

# How do art therapy homeopathy work

By Hephzibah Kaplan B.Ed(Hons) Dip. ATh. STAT(A)



Hephzibah Kaplan is a state registered art therapist and psychotherapy supervisor. She also runs evening workshops and training days for groups and professionals.

Art therapy is a form of psychotherapy that depends on art as its chief therapeutic agent. It is distinct from psychotherapy in that the healing potential depends on the psychological processes that are activated through creative work.

The art therapy profession has been in development for over 70 years. In the UK, Adrian Hill and Edward Adamson pioneered the work in hospitals with soldiers recovering from the Second World War. Since that time art therapy has been used clinically with many patient/client groups – in mental health, psychotherapy, education, prisons, sexual abuse, eating disorders, and with children and adults of all ages. Today art therapy approaches are as wide and varied as the different theories and models in psychotherapy. The predominant fashion in training art therapists is psychodynamic art therapy. However, the literature is full of examples of gestalt art therapy, person-centred art therapy, transpersonal art therapy etc. And in the spirit of multi-disciplinary support, we perceive that art therapy as a specific tool has a contribution to make to the homeopathic consultation.

For the past five years I have been working alongside a homeopathic doctor, Dr Brian Kaplan (my husband). Brian has referred some of his patients for an art therapy assessment which usually offers lots of rich material for the homeopathic consultation. After the art session I feedback to Brian my observations and opinions on the case, the patient goes back to see the homeopath with the artwork and the two of them work together to confirm a remedy, or to develop a holistic health plan. This has enriched our work and certainly been of benefit to his

patients. Since that time I have been focusing on how approaches in art therapy may benefit other health professionals.

There is a difference between an art therapy intervention that relies on ongoing weekly sessions, often spanning a few months, and an art therapy assessment that may be only one or two sessions. For the homeopath, an art therapy-type assessment can elicit extremely useful diagnostic information in taking the case. The art therapy assessment is not conducted in order to make a diagnosis, but to cut down the field of possibilities. In many situations the homeopath will eventually find the most suitable remedy, however there are always the difficult cases. In some of these cases the difficulty for the homeopath has been in obtaining the relevant clinical material.

To a certain extent, the homeopathic conversation relies on the verbal skills of the patient, as well as the observation and listening skills of the homeopath. Many patients are less than articulate in the language of feelings and sensations, which have subtle implications in the remedy search. This not only refers to patients who speak English as a second language, but also those who find it hard to put feelings into words. Some patients will be very good at using language in a sophisticated way to hide behind, and not actually disclose much useful information, homeopathically speaking. Then there are those patients who

are familiar with homeopathy, and think they are being ‘helpful’ to the homeopath but the self-selective attitude may detract from the core issues. And of course, it is far better for children patients to communicate to us directly rather than through the parent.

The homeopath needs to have a sense of the patient’s internal landscape, their thoughts, feelings and urges but often words fall short of expressing the fullness of what is experienced. In art therapy one can express in images what may be difficult to express in words:

It’s like having a private photograph of you to convey how you are feeling at a certain point in your life. Art therapy is a very explicit, accurate language and images go very deep, maybe back to childhood. (Silverstone, 1994)

When invited to draw or paint a picture, most patients are not so skilled at hiding their personality and feelings in their images. Mostly, they relish the opportunity to do something different, to have a change from ‘talking about’ their health issues. Their images will help both the patient and the homeopath to identify and clarify these issues. Art therapy facilitates self-expression. The art therapy process can help open up the patient and show sides of him/herself that might not be revealed in words. Moreover the image itself is a focal point for a discussion, a useful one where the patient may find it easier to talk about the picture, rather than about himself, and in doing so the homeopath can see and hear all sorts of information that might not have presented itself in a direct conversation. Whenever Brian has an artist patient he always asks to see their artwork, which often yields unexpected surprises!

# and together?

## The art therapy assessment

The image alone rarely gives sufficient information to confirm a remedy, and indeed this way of working is not advised. The assessment takes into consideration the process of image-making, as well as the social skills and behaviour of the client.

The psychotherapist's single most valuable tool is the 'process' focus. Think of process as opposed to content. In a conversation, the content consists of the actual words uttered, the substantive issues discussed; the process, however, is how the content is expressed and especially what this mode of expression reveals about the relationship between the participating individuals. (Yalom, 1989)

In art therapy the choice of art materials, the approach to the art materials, the relationship to the materials are considered part of the process, as described by Yalom. We not only take heed of the above, and consider it useful information, but then also consider how the image is actualised: when the client makes a 'mistake', when the paper inadvertently gets 'dirty', when paint spills out 'unexpectedly' etc., etc. All this makes the client react in particular ways that offer the therapist or homeopath information about the client.

