

Performative [3] aspects and understanding play a role in this approach. I am particularly interested in how multi-modality can also be rendered useful for conducting imaginal dialogues in art therapy sessions. The method of responding to art and embodying art, with and through art, is already familiar from arts-based research and, within the field of art therapy, is part of the concept of response art. Responding to an image with music, dance, a poem or a story are dialogic processes and can therefore be seen as a familiar variant of imaginal dialogues. What happens, however, if the atmosphere of a session encourages just speaking about the works of art, rather than encouraging any direct artistic response to them? How can the lived body be a part of a session in which the focus lies on speaking? I believe that, with the help of imagination and a performative understanding of what is happening, the therapeutic value of the conversation can still unfold within the artistic field. With that in mind, the question arises as to what features enable such a conversation to be regarded as helpful in art therapy terms. A possible answer came to me in the session with Ms B, in which a productive dialogue took place between the patient and herself. Addressing her own drawing as a partner in conversation, the patient encountered herself as a friend for the first time in her life, as far as she could remember.

Here, I would like to share how we moved toward this dialogue. In the following I outline the various stages of the imaginal dialogue engaged in by Ms B, who gave me permission to share her case and experience. I will weave in situational snapshots from our session into my text, as a point of reference and illustration of my retrospective theoretical considerations. I would like to offer these subjective observations as an opportunity for and invitation to joint understanding and international discourse. At this point it seems to me to be all about inner dialogue, the way one treats oneself, not about the dialogue with the artwork, which during an imaginal dialogue session may only be a vehicle, a medium for building up the inner dialogue. The task of analysing this trialogue between the client, the artwork and the hyper-image of the mentally-produced Other may require a paper on its own, if not a dissertation. With the following text I seek: a) to show that something like *befriending* oneself through imaginal dialogues can happen, or at least happened on this occasion; b) to outline the step-by-step path it took to arrive at this point; and c) to offer some insights into the use of art in an embodiment-orientated way as well as using response art as a way to communicate with the self through the image of a counterpart.

> *Ms B (52) is an educated, amiable, well-groomed cis-woman, always dressed in white, who, in social situations, puts considerable effort into concealing her internal suffering behind a façade of adaptation, reserve and politeness as well as subtle flirtation. Allowing herself to take up space in the art therapy studio is quite a big step forward, she says, as she often suffers under the notion that "places are soiled" (patient's quote) when she enters them, and that her presence and existence reduce the value of social gatherings. During her stay at a clinic for psychiatry, psychosomatic medicine and*

psychotherapy in Germany, Ms B discovers an enthusiasm for the post-impressionists, producing drawings and paintings based on their works or out of her own creativity. On a sunny winter morning she knocks on my office door and says she would like to talk to me about her artwork. She would like to know whether or not the pictures are in any way worthy. She hopes they would give her some value as a person.

Prior to today's session, in which Ms B asked me to play a more active role in the sense of sharing opinions, I had taken a very passive approach: she created art by drawing and painting. I listened to what she was trying to express and helped her learn how to draw what she wanted to create or identify which pictures by late-19th- and early-20th-century artists she wanted to copy. If she wished to give form to something she wanted to express, but didn't know how, I showed her options or taught her techniques. In Germany this aspect of guidance is part of what is called "art-based approaches to art therapy" (Majer et al., 2015, p.9). Starting from there, two thoughts underpinned my approach during this session. First, I wanted to enable the artist to become intimately familiar with her work through interventions informed by lived-body phenomenology, which I studied at university; I tried to do this so that, guided by her own artistic expression, she might again be able to communicate with herself in a way that values herself. Second, the idea was that within this trialogic internal dialogue – that is, by reflecting with herself and with the piece of art – she might become able to articulate her experience of her own being-in/being-toward-the-world.[4] This would succeed, I hoped, through an interplay between the lived-body self and the creative power of imagination. My motivation for this approach came from Ms B's assumption that I would interpret her pictures and use her work to decide whether she could be attributed value. It seemed to me that the injunction implicit in her assumption was a dreadfully twisted version of broader debates associated with policing art and culture in present Germany – that by not separating who she is as a person from her artwork, I was to ascertain the artist's moral integrity by looking at her work in order to decide whether she as a person should or should not be allowed to *be*.

