EGO FUNCTIONS IN ART THERAPY: 
UTILIZING EGO STRENGTHS AND WEAKNESSES IN TREATMENT

Thesis
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by
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This study explores the artwork of three patients diagnosed with schizophrenia to determine if Leopold Bellak's demarcation of twelve ego functions are manifested in art therapy products and processes. Patient drawing and sculpting manifestations are examined as well as patient behavior, thought processes and affect in order to determine ego functioning. The artwork was collected over the course of a single hospitalization and the associations, behavioral responses and affect were all recorded and integrated with the artwork. Psychoanalytic and ego psychology theories of ego functions and ego maturation are presented. Bellak's definitions of twelve ego functions are presented and compared to other theorists' views. Some treatment issues in art therapy's application of ego functioning include symbol formation, the therapeutic relationship, regressed affective states and the neutralization of primary process material.

The major findings of this study were that levels ego functioning were suggested by art manifestations, associations to artwork, behavior in art processes and thought processes during the discussions of artwork. An ego based framework utilized in art therapy can emphasize strengths in the ego of a patient for treatment practices in clinical art therapy.
To P,
the Fisher King.
Thank you
for the
drink of water.

I dedicate this thesis to the patients who have allowed me to work with them and beside them. I ask them to continue believing in the process of life and not in the product.
ACKNOWLEDGMENTS

The people I thank for never-ending support are recent additions to my life as well as old ones. Some pushed and poked my mind so that I had to communicate better while others believed in me when I could not believe in myself. For all their love, friendship and challenging ways, I thank them and tell them to keep asking the questions instead of looking for the answers.

For Linda Conley, Lisa and Paul Maiello, Geri Nogaki and Ben Wright: I thank you for love, technical support and kicks in the pants. Thank you Mother and Hoey for nurturance, endurance and womanhood.

I thank all my classmates and teachers for their knowledge, care and dedication to the patients and discipline that I find valuable and rewarding. A special acknowledgment goes to Mary Beth Quinn Boulden, John Lutz, Edwin Feliciano, Martha Shaw, Virginia Reid and Joe Reilly for all the above and so much more.
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INTRODUCTION

The effectiveness of art therapy for assessment and treatment is its ability to facilitate thought processes, affective states and behavioral responses in patients. Artwork can objectify both the content and processes of treatment (Wadeson, 1980). An assessment usually takes place early in treatment and it aids in gathering information, for setting goals and for the formation of the therapeutic relationship (Naumburg, 1966; Rubin, 1984; Wadeson, 1980). This initial contact between patient and therapist sets the stage for any work that might follow in art therapy treatment.

Concrete manifestations of an individual’s affective, behavioral and cognitive states are visually and spontaneously represented in symbols (Wilson, 1985a; Lusebrink, 1990) and by drawing elements such as the uses of color, space and media. A gestalt psychology principle suggests that art imagery can be a mirror for internal feeling states (Cohen, Hammer & Singer, 1988). The patient’s current level of emotional and cognitive functioning are often evidenced in the interaction between the art therapist and patient during the assessment and discussion of the art products (Landgarten, 1981). A write-up of themes and impressions, tangible goals and a course of treatment within the modality are the result (Wadeson, 1980).
Art therapists for inpatient facilities utilize daily groups and/or individual sessions for treatment environments. Art processes in groups and individual therapy sessions can facilitate treatment goals specific to each patient. Art processes for patients include drawing, sculpting and painting individually or during group projects. Art media includes structured materials such as pencil, erasers and markers or more unstructured media such as paint, clay and pastels. The type of task directive, the degree of interpersonal contact (individual or group), the media choice (structured or unstructured) and the discussion (verbal processing of artwork or group experience) are all tools of the therapist in facilitating therapy and patient treatment goals by art processes.

In addition to treatment, art therapy assessments are requested by the clinical staff to provide clarity and economy for diagnosis and treatment of patients (Smith, 1983; Fink, 1973). The clinical use of art therapy and its projective techniques exists because of an ongoing, dynamic dialog between psychiatry, psychology and art therapy. Kris (1952) and Jung (1956) both proposed that psychopathologists utilize the art expressions of patients in treatment. Art therapists like Margaret Naumburg promote the concept of dynamically oriented art therapy to widen its possibilities and framework in the application of art as both a diagnostic and treatment tool (1950, 1966; Landgarten, 1981; Levick, 1983). In contrast to projective assessment batteries in psychology, patients in art therapy have control over projective imagery because they create it and they are active participants in its creation. Art therapy assessments range from a single drawing task to
multiple drawing tasks. Art assessments entail directive drawing tasks, the provision of art media and a discussion of the artwork between the patient and therapist.

For the sake of clarity, I wish to briefly discuss the terms “treatment” and “assessment” and how they relate to art therapy and this study. The term “assessment” is used to describe any series of drawings that is completed in one session by a patient. “Treatment” is considered to be part of any art therapy assessment or patient participation in group art therapy (Rubin, 1984). An art therapist, like a verbal therapist, continually assesses the progress, mood and behavior of patients while also facilitating treatment. Art therapy processes provide diagnostic, behavioral, affective and cognitive “assessment” in how a patient uses media, how they create imagery and objects and what they say about these creations. Similarly, what the patient experiences, how the therapist responds and any therapeutic interventions are all utilized in the “treatment” of that patient.

Clinicians in psychology utilize projective assessment techniques that facilitate verbal responses from patients. Leopold Bellak designed the Ego Function Assessment (1973) for diagnostic purposes and as an assessment scale in viewing the ego functions of an individual on a continuum of strengths and deficits. Ego functioning operates as internal methods within the personality to enable the ego to function as smooth as possible (Bellak, 1973). Bellak examined and assessed ego functioning by studying patients’ cognitions, affect and behavioral responses to external stimuli (1973). Personality in a human could be described as patterns of behavior, affect and thought processes that have developed over the life span. To assess ego functioning is to examine an individual’s usual
course of interaction with the environment and his or her coping mechanisms (Bellak, 1973).

Bellak's twelve ego functions in his assessment battery are: reality testing, judgment, sense of reality of the world and of the self, regulation and control of drives, affect & impulses, object relations, thought processes, ARISE: adaptive regression in service of the ego, defensive functioning, stimulus barrier, autonomous functioning, synthetic-integrative functioning and feelings of mastery-competence (1973). These functions characterize the personality and operations of the ego and are generally seen as fundamental in any interaction between the self and the environment. Art therapy is a nonverbal process that draws from these principle ego functions in dynamic and integrative ways.

This research is an exploratory design in which Bellak’s demarcation of twelve categories of ego functioning is a beginning point. This study uses his descriptions of ego functions to assess manifest behavior, associations, affect and art imagery but it is not an exploration of Bellak’s theoretical model and formulations. This research began with the data; my clinical experience with the patients and how ego strength and weakness are suggested in art therapy processes and products. However, this thesis cannot start from the data and psychological theories surrounding the “ego construct” are pursued in the literature review chapter. The sources from psychoanalytic and ego psychology literature are utilized to describe, synthesize and separate the functions of the ego so that a dynamic integration of art therapy and psychological theory can occur in the discussion chapter.
the discussion of artwork (Naumburg, 1966; Rubin, 1984). In an art therapy assessment, the patient’s artwork and their associations to the material is processed immediately with the patient (Levick, M.; Safran, D.; Levine, A., 1990). This processing of material takes place in art therapy groups as well. All artwork that appears in this thesis has been processed initially with the patient or with the patient in a group setting.

As a practitioner of art therapy, Dale Smith utilizes the ego function concept in a triage capacity for a psychiatric emergency admissions unit (1983). In facilitating an art process for nonverbal communication, Bellak’s same ego functions are often represented symbolically in artwork and expressed behaviorally in addition to their evidence in verbal responses (Smith, 1983). She believes that art therapy may promote a dynamic assessment of ego functions and provide “...a gross appraisal of current levels in patient functioning in order to make initial treatment recommendations as part of the triage function served....” (1983, p. 87). Smith promotes a triage art evaluation that draws from diagnostic assessment dynamics and theories of ego functions as described by ego psychologists such as Bellak and Hartmann (1983).

This study is an exploration of ego functions evidenced in the artwork of three patients diagnosed with schizophrenia and treated with art therapy interventions. The focus is to examine “ego constructs” in assessing the intact, internal mechanisms and strengths that might be maximized and built on through art therapy treatment. The term ego is an abstraction of how an individual behaves, thinks and feels in his or her interactions with environments and others. An ego is an intangible reality, (have you ever seen one?), but it
might be maximized and built on through art therapy treatment. The term ego is an abstraction of how an individual behaves, thinks and feels in his or her interactions with environments and others. An ego is an intangible reality, (have you ever seen one?), but it is a useful concept to describe a patient's progress in treatment. Hospitalized schizophrenics present acute behaviors and affective states that need to be assessed, stabilized and followed (Smith, 1983). To utilize and document ego functioning through an art therapy framework can advocate and accentuate strengths to build on the coping skills intact in the ego of a patient during treatment. An ego functions perspective in concert with art therapy processes emphasizes the 'here and now' strengths of the patient. Documentation of the fluctuations in ego functioning during treatment provides economy in identifying reorganization of mood, behavior and thought processes after a period of psychosis or agitation.

The procedures of this study were to view patient artwork over time and to apply Bellak's twelve definitions of ego functioning to this researcher's interpretations of the patients' art processes. The objective of viewing these aspects of the patient is to explore how ego functioning is evidenced in art therapy and how it is applicable to treatment practices of inpatient, adult schizophrenics. This is a study of how artwork manifestations illustrate ego strengths and deficits and how strengths are maximized in art therapy processes. The functions of the ego evidenced in artwork will be the primary focus. Each patient's symbolic representations, thought processes, affect and behavior in art therapy are additionally described and documented over the course of treatment. Ego functions
seem evidenced within the artwork and processes of art therapy and ego functioning might become a valuable concept for inpatient treatment of adult schizophrenics.

Recognition of ego functioning in the content and process of art therapy treatment has enhanced many practitioners' work with acute schizophrenics (Sikes & Kuhnley, 1984; Smith, 1983; Wilson, 1985). Diminished ego functions are often viewed as behavior, affect and cognition that have become hindered and/or maladaptive by psychosis. When ego functions begin to strengthen through treatment, often the psychotic episodes abate (Smith, 1983). Some art therapy processes that reflect ego function manifestations are symbol formations (Wilson, 1985), the therapeutic relationship (Wadeson, 1980; Izhakoff, 1993; Sikes, V.; Kuhnley, E.J., 1984), regressed affective states (Smith, 1983) and the neutralization of primary process material (Wilson, 1985; Wittles, 1975). Treatment for the acute and chronic schizophrenic populations is traditionally multimodal in approach for inpatient hospitalization. Art therapy is not the only treatment and all the disciplines of psychiatry, nursing, psychology and other creative arts therapies work together in facilitating treatment for the patient. Schizophrenia is a thought disorder that creates organicity in brain functioning, blunted or flat affect and behavioral dysfunction in social and familial systems. Inpatient treatment targets the acute, psychotic behavior and affective states with psychotropic medication initially and utilizes other therapy modalities once the patient begins to reorient to his or her surroundings. The ego of the patient is the concrete personality of that individual and not his or her diagnosis of schizophrenia. Art
REVIEW OF THE LITERATURE

Numerous writings in psychoanalytic literature describe and conceptualize the "ego construct" which was introduced with Sigmund Freud's structural model of personality. The term ego, *das Ich*, was described as first, the person or the self as separate from other individuals, and second, the part of the mind that contains specific processes and functions (1923). Freud defined the ego by its functions as well as in relation to the id and superego constructs. One of Freud's most general statements about ego strength was that it is manifested in an individual's ability to work and love.

Ego Functions in Psychoanalytic and Ego Psychology Literature

The principle functions of the ego instincts were discussed by Freud as a forerunner to the ego concept (1923). Instincts in the ego construct are differentiated in *The Origins of Psychoanalysis* (Bonaparte, M.; Freud, A.; Kris, E., 1954) where the concept of drive energy was described by instinctual mechanisms and their relationships to other structures in the personality. One such instinctual drive of self-preservation was deemed as the search for pleasure and the avoidance of pain. Instinctual drives were theorized as motivational forces for human behavior and inherent to any organism for survival. Freud viewed the
ego as acting in concert with such instinctual drives and as an interpreter in the external environment in deciding when to satisfy drives and when to recoil from anxiety-provoking stimuli. The ego was also described as a constellation of functions that attempts to avoid over-stimulating situations and reconcile the conflicting demands from superego, id and external sources (Bonaparte, et al., 1954).

Towards an understanding of sexual and aggressive instinctual drives, Freud utilized his clinical work with hysterical and obsessional-neurotic patients to identify symptomatology in the ego (1923). Conflict in the personality became expressed in symptoms that reflected displaced, restricted or defended instinctual energy that the ego unconsciously protected. Identification was proposed as an important mechanism in building ego strength but also as the source of conflict in later adulthood (Bellak, 1973). Freud saw the ego construct as formed through the child's tendency to identify with caregivers and objects that are cathected with libido energy and to identify with lost objects through death or separation (1915). In addition to libidinal instincts and drives are the aggressive ones in which children also identify with parents and objects that are aggressively perceived or cathected (1915).