In art therapy we pay attention to a multiplicity of components: the choosing of the materials; the making of the image; the response to the image or finished 'product'; the response to the therapist's response to the image; the relationship between the therapist and client etc. All this can be considered useful, or diagnostic, information. Hence, detailed observation

is an important part of this assessment. In a homeopathic conversation, the homeopath cannot simultaneously converse with and observe the patient without losing a certain amount of relatedness. The art therapy assessment, however, is not only an exercise in observation, it is also about engaging the patient in self-expressive work in order to allow diagnostic information to be revealed through the image.

## How do you do this?

Very simply. Have a supply of art materials and lots of large (A3 or A2 size) paper. If you invite the patient to draw an image of him/ herself in a direct way this will not work. It is preferable to find subtler metaphors. For example, invite the patient to draw an image of himself as a tree. Try it yourself and compare it with the trees of your colleagues. Here are a couple to compare ...



## Art therapy approaches are as wide and varied as the different theories and models in psychotherapy

When a patient comes to an art therapy assessment he can choose to paint in silence, and indeed the art therapist should allow the patient to have a quiet conversation with his painting. In encouraging the internal conversations (including fantasies and fears) to surface, through the tangible form of painting, the art therapist can then help the patient. The careful observations, the internal dialogue, the fantasies, the fears, the image itself, can all help in providing the homeopath with relevant material to support accurate prescribing.



Above: The questioning tree.  
Left: Trees contain treasures.

## Rose: Case history

A young art student, whom I shall call Rose, had been attending my weekly art group for several weeks. Each two-hour session included: expressive free time to paint, non-directive experimentation with different art materials and a theme-directed art therapy exercise. At the end of the latter, the participants gather in a circle to share and discuss the artwork produced that evening. An example of a theme-directed exercise is to 'paint an image of your self as a tree'. Another exercise is to 'make an image of an imaginary mythological creature'. Rose attended the group for an extended period and during that time experienced the tree exercise twice thus producing two tree images, one three months after the other. She also painted her mythological creature to which she felt very connected.

Before the summer break Rose requested an art review of all her paintings. This is something that I frequently offer, an intensive one-to-one review where we lay out all the artwork chronologically on the floor and spend time reflecting on the significance of the work. On this occasion I had arranged to borrow a larger room in order to lay out 20 plus paintings on the floor, and so I found myself consulting in the large consulting room of my husband, Dr Brian Kaplan, a provocative therapist.

Rose is beautiful, thin, pale skinned, with dark hair. She has a china doll quality to her looks, with rosy cheeks. She speaks in a gentle voice, smiles easily and moves with grace. We laid out all the paintings on the floor and started to talk about what we saw. What struck us most was the diverse energy and sensitivity; the clear contrasts between the deep dark, angry, heavily overlaid paint and the light, fragile, delicate nature of paintings using so much white, they were almost not there. There were large pieces of paper just painted black, for black's sake, to be compared to large pieces of paper with white, tinted with a little colour, often with delicate pieces of pale pink tissue paper glued on.

We discussed which images came first, and whether some images allowed the release, or were the trigger, for other images. We discussed her teenage anger and she blushed, tentatively mentioning how delinquent she used to be, but

was reticent to tell me the details. I asked her about anger, self-harm and possible suicidal ideation. She told me she used to be enormously angry (with her parents) and had experimented a little with drugs and alcohol but not with self-harm in the form of cutting. She said, almost guiltily, that she had been in therapy for as long as she could remember. Her mother

had sent her to therapy because she was a difficult child. Rose said she used to be naughty, very naughty, to get attention probably to compete with her elder sister who has special needs. Rose said she also used to cry a lot, and found that hard to control at times.

When I asked her which painting she felt most comfortable with, she pointed to an image she had made spontaneously (non-theme directed). It depicted a large pink-red swirling image of a circular womb, with an umbilical cord made from string. I believe she was expressing her desire/need for comfort, warmth and love.

We discussed how her art was developing and compared the two trees she had painted, one three months after the first. The first tree was a delicate sapling dripping with fragile anger.



*Pulsatilla sapling.*

▷ There is no lexicon or dictionary of symbolic meanings that art therapists adhere to. As a guideline, Paul Gauguin proposes (1950), 'One must search for suggestion rather than description'. The image alone can rarely give sufficient information to diagnose a remedy. The image must support the consultation, and be used to confirm a remedy, or gain other criteria that might not be (or is able to be) conveyed in words. Where there is no clear or helpful 'homeopathic information' in the image, or in the making of the image, do not forget that the making of the image has intrinsic value for the patient.