In art therapies, the created works do sometimes become a reference to the inner life and biographical events of the artist. I would say, however, in such instances, we should not be pursuing the question of whether aesthetic truth claims are necessarily linked to moral truth claims in a person's artistic experience. Rather, I believe the process of interacting with art opens spaces of possibilities, a field for wider perspectives. For this reason, it would be negligent to engage with the patient's wish to bolster her sense of security by means of external judgement. Ms B's indirect request indicates, however, that a referential reading of art harbours the danger of the therapist drawing conclusions about the person, which in turn could lead to a questioning of the artist's self-worth. For these reasons, then, during the imaginal dialogue Ms B requested I avoided issues regarding the meanings and symbolic value of her drawing in relation to her biography. Nor did I ask why she had chosen this particular motif and had presented it in this or that way, an approach designed to elicit some kind of psychological analysis of the piece. I wanted to avoid saying anything that might be understood by the patient as an external affirmation or denial of value for her *being*. Instead, I had to find some way to enable her to actively participate in the imaginal dialogue, so that she might get in touch with herself via her own work.

Producing the work: Internal dialogues between perception and expression

In my twelve years of experience in practising art therapy and making art, there are at least two major forms of the work–artist internal dialogue in terms of setting and emphasis. These

are the act of engagement – the interaction – that occurs during the process of producing a work of art, and contemplation of the work once this process is completed. Without assuming any magical capacities on the part of pictures themselves, surely many artists are familiar with the various forms of dialoguing with a work of art that occur during the creative process of production. To properly understand the nature of a conversation about the finished work, I think it necessary to stress that a dialogic, non-verbal engagement with the picture has already occurred *prior to* the therapeutic exchange. When I create art, I give expression to something. This may be an internal image, something imagined, a metaphor, an idea or an impression of something – that is, something charged with emotion. As Goda Plaum (2016) describes, during the act of drawing or painting, a process unfolds in which the artist engages creatively with the emerging picture, guided by their aesthetic perceptions: how the idea should be given form, how to deal with the paper's edges, how to use the utensils available, how to compose the individual elements of the picture and connect them to one another. Not everything works right away as planned. This or that idea has to be rejected, re-worked, tried out anew. I may have to alter my original idea because I have reached the limits of my abilities or those of the material; I may have to try out new materials; and I may generate technically correct but otherwise empty pictures lacking genuine substance, so I have to start again from scratch. I understand this as a kind of dialogue between perception and expression, which underlies this to-ing and fro-ing between the mental impression I draw upon and express in the course of the creative transfer, and the new impression I gain from the art thus expressed. This same dialogue underlies the process of internally checking the 'rightness' of what I have created by attending to how it feels. This internal dialogue is characterised by changes in perspective, differentiations, and often also reflections and new insights. Within the context of art therapy, if the artist so wishes, this *first* dialogue – which constitutes the process of emergence and may lead to "aesthetic experiences" (Brandstätter, 2012/2013) – is followed by another, different kind of dialogue: an exchange about the patient's work. This may be based on the premises of a "pedagogical encounter" (Bollnow, 1959, p.101) if, through the medium 'picture', an experiential space opens up that facilitates a wider view of the artist's own life situation and makes development possible.

