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Abstract Imagery in Art Therapy: What Does It Mean?

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Abstract

There are times, either when the client initially comes to art therapy or at a later stage, that he or she will produce abstract imagery. Rarely can this phenomenon be attributed to any one cause; rather, it is usually the result of several motivation factors occurring simultaneously. The author explores some of these factors and presents examples of abstract imagery produced by patients who participated in art therapy while in an acute inpatient psychiatric hospital. The examples illustrate that abstract imagery can serve not only a defensive purpose, but also a progressive function, as well.

Introduction

Often, abstract images are produced by clients who have intense artistic insecurities and self-doubt. My own clinical observations have shown me that these clients are often afraid to risk criticism and failure. They feel unskilled because they cannot produce art with camera-like exactitude; consequently, they fear their results will be judged as inadequate. I have discovered that clients are less threatened by abstraction because it is not "intended" to make visual reference to objects in the environment, and, therefore, cannot be judged in terms of realism. Furth (1988), a Jungian analyst, has observed through the spontaneous drawings of his clients that abstraction may, at times, represent something that the client cannot draw realistically. Because most patients have limited exposure to the art process (Wadeson, 1980), many of these individuals believe they lack the technical skills to pictorially articulate their thoughts and feelings. Steinhardt (1995) has observed that abstraction allows the client to avoid "frustration and disappointment caused by failure to make a visually accurate portrayal" (p. 191).

Furth (1988) asserted that abstract images may represent unconscious material which needs to be worked through before the person can recognize its significance. He stated, "An abstract portion of a drawing or a whole abstract drawing usually represents either something that is hard to understand, difficult or abstruse, or an avoidance" (p. 82). The ambiguous lines, shapes, and colors are nameless and may represent the client's own sense of uncertainty and obscurity. According to this viewpoint, the abstract image is a prerepresentational form and may embody ideas and feelings that have not been sufficiently worked over internally to become communicable. Dubowski (1990) contended that abstraction can be a means of expressing ambiguous feelings in the form of an "unrecognizable scribble."

Abstract imagery can also be used as a defensive maneu-

ver; hence, the client's intent is to be obscure and elusive (Cohen & Cox, 1995; Furth, 1988). Since the lines, forms, and colors do not have an external referent, they are difficult to decipher and often defy verbal interpretation. Abstract imagery often lacks specific compositional clues and recognizable content elements. Only the client ultimately knows what the idiosyncratic lines, shapes, and colors represent or signify. Cohen and Cox (1995) assert, "By resorting to abstraction the artist ensures ambiguity by withholding any references to the natural world" (p. 39). Similarly, in the 1940s several American artists were part of an art movement ("abstract expressionism") which sought to avoid any reference to subject matter or representation elements (Leja, 1993). Such artists as deKooning, Pollock, and Newman employed elements of abstraction in a deliberate attempt to eliminate meaning and halt interpretation of their artwork (Anfam, 1990; Cox, 1982; Hobbs & Leven, 1978).

At times, I have discovered that abstract imagery can be unconscious content that has been distorted or altered by the patient's conventional defenses and censors. At first glance, these "random" lines, shapes, and colors may be unrecognizable, yet through closer scrutiny the person may discover that the abstraction holds a hidden image or message. Often, clients' "randomly" placed lines, shapes, and colors are not so "accidental;" rather, they combine to form a semblance of an image or form from the unconscious. Since each element of the client's art process is influenced by psychological forces, to label an abstract image as "accidental" or "unintentional" is misleading and fails to recognize the influence of intrapsychic forces.

Lastly, abstract imagery can simultaneously serve a progressive function by giving shape to repressed material, whereupon it is witnessed and viewed yet sufficiently disguised to avoid recognition and acknowledgment. The abstract image is an effective vehicle for simultaneously concealing and revealing information. My clinical observations indicate that abstraction can be the client's initial attempt to bring forth issues too overwhelming to forthrightly acknowledge or disclose.

Case Examples

The following examples were obtained from individuals participating in group art therapy in an acute inpatient psychiatric hospital. Group membership changed as patients were discharged and new individuals were admitted. It was mandatory for all patients to participate in art therapy. Time was provided at the end of each session for patients who wished to share and discuss their imagery.