From an ego psychology framework, Heinz Hartmann (1950) identified instinctual drives as both harmonious and conflictual mechanisms in the experiences of the ego construct in that:

...the ego has from its start the tendency to oppose the drives, but one of its main functions is to help them toward gratification; it is a place where insight is gained, but also rationalization...it promotes objective knowledge of reality, but at the same time and by way of identification and social adjustment, takes over in the course of its development the conditional prejudices of its
Hartmann also conceptualized the ego as an equilibrium between subjective and objective states in the personality structure and between the individual and its environment (1958). Hartmann postulated that while ego weakness is manifested in schizophrenics because of weaknesses in the ego in differentiation and integration of objective and subjective states, treatment of these patients needed to specify which ego functions were impaired in the ego constellation (1958). Pathology in the ego construct was termed as an *adaptation disturbance* in that Hartmann stressed adaptation achievements in the development of the ego through interfaces with instinctual drives. In relating the issues tantamount to ego development, Hartmann (1952) said the following:

*The earliest stages of ego development can be described from several angles: as a process of differentiation that leads to a more complete demarcation of ego and id and self and outer reality; as a process that leads from pleasure to the reality ego; as the development of the reality principle; as the way leading from primary narcissism to object relations; from the point of view of the sequences of danger situations; as the development of secondary processes, et.* (pp. 165-166).

Ego psychology’s concentration on the mechanisms of the ego construct has many implications for the dynamic interrelationships of ego functions in pathological manifestations (Bellak, 1973). Hartmann concentrated his studies on those ego functions that related to reality testing which included the organization and control of motoric activity and perceptions in the self. Here, the ego is an adaptive boundary between internal and external stimuli, it tests reality and it is a catalyst for action and thought processes (1958). The synchrony between thought and action was described as an internalization...
tendency that requires a delay of discharge (Hartmann, 1958). This concept of internalization in an organism describes the ego as manifesting anxiety and using it as an aid in anticipating pain or pleasure from the environment. Hartmann, Kris & Lowenstein (1946) proposed that thinking, action and perception are the three main functions of the ego and that these functions also serve the demands of the id or superego. These functions become maladaptive in pathological disturbances such as schizophrenia (Bellak, 1973).

Theorists and practitioners in therapy have often identified intrinsic difficulties in differentiating and isolating one ego function from its constellation of other functions in the personality (Bellak, 1973; Spitz, 1959; Smith, 1983). Ego functions tend to operate in groups of complimentary activities; reality testing, judgment and sense of reality of the self and of the world are one such constellation (Hartmann, 1958).

Towards a theory of ego functioning in the pathological states of patients, Bellak proposed that ego strength be appraised on a scale towards the goals of evaluation and assessment towards treatment (1973). Psychoanalysts have often held that assessments and behavioral observations cannot generate comparable evaluation to what can be achieved in clinical, psychoanalytic settings with long term treatment. In view of modern, truncated hospital stays and chronic populations, however, further examination of direct, observational procedures seems both necessary and warranted (Smith, 1983). Clinical practitioner’s application of ego functioning towards the treatment of patients can quantify or qualify strengths and deficits in the ego (Bellak, 1973; Hartmann, 1958; Smith, 1983; Wilson, 1985).
The interface between Bellak's quantitative demarcation of ego constructs and the qualitative aspects of art therapy treatment will be discussed in a later section of this literature review. Bellak's definitions of twelve ego functions and their manifestations in normal ego development will now be discussed in relation to other theorists' views on ego maturation in the personality.

**Developmental Theory on Ego Maturation in Normals**

As before mentioned, Freud conceptualized the ego as developing initially out of the id and its drive energy. During child development, the fundamental function of the ego is seen as being a mediator between the instinctual energies of the id and the influences in the external world (Freud, 1923). Ego development has been further described by subsequent theorists as an element of differentiation (Mahler, 1952), a catalyst for the evolution of secondary processes (Arieti, 1976), as a development of reality principles (Ferenczi, 1916) or as a pathway that leads away from primary narcissism towards object relations (Kohut, 1966).

In pursuing how ego functions are manifested in the schizophrenic syndrome, many clinicians have formulated theories in which schizophrenia is caused by multifaceted disorders of ego functions (Bellak, 1973; Hartmann, 1958; Spitz, 1959). Descriptions of ego functioning in adult schizophrenics will be presented in the next chapter of this review while developmental theories in psychology will now be presented briefly in four charts (Tables 1-4, pp. 14-17) using Bellak's twelve ego functions as categories. Of the five
authors chosen, each tends to use different language and concepts for similar explanations of behavior, affect and cognition in ego development. This chart format parallels childhood maturation principles with Bellak’s twelve principle functions of reality testing, judgment, sense of reality of the self and of the world, regulation of drives, affect and impulses, object relations, thought processes, ARISE, defensive functioning, stimulus barrier, autonomous functioning, synthetic-integrative functioning and mastery-competence (1973).
Table 1: Reality Testing, Judgment and Sense of Reality of the Self and of the World

<table>
<thead>
<tr>
<th>Reality Testing</th>
<th>Judgment</th>
<th>Sense of the Reality of Self and of the World</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Erikson (1963)</strong></td>
<td>Identity formation, testing perceptions</td>
<td>Maturation of identity concept throughout lifespan</td>
</tr>
<tr>
<td><strong>Freud, A. (1966)</strong></td>
<td>Fantasy, imagination becoming more objective reality</td>
<td></td>
</tr>
<tr>
<td><strong>Freud (1923)</strong></td>
<td>Sublimation of drives necessary because environmental influences on behavior</td>
<td>Decisions to incorporate good or bad; pleasure principle begets reality principle</td>
</tr>
<tr>
<td><strong>Hartmann (1950)</strong></td>
<td>Reciprocal relationship of individual and environment</td>
<td>Anticipation of future events</td>
</tr>
<tr>
<td><strong>Mahler (1963)</strong></td>
<td>Object constancy</td>
<td>Associations through experiences</td>
</tr>
</tbody>
</table>
Table 2: Regulation of Drives Affect & Impulses, Object Relations and Thought Processes

<table>
<thead>
<tr>
<th></th>
<th>Regulation of Drives, Affect &amp; Impulses</th>
<th>Object Relations</th>
<th>Thought Processes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Erikson (1963)</strong></td>
<td>Play, work and growth</td>
<td>Trust versus mistrust</td>
<td>Concrete thinking developing into abstract thinking</td>
</tr>
<tr>
<td><strong>Freud, A. (1966)</strong></td>
<td>Impulses seen as expressions of anxiety, learning to modulate frustration</td>
<td></td>
<td>Instinctual drives developing to thoughts; delayed gratification</td>
</tr>
<tr>
<td><strong>Freud (1923)</strong></td>
<td>Pleasure principle and id impulses of love/aggression expressed in latent material</td>
<td>Fear of loss of object, of object’s love, of injury and of punishment</td>
<td>Trial action, language development, a censor of primary process affect</td>
</tr>
<tr>
<td><strong>Hartmann (1958)</strong></td>
<td>Play and adaptation</td>
<td>Need satisfaction, primary narcissism adapted through interactions with environment and others</td>
<td>Secondary process thinking developed though primary process</td>
</tr>
<tr>
<td><strong>Mahler (1963)</strong></td>
<td>Object constancy</td>
<td>Omnipotence, symbiosis, differentiation and attunement</td>
<td></td>
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</tbody>
</table>
Table 3: ARISE, Defensive Functioning and Stimulus Barrier

<table>
<thead>
<tr>
<th></th>
<th>ARISE; adaptive regression in service of the ego</th>
<th>Defensive Functioning</th>
<th>Stimulus Barrier</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Erikson</strong></td>
<td>Play, fantasy, mastery and creativity</td>
<td>Unconscious “arrangements” to postpone satisfaction and find substitution</td>
<td>Increasing degrees of stimulus and exposure to experience</td>
</tr>
<tr>
<td>(1963)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freud, A.</strong></td>
<td>Play, fantasy, mastery and creativity</td>
<td>Intervening principles to modulate instinctual drives; “instinctual danger makes human beings intelligent”</td>
<td>Mother acts as protective shield while degrees of autonomy develop</td>
</tr>
<tr>
<td>(1966)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freud</strong></td>
<td>Wit and comic, free association</td>
<td>Unconscious mechanisms to guard the ego from anxiety</td>
<td>Inner and outer distinctions and responses</td>
</tr>
<tr>
<td>(1923)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hartmann</strong></td>
<td>Fantasy connecting past to future, flexible thoughts and actions</td>
<td>“Conflict-free spheres” of development; reality-adapted development</td>
<td>Biological functions, inner realities bombarded by stimulus and adaptive to it</td>
</tr>
<tr>
<td>(1958)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mahler</strong></td>
<td>Splitting, projective identification and ambivalence</td>
<td>Sensory experiences leading to differentiation</td>
<td></td>
</tr>
<tr>
<td>(1963)</td>
<td></td>
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</tbody>
</table>
Bellak’s Twelve Ego Functions in Normal Development

Table 4: Autonomous Functioning, Synthetic-Integrative Functioning and Mastery-Competence

<table>
<thead>
<tr>
<th></th>
<th>Autonomous Functioning</th>
<th>Synthetic-Integrative Functioning</th>
<th>Mastery/Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Erikson</strong></td>
<td>Identity diffusion states in development; adolescence</td>
<td>Instincts to learn and master; “drives to do and learn to do”</td>
<td></td>
</tr>
<tr>
<td>(1963)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freud, A.</strong></td>
<td>Tendency for the ego to synthesize id derivatives and ego activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1966)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freud</strong></td>
<td>Ego functions that operate autonomously; biological functions of motility, sensory</td>
<td>Processes of dream work that attempt to establish order between incongruent states in the ego</td>
<td>“Instincts for knowledge”</td>
</tr>
<tr>
<td>(1923)</td>
<td>perceptions, etc</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hartmann</strong></td>
<td>Inborn ego apparatuses: motility, perception, thinking; reciprocal influences of id and</td>
<td>By interaction the ego can minimize cathartic energies spent in synthetic functioning</td>
<td>Adaptation, reality mastery, play, productivity, mental equilibrium, the ability</td>
</tr>
<tr>
<td>(1958)</td>
<td>environment on automatic functions</td>
<td></td>
<td>to enjoy one’s environment</td>
</tr>
<tr>
<td><strong>Mahler</strong></td>
<td>Distortions in autonomous functioning by drives in individual and in caregiver</td>
<td>Splitting mechanisms of good/bad objects and child’s eventual synthesis of both into a complete object</td>
<td>Locomotion mastery and the child’s affective separation from mother</td>
</tr>
<tr>
<td>(1963)</td>
<td></td>
<td></td>
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</tbody>
</table>
Bellak’s Twelve Ego Functions in Schizophrenia: Deficits and Strengths

Developmental theorists commonly emphasize genetic sources, maturational delays, conflicts and affective deprivations as possible contributors to the schizophrenic syndrome in children and adults (Mahler, 1952; Arieti, 1974; Bellak, 1973). Bellak is one of a number of clinicians who emphasize psychogenic factors in the symptom formation of schizophrenia and who ascribe developmental and interpersonal influences critical roles to the etiology of thought disorders (Arieti, 1974; Mahler, 1963; A. Freud, 1966; Hartmann, 1939). Ego functions are also suggested in the clinical descriptions of manifesting symptoms such as fragmentation of thought processes, sexualized or aggressive acting-out behaviors, social withdrawal and blunted affect, poor judgment and reality testing (Kaplan, H.; Sadock, B., 1985). These kinds of ego function deficits can interfere with other ego functions that are more adaptive in the individual. The concepts of ego strength, ego deficit and ego adaptation are important in understanding the manifestations of ego functioning (Bellak, 1973; Hartmann, 1939, 1958). Some qualifying factors are psychological stress, situations in the external environment and the level of ego regression (Arieti, 1974; Bonaparte, M.; Freud, A.; Kris, E., 1954; Ferrara, 1992). The following discussion parallels Bellak’s twelve definitions of ego functions with descriptions of ego strength and ego deficit manifestations (1973).

**Reality testing** is the individual’s ability to distinguish between inner and outer stimuli. Bellak utilizes reality testing to “…assess an individual’s relative awareness or degree to which they can perceive distortions towards external and internal events....” (1973,
p.76). The ego’s need for synthesis between internal and external states can make it difficult for incongruous perceptions to coexist because the fantasy life of childhood is not valued as highly in the mature adult (A. Freud, 1966). Ego weakness might be shown in the fantastic thinking of schizophrenia that is often marked with narcissistic states and delusional thinking that become disparities in reality testing between that individual and the external world (Bellak, 1973). Erikson (1963) distinguished strength in reality testing as “...a world of phenomenal experience in which perception becomes an experience of minimal idiosyncratic distortion and a maximum of joint validation” (p. 453) between the self and others.

Bellak described judgment as “...an anticipation of probable outcomes in an individual’s behavior such as perceiving danger, sensing inappropriateness or disapproval by others and avoiding physical harm....” while judgment in affect was “...the extent to which an individual can attune emotions to the relevant aspects of their experiences in the world....” (1973, p. 76). Judgment and reality testing are closely related in the literature on ego functions. Good judgment seems contingent on good reality testing and vice versa (Hartmann, 1958). In psychiatric batteries and assessments like Bellak’s, judgment is often equated with “insight” into reasons for the hospitalization and the patient’s awareness of his/her “problems” and problem solving skills.