In the dialogic interstice: The imaginal dialogue

Resonance

German philosopher Sonja Frohoff (2014, p.103) posits, when we engage with a picture, we do not simply identify the picture as a thing; rather, our gaze takes a walk inside it, discovering the space it contains by wandering about in it, feeling it, contacting it with our lived body. In doing so we follow those elements that steer our gaze and are – from a point of receptive-aesthetic reading – "implicit in every picture" (Kemp, 1992, p.10); we name what we recognise, we try to make sense of elements that are perplexing to us, to notice what draws us in and what we find strange. In Frohoff's (2014) analysis, we resonate with what reveals itself to us at the moment when the expressive quality of our counterpart translates into a feeling of the lived-body self and thus into an impression. In this way, the picture becomes new *in* us, becoming a counterpart to myself – an Other that touches me (p.102). In the therapeutic context, this process of making contact is a guided, step-wise approach that leads from the picture's surface into the depths of the work. Depending on how the conversation evolves, in my experience the art therapist takes on a variety of roles in this process – differentiating mediator, observing witness, or motivational initiator who offers perceptions, summarises what has been said, and at every stage leads the artist–patient back to the work. This involves a particular mode of establishing contact that enables the therapist

to take moments of what would otherwise be a silent internal dialogue and move them into the dialogic interstice in order to allow a quality of self-connecting, of *befriending* (Lemke, 2005; see below, 'philautia') to be found in the patient's contact with her own creative expression. This requires, I believe, that the patient herself decides which piece of work should be the focus of attention.

> *As she finds it hard to choose initially, I ask Ms B what she would rush to save from her portfolio if it were suddenly to catch fire. Smiling, she picks out six pieces of work as I remind her at regular intervals how fiercely the portfolio is burning, in order to give as little space as possible to any doubts that might block her intuition. I then ask the artist to set out an exhibition of the 'salvaged' works that feels right to her – whether in the studio or in the office is up to her. The works can be displayed on the floor, under tables, high up near the ceiling, on easels, on walls and cupboards, anywhere the artist feels would be suitable. Once the presentation has been set up, I ask the patient to tell me how we should approach the works, whether we should sit or stand in front of them, whether we should walk from one to another, or whether we want to look at them all at once. She decides: one after the other but attending to the interplay between them. To this end, Ms B places two chairs in front of the pictures. We are now sitting in front of her artwork as before a stage in a theatre.*

It is important, I believe, to take the time for this mini-exhibition, and that works can be adjusted or three-dimensional works can be included in a way that feels right. It seems to me that this is the only way an exhibition-like situation can arise that invites those present to view the works as pictures and not simply as a 'mental X-ray' – as it is often understood by my colleagues of other professions at the clinic. If we assume – given what is called for during a process of artistic creation, particularly in the therapeutic context – that there is already a dialogue between the artist and the *emerging* picture, then the act of engaging aesthetically with the works during the process of setting up a display can be regarded as a moment of transition from the non-verbal dialogue of production to the verbalised trialogue of reception.

'Feeling into'

> *After Ms B has guided us at length through her collected works, I ask her whether her gaze repeatedly alights upon any one of the pieces exhibited. Affirming that this is the case, she points to a coloured drawing based on Egon Schiele's* Seated woman with bent knee *(Figure 1). "Describe the picture to me as if I were blind, so that I get as much of a true impression of the drawing in my mind's eye as possible. Please, begin with the format and then tell me what comes into view and in what way," I ask her. Ms B describes the drawing to me as well as she is able to; her gaze moves across the paper and she speaks in a considered way, slowly, feeling her way forward with her eyes. She begins by saying, "The format is a vertical rectangle in more or less standard DIN A3 size…"*

Figure 1. *Ms B*, 2019, graphite, crayon and watercolour crayon on paper, c.297 x 420. (Based on Egon Schiele's *Seated woman with bent knee*, 1917).

