

Interactive Drawing Therapy: *Working with Therapeutic Imagery*

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Abstract

This paper introduces the nature and practice of Interactive Drawing Therapy (IDT), and describes key psychological elements that are encountered when clients use pages as a therapeutic device. IDT has consonance with aspects of psychodynamic (especially Jungian) personality theory, with certain aspects of art therapy, and with psychological research on brain functioning. While strongly developed in Australasia over the last 15 years, with over 4000 enrolments in training courses, IDT's status as a formal professional modality requires further attention to the articulation of its theoretical structure, and research into the effectiveness of its practices. This article, together with its two companions, represents a modest but important step in this process.

Introduction

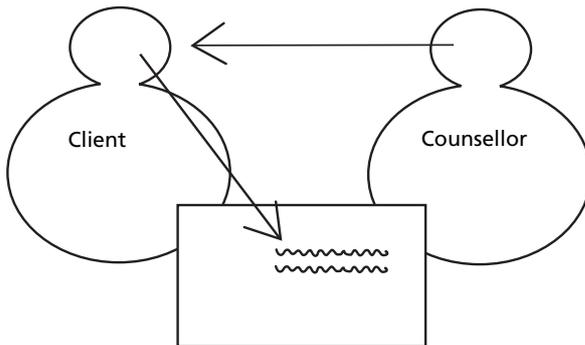
Interactive Drawing Therapy (IDT) was developed by Russell Withers during the early 1990s by noticing what clients spontaneously and repeatedly did in session when given the opportunity to work with a page of paper as they talked. It grew out of his previous twenty-odd years of working as an architect, using annotated diagrams as the primary working tool. Now, 15 years later, with over 4000 enrolments in IDT training

courses, the principles and practice of the IDT method have been shaped into a way of working that has a large Australasian following.

The source data for IDT comes from client transcripts and records of their drawings. Although the original content of IDT was derived from one-to-one work with individuals in a general practice, its principles have been applied to couples, families and groups. While more of a therapeutic modality than a theory of personality, IDT tends to take the client into inner work, making it reflective of psychodynamic theory, though it also fits with psycho-educational practices. IDT training courses attract a wide range of professionals and their agencies, indicating its usefulness across a considerable range of issues from spiritual development through to the treatment of psychosis. While IDT has accumulated a body of affirmative anecdotal testimony, it now seeks substantive research to test such claims. This paper introduces the nature and practice of IDT, and describes the key psychological elements that are encountered when clients use pages as a therapeutic device.

The IDT method – ‘working with pages’

Diagram 1



The distinctive feature of IDT is the presence of a page between client and counsellor. IDT uses chunky wax crayons to allow clients to express their thoughts and feelings on A3 paper as soon as this is appropriate. In principle, whatever is talked about is put on the page, and whatever is on the page is talked about, so that ‘layers’ of written description and graphic detail accumulate on the same page. Initially the page is like a passive collector of illustration and comment but, with the client’s successive layering of responses of a deeper nature, the page and its contents acquire increasing

importance of their own. Periodically the counsellor holds the page up and at a distance so that the client can look at their work as a 'detached observer'. This allows the page to 'act as a mirror' (Winnicott, 1965) or 'talk back', and enables the client's mental process (Fonagy & Target, 1996) to shift from giving out information and opinion to generating recognition, implication and insight. At this point the page can become a therapeutic tool, enabling the client to connect with increasingly less conscious material.

With IDT, the counsellor's job is to look after the client and the process, while the client looks after the content. IDT stresses that this be a client-centred process of disclosure and discovery, with both counsellor and client commonly not knowing what will come out next. 'Trust the process' takes on a new implication when we learn to 'work the page'.

IDT and aspects of client functioning

As with many therapies, IDT recognises that clients typically present themselves through a story (Monk, 1998; Siegal & Hartzell, 2003), this being their attempt to make sense of experiences and perceptions. This 'story' commonly carries more than one coded message, partly about the client's situation, partly about the client themselves. Sometimes this story is presented as fact, and other times it is clearly more allegorical or metaphorical in nature. The use of a page enables the client and counsellor to read both the literal and metaphoric layers of expression.

