

Clinical Application of the "Scribble Technique" with Adults in an Acute Inpatient Psychiatric Hospital

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Abstract

The "scribble technique" described in Florence Cane's book, The Artist in Each of Us, (1983) has historically been employed by art therapists as a technique to reduce inhibitions and liberate spontaneous imagery from the unconscious. The author reviews the "scribble technique" procedure and presents examples produced by adult patients in an acute inpatient psychiatric hospital. The examples illustrate how the "scribble technique" can be utilized to empower the client to produce spontaneous imagery from the unconscious and overcome apprehension toward the image-making process.

Introduction

Cane (1983) used the "scribble technique" as a kinesthetic method to facilitate the creative faculty within children. She alleges the creative capacity is innate and that it can be enticed through reassurance and by providing a favorable combination of circumstances. The "scribble technique" was utilized as a possible means of producing those circumstances conducive to creativity.

Naumburg (1987) later used her sister's technique along with the client's verbal associations as a means of acquiring insight into personal symbolism emerging in graphic content. The open-ended approach of this technique lends itself to projection and the liberation of unplanned and impromptu imagery. Oster and Gould (1987) state the "scribble technique" is "an entertaining, nonthreatening method to help individuals express outwardly those portions of their inner selves that they are reluctant to share" (p. 55). The use of a scribble allows the patient to bypass normal resistances in an attempt to approach and contact less conscious types of imagery (Rubin, 1984). Kwiatkowska (1978) states, "The accidental shapes have a good chance of evoking images from the unconscious, thus bringing into the open material that has been repressed" (p. 40).

The technique is an act of projection comparable to that of the Rorschach blots (Kramer, 1971). Like the inkblots, the scribble is ambiguous, nonthreatening ("anyone can scribble"), and does not elicit learned responses. The individual responds to the stimuli in a personal and unlearned fashion, whereas there are no expected or anticipated responses. Con-

trary to the inkblots, the "scribble technique" offers the client the opportunity to design his/her own unstructured stimulus upon which to project dormant imagery.

Winnicott (1971) introduced a technique similar to the "scribble technique" which he referred to as the "Squiggle Game." This technique required the child and clinician to alternately draw squiggly lines with the expectation that each would discover and complete an image from the other's squiggly line. Winnicott employed the technique as a method for communicating with a client and asserts the primary objective was not interpretation of the unconscious. Winnicott, who used the "Squiggle Game" as part of the "psychotherapeutic interview," felt the technique provided the individual the opportunity to reveal and communicate his or her current problems or emotional conflicts. Winnicott asserts, "In the therapeutic consultation the material becomes specific and acutely interesting since the client soon begins to feel that understanding may perhaps be available and that communication at a deeper level may become possible" (p. 7).

Materials

Media selection is an important consideration. Naumburg (1987) suggests the art media be simple for easy and quick manipulation, since most of the patients undertaking the art task have limited exposure to the art process. Wadson (1987) asserts that art media which requires minimal preparation are more conducive to facilitating the emergence of unconscious and spontaneous imagery. Naumburg (1987) also proposes that certain semi-hard art materials are more suitable for releasing spontaneous art expressions. She recommends the use of semihard pastels and acrylic or tempera paints. Case and Dalley (1992) affirm that "paint has more subtle possibilities in aiding the expression of feelings than, for example, felt tip [markers]" (p. 104). Nevertheless, painting by brush may not lend itself efficiently to the production of a continuous and unbroken line. The paint brush may run out of color while in the process of forming the scribble and would impede the production of an uninterrupted line.