Sense of reality of the self and of the world is “...the extent to which an individual experiences derealization and altered states of consciousness....” and the degree to which “...external events are experienced as real and familiar....” (Bellak, 1973, p. 76). Sense of
reality of the self could be defined as a developed sense of individuality, good self-esteem, a stable body image and a sense of uniqueness from others. Sense of reality of the world is a function of distinguishing one’s self-representations from object relations; other people and objects are independent from the self and ego boundaries between the self and the world are differentiated (1973).

In Maher’s paradigm, normal development is marked by the infant’s success in discovering self boundaries in relation to caregivers and objects (1952). In infancy, the sense of self seems rudimentary, but maturation is marked by discoveries of difference between the self and the world. In psychotic states, the seems to be a regressive tendency back to more undifferentiated boundaries between the self and others (Bellak, 1973; Hartmann, 1939; Mahler, 1952). Further theories of this ego function in schizophrenia can be found in the work on primary and secondary narcissism by Kohut (1966) and in Kernberg’s concepts of distortions in the self and the narcissistic conditions (1970). Aspects of body image, abstract self-concepts and self representations are vital to one’s sense of inner reality and interactions with outer reality for this ego function (Wilson, 1985; Robbins, 1984). The quality and the degree to which an patient differentiates and recognizes a separate self from others represents a continuum of deficits and strengths in this ego function.

The regulation of drives, affect and impulses are assessed in patients by their behavior, specifically, the range of severity from normal, neurotic and to psychopathic acting-out (Bellak, 1973). "Patients exhibit both indirect and direct forms of impulse-
ridden expression, affect and drives through behaviors that range from mild to severe. Maladaptiveness of this ego function would be the extent of awareness the drive, affect and impulse are experienced and expressed disruptively...." (p. 77). Ego strength in this function is "...the effectiveness of self-control and delay of discharge mechanism, degrees of frustration tolerance and the drive derivatives as displayed through ideation, affect expression and manifest behavior...." (p. 77). This ego function involves the postponement of gratification and toleration of frustration, anxiety, depression and disappointment so that affect and urges expressed in modulated behavior denotes strength in the patient’s functioning. Drives, affect and impulses can be both undercontrolled and overcontrolled in the patient; both impulsiveness and poor delay of gratification are detrimental and extreme while inhibition and overcontrol are equally so (Bellak, 1973).

In the ego function of object relations, the "...individual’s degree of relatedness to others is examined as well as the degree of flexibility and choices displayed in maintaining object relations...." (Bellak, 1973, p. 77). Elements of narcissism, symbiosis, separation-individuation, withdrawal trends and the extent of mutuality, reciprocity, empathy and ease of communication are important factors in the development of present relationships that can be influenced adaptively or maladaptively by previous ones. Ego functioning can be assessed by the degree to which these elements are manifested in the current relationships of the patient (Bellak, 1973).

Thought processes include "...adaptiveness in memory, concentration and attention while deficits in this area include thought blocking, concrete thinking and the degree to
which verbal communication reflects primary versus secondary thinking...” (Bellak, 1973, p.77). Thought disturbances in schizophrenia often hinder that patient’s expressive language in response to anxiety or agitation (Arieti, 1974). Secondary process thinking can be hindered by intrusions of primary process expression, overwhelming affective strain and dissociative defenses such as avoidance and denial (Bellak, 1973). Schizophrenic cognitive processes often show a tendency towards over-inclusion and inappropriate generalizations in thoughts (1973). Ego strength in cognition is often qualified in adaptability and problem solving skills in a patient’s interaction with his or her environment (Hartmann, 1958). Thought disturbances in schizophrenia are often perceived as a secondary effect of other ego function disturbances (Arieti, 1974).

**Adaptive Regression In Service of the Ego** is a large category of human behavior, affect and cognition in which one manifestation of this function is creativity in music or visual and performance art (Kris, 1952). ARISE is an ego function that draws on a patient’s abilities to meet life’s demands with creative solutions that are reflective of some flexibility and relative degrees of “…relaxation of subjective perceptions with a reciprocal increase in ego awareness of unconscious content and drives....” (Bellak, 1973, p.77). The extent to which the patient can experience the processes of creativity and the degree to which regression disrupts his/her adaptation to the environment are areas of assessment. ARISE implies a controlled use of primary process thinking which individuals can utilize in new configurations and creations (Kris, 1952). Bellak stated that deficits in functioning might be expressed by uncontrolled or
overcontrolled by an individual’s secondary process use of regression (1973).

Defenses are mechanisms in the personality structure that transform instinctual energy into unconscious defensive operations (A. Freud, 1966). In assessing defensive functioning, the influence of defensive mechanisms “...on maladaptive affect, ideation, behavior and the adaptive levels of other ego functions can be dystonic for that patient’s adaptiveness to the environment....” (Bellak, 1973, p. 78). Ego strength and weakness might be surmised by the degrees of affect emergence such as anxiety or other dysmorphic states as well as by the degree of affect blocking and denial. Defenses can both restrict and disinhibit affect maladaptively in the ego’s efforts to master affect. Such displays can be indicative of conflict existing between the ego and instinctual drives (1973).

Stimulus barrier is the threshold between internal and external stimuli that effects the exchanges and reactions between the self and others. Schizophrenia often reduces a patient’s receptivity of external stimuli while increasing their sensitivity to internal stimuli (Arieti, 1974). “Ego strength might be expressed in adaptivity, organization and integration of the patient’s response to sensory stimulation....” (Bellak, 1973, p. 212). Bellak found that an assessment of stimulus barrier thresholds to sensory experiences is observable in motoric behavior, affective states and cognitive processes.

Intention, memory, learning perceptions and motoric function are all manifestations of autonomous functioning. “The degree of freedom from impairment of apparatuses of primary autonomy: attention, concentration, memory, learning perceptions, motor function and intention and the degree of freedom from impairment of secondary
autonomy: disturbances in habit patterns, learned complex skills, work routines, hobbies and interests” (Bellak, 1973, p. 78) characterize this ego function. Visual, auditory, motor and tactile disturbances in schizophrenia are deficits in primary autonomous functioning as are interferences in attention and intentionality. Intentionality, motor mannerisms, speech and expressive language are severely disturbed in catatonic schizophrenics while higher functioning schizophrenics may experience more secondary autonomy interferences in performance of occupational activities or household chores (Bellak, 1973). Bellak found that ego strength might be ascertained by familial and occupational systems intact for that patient or a use of structured time and activity such as: dressing, attention to details, performing chores and tasks (1973).

**Synthetic-integrative functioning** can be “...maladaptive when there is no reconciliation or integration of contradictory attitudes, values, affect, behavior and self-representations” (Bellak, 1973, p. 245). Ego strength can be assessed in a patient’s active integration of behavioral and intrapsychic events. Freud wrote in *Totem and Taboo* (1913) that: “There is an intellectual function in us which demands unity, connection and intelligibility from any material, whether perception or thought, that comes within its grasp.” He theorized that if the unifying principle operates to make correct connections, than it can also work to fabricate and create false ones (p. 95). In patients with schizophrenia, if this synthetic function is unable to establish connections and causality, then its tendency is to simplify, to generalize and to synthesize fixed, false beliefs and delusions (Bellak, 1973). The development of paranoid delusional systems relates ideas and
events that are irrelevant to one another to support a previous thought or affect. Ego strength might be adaptability or flexibility in cognition, organization of goal directed behavior and social integration (p. 245).

Competence and self-perceptions of how well a patient feels that he or she performs within their capacities is the mastery-competence ego function. How a patient perceives their capacities, their mastery of skills, effectiveness in and interactions with the environment are important areas to assess for strengths and deficits in ego functioning (Bellak, 1973). How patients have realized their potentials, how they deal with challenging situations and how they overcome obstacles are important manifestations of mastery.

"Assessment is the amount of mastery-competence shown or in the degree of discrepancy between actual competence and sense of competence. This may be negative wherein mastery exceeds perceived competence, it may be equal or it may be positive wherein there is an exaggerated sense of competence " (p. 262). Grandiosity can be an example of ego weakness if competence is not shown as much as a poor self-perception is when mastery seems evident.

To move towards an introduction of art therapy treatment of schizophrenia, general issues of interference, reciprocity and constellations in ego functions are briefly discussed. Ego functions are generally understood as interrelated and interdependent and when a disturbance occurs in one function, other functions are effected (Bellak, 1973). In schizophrenia, the level of ego function differentiation in the personality can vary among individual patients (Bellak, 1973). The schizophrenics who present with more primitive,
affective, behavioral and cognitive states seem to manifest with more ego deficiencies across all functions (Hartmann, 1939; Bellak, 1973). Regression to a more primitive, undifferentiated state can increase the interrelation among ego functions at a low level of adaptability to environmental influences (Hartmann, 1958). However, all schizophrenic patients are individuals and they present variability in levels of adaptive ego functioning and psychological development (Arieti, 1974). Schizophrenics who present with more discreet disturbances can show regressions in more varying degrees (Hartmann, 1950). Attention and concentration can function even when cognition and perception are disturbed in cases of paranoid schizophrenia (Bellak, 1973). The degree of discreteness of ego functions can be indicative of the patient’s psychological development, the level of pathology and their unique ego characteristics (Bellak, 1973; Hartmann, 1950).

Art Therapy Treatment of Schizophrenia

Before the formal discipline of art therapy was developed, there was psychiatric interest in the artwork of patients. Psychiatrists of the early twentieth century such as Walter Morgenthaler and Hans Prinzhorn devoted their careers to the study and collection of artwork of hospitalized schizophrenics (MacGregor, 1989). Contemporary to these efforts were Carl Jung’s pivotal experiences treating psychotic patients in which he found art to be a dynamic aspect to his subsequent theories of schizophrenia (MacGregor, 1989). These early forays into the artwork of patients diagnosed with schizophrenia became extensive.
studies in psychology into the function and meaning of visual symbols and image-making activities in the contexts of psychological disturbance and treatment (Beres, 1957; Fink, 1973; Arieti, 1974; Naumburg, 1966; Wilson, 1985).

In contrast to the collections and exhibitions of “psychotic art” as a product (MacGregor, 1989), art therapy’s practitioners offer techniques, subject matter, media and choices which are applicable to the changing needs and therapeutic goals of the patient (Landgarten, 1981). Art therapy emphasizes the creative, cognitive, affective and behavioral processes inherent to art (Fink; Levick; Goldman, 1973; Rubin, 1984). The theoretical formulations of art processes include the activation of mental representations, transfers of psychic energy in cathexis and secondary elaboration of primary process material (Beres, 1970; Arieti, 1974; Naumburg, 1966). Art therapy practitioners view the activation of these processes as beneficial towards the effectiveness of treatment with any population (Levick, 1983; Wilson, 1985).

This chapter presents general concepts in art therapy treatment of schizophrenia and then develops a discussion of some implied uses of ego functions by practitioners in the field. This literature review culminates with a presentation of the art therapy literature that directly relates to ego functions theory being applied in the treatment of schizophrenia.

Some content and form indicators in the artwork of individuals diagnosed with schizophrenia include fragmentation, disturbed spatial organization, disintegration, bareness, labeling and transparencies in perspective of imagery (Cohen, B.; Hammer, J.; Singer, S., 1988). Initial art therapy assessments for inpatient facilities can be structured as
a multiple drawing series (Naumburg, 1966; Kramer, 1958; Rubin, 1984) or as a single drawing task (Gerber, personal communication, October, 1994). Assessment in art therapy is not excluded from treatment as the assessment can provide both the material and processes for therapy to occur (Wadeson, 1987). An art therapy assessment can indicate the presence of organic brain damage in chronic schizophrenics, but, it can also be therapeutic by providing a structured activity with which patients can express themselves even when language is largely lost (Wald, 1986).

Inpatient facilities for acute and chronic schizophrenic populations often utilize the individual assessment as an aid in establishing the therapeutic relationship and in gathering pertinent information for treatment goals in the group therapy milieu (Robbins, 1981; Wadeson, 1987). Presenting symptoms of schizophrenia usually include agitation, potential harmful behavior to the self or to others, decompensation from non-compliance with medication, perseverative behaviors and reality distortions (Kaplan, H.; Sadock, B., 1985). Both acute and/or chronic individuals diagnosed with schizophrenia benefit from treatment goals such as reality testing, emotional discharge without decompensation, helpful interactions with others, decreased rumination, affective experiences and behavioral interventions through art therapy techniques (Landgarten, 1981; Naumburg, 1966; Wadeson, 1980).

Towards effective techniques in treatment, art therapy seems best suited to this population when it aids in strengthening levels of social and psychological functioning. These goals can be achieved in stressing communication to others through the symbolic

Concepts of the symbolism in artwork can be twofold: symbols can be understood on their own terms of individual or universal archetypes (Jung, 1964) or symbols can be viewed as secondary process revisions of primary process material (Arieti, 1974; Kris, 1952). Both views of image-making represent the present clinical practice of art therapy as do theories of defense mechanisms in artwork (Levick, 1983) and cognitive adaptability in art processes (Silver, 1978; Sikes & Kuhnley, 1984).