For me, it takes gentle patience and a restrained presence to contemplate a work of art. I want to give it attention, to take it in and respond, to feel and be touched by it. It is only when contemplator and picture seem to 'speak' to each other that a sense of connectedness occurs, akin to loving devotion. Merely taking the picture in while giving nothing of oneself is, I believe, as fruitless as if only the creator of the work were to speak. An exchange happens only in the context of an encounter, however, which in turn is about a sort of relationship – between the beholder and the artwork or between the patient, the artwork and the therapist. To be able to respond to a picture in a productive way – and this, I feel, is what the change processes in aesthetic therapies are all about – artist and therapist alike must first learn to let the work itself speak. This means practising the acts of *seeing* and *describing*, knowing full well that individual socialisations are involved in both processes. The faculty of being-able-to-see is usually cultivated in the practice of art itself. To refrain from contemplating one's own work through the lens of how it felt to create it, or from prematurely searching for symbols in it, however, requires various kinds of support (on these, see Betensky, 1995, p.14; Frohoff, 2019, p.101).

> *I stand up and ask the patient to do likewise. Together we remove the chairs and thus gain more freedom of movement in front of the drawing to be contemplated. We do not change the original display or hanging positions. I ask the patient to concentrate solely on the lines of the drawing and to reconstruct them using gestures. To lower her inhibition, I ask her if I may join in with her and also allow myself to be moved by the picture. In this way we trace the momentum of the lines and gradually gain a sense of the speed underlying the drawing, exploring which line breaks are in flux and what direction the lines are moving in. We then compose ourselves and allow what we have experienced to flow into after-effects. In a second step, I ask Ms B to 'feel into' the lines of which the drawing is composed and to sense any internal lived-body impulses, without translating them into physical movement. According to Sonja Frohoff (2019, p.78), this is an act of finding balance. We pause again in silence. Finally, I ask Ms B*

where the picture touches her, and she places her right hand on the area between her heart and abdomen.

If patients are quick to make associations, I generally guide their attention toward the synaesthetic qualities in the work in order to achieve a sensing/feeling contemplation. Enabling an experience of sense-based perception is crucial, in my view, to the subsequent course of the exchange and its orientation toward a lived-body experience of the picture. I am convinced that, if perceptions and experiences are formulated in this way, it can make perceptions and world views of those involved accessible through the media that would otherwise be included in subjective experience. When talking to the pictures, not only does something become visible that could not be seen before, but the socialisations involved in the processes of perception also offer the opportunity to see something in something else, which is due to the respective perspective of the viewer. Pictures can thus be understood as a feat of 'bringing to the present'. As a medium (and in this case a mediator, too) they make visible something between the work of art and the contemplating viewer-ego that would not become apparent without the artwork (Schürmann, 2004, p.73). In my view, such an approach already offers a new, extended way of seeing and thus a change of perspective.

Inhabiting

I invite Ms B to imagine that she is strolling through a gallery or a museum and that she eventually comes to a wall where the drawing is hung. In a museum we all automatically try to find the right distance between ourselves and a picture we want to look at. It is a bit like a dance sometimes: one step forward, one step back, one to the side. Soon enough, though, we settle on a particular position from which we feel the picture is best contemplated. I ask the patient to do just this – to let herself be guided by the picture and to feel her way to the right place to look at it. Ms B does this, positioning herself variously in front of the picture. She tries this for a while and then says she wants to sit down again, in a place that involves the picture hanging a little higher than where she herself is sitting. It wouldn't do to simply hang the picture higher, she says: the important thing is that she is seated. I invite Ms B to arrange everything as she needs it, and she takes a chair again and places it accordingly. As soon as she is sitting down, a more profound attentiveness alters the atmosphere in the room.

Ms B's attentiveness was manifested in her sitting posture – or rather, to be more precise, in the posture all three of us (patient, therapist, figure in the picture) had adopted. Her body seemed relaxed on the chair, but it wasn't. She mimicked the inner tenseness of the figure in the drawing, held her head at a slight angle as well, thus making contact with the figure and establishing a new, steadier connection with her gaze, which remained uninterrupted right through to the end of our exchange.

I myself have withdrawn a little: I sit further away, cross-legged on the floor, trying to give the encounter between Ms B and the woman she has drawn as much space as possible. The fact that I am no longer sitting in front of the picture is crucial: it changes the situation. Whereas we had previously each been sitting on a chair in front of the picture now for the first time an intimate scene arises in which both women are really sitting opposite each other and looking at each other – the one in the picture and the one seated in front of it.