Materials that permit modification also allow for psychological insight into areas of difficulty which the patient is presently experiencing (Furth, 1988). I provide the client with a 2B pencil because of its ability to be modified. Pencils may also glide unhindered and consistently across the paper while forming the scribble. Other media such as conté and charcoal sticks do produce a consistent line; however, they do not provide the benefit of being erasable. Wadson (1987) generally avoids the use of pencils asserting that they lend themselves

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to formality and constriction and attributes this phenomenon to their possible mental connection with writing. However, I have discovered that a series of aerial arm motions prior to completing the scribble reduces this potential association for some clients. On occasion I have observed clients discovering significant names or words "accidentally" drawn in the formation of the scribble. This occurrence may be attributed to the combination of pencil and aerial arm motions, which are associated with formal instruction in handwriting. Some clients have discovered that these significant names or words are messages from the unconscious which have sought expression through the random movements of their own arm and body. Case and Dalley (1992) affirm that words appearing in graphic material may be the client's attempt to draw the therapist's attention to something he/she wishes to address.

Additional factors contributing to media selection include drawing surface and coloration. The paper surface is the receptacle or container for the projected image. A small surface may be seen as constricting and incapable of containing the potential image; a large surface may be experienced as overwhelming, if the client feels compelled to fill the entire space. Therefore 18" × 24" paper seems to be a good size. Wadeson (1987) also advocates these dimensions because paper this size encourages expansiveness rather than constriction. Anything smaller may not be conducive to the production of a sweeping, free-flowing scribble.

Scribble drawings can be created with media such as crayons, cray-pas, and colored pencils; the latter allows for greater detail and shading and permits variance of color intensity. These qualities may yield significant information and draw attention to areas of conflict or importance (Furth, 1988). Dry media also is more controlled than wet or fluid media. Liebmann (1986) asserts that dry media provide safety and security for patients who are apprehensive about employing wet media or "losing control." Some psychiatric patients may find that pencil binds and limits their ability to respond to the scribble technique.

Procedure

The original scribble procedure began with a series of aerial arm motions performed in a sweeping rhythmic fashion. These warm-up rituals are preparation for the drawing of free-flowing lines on the paper. Cane (1983) contended that while expressing an idea through sketching, significant nerves in the shoulder conduct the message from the brain to the hand. Rhythmic arm motions are used to increase blood supply and reduce muscle tension, consequently accelerating the passage of the projected image. Oster and Gould (1987) note that the introduction of rhythmic arm motions is advantageous and contend that the use of aerial arm movements permits individuals to make less constricted scribbles. Some clients may be reluctant to participate in spontaneous arm movements. Cane (1983) employs a sequence of successive exercises which help to liberate spontaneity and build confidence. These elementary exercises consist of simple body movements needed to perform vertical, horizontal, and curved lines.

Steinhardt (1989) alleges the "scribble technique" later declined into a stereotyped procedure which no longer took

into consideration the individual's natural body rhythm. The procedure became routine and its application complacent. The technique was "no longer created by free body movement but by random motions of the hand performed without pleasure or conviction" (Kramer, 1977, p. 11). Often the technique is employed without first introducing the rhythmic movements of the arm and body. This divergence from the original procedure may have been brought about by the wish to simplify and accelerate the procedure. The deviation may also be due to the therapist's need to avoid his/her own discomfort and/or the group's uneasiness and resistance to performing the aerial arm movements.

Upon completion of the rhythmic arm motions, the individual is encouraged to draw a continuous and unpremeditated fluid line. During this process the art media (e.g., crayon, chalk, etc.) continuously touches the paper. The resulting scribble may intersect many times forming an irregular and unpredictable pattern or design (Naumburg, 1987).

The person is instructed to stop when he/she feels that the scribble is complete. Ulman (1975) advocates interrupting the scribble at a juncture where the paper is reasonably covered with intersecting shapes, but prior to it becoming an unapproachable entanglement of lines. It is also advantageous not to disturb the person once he/she has engaged in the scribble process. To impede the activity results in the loss of valuable observational data and to interrupt this process would contaminate the client's spontaneous approach to the task.

The scribble may be made with eyes open or closed. Cane (1983) notes that closing the eyes obstructs the mind from consciously directing the hand to represent some customary object. Another variation of this technique encourages the individual to use his/her nondominant hand to assist in making an unconscious rhythmic pattern.

