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Hilarion G. Petzold, **Amsterdam, Düsseldorf, Krems, Paris, (1999q/2024):**

The Self as Artist and as Art Work - receptive art therapy and the healing power of the "aesthetic experience" - An Interview - *

-Übersetzung von *Patricia Carolin Mayer* der *Polyloge* Ausgabe 07/2001

Der Text erschien erstmalig in: *Kunst & Therapie* 1-2/1999, 105-145
(Claus Richter Verlag, Köln)

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Übersetzung der POLYOGE Ausgabe 07/2001 durch Patricia Carolin Mayer
Das Selbst als Künstler und als Kunstwerk - rezeptive Kunsttherapie und die heilende Kraft „ästhetischer Erfahrung“ - Ein Interview -
Hilarion G. Petzold, Amsterdam, Düsseldorf, Krems, Paris∗ **(1999q)**

THE SELF AS ARTIST AND AS ART WORK
- receptive art therapy and the healing power of the “aesthetic experience” – *An Interview* -

Hilarion G. Petzold, Amsterdam, Düsseldorf, Krems, Paris∗ **(1999q) - Translation (non-professional): Patricia Carolin Mayer (#)**
(#)-*Numbering/colour of the questions has been added by the translator to simplify search.*

-N.T.= Note of Translator

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1) I: "You have used the term "receptive art therapy" in several publications (Petzold 1971k, 1975h, 1990b) without presenting this concept in a broader sense. There is also hardly anything in the art therapy literature on this subject (cf. Glenck, Wirth, 1998). Recently, the term "iconotherapy" (from the Greek eikon, image) has been used for pictures by artists in hospitals, old people's and nursing homes, prisons, and drug clinics to promote healing processes in patients and the resocialisation of clients (Tautz 1998).

According to **"Kunst im Krankenhaus"** („Arts in Hospital“: Fachblatt für Kunst, Kultur und Milieugestaltung in the Health Sector. Vienna: Austrian Unesco Commission, from 1991) you consider looking at pictures as a therapeutic tool, as an art-therapeutical intervention in clinical and psychosocial institutions, combining "receptive art therapy" with theoretical and methodological models, this is where our interest lies and of course your position on specific questions:

-How does the process of experiencing images affect the subject, what effect does it have on the patient's recovery and self-development, because you and your group, *Vladimir Iljine, Ilse Orth, Johanna Sieper*, are otherwise decidedly in favour of the concept of an "anthropology of the creative human being", which arises from "generative co-creativity", the "confluence of joint action" and from the drive of a "creative impetus" and gains "personal sovereignty" (cf. on the concepts of "co-creativity" (Iljine, Petzold, Sieper 1990), "conflux" (Petzold, Orth 1996a), "personal sovereignty" (same 1997b), "creative impetus" (Petzold 1990b)).
Is this not a contradiction to the advocacy of the "receptive modality" of artistic forms of therapy (regarding the "modalities" active or productive, receptive, receptive-productive, psychophysiological, see Petzold 1997w)?

- What is the role of the therapist, his or her personal preferences, assumptions and ideologies? Even "myths", as you have critically pointed out in a new book (Petzold, Orth 1999), in the choice between "active" or "receptive" work, in the choice of materials, in influencing, perhaps manipulating the patient? These are topics on which I would like to hear your opinion?"

P: "You raise diverse and complex questions. Some touch on the foundations of therapy, of therapy in general, others seem to be very specific, still others concern positions that can only be answered in a very personal way. If, as I understand it, therapy is:
- healing and alleviating curative-clinical treatment,
- as health awareness, health behaviour and well-being - we speak of "health, fitness, wellness" - supportive work (and this goes further than prevention),
- as self-awareness and self-development, personality development, working on oneself, one's "art of living" and
- as cultural work and cultural criticism (cf. Petzold 1987d, 1999p)
then themes such as "receptivity" or "productivity" must be recognised as modalities of artistic-therapeutic work - for example in the fields of visual arts, music therapy and poetry therapy always be seen in a broad context, otherwise they are approached reductionistically, as merely "technical" issues. And in doing so, we fail to recognise their significance. This becomes immediately clear when I define it:
***Receptive art therapy* focuses on the "*aesthetic experience of the self with itself and its lifeworld*" in its lifespan and in a given space of perfect reciprocity of perception, contemplation, realisation, and creation of meaning.**
It takes place in a co-responding, *intersubjective process* b e t w e e n the therapist, the patient, the artwork/object and the context with what it encloses (to the multi-perspective relationship concept (relationship to others, to things, to the world, to oneself) cf. Petzold (1996a) 300ff, "Beziehung und Deutung", p.285 ff) and aims at the creative shaping of one's own self and of one's own and communal life reality in committed co-operation".