The fact that I was sitting lower down than Ms B was intentional. Due to the picture's hanging position, the gaze from the drawing came from above. As I am taller than Ms B, I wanted to avoid a situation in which she would occupy the lowest level in the room, which would simultaneously have been the most 'belittling' position. This would not have been conducive in view of her history and her perception of herself. In addition, though, it enabled me to re-enact in my mind's eye the way she was looking at the drawing, as I was looking at the picture in a similar way to her, from below. This similar viewing angle, in terms of the aesthetics of reception, helped me to comprehend the patient's perceptions as well as possible and also to get a felt sense of the overall scene. I was guided by the hope that my vigilant observation of the patient's perceptions as she was looking at the work would enable me to notice when everything was ready and she could 'inhabit' the picture. Referring to Merleau-Ponty and Maldiney, Sonja Frohoff (2019) points out that *inhabiting* a picture happens when affect becomes involved, when one is emotionally stirred by a picture. According to her, when this happens – once entrancement sets in – one has always already been inside the picture even before one decides to continue walking towards it or to look at it. This is not about a merging, but rather about the special perception of a threshold situation between 'here' and 'there'. Inhabiting takes place at the threshold in the betweenness that exists between oneself and the object. It is in this crack that a space opens up for forming meanings that exist prior to the interpretations of a reflexive process (p.87). In accord with this theory, Ms B seemed to be in two places at once: physically she was still sitting next to me, but her mind wandered the realm of the picture she had drawn weeks ago. The potential for working with the situation sets in once I can perceive the internal structures of the work of art; it requires not only imagination but also a form of contemplative attentiveness.

> *I ask Ms B to imagine that she is swapping places – and bodies – with the figure, to try to forget what she would like to see in the picture and instead to feel her way into the picture, to inhabit it. "What does it feel like? How are you feeling? How do you look out onto the world from that position?" I ask her. Searchingly, Ms B replies, "Relaxed, maybe… laying herself aside?" She describes in a kind of internal dialogue how the figure feels to her and that the world of the woman in the drawing is empty but that she is looking out as through a window. "What does the figure see when it looks out?" I asked. "Me," she replied.*

Encounter

As soon as the drawing and the author were connected by the bridge of a shared gaze and this bridge had been stabilised to the extent that it seemed the one woman could see the other, my role and the manner of my presence was transformed. As the entire session was based (especially in terms of a performative reading) on the premise of participant observation, I experienced the dynamic alternation between observation and participation all the more intensely. From this point on, I was both part of the proceedings yet at the same time not, as our being together was all about what it was that sought expression in the patient through the figure in the drawing. The process of contemplation simultaneously constituted the deeply shared external and internal product that was being formed by the interaction between the work, the author and me. While I 'held' the overall setting, the 'certain therapeutic something' occurred in the form of the patient's internal dialogue as she sat before her counterpart in the picture.

> *I ask her what kind of a relationship exists between herself and her counterpart in the picture. "An honest one, a friendly one?" she replies in a reconsidering manner. In a*

soft whisper I encourage Ms B to enter fully into this situation, to allow the picture to come alive, as if it were a freeze-frame image and she could simply press the play button to let the film continue to run, only this time with herself as part of it. She speaks of sitting down next to the figure in a private space, a sitting room. She describes how she slides along closer to the woman, establishing greater proximity and contact. "This happens quite naturally," she says. Getting a renewed sense of the physical posture of her counterpart, Ms B says, "Now I wouldn't say 'relaxed' anymore. There's also tension there, like she's holding herself." "Are you talking to her?" I whisper, and hear her respond, "Yes."