Implied Ego Functioning Perspectives in Art Therapy Treatment

Certain treatment issues and techniques in art therapy for schizophrenic populations seem to imply the use of ego functioning principles without use of the terminology. I have found a paucity of literature where practitioners directly utilize ego functions in treatment with schizophrenia. A larger body of literature exists where implied uses of ego functions are used.

Wadeson (1980) found in her work with schizophrenia that there exists a continuum between "sealed over" and more "integrative" styles of recovery from psychotic states. She noted that studies in recovery for this population have not been researched to the same degree as etiology, onset mechanisms and acute breakdowns in schizophrenia have been investigated (1980). Integration as a recovery style involves a recognition of continuity between thought and feelings in the individual for their psychotic states and prepsychotic and postpsychotic experiences. These patients "...seem to struggle with the
experiences surrounding their decompensations, they take a certain responsibility for them and they attempt to use their experiences for new information about themselves” (1980, p. 176). Sealing over describes a process of recovery wherein suppression and repression of psychotic experiences make them unavailable in the prepsychotic and postpsychotic consciousness of the individual (Wadeson, 1980). She writes that:

"Impenetrance to influences in experience, affect, cognition or behavior distinguishes this patient's intrapsychic and interpersonal existence from the more integrative style of recovery" (1980, p. 177).

Wadeson did not write about these extreme positions on the recovery style continuum as they relate to ego functioning. However, such a study in the relationship between expressiveness in art productions and recovery styles in schizophrenia can emphasize how the ego both “recovers” from and functions during psychotic and postpsychotic experiences (Wadeson, 1980; Collins, unpublished Master’s thesis, 1972). Attention to the healthier, recovering manifestations in the schizophrenic patient has been paralleled by other art therapists who utilize ego functioning strengths in treatment with other populations (Lyons, unpublished Master’s thesis, 1971; Silver, 1989).

The events surrounding art expression in art therapy are active exchanges between the therapist, the patient and the processes of symbol formation in reaction to the directives of the drawing or sculpture (Wilson, 1985a). Theorists such as Beres (1965) and Winnicott (1953) view ego function processes as developing preliminary to the processes of symbol formation. Symbol formation processes build upon the ego functioning principles of
perception, memory, learning, conceptualization, reality orientation and organization of motor functions (Beres, 1965). Art therapists have drawn from theories of transitional objects (Winnicott, 1953) and learning theories (Piaget, 1952) to find that an individual's capacity to use symbols is significant towards both assessment and treatment of cognitive disorders (Wilson, 1985a; Silver, 1989). Rawley Silver's work as an art therapist has been in the treatment of learning disabled children. Art therapy directives and projects are designed by Silver to target and enhance cognitive functioning and abilities through symbol formation (1989).

Another implied use of ego functioning principles in art therapy seems to be in the facilitation of plastic, three dimensional art processes. Sculpture processes can stimulate tactile experiences relating to early object relations (Winnicott, 1953; Atlas; Smith; Sessoms, 1992) or stimulate regressive impulses and libidinal wishes (Schlossberg, 1983; Hays, personal communication, November 1995). Sculptural forms have been studied as progressing developmentally in children (Miron, unpublished Master’s thesis, 1987). Miron noted that art media such as clay can be regressive because of the additional sensory stimulation that occurs through touch, smell and sound when compared to drawing activities (1987). Sculpture seems to be a dynamic art event because it can involve complex problem-solving functions and activate stimulus barriers and frustration tolerance to promote verbalizations of feelings in patients (Guillin-Hurlin, 1987).
Ego Functioning in Art Therapy Treatment of Schizophrenia

Dale Smith promotes art therapy practices that utilize ego functions so that efficacious goals can be carried over to outpatient treatment (1983). She believes that art assessments should be focused in their evaluation of ego strengths and deficits so that beneficial and accurate referrals can be made for patients (1983). Smith emphasizes efficient evaluations of patients so that secondary material is not the primary focus and current ego functioning assessment is the goal (1983). In gaining information about ego strength, the art therapist can draw on stronger areas of functioning in attempts to build on weaker ones (Smith, 1983). This perspective of patient health can also provide an initial basis for the therapeutic relationship as well (Wadeson, 1980; Burns, 1991).

Wadeson (1980) describes the therapeutic relationship as one in which the therapist's acceptance, respect and recognition of the patient's art communication as a potential catalyst for the patient's own self-acceptance, self-respect and self-recognition. Izhakoff reports that the patient's artwork and associations are instrumental in reflecting ego strengths, deficits and defenses while also providing an opportunity for a non-intrusive and nurturing relationship (1993). Through visual imagery and mirroring behaviors, art can aid in establishing a therapeutic holding environment for the patient's experience of object relatedness (Izhakoff, 1993).

The psychotic, primitive affective states of schizophrenia can hinder a patient's ability to differentiate and integrate their self-object relational conflicts (Mahler, 1952; Klein, 1932; Arieti, 1974). When a therapist interacts with a schizophrenic patient through...
their artwork, that exchange can provide the patient with experiences of ego adaptability and flexibility that are necessary in human interactions (Volkan, 1994). The processes in art therapy can establish experiences of relatedness by the provision of media and the activation of nonverbal, feeling states (Izhakoff, 1993; Wilson, 1985a).

Patients who are diagnosed with schizophrenia can both encounter and create cognitive roadblocks in synthesizing or articulating their fears to others (Wilson, 1985a). Arieti emphasized the use of art as a method of mastering the anxiety-provoking perceptual distortions in acute schizophrenia (1974). Perceptual distortions and hallucinations become deficiencies in reality functioning and are often presenting problems for most hospitalized schizophrenics. As an ego function, this loss of reality is a deficiency in the symbolic process that results in a loss of the capacity to differentiate between real objects and their representations (Beres, 1965). Art therapy can illuminate this maladaptive function of reality testing, but it can also aid in strengthening reality testing (Wilson, 1985). When a schizophrenic draws a hallucination, he or she is creating a visual image that is an affectively charged experience of a fantasized mental representation. Wilson found that treatment can occur in the process of drawing the hallucination because it provides distance from the event while also communicating it (1985b; Wittels, 1975).

Deficits and lags in ego development can disrupt other maturing functions dramatically (Bellak, 1973). Poor object relations can contribute to regressive, affective states that resemble secondary autism and symbiotic states of infancy (Arieti, 1974). One treatment goal of treatment for acute schizophrenia is to pull the patient out of disintegrated,
nightmarish and subjective experiences by providing symbolic containment, structure and reality testing (Wilson, 1985a). In such mental activities known as primary process, the discharge of mental energy is immediate and the energy that activates secondary process can be bound or held back (Beres, 1965). Beres postulated that as maturation occurs in development, the capacity to hold back primary process material increases the neutralization of such energy and permits a transfer or flow of psychic energy, secondary elaboration and cathexis. This neutralized energy becomes available for use in ego functions (1965). This conceptual formulation was emphasized by Wilson as the effectiveness of art therapy utilizing ego functions in clinical practice (1985b). She writes that:

*When a person is impelled to action by the pressure of internal needs or wishes, we must assume that those needs and wishes are accompanied by mental representations in the form of unconscious fantasies. As art therapists, when we ask our patients to make pictures or sculptures when they are under pressure to act or behave impulsively, we are seeking to help the delay drive discharge and instead put their feelings, thoughts or fantasies into visible form. We do so by attempting to impose a conscious intervening factor that allows the patient to momentarily "see" what is in their mind (pp. 129-130).*

The patient’s neutralization of primary process material and externalization of internal thoughts and perceptions in art therapy can permit an exploration and possible organization of problems, conflicts and dystonic affects (Wilson, 1985b). The areas of symbol formation, therapeutic processes and the therapeutic relationship and how they apply to the activation of ego functions are vital to the utilization of ego functioning in art therapy (Wilson, 1985a; Smith, 1983; Izhakoff, 1993; Wittels, 1975). Two fundamental tenets of art therapy are that art is a process of mastery and a means of communication.
(Wittels, 1975). It is for these goals in treatment that art therapy can offer choice, structure and self-assertion in its processes for patients with ego deficiencies (Smith, 1983; Wilson, 1985b).
METHOD

This study explored possible indicators of ego functioning in patient artwork and presented a documentation of how strengths and deficits of the patient might have fluctuated in their artwork during treatment. The terms and descriptions of ego functions utilize Leopold Bellak's definitions of ego characteristics (1973) whereas his theories that conceptualize ego constructs and processes will not be discussed in this thesis. However, the abstractions and descriptions of ego functions are used as categories for the purpose of this study. The hypothesis was that Bellak's description of twelve ego functions might be evidenced in patient artwork and through art therapy experiences. Utilizing the case study design and at this level of investigation, this researcher was the only viewer of the artwork. The results chapter contains charts of possible indicators of ego functions evidenced in artwork and art processes that could be further investigated by other researchers or rating teams.

The methodology of this thesis was a multi-case study design with three participants. The candidates for this study were randomly assigned by identifying and approaching every second schizophrenic patient admitted to the inpatient, psychiatric unit at a metropolitan medical center in a month's period. This hospital admits a variety of schizophrenic patients dually diagnosed with affective disorders, personality disorders and organic disorders. Any additional Axis I or Axis II diagnosis other than the categories of
schizophrenia was the exclusion criteria. The criteria for this patient sample was only those patients previously diagnosed with schizophrenia and not receiving treatment for any other Axis I or Axis II category. The patients identified as eligible for this study were approached by an art therapist and asked if they would: (1) agree to the use, reproduction and discussion of their artwork and (2) sign a consent form to allow their artwork and case history to be reviewed and published in an academic work. For the patients who signed a consent form, the patient history documented was a review of their chart for that hospitalization and not from any previous admissions. Their artwork was gathered from group activities and any art assessments done on the unit. The artwork and admitting history was reproduced and described in this thesis. All names and identities were protected by excluding patient identity on all artwork and by making the patient history as anonymous as possible. The results chapter describes and presents both the artwork and brief case history of each patient in a consistent manner.

Following the initial information and artwork, the discussion section integrates the data from this study in relation to Bellak’s definitions of twelve ego functions in a qualitative manner. Ego functions are discussed in relation to art media, art experiences, artwork, behavior and verbalizations during the treatment. This chapter postulates how ego functions might be manifested in artwork and art processes during inpatient treatment. In addition, the text includes descriptions of any ego function fluctuations over the course of treatment. The possible indicators of change in ego functioning are documented in chart form as part of the results discussion and elaborated on in the summary section.
The major findings of this study are that ego strengths and weaknesses can be assessed in patient artwork from art therapy groups and individual sessions. Symbolic manifestations in imagery as well as the patients' thought processes, affect and behavior during creative processes were documented by utilizing an ego functioning perspective. Strengths in ego functioning were ascertained so that treatment interventions could maximize those functions. The hypothesis was that ego functions would be evidenced in patient artwork and art processes and that they might fluctuate over any course of hospitalization.

This chapter presents the clinical symptoms, family system history and descriptions of art therapy processes consistently for each patient. Descriptions of media use, patient verbalizations and behavior are presented to document what occurred in art therapy groups and individual sessions. This chapter also includes patient artwork and charts that compare delineated ego functions with the art manifestations, cognition, affect and behavior of each patient. The chart format is utilized to isolate and identify possible indicators of ego strength and weakness. In an attempt to describe ego functioning levels as they occurred, all patient artwork is presented in the order of completion during treatment.
Case Presentation of Patient A
Family System and Admission Notes:

This patient was admitted on a voluntary commitment for Acute Exacerbation of Chronic Paranoid Schizophrenia. She is a 55 year old Caucasian female with a history of multiple psychiatric hospitalizations since the age of 30. Her presenting behavior for this hospitalization was talking to herself, increased confusion and agitation, bizarre ideation and non-compliance with her medication. The prescribed psychotropic medication was 10 mg Haldol and 2 mg Cogentin twice a day.

The patient reported her strengths as “I can get along with people” and her weaknesses as “nervousness”. Her explanation for being hospitalized was that she “had an argument with dark, tiny and bright”. The family system consists of an ex-husband and one adult daughter. The patient currently lives with her daughter. The patient divorced at age 33 and she has been unemployed since 29 years old. She completed the 5th grade in school.

On admission the nursing staff reported her affect as blunted and she denied any auditory or visual hallucinations. The admitting psychiatrist reported this patient to be “responding to internal stimuli, exhibiting symptoms of thought blocking and tangential thinking and evidencing poor insight and judgment”. This patient was hospitalized for 16 days.

Patient A: Art Therapy Processes Described

Figure 1

Art therapy task: “Draw a memory”
Art media utilized: Thin magic markers, four colors used.
Paper color, size and orientation: White, 12 x 18” and horizontal orientation.
Verbalizations during the task: None to group members. Patient was mumbling to herself while she drew.

Behavior with art media: Controlled marks and the utilization of structured media.

Verbalizations during discussion: Limited reaction to group members’ drawings and no associations to her own.

Behavior during discussion: Eyes averted or looking down.

**Figure 2**

Art therapy task: “Free drawing”
Art media utilized: Chalk pastels and one color used.