IDT practice indicates that the client's story usually comes from a currently dominant, often less conscious or unconscious 'part' of the client. As such, the story can carry significant bias and distortion, and may 'speak' as if its singular perspective is the truth of the matter. Rather than intellectually deconstructing and rebuilding the client's story (Monk, 1998), the IDT counsellor is encouraged to 'lean back', hold the story at a distance, and treat it with some reserve as the client's introductory talk. By getting the story onto the page, the client's perceptions are honoured, and the client is then (hopefully) more able to detach from them and move to more significant or fundamental material. IDT focuses on where the story is coming from rather than the story itself, for the structure and function of the client's story are seen to change according to the level of functioning it emanates from, and the stage the client is at in their therapeutic process.

This is in harmony with particular theoretical perspectives on client functioning. For example, Schaverien (1992) distinguishes 'the life *in* the picture' (resulting from the client's engagement in the image-making process, wherein the page becomes 'embodied' with presence), from 'the life *of* the picture' (reflecting the effect the page

may then have on others and the transference dynamics of the therapeutic relationship). She discusses how this distinction is important in the longstanding debate between process and product. Developing the imagery so that contextual factors (such as location, time, affect and ethos) are made explicit invites the client to see and experience a bigger and more informed picture. This tends to provoke a change in perception, enabling the client to find the next step toward a more 'authentic' future. The use of annotated imagery (i.e. words and images on the same page) enables IDT to connect conscious with unconscious processes.

This connection was also recognised by Erickson, who referred to drawings as a sign language or system of gestures that allows 'the unconscious to communicate, while the consciously organised part of the personality is busy recounting other matters' (Erickson & Kubie, 1938). In similar vein, Jung emphasised that 'the psyche is the source of inner reality' and 'cannot appear in consciousness except in the form of images and contents' (Cowan, 1982). Likewise, Naumberg (1958) proposes that 'fundamental thoughts and feelings, derived from the unconscious, reach expression in images rather than words'.

While the visual phenomena which IDT draws out do readily fit in with a psychodynamic perspective, they can also be related to a psycho-physical research perspective. The conceptual and physiological division of the mind into left brain and right brain (Corballis, 1991; Schore 2001a) offers a useful model for distinguishing different modes of perception and mental functioning. In essence the left brain focuses on factual detail, and processes data cognitively, logically and specifically, whereas the right brain takes in the big picture in a glance, and processes data affectively, experientially and situationally. Schore (2001a) states 'the right prefrontal cortex attenuates emotional responses at the most basic levels in the brain', and proposes that the client's 'affectively charged but now regulated right brain experience can then be communicated to the left brain for further processing'.

This effect, which must follow a right-brain then left-brain temporal sequence, allows for the development of linguistic symbols to represent the meaning of an experience, while one is feeling and perceiving the emotion generated by the experience. The objective left hemisphere can thus process subjective right brain communications, which allows for a linkage between the non-verbal implicit and verbal explicit representational domains. This in turn facilitates the 'evolution of affects from their early form, in which they are experienced as bodily sensations, into subjective states that can be verbally articulated' (Stolorow & Atwood, 1992).

These different functions of the mind are reflected in the theory and practice of different therapeutic modalities. The cognitive and analytic therapies tend to be left

brain in their approach (e.g. CBT and Transactional Analysis), while the expressive and affective therapies tend to be right brain (e.g. Psychodrama and Gestalt therapy). IDT uses a rotating sequence of 'words, images and feelings' to systematically and repeatedly alternate between left brain and right brain functions. By striving to keep the client relatively free from being dominated by either left brain or right brain functioning, by either the conscious or the unconscious, and by either an inner or an outer focus, IDT strives to help clients achieve an integrative way of functioning that produces insight and psychological resourcefulness.

IDT and expressive theories of therapeutic change

There are many expressive therapies, involving art, drama, music, sand tray, play, movement and dance (Arlow, 2005; Blatner, 2005). All share the practice of using, beyond mere talk, some sensory means of expression to give shape and form to the client's experiences. This allows internal experience to be externalised, and gives the client a physical experience of being separate from, but in relationship to, their own material. The creation of such a 'significant form' (Langer, 1967) or 'analytic third' (Ogden, 1986) allows greater self-reflection, and provides important therapeutic leverage. In the case of IDT, this 'significant form' takes the shape of a worked-up page that has become psychologically 'charged'. IDT is clearly a form of expressive therapy and, inasmuch as it involves the making and use of images on paper, it may be considered to fit under the broad umbrella of art therapy. However, it has several distinctive characteristics that do not match some of the orthodox art therapy definitions or requirements, and these are discussed next.