Having created the scribble, the individual is encouraged to review the shapes and forms brought about by the intersecting lines with the expectation of discovering some resemblance or approximation of an image. The individual may survey the scribble as a whole or concentrate on specific shapes and forms within the scribble. The paper can be rotated if the original position of the scribble is not suggestive of an image (Ulman, 1975). In the event the scribble still does not prompt an image, the scribble can be distanced from its creator and once more examined from all angles. This maneuver seems to detach the client from his/her scribble, permitting liberation of the scribble's not yet acknowledged content. Distancing provides separation and may promote a more open-minded point of view.

While developing the projected image, the individual may add as many lines as he/she wishes or obliterate those that obscure the primary image found in the initial scribble. Cane (1983) encouraged her students to emphasize or accentuate the principal lines in an attempt to bring forth the projected image. The completion of the picture may include using colors according to the personal wishes of the individual.

Occasionally no objects are seen by the client, and a design is created from the scribble by randomly filling in shapes with colored media (Figure 1). Kramer (1971) views this as "busy-work" and compares it to the traditional coloring book. It may also be a defensive response to the therapist's request

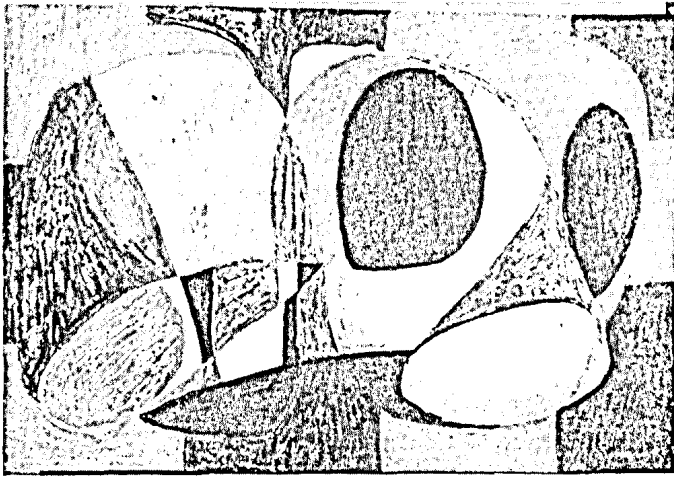


Figure 1.

to discover an image within the scribble. The mindless coloring of shapes allows the individual to remain detached from both thoughts and environment. Case (1990) asserts that "busy-ness does not allow a moment's expression of feeling or unwelcome thought" (p. 141).

At first glimpse the color design may seem meaningless, yet under closer scrutiny one will find several benefits to creating a design of randomly colored shapes. This process can be useful for liberating the individual from initial inhibitions and self-deterrence (Cane, 1983). The color design becomes a springboard from which the client can plunge into his/her creativity. The seemingly purposeless activity may also create an additional stimulus for releasing or projecting images from the unconscious. This is accomplished by encouraging the client to review the colored shapes in an attempt to discover some resemblance of a picture or object. Many times the client discovers that the randomly colored forms are not so "accidental," rather, they combined to form an image from the unconscious.

Sample Scribble Drawings

I obtained the following examples from adult patients participating in group art therapy in an acute inpatient psychiatric hospital. The group structure was what Liebmann (1986) refers to as "semi-open." The clients commit to attending regularly, but membership changed as patients were discharged and new individuals were admitted. A nondirective approach was employed in the sense that participants were provided a variety of art media and encouraged to use these according to their own choices and needs.

In the examples that follow, the clients were hesitant to engage in the art process because of artistic inadequacy, insecurity, and their reluctance to trust their creative faculty. The "scribble technique" was introduced as a means of providing a personal semistructure that would enable the client to bypass his or her feelings of apprehension and begin to approach the image-making process. By stimulating faith in the patient's own creativity, the therapist hoped that in subsequent sessions the patient would be able to employ the art materials without the need for themes or suggestions.