Paper color, size and orientation: White, 12 x 18” and horizontal orientation.

Verbalizations during the task: None to group members. There was less mumbling to herself evidenced.

Behavior with art media: Less controlled marks with one pastel used to make image.

Verbalizations during discussion: Limited to a brief description that the drawing was “a house with a storm around it”. Reaction to a group members’ question if she felt confused was “yes”.

Behavior during discussion: Eyes averted on drawing and some attention to the other drawings done by group members.

**Figure 3**

Art therapy task: “Dot-to-Dot”
Art media utilized: Thick and thin magic markers with four colors used.

Verbalizations during the task: None to group members during the drawing activity. A decrease in responding to internal stimuli seemed evidenced.

Paper color, size and orientation: White, 12 x 18” and horizontal orientation.

Behavior with art media: Less controlled marks with initial shape becoming more controlled as she colored in shapes with different markers.

Verbalizations during group discussion: More responses to group questions and comments. Described figure as a “prehistoric talker” and identified with this figure because “it talks too much like me”.

Behavior during discussion: Increased attention to other members’ drawings and increased verbalizations in the group discussion.

**Figure 4**

Art therapy task: “Animal self-portrait”
Art media utilized: Thick and thin magic markers with four colors used.

Paper color, size and orientation: White, 12 x 18” and horizontal orientation.

Verbalizations during the task: Identification of animal as a “brown bear” during the drawing process.
Behavior with the art media: Outline of animal drawn first and colored in. Motoric discharge but with controlled coloring activity.

Verbalizations during group discussion: More verbal with group members and responsive to questions.

Behavior during group discussion: More active in group discussion with attention and increased eye contact.

**Figure 5**

Art therapy task: “Free drawing”

Art media utilized: Chalk pastels with two colors used. Gray magic marker added.

Paper color, size and orientation: Gray, 12 x 18” and horizontal orientation.

Verbalizations during the task: None during the drawing activity.

Behavior with the art media: Pastel applied first by drawing and then turned on its side for shading. Less controlled use of the media in application and shading.

Verbalizations during group discussion: Identified image as a place called “Emmerick”. Identified it as a “moonscape” and a place of her origin. Discussion developed into her expressing feelings of isolation from others because she was “displaced”.

Behavior during group discussion: Increased eye contact as session progressed. Less response to internal stimuli was evidenced.

**Figure 6**

Art therapy task: “Self-portrait”

Art media utilized: One blue chalk pastel.

Paper color, size and orientation: White, 9 x 11.5” and horizontal orientation.

Verbalizations during the task: Identified the figure as “Gaul” and as another manifestation of herself. Related delusional material and stated that Gaul is “different from you”.

Behavior with the art media: Figure drawn first, identified as “Gaul” and then other shapes drawn in the background. Controlled use of more unstructured media. Pastel was used on its tip.

Verbalizations during the discussion: Affect was expressed in voice tone and in associations as she commented that “you might not understand”. Spoke more about her hallucinations of characters like “Gaul” and she feels judged by “people in the hospital”.

Behavior during the discussion: Eye contact fluctuated from fair, to poor and back to fair. Less response to internal stimuli seemed evidenced.
Figure 7

Art therapy task: “Self-portrait”

Art media utilized: One yellow chalk pastel.

Paper color, size and orientation: White, 9 x 11.5” and vertical orientation.

Verbalizations during the task: Identified the figure as herself when she was “younger”.

Behavior with the art media: Controlled use of chalk pastel, was drawn with on its tip.

Verbalizations during the discussion: She related memories of being married and having a “better” life before her “nervousness”. She related a desire to find “people her age” at the facility she was going to being discharged to.

Behavior during the discussion: Fair to poor eye contact. No response to internal stimuli evidenced.
<p>| Table 5 |
|-----------------|-----------------|-----------------|-----------------|
| <strong>Subject A:</strong>  | <strong>Figure 1:</strong>   | <strong>Figure 2:</strong>   | <strong>Figure 3:</strong>   |
| 55 y.o. female  | Draw a Memory   | Free Drawing    | Dot-to-Dot      |
| <strong>Reality Testing</strong> | not task-related, untitled, patient responding to inner reality | untitled, patient responding to self but also minimally to group | task related, more interplay between inner and outer realities |
| <strong>Judgment</strong> | poor, not attuned to group task nor discussion | poor, not attuned to group discussion | fair, more anticipation of group discussion |
| <strong>Sense of Reality of the Self and of the World</strong> | ego boundary diffuse; talking to self | ego boundary diffuse; talking to self | less diffuse ego boundaries; increased sense of self |
| <strong>Regulation of Drives, Affect &amp; Impulses</strong> | affect seems symbolically expressed in content | affect more directly addressed in associations and in line quality | expression of impulse/drives in content and in associations |
| <strong>Object Relations</strong> | withdrawal from others expressed behaviorally and pictorially | isolation from others expressed pictorially | animal as an aspect of self that is isolated because of behavior |
| <strong>Thought Processes</strong> | thought blocking; no associations | thought and affect blocking; minimal self expression in associations | secondary processes evidenced in associations |
| <strong>ARISE</strong> | primary process in drawing and no secondary elaboration | primary process in drawing and no secondary elaboration | integration of primary and secondary |
| <strong>Stimulus Barrier</strong> | structured media choice and anxiety expressed behaviorally | controlled use of one pastel color and isolated on the page | unstructured line quality and structured media choice |
| <strong>Defenses</strong> | avoidance, isolation | avoidance, isolation, some identification | projection, identification |
| <strong>Autonomous Functioning</strong> | concentration but no elaboration to the image | concentration and limited elaboration to the image | concentration, more intentional, and elaboration of the image |
| <strong>Synthetic - Integrative Functioning</strong> | no integration of image to intrapsychic event or behavior | affect acknowledged in image; minimally related to herself | integration of image to behavior in associations |
| <strong>Mastery-Competence</strong> | interaction with art media but no interaction with the group | limited interaction with group but some affect acknowledged | more interaction with group and with art media |</p>
<table>
<thead>
<tr>
<th>Subject A: 55 y.o. female</th>
<th>Figure 4: Animal self-portrait</th>
<th>Figure 5: Free Drawing</th>
<th>Figure 6: Self-portrait</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reality Testing</td>
<td>task related, still more interplay between inner and outer realities</td>
<td>titled, interplay between delusions and outer reality</td>
<td>task related, titled, interplay between delusional self and outer reality</td>
</tr>
<tr>
<td>Judgment</td>
<td>fair, anticipation of group discussion</td>
<td>fair, attuned to questions</td>
<td>fair, attuned to questions</td>
</tr>
<tr>
<td>Sense of Reality of the Self and of the World</td>
<td>strength in sense of self, intended self-portrait</td>
<td>ego boundary diffuse but intended communication</td>
<td>ego boundary diffuse but self-expression in content</td>
</tr>
<tr>
<td>Regulation of Drives, Affect &amp; Impulses</td>
<td>heavy line quality and content expressive of drive ambivalence</td>
<td>drives and affect expressed in latent art content but not in behavior/assoc.</td>
<td>drives and affect expressed in delusional content but not in process</td>
</tr>
<tr>
<td>Object Relations</td>
<td>animal drawn as a self representation, isolation from others expressed</td>
<td>isolation and withdrawal from others expressed in associations</td>
<td>symbiotic expression of self, “Gaul” as an extension of self</td>
</tr>
<tr>
<td>Thought Processes</td>
<td>secondary processes evidenced in associations</td>
<td>primary process material communicated</td>
<td>primary process material communicated</td>
</tr>
<tr>
<td>ARISE</td>
<td>integration of primary and secondary</td>
<td>integration primary process and secondary elaboration</td>
<td>integration of primary process and secondary elaboration</td>
</tr>
<tr>
<td>Stimulus Barrier</td>
<td>structured media choice, heavy line quality</td>
<td>controlled media use of pastels but no overlap of color</td>
<td>controlled use of one pastel color and isolated on page</td>
</tr>
<tr>
<td>Defenses</td>
<td>projection, identification</td>
<td>isolation, projection</td>
<td>isolation, denial, projection</td>
</tr>
<tr>
<td>Autonomous Functioning</td>
<td>concentration, intentional, and elaboration of the image</td>
<td>concentration on task and elaboration of the image in art media</td>
<td>intentional image of delusional self with less elaboration</td>
</tr>
<tr>
<td>Synthetic - Integrative Functioning</td>
<td>some integration of image to affect and behavior</td>
<td>integration of image to thoughts and behavior</td>
<td>integration of image to thoughts</td>
</tr>
<tr>
<td>Mastery-Competence</td>
<td>more interaction with group and with art media</td>
<td>grandiosity and poor self-concepts</td>
<td>grandiosity expressed</td>
</tr>
<tr>
<td>Subject A: 55 y.o. female</td>
<td>Figure 7: Self-portrait</td>
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<tr>
<td>--------------------------</td>
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</tr>
<tr>
<td><strong>Reality Testing</strong></td>
<td>task related, titled, interplay between self representation and outer reality</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Judgment</strong></td>
<td>fair, attuned to task and to an image of herself</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sense of Reality of the Self and of the World</strong></td>
<td>ego boundary strengthened; associations to self-portrait</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Regulation of Drives, Affect &amp; Impulses</strong></td>
<td>more affect and drives expressed in process through associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Object Relations</strong></td>
<td>narcissistic object in isolation but an expressed wish to relate to others</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thought Processes</strong></td>
<td>secondary processes evidenced</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ARISE</strong></td>
<td>integration of primary process and secondary elaboration</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Stimulus Barrier</strong></td>
<td>controlled use of one pastel color and isolated on page</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Defenses</strong></td>
<td>projection, avoidance, identification, isolation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Autonomous Functioning</strong></td>
<td>intentional self representation and less elaboration with art media</td>
<td></td>
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</tr>
<tr>
<td><strong>Synthetic-Integrative Functioning</strong></td>
<td>integration of image to affect</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mastery-Competence</strong></td>
<td>poor self-concept expressed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 1: Draw a memory
Associations: None.

Media: Blue, pink, orange and yellow thin magic markers.
White Paper, 9 x 11.5" and horizontal orientation.
Figure 2: Free drawing
Associations: "...looks like a house with a storm around it".

Media: One pink chalk pastel used.
White paper, 12 x 18" and horizontal orientation.
Figure 3: Dot-to-Dot
Associations: "It is a pre-historic talker"

Media: Blue, black, pink and red thin magic markers.
White Paper, 12 x 18" and horizontal orientation.
Figure 4: Animal self-portrait
Associations: "A big, brown bear"

Media: Brown, black, pink and red thick magic markers.
White Paper, 12 x 18" and horizontal orientation.
Figure 5: Free drawing
Associations: "Emmerick"

Media: Orange and black pastel with gray magic marker added.
Gray Paper, 12 x 18" and horizontal orientation.
Figure 6: Self-portrait
Associations: "Gaul" and "...he is different from you".

Media: Blue pastel.
White Paper, 9 x 11.5" and vertical orientation.
Figure 7: Self-portrait
Associations: "...this is me when I was younger".

Media: Yellow pastel.
White Paper, 9 x 11.5" and vertical orientation.
Case Presentation of Patient B

Family History and Admission Notes:

This patient was admitted on an involuntary commitment for Psychosis, N.O.S.. He is a 20 year old African American male who has had two previous psychiatric hospitalizations. His presenting behaviors included threatening behavior towards his step mother, non-compliance with medication, paranoid ideations and auditory hallucinations. His previous medications were Haldol and Cogentin but he was started on a Clozaril trial during his two month hospitalization. This is his current out-patient medication.

The patient seemed “paranoid” and “guarded” because he was mostly nonverbal during the initial interview with the nursing staff. He denied any problems and any need for hospitalization. He stated that “I have no problem and I do not need to be here”. This patient reported three days later that “people in cars” seemed to be trying to follow and hurt him. This has occurred for two years and he reported trying to commit suicide by running in front of a car.

The family system of this patient consists of a father, a step mother, three sisters and one brother. His parents divorced when he was 17 years old and he is the second oldest sibling. He lives with his father, step mother, and three siblings and his oldest sister lives alone. The patient’s biological mother lives in Philadelphia but the social worker was unable to contact her.

Patient B is a native of Angola, Africa and he moved to the United States when he was 10 years old with his mother, father and siblings. He completed his 10th year of school but
was expelled when he was arrested for armed robbery. The patient served two months in jail because his family did not post bail. He made three subsequent court appearances in which the complainants in the case did not show.

On admission the nursing staff reported this patient as “unkempt, having poor eye contact and exhibiting regressed mannerisms”. The patient seemed guarded and paranoid while also exhibiting monotone speech and psychomotor retardation. His affect was reported by the attendant medical resident as flat and his thought processes appeared “blocked, impoverished and disorganized”. This patient was hospitalized for 54 days.

**Patient B: Art Therapy Processes Described**

*Figure 8*

Art therapy task: “Free drawing”  
Art media utilized: One blue magic marker.  
Paper color, size and orientation: White, 9 x 11.5” and horizontal orientation.  
Verbalizations during the task: None.  
Behavior with art media: Controlled use of structured media.  
Verbalizations during discussion: Limited to “this is a house, that’s all”.  
Behavior during discussion: Eyes averted, some stuttering and some psychomotor retardation noted.