Following on from her earlier definition, Schaverien (1992) describes art therapy as having two main fields of psychological emphasis – the *process* of creatively making 'art', and the use of the resultant *product* for analysis and diagnosis. In the case of the former, Schaverien holds that therapy involves 'the making of pictures, drawings or clay models', reinforcing the view of Dalley (1984) that 'the essence of art therapy lies in the therapeutic outcome of the activity of creating something'.

By contrast, IDT does not focus on creating art products or artistic imagery, and IDT practitioners do not need art making or art appreciation as part of their professional training. IDT pays no attention to the aesthetic or creative structure of the client's expressive work, and does not attend to issues of design intent, or the client's ability to draw. Stick figures and gingerbread men are more than enough for IDT to move into therapeutic endeavour. Whereas an art therapy session will seek image-making, an IDT session may produce pages of writing and no drawing. These written words still provide visual material for the client to interact with.

IDT practice will generally produce several pages in a session, as the client is encouraged to move on to the next page in order to keep up with newly emerging material, rather than stay and 'complete' or 'finish' a half-formed drawing. The IDT page is simply a tool, not a product, and is often torn up, cut, burned, buried or otherwise disposed of. This contrasts with the viewpoint of Dalley, the British art therapist and author, who emphasises that, 'Any theoretical approach to art therapy must take into account the concept of creativity, which has its roots in all art processes' (Dalley, 1984).

In addition, while IDT will support a client to cathartically express their release of feelings onto a page as part of a bigger therapeutic process, IDT is generally not offered as a medium for the client's free and uninterrupted use of the page for creative self-expression, followed by a conversation about the process. IDT is an interactive drawing-talking-and-writing technique in which the counsellor actively interrupts and reflects the client's cues back to the client as they emerge, in a way that seeks to move the client into more substantive and deeper material. If we consider that the affectively charged act of expressing oneself is a right brain activity, and the thoughtful conversation that ensues is a left brain activity (Schoore, 2001a; see below), then most art therapy practices tend to keep right and left brain functions separate. By contrast, IDT works in quite a structured way to activate both functions simultaneously and continuously through the session.

Within the second arm of art therapy, noted above, many therapists engage in a psychoanalytic interpretation of the client's art work and process, in part to explain to the client what is happening for them, and in part to assess and diagnose the client's psychological condition or developmental history in order to report to the authorities (e.g. childhood sexual abuse) or to formulate treatment plans. There is a battery of tests and manuals available to guide the interpretation of clients' drawings (Furth, 1988; Kubler-Ross, 1970; Leibowitz, 1999; Lowenfeld & Brittain, 1987). In contrast, IDT generally discourages such diagnostic interpretation, because it risks the counsellor becoming prescriptive (e.g. red means anger; left side of the page shows your past; a knot in a tree indicates abuse at that proportional age; schizophrenics make fragmented pictures; the sword is about your masculine side), and it risks bringing the client out of their therapeutic process – away from inner unconscious (right brain) and into their conscious heads (left brain). For example, IDT has noticed that if a client draws, say, a red tree, sometimes the deep red would have been simply the first dark crayon they happened to find or, even if it was a deliberate choice, today red may mean 'magical', whereas two weeks ago red could simply have been 'my favourite colour'.

The case for cognitive meaning making or interpretation in art therapy is made by Dalley (1984) who advocates that ‘the therapist must help the client make sense of his or her own painting’, and again, ‘The therapist must therefore first ask the client to attempt an explanation of the content and meaning of his or her work, which can then be further explored and understood through interaction with and possible interpretation by the therapist.’ Such interpretation fits with the long tradition of content-focused psychoanalytic talking therapy (Arlow, 2005). That contrasts with Winnicott (1971) who wrote, ‘If only we can wait, the patient arrives at understanding creatively and with immense joy, and I now enjoy this more than I used to enjoy the sense of having been clever.’ In similar vein, Jung suggests that it is the transformative powers of the unconscious Self (see below) that bring about personality development, not the pursuit of conscious understanding: ‘We must be able to let things happen in the psyche. For us, this is an art of which most people know nothing. Consciousness is forever interfering, helping, correcting, and negating, never leaving the psychic processes to grow in peace. It would be simple enough, if only simplicity were not the most difficult of all things.’ (Jung, in Jacobi, 1953.)