Case Example: Lea

Lea, a 38-year-old female, was admitted to the psychiatric hospital for treatment of a depressive episode coupled with a panic disorder. The client was divorced and had a 15-year-old son who resided with her former husband. Lea had suffered intermittently with battles of depression and anxiety for most of her adult life. The client remained in the hospital for 9 days, during which she attended two art therapy sessions.

In her initial session Lea was extremely hesitant to use the art materials and requested instruction and assistance from the therapist. Since the therapist's time with Lea was going to be limited, the "scribble technique" was utilized because of its minimal structure, artistically nonthreatening properties, and ability to swiftly access images from the unconscious. The scribble drawing also provides the client with the structure needed to develop an image independently from the therapist, hence reducing her reliance.

Lea performed the aerial arm motions in a rigid manner, possibly illustrating her controlled demeanor. Her scribble was completed in the same fashion, demonstrating her hesitancy and reluctance to permit her conscious defenses to abate. Initially she experienced difficulty discovering imagery within the scribble. She was encouraged to rotate the paper and eventually created the image in Figure 2.

Lea described the picture as "a shark searching in the dark ocean, twisting and turning, hunting for food." The shark image is sensual and laden with sexual symbolism. There is a composite of both male and female elements. The whole shark can be interpreted as an immense penis, conceived as a menacing weapon with teeth. The shark's mouth is central to the picture and may represent *vagina dentata* (Figure 3), which is devouring the male organ. During the session the client disclosed that she had been involved in a homosexual relationship for the past 13 years; the relationship had recently been terminated by her lover. It is interesting to note there are 13 teeth in the mouth of the shark. Bach (1975) states that numbers of objects found in pictures often signify units of time in a person's life. The imagery may also illustrate her thoughts of castration and ambivalence towards her sexuality. This struggle is echoed in her second scribble drawing,

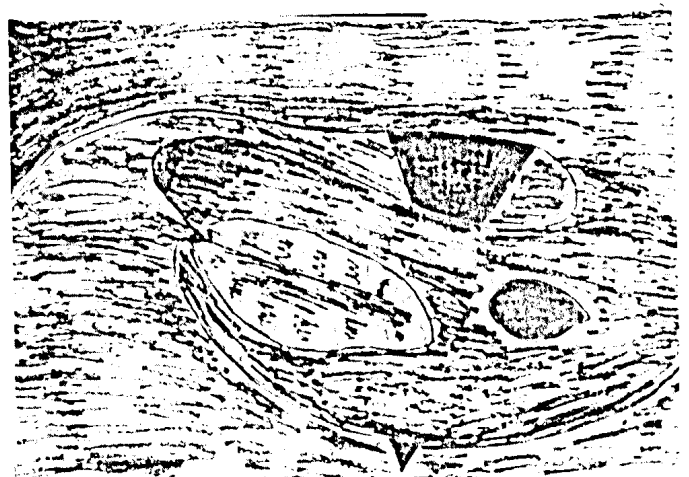


Figure 2.

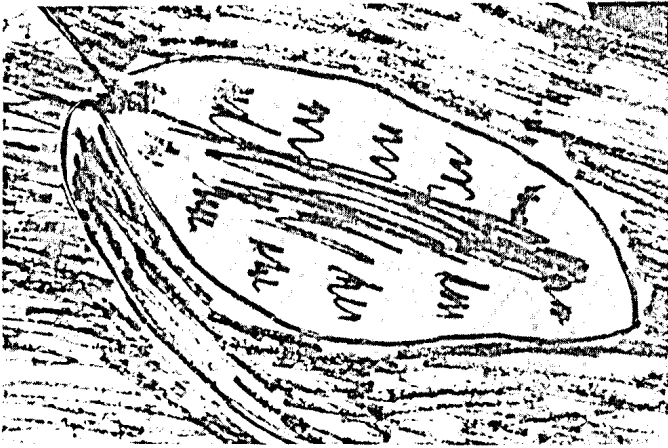


Figure 3.