All individuals participating for the first time were shown around the art studio and oriented to the various materials, storage spaces, and so on. The studio was stocked with a multitude of art materials and had a sink, places to sit, and table space. A nondirective approach was employed in the sense that participants were provided a variety of art media and encouraged to use these materials according to their own choices and needs.

Case Example: Eric

Eric, age 15 years, was hospitalized for intermittent explosive behavior. He exhibited episodes of explosive outbursts, during which he would break furniture and other objects within the home. He was living with his mother, father, and younger brother. Eric was extremely oppositional and becoming increasingly unmanageable. Eric's mother also reported that he was isolating himself from family and friends. Upon admission, Eric voiced his resistance to hospitalization stating, "I don't want to be here... I don't need your help!"

Eric was initially hesitant to participate in art therapy due to intense artistic insecurities, as well as misgivings about his treatment. Eric protested, "I don't want to do this... I'm not good at art!" His early attempts to engage the art process were stereotypic and safe. Eric used clay to fashion several pinch pots and ashtrays. "It's the easiest thing to make and it's the only thing I know how to do," Eric uttered. I unconditionally accepted Eric's stereotypic responses, with the hope that he would ultimately be willing to take risks and experiment with the art materials.

In Eric's third session, he entered the artroom and announced to the group, "I'm going to make an abstract painting." He used a sheet of 18" x 24" paper and acrylic paints to create the abstraction in Figure 1. Eric applied the paint in a controlled and deliberate manner. He began by edging black circular shapes in all corners of his paper. Blue paint was used to create an elongated shape that protrudes out from the two circular shapes on the right. Using the same color, he painted a pouch-like form that narrows to a shaft and ultimately penetrates between two circular shapes to the left.

The shapes and forms extend beyond the edges of the paper implying a need to obstruct or hinder the image's mean-

ing (Furth, 1988). The forms are only partially visible; thus, the viewer is left to speculate what lies beyond the paper's edge. Furth (1988) stated, "[Edging] is a method of getting involved partially but not being committed. It is a way of being present and yet remaining on the outer limits" (p. 61).

Lastly, Eric used orange paint to write the words, "I hate therefore I am..." Eric's written words imply that his hatred is justification for his existence and indicates intense rage. Its central placement may be an attempt to direct the group's attention to its meaning. Often, words placed in graphic material represent the client's attempt to draw the therapist's attention to something he or she wishes to address (Case & Dalley, 1992). Furth (1988) stated the use of orange can indicate a suspenseful situation, an intense struggle, or a need to be rescued from a threatening situation. The abstraction was painted in hues of "black and blue," possibly alluding to a sense of injury, hurt, or maltreatment.

The group questioned Eric about his painting and he replied, "It's not supposed to be anything.... It's abstract!" Since Eric was unwilling to elaborate further on his picture, I safely stored his painting with his other art products so that it could be reviewed at a later date. Approximately 2 weeks later I met individually with Eric to complete a retrospective review of his artwork. It was at this time that Eric recognized the concealed meaning of his painting. Although Eric's abstraction was not "intended" to represent some object or form in the natural world, his picture brought to light the reason for his intense anger and fits of rage.

The painting was distanced from Eric while at the same time encouraging him to discover some semblance of a form or image. Distancing can liberate content not yet acknowledged in the client's art by providing a "comfort zone" which, in turn, creates more favorable circumstances for clients to recognize their imagery (Hanes, 1995). Eric recognized the "random" forms to the right as "a penis with balls."

Since his brushstrokes implied movement, Eric was encouraged to follow the trajectory of the phallic shape. Furth (1988) stated, "In abstract drawings it is informative to note movement and flow of the color and/or design, to see how they may overflow and what they may move toward within the drawing" (p. 80). Eric viewed his painting from right to left. He became uneasy as he gazed at the left portion of his abstraction and alarmed as he recognized the circular forms as buttocks and the sack-like shape as a scrotum. His abstraction was now a clear representation of anal intercourse. Eric became tearful as he disclosed that he had been sodomized by a male friend of his father.