Core elements in IDT practice

The IDT working relationship

As noted above, the role of the IDT counsellor is to assist the client layer their internal world onto the page, activate their imagery, observe this as represented on the page, develop or modify the material and, finally, internalise the transformed or reframed content (see diagram 3). This process, using IDT as a distinctive modality, enables the counsellor to facilitate a process of therapeutic change that is recognisable in most forms of counselling or psychotherapy (Egan, 1998).

IDT is interactive, with the counsellor actively participating and partnering the client in the process of drawing out and deepening the work. Homework is commonly employed and, on occasions, the counsellor may diagram the client’s talk when they are unable or unwilling to do their own mark-making. The presence of potent images and provocative words on the page has been found to have a strong attraction for both client and counsellor. For the client it is like relating to an alter ego or ‘analytical third’ (Ogden, 1986), where ‘the picture affects the person who made it’ (Schaverien 1992). By the same token, the counsellor has to make a special effort to resist being distracted by personal reactions to the visual impact of the client’s drawing. This may be seen as an interesting variation of counter-transference (Kuhns, 1983), where it is the client’s drawing the counsellor reacts to, rather than the client per se.

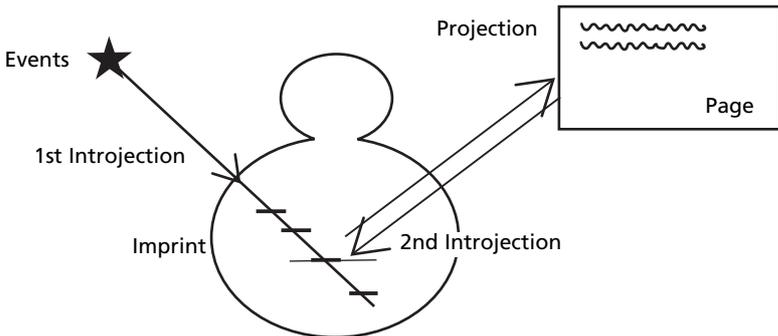
Projection

In contrast to a psychoanalytic definition of projection as a defence mechanism (where denied aspects of oneself are displaced onto another person), IDT uses projection in its original pre-Freudian sense as the ordinary attribution of value onto an object which does not in itself have that value. For example, in session crayons are attributed with qualities (e.g. ‘Choose a brave colour’), and selected words and images are projected from an internal state of subjective feeling out onto the page, where they can be looked at more dispassionately and objectively. In addition to working with the content on the page, the paper itself may be given projected value as a symbolic object to be used in therapeutic ritual, like shredding and burning, or framing and displaying.

The mind operates by creating internal representations of the world out there, enabling us in a glance to evaluate our investment in it (e.g. ‘Is it safe or dangerous, stimulating or devoid?’). As Wittling (1997) declared, the right hemisphere contains ‘a unique response system preparing the organism to deal efficiently with external challenges’. IDT views projection as a psychological filter that determines perception. For example, if I am feeling depressed or angry I will tend to see the things in my environment that I dislike. In contrast, if I am feeling in a buoyant mood, I will find many things in the very same environment to appreciate. Projection biases what we are looking for, and perception is what we see, so we inevitably process environmental information in an inherently value-laden pre-structured way (e.g. smiles are good, swamps are dangerous). From this viewpoint, projection is not necessarily defensive, but simply a perceptual function – the organism mediating between stimulus and response. Projection shapes our world-view, and shapes the way the client puts that world on the page. The IDT counsellor deliberately encourages the use of projection as a therapeutic tool.

Introjection

Diagram 2



IDT accepts that significant external-world events may be introjected (Ferenczi, 1909) as value-laden experiences, and stored in our memory. From there, these imprints influence our world-view, sense of identity, expectations, behaviour and relationships. Allan Schore (2001b), in affirming John Bowlby's attachment theory, notes that real life events are 'indelibly and permanently shaped [in the infant's mind] in a way that affects the way that the personality would develop over the life span' and that 'the success or failure of attachment relationships in early life has a profound and life-long effect'.