I supported and bore witness to this through my inner participation, when I allowed myself also to be moved sensorily and aesthetically, and later brought this *co-movement* into the verbal exchange with the patient. Whenever I said something now, I lent Ms B my voice, which, very softly, no longer asked anything, but rather initiated a maieutic process [5] of the patient asking herself, of comprehending her own perceptions. Patients have sometimes told me after such sessions that they can no longer remember me having said anything at all, but that they do remember me being present.

Ms B's gaze is fixed upon the picture. An 'as-if' dialogue unfolds which the patient, engaged in internal dialogue, quietly verbalises. I seem to be largely forgotten. Indeed, I haven't said anything for quite a while. I no longer take any part in the conversation; I am just a witness to the fact that, by verbalising the thoughts of the woman in the drawing and thus listening to this 'friend', Ms B comes into contact with herself. The two women tell each other of the exhaustion, sadness and tiredness they feel when they think about the life they have lived. They also tell each other of their dissatisfaction with this life. The woman in the drawing has missed her chance to leave it behind, to leave the situation, to actively change, to take hold of her life and steer it in a new direction, Ms B whispers into the room and the space in-between her and the picture.

Ms B had not been able to fathom the fact that she was even in therapy at all. Not only did it go completely against her ideal image of herself, but it also awakened memories of her mother, who, despite having been in therapy for a long time, ultimately took her own life. Given this backdrop, the patient's path seemed to her to be predetermined. For Ms B, accepting the situation meant 'giving up', which she didn't want to do; yet week after week thoughts of this kind prevented the change she yearned for. It was a vicious circle, because it was this very lack of change that contributed to her further self-denigration. Intellectually, it was clear to the patient that she must first accept her situation before it could be changed. Even if this were possible for her, however, and she could allow the realisation of her need for therapy to exist as given in her thoughts, then, I believe, the fundamental problem would remain, that acceptance must *come* of its own accord and that it cannot be *forced*.

For some while now Ms B has had tears in her eyes. She is crying over the suffering experienced by this friend; she feels compassion, and in crying for this friend, for her drawing, she is crying for herself. Still sitting in the background, I ask Ms B what she would like to reply to the drawing. The patient cries even more as she speaks directly to the 'friend' and tells her it is alright to be sad.

Sentence by sentence, Ms B seemed to be validating her own exhaustion. Amazingly enough, she made no suggestions to her 'friend' about how she should change – as the restless patient always did otherwise in relation to herself. Up to now, she had rarely allowed things to stand,

to be as they are; out of shame she would constantly come up with ideas for self-improvement or ways she wanted to change, thereby ignoring the imbalance of forces within herself, always acting as her own biggest inner critic. With the figure in the drawing, though, it was different: she was able to allow this woman some peace. She allowed her 'friend' in the picture to sense *what is there*, to feel *what has to be felt*, to be *what desires to be(come)*. A phrase of Plato's (1997) is apposite here: thinking is the inner dialogue of the soul with itself (*Theaetetus*, 189e–190a; *Sophist*, 263e–264b). As soon as we think, the self that always appears as 'one' in the world divides into the two poles of a dialogue. In terms of this Platonic process of differentiation, I would like to say that the triangulation of artist–work–therapist is extended to become a quadrangulation of the proceedings. The art therapist who bears witness to the situation constitutes not the third but the fourth participant. The subject, Ms B, is a threefold one when it speaks to itself through its artwork. Given that, even in an internal dialogue with a painted counterpart, it is the voices of the same ego that are orchestrating the thinking; the process of *thinking with oneself* constitutes a "compulsory alliance" (v. Redecker, 2013, p.58). If I extract these theories from their specific ancient context, I find that Aristotle (2020) states that this virtually demands of the thought process that it harbours an inherent tendency toward harmony: whereas I can walk away from people I disagree with, I cannot walk away from myself, so it is wise to come to an agreement with myself. Aristotle calls this self-friendship or *philautia* (*Nicomachean Ethics*, IX 8: 1166a13). I think that a thinking analysis is a procedure involving dissection; it is good to have a friend at one's side during it. In other words: consistency with oneself is indispensable, not only for thinking but also in relation to the objects of introspection and the act of scrutinising one's own actions and judgements. Stillness, or silence, within therapy is equally significant for me, and with it the permission to withdraw into an internal dialogue without any therapeutic assistance. It seems to me that a common denominator of many psychopathologies is the variety of deep-seated fault lines between 'I' and 'I', a multiplication of human beings' fundamental sense of being separate, as described by Erich Fromm (2000). This is why I see the process of peacemaking between a patient and him-, her- or themself as being at the heart of my therapeutic work – and as the most beautiful experience of creative activity possible.