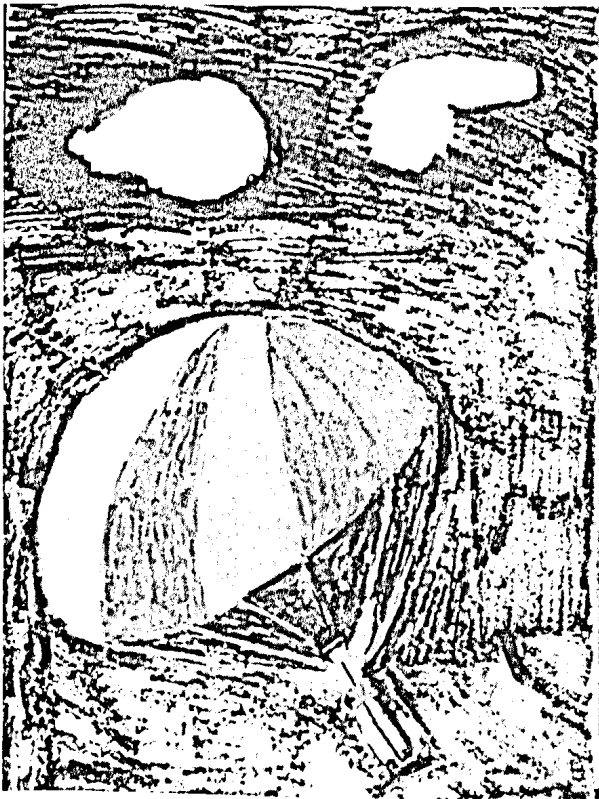


Figure 4.



Figure 5.

possibly illustrating the client's transferred feelings onto the therapist for not adequately assisting and joining her therapeutic journey.

In her second art therapy session, Lea used the "scribble technique" to develop the image of a sky diver (Figure 4). On the back side of her paper she wrote, "The sky diver has free-fallen and opened his/her chute, floating freely and calmly toward land. The sky and clouds are beautiful and peaceful." However, the content of sky diving is not congruent with an individual suffering from panic attacks. Figure 5 reveals Lea's thoughts concerning her sexuality. The clouds contain both male and female elements, as did the shark in Figure 2. The clouds form a vagina and penis, and the male organ is facing away from the vaginal opening. This may illustrate her possible rejection of or conflict with heterosexuality. Upon completing the sky, Lea was astonished to discover the sexual significance of her clouds. She disclosed that her marriage and child were an attempt to thrust herself into accepting heterosexuality; however, she stated she felt most at ease with homosexuality.

Although the therapist's time with Lea was limited, the "scribble technique" was useful in helping the client to overcome her inhibitions regarding the art process and to initiate impromptu imagery. Lea was able to overcome her artistic insecurities and develop faith in her creative capacity by utilizing the semistructure of the "scribble technique." The projective qualities of the technique unmasked feelings and thoughts otherwise denied or repressed. The "scribble technique" provided a means of accessing and externalizing internal conflicts, whereupon she could begin to acknowledge and own her intense feelings towards her current and past relationships.

Case Example: John

John, a 42-year-old male, was admitted to the psychiatric hospital for treatment of a depressive episode. The client was divorced and had no children. John had been plagued by excessive feelings of worthlessness and inadequacy for most of his life. He had an extensive history of sexual abuse during his childhood, for which he harbored immense guilt. The client remained in the hospital for only 3 days during which he attended one art therapy session.

John was reluctant to engage the art media and, like Lea, requested instruction and direction from the therapist. He made aerial arm motions in a rigid and taut manner and his scribble was created in the same taut and hesitant fashion. While completing his scribble he asked repeatedly, "Am I doing this right?" further demonstrating his need for reassurance. Upon completing the scribble, John immediately discovered the image in Figure 6.