When an IDT client transfers such stored experiences from memory out onto a page, the opportunity arises to modify the drawing in a way that can transform the implications of the experience and change perception. The visually evident and affective reframing of that particular experience may then be introjected from the page back into the client's mind – to reduce the impact of the original introjection, and allow a psychological healing to occur. Changes to the drawing may be a mechanism that achieves changes in the client themselves.

Different levels of work

As clients add more and more to the page, it is noticeable that the perspective of their self-disclosure deepens and changes in a consistent and recurring order. IDT has mapped these as shown in diagram 3.

Diagram 3

Presenting issues (current, behavioural, specific, other-focused)

Associated issues (historical context, developmental references)

Underlying issues (self-talk, unmet needs – too much or too little)

Intra-psycho issues (core sense of self)

In this diagram, each layer downwards widens the context for the preceding layer. Midway through the level changes the client finds him- or herself 'crossing the line', denoting a natural and spontaneous shift from surface-level issues down to deep-level issues. This distinction is borrowed from Noam Chomsky (1957) who, in addressing issues of political and social change, postulated that 'surface structure' matters are relatively easy to identify and address, in contrast to 'deep structure' matters which are much more obscure, intransigent and resistant to change. Although change can be more readily effected 'above the line', IDT postulates that it does not have a major structural impact on the client's personality system, whereas a more significant

outcome is achieved from changes that occur 'below the line'. IDT therefore seeks to work at the deepest level that is safely available to the client.

Above the line, the client has a primarily factual left brain perspective, speaking mostly about external world issues, recounting her or his perceptions on life events, talking about others, and accessing conscious material. In contrast, below the line the client functions from a right brain perspective, with the focus shifting to his or her internal world condition and experiences of life, describing self, and accessing material from more unconscious sources. In IDT it has been found that clients in crisis or in a fragile condition will generally not move to deeper levels while in that condition.

Because each of the four levels has quite a different client focus, it is seen to come from a different part of the client's psychological structure, with a different therapeutic objective, and therefore requires a different way of relating to the client. It has been found in IDT practice that clients can change levels several times in one session, so IDT counsellors have to remain light on their feet, ready to move with the client.

Parts work

In IDT, internal and external conflicts appear to highlight different 'parts' of ourselves. As clients 'cross the line' (see Diagram 3) their presentation typically shifts from initial black-and-white judgements (e.g. 'I hate him!') to a more considered or multi-sided account (e.g. 'Part of me still loves him'). When produced in image form, such parts typically show up as differently characterised 'sub-personalities' (e.g. scary person, frightened person, helpful person), as finite objects (e.g. table, chair, book, drink, quiet place), as discrete forces or landscapes, or as abstract shapes of different colour and character. 'Parts' appear to equate to different feelings, values and roles. In IDT they often come in sets, with one part directly or indirectly bringing in a thematic counterpart (e.g. a drawing of a tree is often followed by a variety of ecological accessories). Many clients find that IDT allows them ready access to a 'wise part' of themselves that is insightful and judicious in its perceptions.

Working with metaphor

In IDT a metaphor symbolises an association of personally meaningful affect, experience or perception to another entity or situation (e.g. 'I feel like my sanity is hanging by a thin thread'). It has been observed in IDT practice that above the line (see Diagram 3) the client tends to present their work literally and specifically, and below the line their presentation often takes the form of metaphor. In itself metaphor is neither positive nor negative. Metaphor may be considered as the language of the

unconscious (Henzell, 1984; Stone & Everts, 2006) and is commonly expressed in visual-kinaesthetic terms. Metaphors are therefore inherently drawable (e.g. 'I'm stuck! I'm here because I've come to a crossroads in my life, and don't know which way to go.') Developing the metaphoric scene is an easy and immediate way of bringing out other aspects which up to then had been either outside the client's awareness, too disabling to be currently talked about, or of a quality beyond the capacity of mundane words to describe adequately (e.g. spirituality, trauma). The use of visual metaphor can offer an effective projection that creates a distancing and depersonalising experience that seems to increase the client's sense of safety to engage particular therapeutic work.