> *The dialogue with the picture comes to an end. What does Ms B sense should happen now? How does she want to deal with what she has learned? What does she want to do now with this 'friend'? For Ms B the answer is clear: "We're going out. I'll take her by the hand and we'll go for a walk together in the park. Nothing else at all."*

Philautia

It may not have been the essence of friendship that was revealed to the patient during the verbal exchange with her drawing, but the intensity of the conversation certainly highlighted for her the possibility of a more forgiving approach toward herself – as between friends. For example, having finished contemplating the work, Ms B noticed that her dialogue with the picture had been a sympathetic dialogue with herself, something that she had not had before. She could now see, she said, that she did not allow herself to be sad: instead, even though she was still feeling exhausted, she was trying to function, to turn everything around, to get back quickly to being alright again, to being worthy. In my experience, a therapeutic truth lies in the converse case to Nietzsche's (1975) assertion that we stop loving ourselves when we stop loving others (KGBIII/1: 30): it is through my capacity to be a friend to others that I experience myself as an ethical self and can then begin also being a friend to myself (Greek: *philautia*). The philautic relation to the self is about nurturing friendship, and is distinguished as such from the egoistic self-obsession of narcissism. For this internal dialogue to bear fruit,

it would be crucial not to remain stuck in a permanently critical attitude nor in blind self-affirmation. Plato's concept of friendship [6] offers a middle way here: in the Socratic dialogue of *Lysis*, Plato considers whether *the same* (i.e., that which affirms me) or *the different* (that which calls me into question) is the basic condition of friendship; he finds arguments for and against both positions. Plato transcends the debate by adding a third element, namely, that a friend always wants "the good" (Platon, 2000, p.83). In other words, a friend has an interest in their friend being able to lead life successfully, and this becomes the measure of the relation between affirmation and critique. It is thus important to gain knowledge of what should be abnegated and what affirmed about oneself. To gain such understanding and become self-assured seems to me to be the potential of therapies as well as the elementary challenge of a life lived according to one's own will. Living one's own life requires time and again bringing into balance one's understanding of oneself, in order to live fully and independently even in circumstances of illness. I see a model of this in Aristotle's (*Nicomachean Ethics*, IX 8: 1166a13) view that humans are in alignment with themselves when they are their own friend.

Of course, the individual cannot be friends with him-, her- or themself if friendship is understood exclusively as a specific relationship between two people rather than as an attitude. Philosopher Harald Lemke (2005) emphasises, however, that the philautic relation to the self is precisely about nurturing the *ability to be oneself*, which he describes as *befriending* oneself. Self-befriending, as a verb, refers to the practice of actively being a friend to oneself: actively taking care of one's own social needs and having an unconstrained basic attitude toward oneself that is about valuing one's own well-being. In this ethic, healing therapeutic processes are present intrinsically as possibilities (p.66). I believe this to be true, if it allows us to live and design an autonomous life, even under the circumstances of diseases. Having this in mind…

> *… I ask Ms B to take away with her what was spoken during the imaginal dialogue and to use her own profound knowledge to treat herself as she had just treated her 'friend' in the drawing. Ms B takes a deep in- and out-breath, wipes the tears from her eyes, stresses how unexpectedly intense the session has been, and sums up in a few words that she had not intended anything in particular while creating the drawing: "And all that out of a picture I only drew because I liked the art postcard with Schiele's drawing."*

Connecting

As we can see from the art therapy session with Ms B, therapeutic work of this kind entails a shift in emphasis from the creation of artistic works to the process of perception itself. Of course, perception is by no means a passive affair, but can itself be an active process that generates images, one that in part determines what we are able to achieve with pictures (Sinapius, 2015, p.76). Thus, it is not only the context in which a work is contemplated that decides when a picture is comprehended as 'picture' in the conceptual sense of visual studies; rather, the interaction with the work is itself capable of generating contexts.