2) I: "With the life continuum, you emphasise a biographical moment and reciprocity**.** This would mean that the art therapist cannot be left out of the consideration. You refer to the concept of "mutuality" that you learnt from *Merleau-Ponty* and *Ferenczi*, which means that one's own biographical experience and the processes of experience and the processes of self-organisation through the other are extremely important. Here you are referring to *Lévinas*. These are very complex systems of reference, which have cost us a great deal of elaboration (cf. on mutuality Petzold 1988p (in the new edition in 1996a), on correspondence 1991e and on the Lévinas reference Petzold 1996k, also Lévinas 1983, Ferenczi 1988). Now we would be curious to know what all this has to do with your concrete life background, how it relates to your theory? "

P: "Let me begin with an "aesthetic experience" of my own. - At the beginning of the seventies I visited *Monet's* garden in Giverny for the first time. Since then, I have been there many times - in all seasons (on Monet's garden, see Van der Kemp 1989; Moffett, Wood 1978, Keller (982). I will go there again and again, of course also to see his paintings, which have found a worthy home in Paris, especially the water lilies. And that's where, on first encountering the paintings and the garden, I said to myself in a self-dialogue: "Hilarion," I said to myself, "this garden, these ponds of water lilies, these paintings have such peace, beauty and power, they can heal the soul!" And I was calm and moved by the atmosphere of beauty (on the atmosphere of beauty and on atmospheres in general cf. Böhme 1985; Schmitz 1969, §§ 149, 162, Hegel 1972, 203f). I had often stood in front of great works of art - even as a child with amazement and admiration. They were for me an aesthetic and at the same time

a healing experience. They always confronted me with the question: "Who am I?" and I was always able to *see myself* through the "mirror" of my "resonance" with the work of art I was looking at, and I received answers - sometimes highly unusual ones.
At the end of the sixties, I was standing in front of an oil painting by *Jean Honoré Frangonard* in the Louvre (Frangonard 1731 - 1806, a reproduction of the painting in Lorgues-Lapoge 1977, 184) entitled "*Inspiration*". A young man, his quill hovering over the paper, his cheeks flushed, looks back as if he had been summoned, as if he had received a message. At the time I had the strong impression that this man had to write something about himself that he did not yet know, a "*message from himself, about himself, for himself and for others*" (this later became my definition of the essence of art therapy with creative media (Petzold 1971k, Petzold, Orth 1994a). And when I looked at the picture, it occurred to me: "Know thyself", isn't this motto of the Delphic Oracle a mandate to look at oneself, to think about oneself? The "*Become who you are*!" of the ancient tradition - isn't that a mission to create yourself? Then I remembered *Paul Valéry,* who wrote to *Leonardo da Vinc*i in 1895: "What remains of a man are the thoughts that his name and his works evoke." But isn't it important that people are given the chance to think, to create and to show what they have created, themselves as the creators - for a while, before they disappear into the anonymous murmur of the archives, as *Foucault* (Foucault 1974) the personal hopes of immortality disillusioned? "But to have been *this once*, even if *only once*: to have been earthly seems irrevocable", says a chord from the ninth Duino Elegy (R.M. Rilke). With this biographical experience and background, I find receptive art therapy a fascinating thing and an important one.
Great art speaks to us, pictures speak, eyes speak - they don't just see, they absorb and express. **Seeing and being seen are intertwined**, as *Merleau-Ponty* (Merleau-Ponty 1964, 1984) argued in his phenomenological analyses of painting. Pictures stimulate stories - imaginary worlds - and they unfold a rhetoric (see here the materials of the exhibition "Rhetoric of Passion - On the Visual Language of Art in the Occident" Barta-Fliede, Geissmar-Brandi, Sato (1999). They lead us into the "discourses of culture". Art narrates life because its **narrative** is based on the "narratives of life", it interprets life, because it wants to be grasped, understood, and explained by every perceiving, experiencing self. Life demands interpretation and this is always also design. What is designed as part of life in turn enters once again into the movements of hermeneutics (on the hermeneutics of linguistic and non-linguistic expression, cf. Petzold (1988 b). Art "explains the world to man" in a unique and direct way, in an immediate way, because it springs from the essence of the "*humanum*" and of what is "*worth living for*". This is ultimately the reason and justification for receptive art therapy".

3) I: "Your perspective has obviously been strongly influenced by your own biography. According to your theory, by permeating your own experience with the relevant people, their history, their own experience with art, you gain access to their self-experience and self-creation, and thus also to their scientific and practical work. Would you like to say something more about this?"

P: "Well, I come from an artistic family, my grandfather was a concert violinist, grandmother an alto - there was a musical tradition on my mother's side. ***Artists are people who work on themselves when they work on their art***.
My mother *is working* on herself when she combines music, painting and poetry in her literary, especially lyrical work, when she contributes to the work of artists with whom she was friends (see Petzold (1969 II f), Jung (1962), Georgen (1985), Rapp (1978) - *Otto Marx, Lotte Marx-Colsmann, Karo Bergmann, Elisabeth Schmitz-Kurschildgen* - wrote poems (cf. Petzold-Heinz 1976; Schmitz-Kurschildgen, Petzold-Heinz, Petzold 1984), or when she gained musical experience as a trained and performing singer and violinist, her musical experience, her work on the instrument and on her voice