*Figure 9*

Art therapy task: “Draw a person”  
Art media utilized: One blue magic marker.  
Paper color, size and orientation: White, 9 x 11.5” and vertical orientation.  
Verbalizations during task: Limited to “this is a strong man”.  
Behavior with art media: Controlled use of structured media.  
Verbalizations during discussion: No more associations.  
Behavior during discussion: Eyes averted, some stuttering and some psychomotor retardation noted.

*Figure 10*

Art therapy task: “Draw the opposite person”  
Art media utilized: One blue magic marker.  
Paper color, size and orientation: White, 9 x 11.5” and vertical orientation.  
Verbalizations during task: “What do you mean by opposite?”
Behavior with art media: Controlled use of structured media.

Verbalizations during discussion: Limited to “this is a young woman, I did this yesterday”. (psychological testing)

Behavior during discussion: Eyes averted, some stuttering and psychomotor retardation noted.

**Figure 11**

Art therapy task: “Dot-to-dot”

Art media utilized: One blue magic marker.

Paper color, size and orientation: White, 12 x 18” and horizontal orientation.

Verbalizations during task: None.

Behavior with art media: Controlled use of media with some shaking of the hand.

Verbalizations during discussion: “A sled”. No other associations.

Behavior during discussion: Eyes averted and some psychomotor retardation noted.

**Figure 12**

Art therapy task: “Free collage”

Art media utilized: Pre-cut magazine photos and tissue paper.

Paper color, size and orientation: White, 12 x 18” and horizontal orientation.

Verbalizations during task: “I want to see California”.

Behavior with art media: Controlled use of unstructured media; no ripping or cutting of provided materials.

Verbalizations during discussion: When asked people that he identified with he stated that his “mother and Mike”. When asked why he liked them, he said because they are “nice and helpful to others”. Mike was a patient who had been recently discharged from the unit.

Behavior during discussion: More eye contact and less psychomotor retardation.

**Figure 13**

Art therapy task: “Scribble drawing”

Art media utilized: An orange magic marker.

Paper color, size and orientation: White, 9 x 11.5” and vertical orientation.

Verbalizations during task: None.

Behavior with art media: Began with dots which progressed into scribbling activity.

Verbalizations during discussion: “This is Mickey mouse”. No other associations.

Behavior during discussion: Eyes averted and some shaking noted in hands.

**Figure 14**

Art therapy task: “Self-portrait sculpture”

Art media utilized: Clay plastecine.

Dimensions of sculpture: 3 x 3”

Verbalizations during task: None.

Behavior with art media: Restricted movements, held clay in hands and shaped it into a ball.
Verbalizations during discussion: No identification with sculpture. Group members related how the clay form seemed like this patient because he seemed “shy” and “closed off” from. This patient did not respond to group associations.

Behavior during discussion: Eyes averted and he sat in a chair away from the group table. No interaction with others.

Figure 15
Art therapy task: “Dot-to-Dot”
Art media utilized: Two magic markers.
Paper color, size and placement: White, 12 x 18” and vertical orientation.
Verbalizations during task: None.
Behavior with art media: Controlled use of media with more color elaboration and coloring activity. Colored in shapes with a red marker and with a heavier line quality than previously seen.

Verbalizations during discussion: When asked what the shape looked like he replied “this is nothing”. He had some questions about his case conference the next day. Talked about discharge and expressed a wish to leave the unit soon.

Behavior during discussion: More eye contact and less shaking in hands.

Figure 16
Art therapy task: “Favorite weather”
Art media utilized: Colored pencils, seven colors used.
Paper color, size and orientation: White, 12 x 18” and horizontal orientation.
Verbalizations during task: “Can I draw something from my head?”
Behavior with art media: Controlled use of media and more elaboration with media.
Verbalizations during discussion: Identified image as “an early spring day” and a house “in the mountains”.

Behavior during discussion: More affect expressed in facial expressions and good eye contact. Body posturing seemed more relaxed and no psychomotor retardation noted.

Figure 17
Art therapy task: “A goal in life”
Art media utilized: Colored pencils and thin magic markers.
Paper color, size and orientation: White, 12 x 18” and horizontal orientation.
Verbalizations during task: None.
Behavior with art media: Controlled use of media with lines emphasized in two color combinations.

Verbalizations during discussion: “This is a place I want to go to”. Patient was unable to relate where the place might be and he said it “would be spring time like it is outside now”.

Behavior during discussion: More eye contact with group members but limited attention on other group members’ drawings.
<table>
<thead>
<tr>
<th>Subject B: 20 y.o. male</th>
<th>Figure 8: Free drawing</th>
<th>Figure 9: Draw a Person</th>
<th>Figure 10: Draw the Opposite Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reality Testing</td>
<td>untitled, no delusional thinking evidenced and limited associations</td>
<td>task related, titled, no delusional thinking evidenced and limited associations</td>
<td>task related, titled, no delusional thinking evidenced and limited associations</td>
</tr>
<tr>
<td>Judgment</td>
<td>poor, attuned to following directions but confused about hospitalization</td>
<td>fair, attuned to following directions</td>
<td>fair, attuned to following directions</td>
</tr>
<tr>
<td>Sense of Reality of the Self and of the World</td>
<td>ego boundary diffuse, some paranoia expressed</td>
<td>no identification with figure</td>
<td>no identification with figure</td>
</tr>
<tr>
<td>Regulation of Drives, Affect &amp; Impulses</td>
<td>one color choice, no affect/drives/impulses expressed in media or in behavior</td>
<td>one color choice, no affect/drives/impulses expressed in media or in behavior</td>
<td>one color choice, no affect/drives/impulses expressed in media or in behavior</td>
</tr>
<tr>
<td>Object Relations</td>
<td>isolation of image suggests withdrawal from others</td>
<td>human drawn and identified as &quot;a man&quot;; no expression of relatedness to figure</td>
<td>human drawn and identified as &quot;a woman&quot;; no associations</td>
</tr>
<tr>
<td>Thought Processes</td>
<td>limited secondary process elaboration in associations; thought blocking evidenced</td>
<td>limited secondary process elaboration in associations</td>
<td>limited secondary process elaboration in associations</td>
</tr>
<tr>
<td>ARISE</td>
<td>no integration of primary and secondary processes evidenced</td>
<td>limited integration of primary and secondary processes evidenced</td>
<td>limited integration of primary and secondary processes evidenced</td>
</tr>
<tr>
<td>Stimulus Barrier</td>
<td>structured media choice and one marker utilized</td>
<td>structured media choice and one marker utilized</td>
<td>structured media choice and one marker utilized</td>
</tr>
<tr>
<td>Defenses</td>
<td>isolation, incorporation</td>
<td>isolation</td>
<td>isolation</td>
</tr>
<tr>
<td>Autonomous Functioning</td>
<td>concentration but no elaboration of the image</td>
<td>concentration but limited elaboration of the image</td>
<td>concentration but limited elaboration of the image</td>
</tr>
<tr>
<td>Synthetic - Integrative Functioning</td>
<td>no integration of image to affect or behavior</td>
<td>no integration of image to affect or behavior</td>
<td>no integration of image to affect or behavior</td>
</tr>
<tr>
<td>Mastery-Competence</td>
<td>limited interaction with art media, no self concepts expressed</td>
<td>limited interaction with art media, no self-concepts expressed</td>
<td>limited interaction with art media, no self-concepts expressed</td>
</tr>
</tbody>
</table>
Table 6, continued

<table>
<thead>
<tr>
<th>Subject B: 20 y.o. male</th>
<th>Figure 11: Dot-to-Dot</th>
<th>Figure 12: Free Collage</th>
<th>Figure 13: Scribble Drawing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reality Testing</strong></td>
<td>task related, titled, limited associations</td>
<td>task related, untitled, no delusional material evidenced in associations</td>
<td>task related, titled, no delusional material evidenced in associations</td>
</tr>
<tr>
<td><strong>Judgment</strong></td>
<td>fair, attuned to following directions</td>
<td>fair, attuned to following directions of task with more associations</td>
<td>fair, attuned to following directions of task with limited associations</td>
</tr>
<tr>
<td><strong>Sense of Reality of the Self and of the World</strong></td>
<td>no identification with object</td>
<td>self-expression in content; expression of places he would like to &quot;see&quot;</td>
<td>identification of figure</td>
</tr>
<tr>
<td><strong>Regulation of Drives, Affect &amp; Impulses</strong></td>
<td>one color choice, some drive/impulse expression in line quality</td>
<td>controlled use of media, some minimal display of affect in associations to collage</td>
<td>some affect seems expressed in crossing lines and in shaky line quality</td>
</tr>
<tr>
<td><strong>Object Relations</strong></td>
<td>no object representations</td>
<td>no object representations</td>
<td>animal figure identified but no identification with image</td>
</tr>
<tr>
<td><strong>Thought Processes</strong></td>
<td>some secondary process evidenced in the identification of the image</td>
<td>limited secondary process elaboration in associations</td>
<td>secondary process evidenced in abstraction of shape</td>
</tr>
<tr>
<td><strong>ARISE</strong></td>
<td>integration of primary and secondary processes evidenced; abstraction of image</td>
<td>some integration primary and secondary processes evidenced in media use</td>
<td>limited integration of primary and secondary processes</td>
</tr>
<tr>
<td><strong>Stimulus Barrier</strong></td>
<td>unable to close eyes, controlled doting on page, less controlled connecting of the dots</td>
<td>structured application of media choice; no ripping or cutting of shapes and images</td>
<td>structured media choice, one color</td>
</tr>
<tr>
<td><strong>Defenses</strong></td>
<td>identification</td>
<td>symbolism, identification</td>
<td>identification</td>
</tr>
<tr>
<td><strong>Autonomous Functioning</strong></td>
<td>concentration but limited elaboration of the image</td>
<td>intention in the use of media but limited elaboration of the image in associations</td>
<td>intention in media use, but limited elaboration in associations</td>
</tr>
<tr>
<td><strong>Synthetic-Integrative Functioning</strong></td>
<td>no integration of image to affect or behavior</td>
<td>no integration of affect or behavior to image</td>
<td>no integration of affect or behavior to image</td>
</tr>
<tr>
<td><strong>Mastery-Competence</strong></td>
<td>more interaction with art media, no self-concepts expressed</td>
<td>some self-concepts expressed</td>
<td>no self-concepts expressed</td>
</tr>
</tbody>
</table>
### Table 6, continued

<table>
<thead>
<tr>
<th>Subject B: 20 y.o. male</th>
<th>Figure 14: Self-portrait Sculpture</th>
<th>Figure 15: Dot-to-Dot</th>
<th>Figure 16: Favorite Weather</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reality Testing</td>
<td>task related, untitled, no delusional material evidenced in associations</td>
<td>task related, untitled, no delusional material evidenced in associations</td>
<td>task related, untitled, no delusional material evidenced in associations</td>
</tr>
<tr>
<td>Judgment</td>
<td>poor, little investment in the sculpting process evidenced and limited associations</td>
<td>fair, attuned to following directions with limited associations</td>
<td>fair, attuned to group task and more attuned to group discussion</td>
</tr>
<tr>
<td>Sense of Reality of the Self and of the World</td>
<td>minimal identification with object and limited reactions to groups' associations</td>
<td>identified object</td>
<td>increased self-expression in image and in associations</td>
</tr>
<tr>
<td>Regulation of Drives, Affect &amp; Impulses</td>
<td>no affect, drives, or impulses displayed; inhibition seemed displayed in behavior</td>
<td>more affect expressed in content, color, and associations</td>
<td>controlled use of media, affect seems symbolically expressed in image</td>
</tr>
<tr>
<td>Object Relations</td>
<td>object sculpted but not identified as self initially</td>
<td>no object representations</td>
<td>withdrawal from others seems symbolically expressed in image</td>
</tr>
<tr>
<td>Thought Processes</td>
<td>no secondary process elaboration in associations to sculpture</td>
<td>no secondary process evidenced; no abstraction of shape in associations</td>
<td>secondary process elaboration in associations</td>
</tr>
<tr>
<td>ARISE</td>
<td>limited integration of primary and secondary processes</td>
<td>limited integration of primary and secondary processes</td>
<td>some integration primary and secondary processes in creative process</td>
</tr>
<tr>
<td>Stimulus Barrier</td>
<td>little manipulation of clay media</td>
<td>able to close eyes, shape colored in with heavy line quality</td>
<td>structured media, multiple color choice</td>
</tr>
<tr>
<td>Defenses</td>
<td>incorporation</td>
<td>incorporation</td>
<td>intellectualization and identification</td>
</tr>
<tr>
<td>Autonomous Functioning</td>
<td>limited intention and elaboration in media use and associations</td>
<td>intention and elaboration in media use no elaboration in associations</td>
<td>intention and elaboration in image but limited in associations</td>
</tr>
<tr>
<td>Synthetic - Integrative Functioning</td>
<td>no integration of affect or behavior to sculpture</td>
<td>no integration of affect or behavior to image</td>
<td>some integration of affect and behavior to image</td>
</tr>
<tr>
<td>Mastery-Competence</td>
<td>no self-concepts expressed, limited interaction with group</td>
<td>no self-concepts expressed</td>
<td>some self-concepts expressed, more interaction with the group</td>
</tr>
<tr>
<td>Subject B: 20 y.o. male</td>
<td><strong>Figure 17:</strong> A Goal in Life</td>
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<td>------------------------</td>
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</tr>
<tr>
<td>Reality Testing</td>
<td>not directly task related, no delusional material evidenced in associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Judgment</td>
<td>fair, attuned to group task and more attuned to group discussion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sense of Reality of the Self and of the World</td>
<td>increased self-expression in image and in associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulation of Drives, Affect &amp; Impulses</td>
<td>controlled use of media, affect seems symbolically expressed in image</td>
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<tr>
<td>Object Relations</td>
<td>withdrawal from others seems symbolically expressed in image</td>
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<tr>
<td>Thought Processes</td>
<td>limited secondary process elaboration in associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARISE</td>
<td>some integration of primary and secondary processes in creative process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stimulus Barrier</td>
<td>structured media, multiple color choice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defenses</td>
<td>avoidance and identification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autonomous Functioning</td>
<td>intention and elaboration of image but limited in associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synthetic-Integrative Functioning</td>
<td>no integration of affect or behavior to image but expressed symbolically</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mastery-Competence</td>
<td>self-concepts expressed minimally, less interaction with the group</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 8: Free drawing
Associations: "a house"

Media: Blue magic marker
White Paper, 9 x 11.5" and horizontal orientation.
Figure 9: Draw a person
Associations: "...this is a strong man".