Eric's abstraction was the result of several motivating factors that were occurring simultaneously. Due to his strong artistic insecurities, Eric used abstraction because he was afraid to risk criticism and failure. His "randomly" placed shapes and forms were "intended" to be nonrepresentational; therefore, his painting could not be judged in terms of realism. Eric's initial resistance to hospitalization and therapy was another element influencing his choice of abstraction. His ambiguous imagery was a form of evasion and avoidance. The idiosyncratic shapes and forms defied verbal interpretation and only he could ultimately decipher their meaning. Lastly, Eric may have used abstraction to bring forth emotionally laden content where it could be witnessed without having to be forthrightly acknowledged or discussed. His

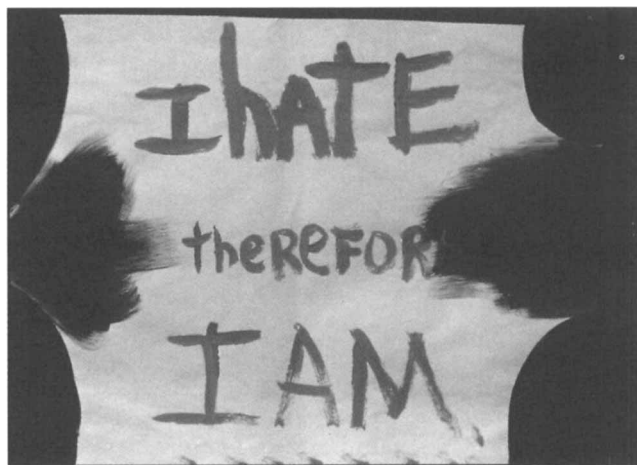


Figure 1

abstract image was an effective vehicle for simultaneously revealing and concealing his sexual trauma.

Ultimately, Eric's abstraction was instrumental in helping him to begin communicating feelings and experiences that otherwise might have remained hidden. With his sexual trauma now in the open, Eric's belligerent and oppositional behavior subsided and he became less resistant to the therapeutic process.

Case Example: Mark

Mark, age 16 years, was admitted to the hospital for substance abuse and a depressive episode with suicidal thoughts. He was living with his mother and her boyfriend. He had an extensive history of drug and alcohol abuse which he used to escape painful emotions and unresolved issues. Beginning at age 12, Mark had been sexually abused intermittently by his biological father. Mark often employed clown-like behavior as a means of defending against his feelings and distracting from painful issues.

Mark attended his initial session with apprehension and misgivings toward the art process. He expressed artistic insecurities stating, "I don't know how to draw...I suck at art!" I encouraged Mark to experiment with the materials without the expectation of having to make something. Eventually, Mark sought out a box of markers, crayons, and a sheet of 12" x 18" drawing paper. He created the abstraction in Figure 2.

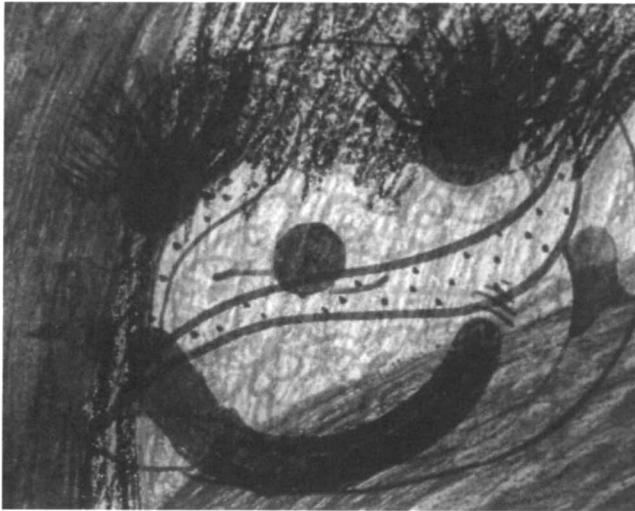


Figure 2

Mark began using a red marker to make sweeping vertical lines in the left third portion of his paper. A red marker was then used to fill in the lower right corner with diagonal lines. Soon after, he went over the preceding areas with a black crayon. The center and upper right sections of the paper were colored with a combination of yellow marker and red crayon, then overlaid with an entanglement of looping red lines. Next, he used a green marker to draw a large circle. Inside the circle are two biomorphic forms that are covered with dots. A solid green shape was drawn on the far right edge of his paper and is precariously positioned on an incline. Lastly, Mark employed a blue marker to render a clown-like visage over the

top of his abstract drawing. The clown's eyelashes are exaggerated giving it feminine qualities.