The client described the image as "a hot air balloon hiding in a valley from the swirling winds." His associations give the impression that John is literally attempting to stay "out of sight" or elude something or someone. The client disclosed to the group that he sought refuge from his problems by placing himself within the confines of the hospital. The menacing sky from which the hot air balloon seeks asylum may actually represent his psychic environment which he perceives as hostile and unpredictable. The viewer can see only the top portion of the hot air balloon, while the remaining part is obscured and

protected by the mountains, suggesting John is attempting to keep something or someone concealed. Bertoia (1993) asserts that edging may be an attempt to deny or hide something from consciousness.

The hot air balloon may represent John's wish to ascend or seek a position of dominance or escape (Burns, 1982), yet it appears underinflated and somewhat flaccid or limp. This possibly illustrates his feelings of ineptness and dejection, hence his need to seek a place of refuge.

John terminated his treatment prematurely and discharged himself from the hospital against the recommendation of his psychiatrist and treatment team. John mentioned to the group that he had come to the hospital to seek refuge

from his problems; consequently, his expeditious exit from the hospital implies he continues to flee from himself and his internal conflicts. Even though he attended only one art therapy session, the "scribble technique" was beneficial in helping him bypass his intense feelings of artistic inadequacy and create impromptu imagery.

Case Example: Mary

Mary, a 32-year-old female, admitted herself to the psychiatric facility for treatment of a depressive episode and marital discord. The client had been married approximately 9 years and had two children. She described her marriage as stormy and stated that her husband was both verbally and physically abusive. Over the past year the client had made several unsuccessful attempts to separate from her spouse. Mary was crippled by her low self-esteem and feelings of inferiority. She had no medical insurance; however, she was admitted to the hospital's 5-day charity bed, during which she attended two art therapy sessions.

The client voiced strong inadequacies regarding her artistic abilities and was opposed to engaging the art materials due to her dread of failure and performance anxiety. Her aerial arm motions were performed in a strangled and hesitant manner; however, the warm-up activities enabled her to orchestrate a flowing, unpremeditated scribble. She did not discover an image in the randomly formed shapes and requested to color the various patterns revealed in the scribble.

Upon completion of her design (Figure 1), Mary was encouraged to uncover an image or picture in the colored forms. She immediately discovered an image (Figure 8) which she described as "frightened and shocked." The alarming image



Figure 6.



Figure 7.

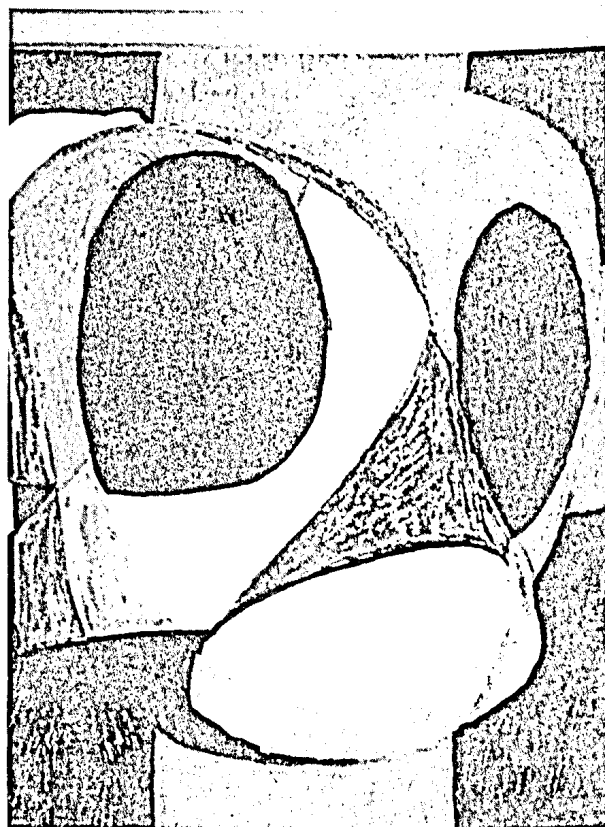


Figure 8.