John Henzell (in Dalley, 1984) quotes Goodman (1976) identifying that metaphor 'runs in the direction of the less important to the more'; in other words that metaphors establish a direction or turn in the client's perceptual system. 'Thus a metaphor, to be effective, is concerned with more than just simple truth or analogy; the comparison effected by it must scandalise current perceptions and by so doing jolt them into a new frame of reference' (Goodman, 1976). IDT's use of visual metaphors provides a useful tool to get past blocks in language or cognition.

Archetypes

As a deeper level of metaphor, the world of visible archetype and symbol can be seen to emerge between the client's levels of underlying issues and intra-psychic issues (see Diagram 3), providing a potent resource for clients working at depth. Archetypes are 'systems of readiness for action' (Jung, 1927, p. 31). 'Material which enters consciousness does not do so randomly, but fits into meaningful contexts, allowing us to maintain the organization of experience, which is ordered archetypally into themes with common affective and ideational significance' (Corbert, 1997). 'A situation feels archetypal when it is saturated with affect' (Sedgwick, 2001).

Jung (1927) cautioned that the form an archetype takes is not the archetype per se. Nevertheless it is the form that clients produce that we have to work with. In IDT practice these have been found to manifest spontaneously but often indirectly (e.g. a disembodied watering can that hovers on the page providing gentle water to a young plant, but not yet shown to be held by The Gardener, who is there implicitly, but currently residing off the page, out of awareness). There are overt and well-recognised archetypal characters (e.g. King, Child, Hand of God) that come up a lot, and there are covert archetypes that are more idiosyncratic and client-specific (e.g. He-Who-Spends-His-Life-Waiting). There are archetypal characters, environments, accessories, forces, relationships and situations. In IDT these are not taken lightly or

imposed upon the client. Working with archetypes in an IDT manner does not involve psychoanalytic interpretation, but simply that of developing the situational scene, so that the client can enter the scene with affective experience; to acknowledge and address the archetype, while simultaneously looking at the scene from the outside.

Core self

If clients layer deeper still onto the page, they can enter a level of work that seems to be very fundamental to their sense of self. Jung's model of the Self, as presented by Sedgwick (2001), is 'a sort of special agent or core within the collective unconscious, whereas the ego or consciousness is more limited'. In contrast to this view of a singular overarching principle, IDT client experiences suggest there may be two aspects to this 'core self'. One is personal and typically expressed in structural terms (e.g. 'I'm feeling quite empty inside. It's as though I've lost myself!') The other is more transcendent and typically experienced as timeless, ageless, genderless, issueless and non-dual. In contrast to the former, this second sense of core self is not feeling-full or value-laden, but more of a 'this-is-ness' – a value-free but existential fact of existence, accompanied by a deep sense of knowing. Despite a common lack of talk and conceptual clarity at this deep level, the IDT client can silently, slowly and mindfully keep a powerful and sustained drawing process going on paper.

Summary

IDT has developed in New Zealand over the last 15 years into a distinctive therapeutic modality, employed by a wide range of helping professionals and their clients. As clients progressively layer their inner world onto a page, the therapeutic focus changes and deepens through four distinctive levels, each of which produces a different set of psychological phenomena. As drawings are modified and reframed, the client introjects the changes on paper, helping to modify the original negative imprinting, and creating a mechanism for therapeutic recovery.

The relatively brief synopsis of IDT presented in this article highlights its consonance with various psychodynamic perspectives on client functioning, with particular aspects of art therapy as a creative modality, and with psychological research on brain function. A number of core aspects in the way IDT operates have been noted, though space does not permit a description of the therapeutic stages through which IDT progresses.

This is the first article on IDT in the formal professional literature, and much beckons to be done. Many of IDT's tenets require more detailed and critical analysis. The examination of metaphor in IDT by Stone and Everts (2006) represents a modest

start in this process. Experimental validation of the large amount of positive anecdotal evidence of the widespread relevance and effectiveness of IDT is urgently needed. The survey of IDT practitioners by Everts and Withers (2006) provides a foundation on which further studies can be built. In all, the publication of this article and its companions marks a significant stage in the development of IDT as a formally recognised and unique therapeutic modality.

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