The client was initially hesitant to share his image with the group. "There is nothing to tell about it.... It's abstract!" stated Mark. However, Mark soon discovered that his "randomly" placed colors, lines, and shapes were not so accidental; rather, they combined to form an image from his unconscious, as well as his attempt to defend against his underlying feelings. Mark's overlay of several colors indicated his attempt to "cover up" something — that he was hiding strong personal feelings under some assumed pattern of overt behavior. He often employed clown-like behavior to defend against unpleasant feelings and thoughts.

Mark told the group that his abstraction represented his "mixed emotions." He referred to the colors and stated, "The red is my anger and the black is my depression." Cohen and Cox (1995) and Kellogg (1984) stated that combinations of red and black could indicate rage coupled with depression and despair. I held the abstraction at a distance while encouraging Mark to discover some resemblance of a form or image. He pointed to the lower right portion of his paper and stated, "That is a hillside of blood soaking into the ground and there is a tombstone on top of the hill.... This is a graveyard." Hagood (1994) noted that images of graveyards are frequently seen in the artwork of suicidal people. In addition, the bloody imagery implies physical and psychological pain, as well as trauma. Mark also recognized the dotted biomorphic forms as "marijuana leaves." His history of drug abuse was an effort to protect himself against painful experiences and emotions.

In an effort to stimulate further insight, I had Mark reenact his art process. He described to the group his method of overlaying the various colors, as well as the clown-like visage that masks the underlying abstraction. Mark recognized the importance of his art process and stated, "I'm trying to put on a happy face and cover up everything." The client's happy face illustrated his attempt to conceal his underlying issues and his need to employ humor as a means of defending against painful or unpleasant feelings.

Like Eric, Mark's use of abstraction was the result of several motivating factors occurring simultaneously. His misgivings toward the art process and his artistic insecurities contributed to his need to work abstractly. His "randomly" placed lines, shapes, and colors were not "intended" to make visual reference to objects in his environment and therefore could not be judged in terms of camera like exactitude. In addition, the abstraction allowed Mark to be elusive and obscure, since only he could decipher the meaning of his personal imagery. His evasiveness was also evident in his overlaying of colors and the clown like visage that masked his abstraction. His abstract drawing was an effective vehicle for simultaneously concealing and revealing unpleasant feelings and unconscious processes.

During therapy Mark intermittently produced several other abstract images that were overlaid with a "happy face," once again illustrating his need to periodically protect himself from his underlying emotions and unconscious processes. Ultimately, Mark's abstractions enabled him to begin building a bridge between his inner and outer worlds, where he could acknowledge and reintegrate portions of the self he wished to deny.

Case Example: John

John, age 24 years, was hospitalized for an acute episode of depression with suicidal thoughts. He had been living with his girlfriend for the past 3 years and described the relationship as "stormy." The client voiced strong feelings of hopelessness and helplessness. John also reported that he was struggling with a sexual dysfunction and he stated that he could obtain, but not sustain, an erection during sexual intercourse with his girlfriend. John's depression and sexual affliction had a reciprocal relationship.

John attended his initial art therapy session with intense feelings of artistic inadequacy and misgivings toward the therapeutic value of art. He stated, "How is this (art therapy) going to help me with my problems?" I explained to John how the art process could benefit his therapeutic treatment, yet he remained skeptical and quietly withdrew to a chair. John remained silent until uttering, "I'm no artist...I don't know what to draw!" I assured John that he could engage in the art process at his own pace and I encouraged him to experiment with the materials without the expectation of making something. Ultimately John retrieved a box of markers and a sheet of 12" x 18" white paper. He drew the abstract image in Figure 3.

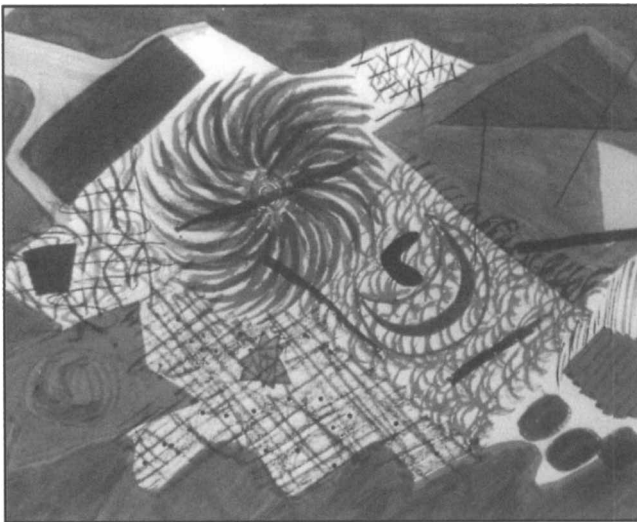


Figure 3

John worked in a deliberate and controlled manner. He began by using a purple marker to make a large biomorphic shape that virtually filled the entire paper. The negative space surrounding this form was colored a solid purple. John then proceeded to fill the newly created cavity with a multitude of idiosyncratic lines, colors, and complex geometric and biomorphic forms.