In the case of Ms B, a space that I call therapeutic opened up through the specific approach to the picture just described. The act of our shared reception occurred in this space. Through our shared interaction, a new image was produced that contextualised the moment of the patient's turning toward herself. Crucial to this dynamic concept is fictionality in the sense of the *power of imagination* related to perceptions. In other words, this refers to that human act of

visualisation that is a basic precondition for every mental act and transforms visible objects into ‘thought things’ in order, for example, to work conceptually with the views of others (Arendt, 1998) or to bring drawn figures to life. This, I believe, is crucial for understanding the interpenetrating elements of the performative act of seeing and its connection to thinking about works of art in their complexity and therapeutic dimension.

An art therapeutic imaginal dialogue may involve using words, but, in terms of what is meant here, once a lived-body experience of the work has occurred, it is itself a performative, talking work and becomes in itself intermedial. The active process of shaping what happens in the course of reception opens up the possibility of perceiving the picture as a counterpart. In this way, Ms B was able to experience this counterpart as a part of her own self that was to be *befriended*. This scene, which occurred mentally, through the patient’s power of imagination, in relation to her drawing, became inscribed, embodied in the experience of a strengthening of the twofold inner self.

What happens at the inner level can only be given to me, the observer, as a gift if the trusting communication and shared exercise of describing perceptions are conducted as equals. This lively, intersubjective picture raises no issues of value in terms of motif or artistic skill; rather, it is simply beautiful by virtue of the intrinsic opportunities it holds for encounter and thus for the development of all those involved. I believe there to be a moment of connecting (German: *verbinden*) to oneself, not least in the sense of a bandaging of wounds (also: *verbinden*), when a person enables themself through art to address themself as a friend and thus strikes a balance between self-criticism and self-affirmation.

Endnotes

1. The term “imaginal dialogue”, introduced by Shaun McNiff (1992; 2004), will be used here for the German terms “Bilddialog” and “Werkgespräche”. McNiff’s term seems appropriate for the concerns of art therapy insofar as the author likewise addresses the connection between artistic enquiry and investigating the most complex human problems, combining the process of art-making with a reflective phase based on dialogue with each painting.

2. Etymologically and conceptually linked with sense perception in ancient, medieval and early-modern thought, aisthēsis formed part of theorising questions surrounding beauty, art and perception, epistemology, and even ontology (click here). In current theory of art therapies, aisthēsis means aesthetic perception and is a special form of awareness for the moment in which an object presents itself to the senses and in which something is perceived in its appearance for the sake of its appearance (Sinapius, 2010, p.17).

3. I use this term here in the sense of the intermedial reading of the various situations in the art therapy studio. If the movements and interactions are read as if they were happening on a theatre stage, for example, these events can also be viewed as images.

4. The use of Heideggerian terms is common in German art therapy theory.

5. Maieutic, meaning “giving birth to understanding” or “spiritual pregnancy”, is based on the midwife analogy in Plato’s *Theaetetus* dialogue (1997, 148e–151d), and refers to the Socratic dialectical method, a form of questioning that has been adapted for psychotherapy (prominently in classical Adlerian psychotherapy).

6. I am decontextualising the ancient theories here because it is not my intention to add anything new to the research on Aristotle and Plato; rather, I seek to use their ideas as a key to open up and illuminate conversations about works of art in the art therapy context. My assumption is that this facilitates a good description of what is productive about them in the sense of providing a means of orientation for living an independent life based on a positive relation to oneself.

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