Media: Blue magic marker.
White Paper, 9 x 11.5" and vertical orientation.
Figure 3: Draw the opposite person
Associations: "...this is a young woman".

Media: Blue magic marker.
White Paper, 9 x 11.5" and vertical orientation.
Figure 11: Dot-to-Dot Dot to Dot
Associations: "it looks like a sled"

Media: Blue magic marker.
White Paper, 12 x 18" and horizontal orientation.
Figure 12: Free collage
Associations: "...I like blue sky, I want to see California".

Media: Pre-cut magazine photos and tissue paper.
White Paper, 12 x 18" and horizontal orientation.
Figure 13: Scribble drawing
Associations: "...looks like Mickey Mouse".

Media: Orange magic marker.
White Paper, 9 x 11.5" and vertical orientation.
Figure 14: Self-portrait clay sculpture
Associations: None.
Media: Orange plastecine.
Dimensions: 3 x 3"
Figure 15: Dot-to-Dot
Associations: None.

Media: Red and black magic markers.
White paper, [detail] 12 x 18" and vertical orientation.
Figure 16: Favorite weather
Associations: "...early spring day and in the mountains".

Media: Colored pencils, seven colors used.
White paper, 12 x 18" and horizontal orientation.
Figure 17: A goal in life
Associations: "...this is the place I want to go...it would spring like it is outside now".

Media: Colored pencils and thin magic markers, nine colors used. White paper, 12 x 18" and horizontal orientation.
Case Presentation of Patient C

Family system and Admission Notes:

This patient was admitted on an involuntary commitment for Acute Exacerbation of Chronic Paranoid Schizophrenia. He is a 32 year old, African American male who has a history of multiple psychiatric admissions since the age of 20.

This patient lives in a boarding home currently and he was committed in the hospital for “assaultive behavior to peers” in the out-patient facility. Patient C was brought onto the unit in restraints and spent the first two days in the seclusion room. The nursing staff reported him as exhibiting “poor eye contact, poor hygiene and not cooperative with any information”. The psychiatric resident listed the treatment issues as: “lability of mood, suicidal ideations, disorganized thought processes and non-compliance with medication.” This patient was hospitalized for 8 days.

Patient C: Art Therapy Processes Described

**Figure 18**

**Art therapy task:** “Tissue paper collage”

**Art media utilized:** Colored paper, tissue paper and glue.

**Paper color, size and orientation:** Red, 12 x 18” and horizontal orientation.

**Verbalizations during task:** Some talking to self, getting up and moving around the room.

**Behavior with art media:** Looked through colored paper stack, he began to rip tissue paper and glue down the sculpted paper.

**Verbalizations during discussion:** Limited to talking to self.

**Behavior during discussion:** Inattentive at times and limited concentration on group collages.

**Figure 19**

**Art therapy task:** “Create a gargoyle”

**Art media utilized:** Paper pulp, small tiles and powered tempura paint.

**Dimensions of sculpture:** 8 x 6 x 4”

**Verbalizations during the task:** Limited to questions about task.
Behavior with art media: Manipulated the less structured media with some disorganization initially but became more organized and selective with color choices and tiles.

Verbalizations during discussion: More attention on other group members' artwork and verbalizations.

Behavior during discussion: Minimal eye contact and some focus on the artwork around him.

**Figure 20**

Art therapy task: “A Bridge”

Art media utilized: Markers and cray-pas.

Paper color, size and orientation: White, 12 x 18” and horizontal orientation.

Verbalizations during the task: None.

Behavior with art media: Motoric discharge in less structured media, heavy line quality.

Verbalizations during group discussion: Spoke of being “on the road” and how he “cannot get off”. Related associations to being in the mental health system and not getting better. Expressed feelings about his life and “messing up” with drug use. Spoke of feeling isolated and alone.

Behavior during group discussion: Focus and attention on group discussion. Increased verbalizations and reaction to group members. Good eye contact.
<table>
<thead>
<tr>
<th>Subject C: 32 y.o. male</th>
<th>Figure 18: Tissue Paper Collage</th>
<th>Figure 19: Create a Mask</th>
<th>Figure 20: A Bridge</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reality Testing</strong></td>
<td>task related, evidence of responding to internal stimuli</td>
<td>not directly task related, some evidence of responding noted</td>
<td>task related, titled, no responding to internal stimuli evidenced</td>
</tr>
<tr>
<td><strong>Judgment</strong></td>
<td>poor, minimal attunement to task and limited attunement to group</td>
<td>fair, more attunement to task and to group</td>
<td>fair, more attunement to task and to group discussion</td>
</tr>
<tr>
<td><strong>Sense of Reality of the Self and of the World</strong></td>
<td>ego boundary diffuse, some agitation and talking to self noted</td>
<td>ego boundary diffuse, some agitation noted but able to redirect</td>
<td>strength in self-expressions in self-statements and in imagery</td>
</tr>
<tr>
<td><strong>Regulation of Drives, Affect &amp; Impulses</strong></td>
<td>drives and affect seem expressed in media use and in behavior during group</td>
<td>affect and impulses seem expressed in media use and in group discussion</td>
<td>affect and impulses expressed in image and in associations to image</td>
</tr>
<tr>
<td><strong>Object Relations</strong></td>
<td>withdrawal behaviors in group process</td>
<td>withdrawal behaviors noted but some relatedness expressed in group process</td>
<td>no object representations, withdrawal and isolation from others</td>
</tr>
<tr>
<td><strong>Thought Processes</strong></td>
<td>primary process material was not elaborated by secondary processes</td>
<td>primary process material was not elaborated by secondary processes</td>
<td>primary process material was elaborated in secondary processes</td>
</tr>
<tr>
<td><strong>ARISE</strong></td>
<td>primary process in media use and no further secondary elaboration</td>
<td>primary process in media use and no further secondary elaboration</td>
<td>primary process and secondary elaboration in image and in associations</td>
</tr>
<tr>
<td><strong>Stimulus Barrier</strong></td>
<td>controlled use of unstructured media, multiple color choice</td>
<td>some controlled use of unstructured media, multiple color choice</td>
<td>structured media choice with agitation suggested in heavy line quality</td>
</tr>
<tr>
<td><strong>Defenses</strong></td>
<td>isolation and avoidance</td>
<td>isolation</td>
<td>intellectualization, identification</td>
</tr>
<tr>
<td><strong>Autonomous Functioning</strong></td>
<td>limited concentration with no elaboration of the image</td>
<td>concentration and intention but no elaboration of the image</td>
<td>concentration and intention with elaboration of the image</td>
</tr>
<tr>
<td><strong>Synthetic - Integrative Functioning</strong></td>
<td>no integration of artwork with affect, behavior or thoughts in associations</td>
<td>no integration of artwork with affect, behavior or thoughts in associations</td>
<td>integration of artwork with affect, behavior and thoughts in associations</td>
</tr>
<tr>
<td><strong>Mastery-Competence</strong></td>
<td>no self concepts expressed verbally, no interaction with group</td>
<td>no self concepts expressed, some interaction with group</td>
<td>poor self concepts expressed, more interaction with group</td>
</tr>
</tbody>
</table>
Figure 18: Free collage
Associations: None.

Media: Colored tissue paper and glue.
Red paper, 12 x 18" and horizontal orientation.
Figure 19: Create a gargoyle
Associations: None.

Media: Wood background, paper pulp, powdered tempera paint and small tiles. Dimensions: 8 x 6 x 4" and vertical orientation.
Figure 20: Draw a bridge
Associations: "...I am on a road I can't get off".

Media: Oil pastels and markers, four colors used.
White paper, 12 x 18" and horizontal orientation.
DISCUSSION

This chapter synthesizes the art therapy processes and products of the study with the theoretical formulations of ego functions previously described. The initial text attempts to qualify how strengths and weaknesses in ego functioning were ascertained for each patient and how these functions are manifested in treatment issues and interventions. Theories of symbol formation, the neutralization of primary processes, the therapeutic relationship and diffuse, affective states in the ego functions paradigm are all integrated with the art therapy experiences of the study’s participants. The delimitations of the research are explored as are the possible implications for further research in this area. This discussion culminates into questions of why ego function paradigms might be dynamic areas of application for the clinical practice of art therapy.

Discussion of Case Material Utilizing Ego Functions
Patient A
Initial ego strengths in the ARISE, regulation of drives and autonomous functions seemed evidenced in this patient’s use of media, behavior during art processes, concentration and attention on imagery. Weaker functions seemed to be integrative-synthetic, thought processes, reality testing and sense of reality of the self and of the world. This patient’s behavior and thought processes often reflected delusional and dissociative states while she
also exhibited concentration, elaboration and investment in art therapy processes and artwork.

Initial drawings appear ungrounded (Figures 1 & 2) because of the empty space below the drawn elements. The dissociative behaviors and diffuse ego boundaries seemed symbolically portrayed in this “ungrounded” imagery. Even when cognition and perception were disturbed, this patient still exhibited attention to media use and expansive placement of the image on the page. The latter strengths seem to reflect a degree of discreteness in her ego functioning (Bellak, 1973) and these ego strengths seemed to engage her in a therapeutic medium for nonverbal, self-expression (Wald, 1986). The ego functions of thought processes, ARISE and reality testing seemed to strengthen in subsequent drawings because the empty space in imagery is transformed into figures that are more densely colored in, centered and grounded on the page (Figures 3 & 4). The representations of the self in these drawings seem indicative of attempts at symbolic communication (Hays, R.; Lyons, S., 1981) and secondary elaboration of internal affective states and self-perceptions (Wilson, 1985a; Arieti, 1976). Neutralization of primary process impulses and affect seemed symbolized as well (Wilson, 1985b).

The increased pictorial and verbal communication of this patient seemed indicative of a strengthening for intact ego functions as well as the more deficient ones. Integrative processes such as secondary elaboration of primary process material can reflect strengths in relatedness to others if there are elements of therapeutic engagement, empathetic exchange and interpersonal involvement (Izhakoff, 1993; Wadeson, 1980). This patient
seemed more engaged in the process of drawing, in the group discussions and in the therapeutic relationship. These strengths in communication could potentially activate other ego function categories such as object relations and sense of reality of the self and of the world.

The increases in secondary process elaboration occurred in her imagery and in her verbalizations. Additionally, the patient began to integrate the imagery with her behavior and affect in that she paralleled her "prehistoric talker" image (Figure 3) with her usual behavior of talking to herself. She elaborated with expressed feelings of isolation from others and identified that the "voices" in her head often disrupted her thoughts and her attention to others. Figure 4 was identified as "a big, brown bear" that "scares" people. Members in the art therapy group told this patient that her bear looked like a teddy bear that seemed approachable, "except for those teeth" one group member pointed out.

Strengths in ego functioning seemed evidenced in her secondary elaboration (thought processes), identification with an self-object (object relations), more integration of primary and secondary process material (ARISE) and increased self-expression in verbalizations elicited by artwork (synthetic-integrative). Art therapy processes seemed to activate cognitive processes that complimented and integrated both affect and behavior in her art experiences.

These integrative experiences reflect Wadeson's theories of 'integration' versus 'sealing over' (1980). The patient seemed to evidence an increase in integration of affect and behavior that subsequently effected thought process functions as well. Issues
surrounding her mental illness such as affect, delusional content and isolating behaviors were all introduced by the patient and addressed in therapy through art manifestations (Figure 5).