Like Eric, John was not prepared to share his abstract image with the group; therefore, I safely stored his drawing where it could be reviewed at a later date. Approximately 1 week later, John requested to meet with me individually to discuss his abstraction. At that time John recognized that his abstract image was laden with sexual symbols and revealed much about his unconscious processes.

A multitude of sexual symbols is contained within a large cavity that is suggestive of an intrauterine environment.

Bilateral tubular projections exit in the upper corners, possibly representing fallopian tubes. Moreover, his sexual conflict is evident in the lower right corner of his abstraction, where John recognized "a penis and vagina" (Figure 4). The male

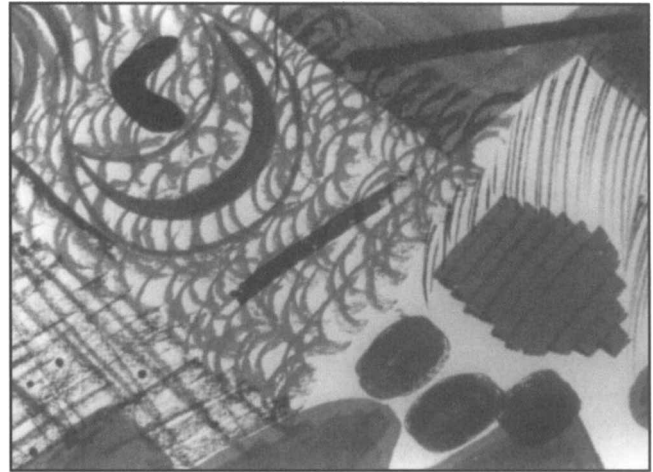


Figure 4

organ is facing away from the vaginal opening and the crescent-shaped vagina is curving away from the penis, presumably portraying the sexual discord. A black line is placed between the male and female genitalia, acting as a barrier which attests to their sexual conflict. The vagina is cloaked with red pubic hair. John stated, "The red represents my anger." Three circular forms are suspended below the male organ implying testicles. John disclosed that he had one testicle removed as a child; however, it had been replaced with a prosthesis.

Figure 5 shows a "swirling spiral" which John identified as his feelings of "frustration" and "helplessness." Wadeson (1980) found that depressed patients often include images of constricting spirals to convey their feelings of hopelessness, anger, and even suicidal thoughts. John also recognized the spiral as a component of his sexual conflict. A sexual orgasm can be described as a swirling surge of liberating energy. John's spiral depicts both elements of constriction and expan-

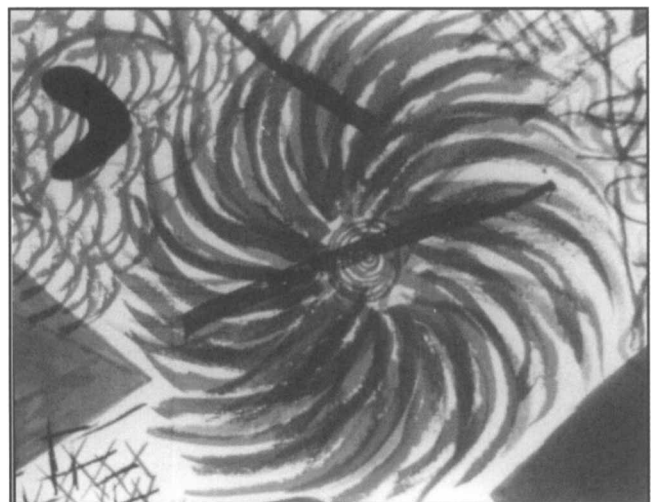


Figure 5

sion which can be consistent with physiological sensations experienced during sexual orgasm. A black diagonal line is drawn through the symbol suggesting sexual orgasm is prohibited and not taking place. John pointed to the spiral and stated, "This (orgasm) is not happening for either me or my girlfriend." The client referred to the needlelike shapes just above and to the right of the spiral and stated, "These pins represent my pain and hurt." Although John was not able to decipher all the symbols in his abstraction, his image was an important step toward bringing his unconscious processes to light where they could be acknowledged and reintegrated.