'When we place ultimate value on what lies behind expressions, we tend to disparage the expres-

## They relish the opportunity to have a change from 'talking about' their health issues

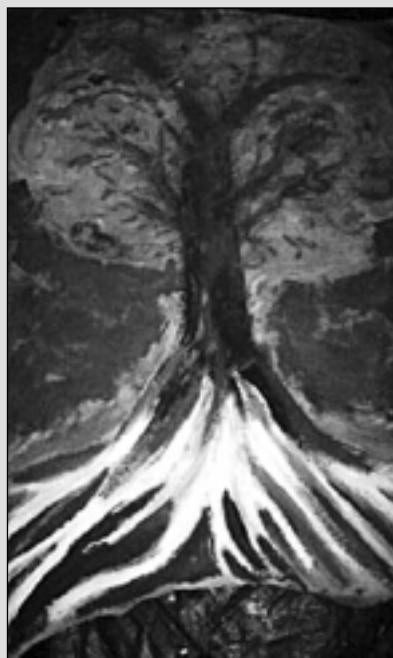
sions themselves.' (McNiff, 2005)

Similar remedies can present similar clinical material and when there is a differential diagnosis, an art therapy assessment can help

find the correct remedy. In one case of a six year old girl who was referred to me for an assessment, the homeopath had two possible remedies in mind, and feedback to him from the session confirmed which remedy to prescribe. In the art therapy room Jodie (not her real name) was very organised, always putting the art materials back in place, not leaving them out. The images were not specifically revealing homeopathically (teletubbies without hands/ a bottle of champagne/ family portrait) but what was more interesting was the way Jodie coloured in the picture of her mother's clothes. As she did this, she spoke about her mother's purple bra 'I can see her boobos'. She also undressed, and left un-

The second tree was more mature. Her core trunk had grown, thickened and had gold roots shooting up the trunk. The heavily over-laden branches bore fruit, and concealed anger. Rose preferred her sapling image (left), but recognised her new-found strength and resilience had emerged in the second tree.

Towards the end of the session, the conversation moved to homeopathy. She told me that homeopathy had really helped her. I asked her for the name of the remedy she had been given – *Pulsatilla*. I picked up a copy of Morrison's Desktop guide that was being used to hold one of her paintings flat – the womb painting, lying at her feet. I read out *Pulsatilla* and we were both in awe of how Morrison's description mirrored the painting review discussion and reflected her own words about herself.



I continue to nourish myself.

Though *Pulsatilla* is well-known to all homeopaths, we often have some difficulty in recognizing a *Pulsatilla* case, especially if we expect always to see the typical blond, blue-eyed, mild and tearful patient ... The central essence of *Pulsatilla* is 'changeability with softness'. It is primarily a feminine remedy. The *Pulsatilla* patient requires strong support from those around her. The patient is easily dominated or influenced. There is often a strong family figure or a strong religious figure or teacher in the patient's life. She needs support and reassurance. The patient is also deeply emotional, sentimental and sympathetic.

Although the typical *Pulsatilla* type makes excellent contact with others, there is often an initial shyness or bashfulness. The patient blushes easily and feels embarrassed from slight causes. Yet there is something flirtatious about this timidity which telegraphs the strong desire for affection and reassurance.

One of the main characteristics of the *Pulsatilla* patient is the ease with which she weeps ... The weeping is often soft and tender. The patient is unselfconscious in her desire for and acceptance of comforting and consolation ... She is soft and weepy one moment and irritable the next ... This occurs generally if the patient needs attention and feels she is deprived.

The typical *Pulsatilla* child is shy and clings to the mother ... she craves attention and affection ... Yet she can be pouting and irritable at other times.

The patient finds difficulty describing her symptoms because, 'I just can't seem to find a pattern!' This lack of pattern often indicates a changeability. (Morrison, 1993)

This art review allowed Rose to reflect on her creative process, her emotional well-being, and to think about which direction she was taking in life. It enabled me to hear more about her psychological case history in order to help her further in this work. And it was a confirming and affirming experience in support of her remedy, and her homeopathy!



*Pulsatilla*: the windflower.

dressed, every single Barbie doll in the consulting room. Some of the dolls, she even tied up in a repetitive (obsessive?) way. The art therapist felt that Jodie was a fairly sexualised little girl and the suggested remedy of *Hyoscyamus* was confirmed.

When working in this way, do be prepared – you will sometimes come across unpleasant images:

Disturbing images demand our attention and give us the opportunity to break through our controls and repressions. Exclusive identification with light and goodness keeps us in an artificial realm of spirituality and denies access to the core homeopathic medicines of irritants. (McNiff, 2005)

It is not only the content of the images that can disturb, but the

presentation too. Thus dirty smudged images can look like a *Sulphur* case, or have the 'bruising' of *Arnica*. When working with images you will naturally improve your visual acuity and literacy which supports traditional observation skills.

What we are offering to the homeopathic community is to consider the use of an art therapy assessment as an additional method of obtaining information from your patients. This can be a helpful, certainly creative, and interesting way to give depth to homeopathic practice. □

For more information see [www.art4theheart.com](http://www.art4theheart.com) and [www.drkaplan.co.uk](http://www.drkaplan.co.uk)

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