Her experiences of mastery with anxiety provoking perceptual distortions (Wittels, 1975; Wilson, 1985) manifested in a drawing of a delusional place called "Emmerick" (Figure 5). The artwork was drawn and discussed with the patient in an individual therapy session. This image was described as a "moonscape" and a place where "we come from". Further associations to subsequent self-portrait images (Figures 6 & 7) appeared delusional in content but they began to evidence more secondary thought processes through symbol formations and communications of affective states as her associations began to center around feelings of being "misplaced" and lonely in the world. She related personal history about her experience with schizophrenia and how it had led to a life of isolation. By drawing her delusion she seemed to be communicating an attempt to integrate psychotic experiences with post-psychotic affect and thoughts (Wadeson, 1980). Ego strengths in synthetic-integrative functioning, autonomous functioning, thought processes and reality testing all seemed strengthened by the utilization of symbol formation, the neutralization of primary process material and expressions of affect.

**Patient B**

This patient presented as nonverbal and he exhibited signs of thought blocking. His paucity of verbalizations, initial choices of limited media use (one marker or two markers) and psychomotor retardation in behavioral responses all seemed to reflect undifferentiated
ego states at low levels of adaptability (Hartmann, 1958) and weaknesses in functioning (Bellak, 1973). Drawing manifestations of weakened ego functions seemed symbolically communicated in Figures 8, 9 & 10 as the images are ungrounded and isolated on the page. However, the figures show detail and differentiation in their forms and in his brief, verbal identification of them. The artwork seemed to display some ego strength in secondary elaboration visually, but not in his associations. Thought processes seemed weak as the secondary process in associations was limited and there was no elaboration of the figures.

Drawing tasks that were utilized to assess other ego functions were the dot-to-dot (Figure 11), free collage (Figure 12), plastecine sculpture (Figure 14) and the scribble drawing (Figure 13). This patient seemed to exhibit ego weakness in the stimulus barrier function when clay media was utilized but not when the more structured collage media was. The collage of Figure 12 elicited associations of wanting to “see California” and some affect surrounding his treatment. The clay media might have been too regressive and/or his aggressive or libidinal drives might have been overstimulated and overcontrolled (Schlossberg, 1983; Miron, unpublished Master’s thesis, 1987). The stimulus barrier function and the ARISE, autonomous and synthetic-integrative functions all seemed to fluctuate and be inconsistent at times. Defensive functioning and object relations seemed deficient as well in that this patient exhibited primitive defenses of denial, isolation and avoidance (Levick, 1983) while exhibiting withdrawal behaviors throughout his treatment on the unit.
A psychoanalytic theory central to art therapy is that psychic functioning is mediated through mental representations (Wilson, 1985a). Wilson emphasizes that symbols are one type of mental representation that can mature other complex forms of images such as concepts, thoughts, fantasies, dreams and language (1985; Beres, 1965). Hallucinations also seem to fall in this category of complex symbols and mental representations (Arieti, 1974). In combining these ideas, the representation of the symbol is a crucial boundary, or exchange, between the world of external reality and stimulus, between behavior, thought or affect as responses to stimulus (Wilson, 1985b).

For Patient B, a symbol that reoccurred was that of the house (Figure 8) where his schema and drawing perspective of that house seemed repeated but also later integrated with an environment (Figures 16 & 17). The possible usefulness in studying symbols such as this in treatment with schizophrenia is towards more understanding of idiosyncratic thoughts and dysfunctions in symbol/mental representations that characterize severe cognitive dysfunctions like this syndrome. Concrete, visual forms like symbols often objectify inner mental representations by externalizing them and representing unconscious conflicts (Wilson, 1985a). This patient drew this symbol “out of my head”, as he stated, but he always had limited associations to it. There was secondary elaboration of the image evidenced in the color and media use but not in associations. By emphasis being placed on the art manifestations, there was a strengthening of some functions but not others. The question must be asked if the externalization of images brings with it conscious understanding of any thoughts or conflicts in the patient without other ego functions in
place? ARISE, stimulus barrier and primary autonomous functions seemed strengthened by the end of this patient's hospitalization whereas object relations, regulation of drives, affect & impulses, thought processes and defensive functioning all seemed deficient and inhibited.

**Patient C**

This patient exhibited diffuse ego boundaries and poor regulation of drives, affect & impulses when his hospitalization began because of acting-out behaviors which resulted in him being restrained. Figure 18 is a collage done an hour after this patient had been taken out of restraints and the seclusion room. Ego functioning seemed weak in many areas but he exhibited some strength in primary autonomous functioning and stimulus barrier. Group process in art therapy is both a tool and a goal, but, at times, it is unattainable because of overwhelming emotions and self-involved behaviors of patients that limit the interactive quality of the art therapy group. When delusional and disorganized states are evidenced in group members, the artwork and art process can sometimes work to keep a member working in the group and become focuses for that individual. This patient seemed to benefit from having a focus, the structure of the task and the therapeutic holding environment (Winnicott, 1953; Izhakoff, 1993) to symbolically contain his behavior and affect in the art therapy group.

The use of sculpture as an art medium in Figure 19 seemed to draw on this patient's ego strengths of autonomous functioning and stimulus barrier so that the patient was initially disorganized in the media but began evidencing attention and frustration tolerance.
with the media to effect his organization of the form and content. Figure 20 also seems to illustrate a strengthening of functioning in the areas of integrative-synthetic, ARISE, thought processes, defenses and sense of reality of the world and of the self because of increased secondary elaboration of primary process and integration of artwork to affect, behavior and thought processes. As this patient associated to the image, suggestions from the group were for him to “step off the road” because it seemed to go “too fast” for him. A group member stated that the image “looked like a road was going straight up” instead of a “bridge” that connects and symbolizes transformations. This patient recognized that he had in fact drawn a road that “disappeared into the sky” and he related this to his mental illness that “messes up thoughts”. This patient appeared to internalize others’ suggestions and associations to the drawing and his communication of affect and self-concepts seemed greatly increased and strengthened.

Delimitations of the Study and Implications for Further Research

One delimitation of this study was that this therapist was the only viewer of artwork. Another delimitation concerns the artwork presented. The artwork of this study was only those products completed with this therapist facilitating the group process and other artwork was excluded. This created a discontinuous documentation of the artwork as it was done over the course of hospitalization. Other delimitations include the inability to completely isolate one ego function from another, the effects of other treatment modalities
on each patients' ego functioning and the limited literature in this area for ego
manifestations in artwork.

Further research in this area might utilize auditory or visual documentation of patients
in art therapy treatment so that blind raters could assess ego functioning in the artwork for
cross-rater validity. Studies in the art indicators before patient discharge might investigate
the drawings and sculpture completed on the last day of hospitalization. This might aid in
targeting and concretizing the indicators of ego strength and reorganization of affect,
behavior and thought processes.

The internal mechanisms surrounding symbol formation and development suggest
further study in this area and with this population. Schizophrenics utilize symbols in their
artwork that seem to parallel the perseverative speech and thought processes of this
syndrome. Symbol formation and mental representations have many external sources from
modern society that utilize symbols to communicate complex ideas and abstract concepts
(i.e., advertisements and television). Both personal and societal symbols are rich and
dynamic in meaning and I believe the schizophrenic patient attempts to create and
communicate meanings that are not necessarily limited to idiosyncratic ones. Moreover,
the use of art therapy seems to facilitate more organization in patient mental
representations than evidenced in their verbalizations and thought processes. Further
research might utilize questionnaires in which patients could report on what significance
personal symbols and societal symbols have for them. Additionally, these patients could be
asked to express a concept verbally and artistically and the similarities and differences could be studied.

Sculpture processes in art therapy is another area that needs more research and practitioners to expound on its significance in treatment. Three-dimensional artwork seems to activate ego functions dynamically but this is an area of art therapy research that still needs more attention. Studies that compare patient responses across different sculptural media would be interesting. Researching how specific sculpture processes and media is manifested across different diagnostic categories would be valuable as well.

The area of object relations in art therapy seems deficient because much of the literature concentrates on transference and countertransference issues and not self-object imagery in art therapy. Further research might examine the relationship between the self and self-objects and how art therapy might bring about adaptability in the patients' relationships to others and in the therapeutic relationship. Most of the literature written in this area have utilized non-patient artists to develop case studies. Other research might investigate patients' relationships longitudinally while in art therapy treatment. Similarly, studies in affect and affective responses to art therapy could utilize self-reports or questionnaires with a large case sample to investigate fluctuations in affect.

There are many areas in the ego function framework to be explored in further research. Descriptions of the ego concentrate on the individual patient and how they communicate internally and with the world of others. Concentration on the ego expressions of individual
patients might seem idealistic and too narrow of a focus in the modern medical model of "cost efficiency" and case management paradigms but it is not. The case management strategies promote ideas of "patient focused care" that, in theory, advocate the unique individuals in the mental health system. Art therapy and other treatment modalities can be utilized efficiently and advantageously by patients and caregivers alike. This is because the creative arts in therapy modalities are direct, active and communicative for patients.
SUMMARY AND CONCLUSIONS

The results of the study are that ego functions were evidenced in the artwork and the behavior, affect and thought processes of three patients in art therapy treatment. Focusing on ego functions in the treatment of schizophrenia promotes an efficient framework to report strengths and weaknesses, to understand the interrelationships of ego functions and to synthesize the patients' responses to art therapy processes. In viewing a series of artwork done by three patients that are diagnosed with schizophrenia, this researcher found manifestations of ego strength, weakness and cases of undifferentiated ego states that later fluctuated and evidenced ego adaptability in art therapy processes.

As an art therapist, I utilized Bellak's definitions of ego functions to draw attention to subtle changes in patient artwork. This qualitative research does not standardize how ego functions are evidenced in art manifestations. The descriptive value of the case study design is important inspiration for any future, more quantitative research. At this point in my education and career, attention to individual patients is my role in producing a qualitative study because my focus has just begun to broaden through experience. The process of this thesis has been a range of affect in which I have felt the "impostor syndrome" and unsure of my ideas. As I develop in the profession, such feelings are slowly
replaced by desires to look outside of myself and towards more cohesion in the field of art therapy research.

Utilizing blind raters in future research for assessing ego function manifestations would be advantageous to the credibility of art therapy treatment utilizing ego functioning. Similarly, quantitative research studies that investigated this perspective for treatment applications in the modern HMO paradigms would increase the quality of such data. Qualitative research in art therapy has produced a rich literature of case studies and literature reviews that are not necessarily integrated with one another to create a holistic theory of art therapy practice and application. Art therapists often produce “parallel play” theoretical constructs that need future integrative research to draw them together. My experience as art therapy researcher has felt like a gardener who grafts plants and tree limbs to produce a heartier, hybrid theory. Such hybrid theories enrich art therapy literature without necessarily progressing an integrative framework for art therapy. To stay with the metaphor, the growth of the field necessitates more standardization of art therapy’s most basic tenets.

This application of ego functions theory in the treatment of schizophrenia was not meant to suggest any dramatic new directions in the current art therapy treatment practices with patients diagnosed with schizophrenia. It was meant, however, to concretize psychological principles around ego functions as they seem to inherently occur in art processes and products. The evolving treatment practices and therapy frameworks in clinical art therapy seem to already recognize but not dynamically comprehend the ego of
a patient as that agent which can effect change in their behavior, affect and thought processes. Elements of structure, support and organizing processes are all therapeutic factors of art and they are the inherent processes in ego functioning maturation. Ego functioning as an emphasis in art therapy treatment can advocate and build on the patient's strengths while providing opportunities for communications of the self, or ego.
REFERENCES


Fink, P., (1973) "Art as a Reflection of Mental Status" *Art Psychotherapy* 1, pp. 17-30.


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APPENDIX A
Sample Consent Form

CONSENT FOR PARTICIPATION IN A RESEARCH INVESTIGATION

I, __________________ agree to participate in the research study entitled: Ego Functions in Art Therapy given human use approval by the Institutional Review Board on 7 February 1996.

The purpose of this study is to examine artwork and sculpture in terms of present ego functioning evidenced. Ego functions are behavior, thoughts and feelings that contain physical movements, memories and sensory experiences.

I understand that the artwork I do in groups and/or an art assessment might be collected, evaluated, described and reproduced by the researcher. I might be asked to meet with the researcher to participate in an art assessment that will last an hour and in which I will do a series of drawings. My participation in this study will only last as long as my hospital stay.

There is a possibility that I could feel upset as I participate in any art assessment or group situation while doing or talking about my artwork.

I understand that there might be no benefits to me from participating in this study. There may be benefits to me in the form of learning new knowledge about myself and experiencing strengths or resources I had but was unaware of before.

Alternative procedures are unknown to this researcher at this time.

I have been assured that all questions regarding my participation in this study, or, in the event of injury, all questions will be answered by Dr. Volkman, Albert Einstein Medical Center, Tower Building, Department of Psychiatry. Dr. Volkman can be reached at (215)456-7238. For my questions pertaining to my rights as a research subject, I may contact Robert Wimmer, M.D.; Chairman of the Institutional Review Board, Albert Einstein Medical Center, Paley Building, Third Floor, (215)456-6082.

I understand that I can withdraw my consent and discontinue my participation in this study at any time without affecting my relationship with my doctors and the staff at Albert Einstein Medical Center.
I have been assured that my participation in this study will be kept private and that all information or data collected will not have my name on it. If information obtained in this study is published, it will not be identifiable as my artwork or case history unless I give specific permission.

I have read both pages of this form and I understand and agree to the material contained thereon.

_________________________  _______________________
signature                  date

_________________________  _______________________
witness                    date

_________________________  _______________________
investigator              date