John's use of abstraction was due to several motivating factors that were occurring simultaneously. His intense apprehension and insecurities toward the image-making process were bypassed by the use of abstract imagery. His "randomly" placed lines, shapes, and colors were "intended" to be nonrepresentational and therefore could not be judged in terms of realism. Since John also voiced his skepticism toward the therapeutic value of art, his abstract imagery may have reflected his initial resistance to engage in a therapeutic relationship. His ambiguous imagery was a type of evasion and avoidance. The idiosyncratic lines, shapes, and colors defied verbal interpretation and only he could ultimately decipher its meaning.

Lastly, John may have used abstraction to bring forth sexually laden content where it could be witnessed without having to be forthrightly acknowledged or discussed. His abstract imagery was an effective vehicle for simultaneously revealing and concealing his sexual conflict. Ultimately, John's abstraction enabled him to communicate feelings and unconscious processes that otherwise might have remained hidden. The tangibility of the picture provided a focus through which John and his girlfriend were able to explore sensitive issues that had previously been too threatening to acknowledge. John was able to recognize that his sexual dysfunction was a means of withholding sexual gratification and indirectly enabled him to act out his anger toward his girlfriend.

Conclusion

The intent of this paper was to acquaint the reader with some of the motivating factors that may sway a client to produce abstract imagery in art therapy. The preceding examples demonstrate that the production of abstract imagery can rarely be attributed to any one cause; rather, it is usually brought about by several factors occurring simultaneously. The foregoing examples were produced during the initial stages of art therapy; however, the reader should keep in mind that abstract images can appear in later stages, as well.

These clients expressed intense artistic insecurities and abstraction enabled them to avoid frustration and disappointment caused by failure to produce artwork with camera like exactitude. The clients were less threatened by abstraction because it was not "intended" to make visual reference to objects in the environment and therefore could not be judged in terms of realism. Their abstract images were a pre-representational form and, for some, embodied ideas and feelings that had not been sufficiently worked over internally to become communicable. Their ambiguous lines, shapes, and colors were initially nameless and represented their own sense of uncertainty and obscurity.

For others, abstract imagery was employed partially as a defensive maneuver. Since only the clients knew what the idiosyncratic lines, forms, and colors represented, it was possible to be elusive and obscure. Moreover, their abstract images were messages from the unconscious that had been distorted or altered by conventional defenses and censors. At first glance, their "random" lines, shapes and colors were unrecognizable; yet, through closer scrutiny they discovered their abstractions held a hidden image or meaning.

Lastly, the patients' abstractions served a progressive function by giving shape to repressed material, whereupon it was witnessed and viewed yet sufficiently disguised to avoid recognition and acknowledgment. Their abstractions were an effective vehicle for simultaneously concealing and revealing issues too overwhelming to forthrightly acknowledge or disclose.

Once an abstract image has been produced, it is perhaps tempting to promptly seek meaning and understanding of the idiosyncratic lines, shapes, and colors; however, the art therapist must take care not to force the process of recognition. Schaverien (1987) stated, "For the therapist to demand explanations too early can be to rob the client of her [or his] own process. We must have confidence in the process, and wait" (p. 85). The art therapist must trust the client's ability to know when and if it is best to recognize the concealed meaning of his or her abstract imagery.

If the client is not prepared to recognize the hidden meaning of his or her abstraction, the image can be safely stored and reexamined at a later date. As with Eric, it was not until several weeks later, after completing a retrospective review of his artwork, that he was able to acknowledge and reveal the concealed meaning of his painting. Levens (1989) stated, "Interpretations made too early may easily be wasted, or actually promoted greater use of defenses. One value in keeping artwork is that it allows images to be re-used at a later stage" (p. 145). Expediting the process of recognition can bring forth resistance and may even become counter-therapeutic. Only the client can ultimately understand the full significance of his or her idiosyncratic lines, shapes, and colors; thus, premature interpretations can easily impede the natural unfolding of this deeper meaning.

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