- which we experienced (and sometimes suffered) as children - and tried to express her experiences in poetry, exploring the life of hymn writers in literature, the combination of sounds, words, images (cf. in der Au et al. 1980, p. 157, Petzold-Heinz 1955, Beaufils 1954).
My father, originally an agronomist and intimately acquainted and connected with landscapes, came from Russia where, as a young man, he came into contact with *Gurdjieff* (Gurdjieff 1982, cf. Bennett 1982, Zuber 1981) and his circle in St. Petersburg, with whom he renewed contact after the latter's move to France and the purchase of the Château Prieuré in Avon near Fontainebleau.
Gurdjieff integrated music and dance movements into his mystical practice and into the exercises for his students in an intermedial way, as well as perceptual experiments, especially with sound and colour perception. We were taught some of these exercises in our education and later adopted them in our art therapy work (Petzold 1987b).
After emigrating to the Netherlands, my father had studied painting in Amsterdam [1922 - 1929] and, as a portrait and landscape painter, was focused on the *"human face as landscape*" and the "*landscape as face*". He opened up our understanding of the nature of perception as he had developed it and taught us to perceive in a very practical, concrete way, drawing on his own training in painting, his admiration for the Dutch and Flemish schools, Impressionism and its predecessors - with a great admiration for *William Turner's* (cf. Thornbury (1876) painting of "the innocent eye", Bockemühl (1991), of which *John Ruskin* wrote "The efficacy of painting in the technical rests on our ability to recover that state which may be called the innocence of the eye, that is, a kind of childish vision, which perceives the coloured spots as such, without any knowledge of their meaning - as a blind man would see them if his sight were suddenly restored" (John Ruskin [1819-1900] vol. XV, 27). This position had to be reshaped by his life experience: "*Seeing is a question of consciousness* (also in neuroscientific terms, see Logothetis 2000), *artistic seeing is a question of trained consciousness*". The study of Goethe's colour theory, the *Gurdijeff* exercises and his own experiments with "inner seeing", the "seeing of the heart", as well as permanent processing of all his life experiences formed the basis of his knowledge of "creative of receptivity". During his imprisonment and detention as a persecuted of the Nazi regime, he almost completely lost his eyesight due to an untreated eye infection, so that he could only see tiny shadows, and emphasised that the "eye can lose its innocence", indeed must lose it at a terrible sight, but must also regain it, but then it would no longer be the "innocence of the child", but "atoned for innocence". We later discussed Lévinas, who affirms that one must take responsibility oneself before one has committed to something (Lévinas 1961/1983, 224). The artist's gaze - if it is the gaze of the "simple heart" with which he looks, as we found out in conversations towards the end of his life - is based on a "reflected intuition" and a "processed experience". "This is what distinguishes Chagall or Jawlensky from naïve painters", he said (on this subject of the "simple heart" and the art of the naïve, see Petzold 1969II). He painted watercolours for us and with us landscapes whose colours and forms he felt rather than saw visually. "But I hear the wind, the rustling of the trees, feel the sun on my skin and then I see light, colours, shapes and movement and I have everything I need. Seeing is visionary".
In the later years of his life, he only painted "inner pictures" because he could no longer see what he was putting down on paper. Perception, the eye, especially the "inner eye" is creative. This position can be found in the famous passage from Goethe's Theory of Colours: "*If the totality of colour is now brought to the eye as an object from the outside, it pleases it because the sum of its own activity comes to it as reality*" (Goethe, Theory of Colours § 802. HA vol. 13, 502). It is against this background that he developed the central skill of receptive art therapy, the differentiated use of "*receptive* and *active*, *inner* and *outer*, *centred* and *decentred* perception":

"Perception knows two paths, both are creative, and both are essential, each for itself each on its own or connected in a flowing interplay.

The first way: to perceive a c t i v e l y, i.e. to g r a s p: I see, hear, smell, touch **'that there'**, *take it* ... *perceive*, approach it, *grasp* the world, at least a part of its infinity - *centred on one thing* with one sense, such as seeing, and then it is a matter of *dimming* (not suppressing!) everything else, but perhaps also of *decentred*, i.e. *oriented towards many things* at the same time.
There it is important to *take in* the multiplicity with all the senses, the *external* as well as the *internal*, which recall the material of the memory (see Schacter 1999), collected on the path of life (Hugo Petzold 1935), because otherwise you will miss the resonance of the body from its history, the *resonance* of the body to the world, the view of the heart to the world and that is your soul. All this takes a lot of practice.
The second way: to perceive r e c e p t i v e l y means to r e c e i v e: it catches my eye, **it** reaches my ear, enters my nose, comes to my senses. The world comes towards me, *takes hold* of me, comes into my mind, so that I am deeply *moved* by one thing or by *many* things, inside and outside unite in emotion. I dwell in the world, the world dwells in me, for I have become aware of it and thus know where I come from, where I have always been and will always be: I p e r c e I v e the beauties of the world, its things, the living beings, the human beings *fraternally,* because I have always known them, they have always *perceivingly received* **'me there'**. I have always been in their order - that is, the cosmos - since my conception, since eternity. And will always remain there, forever. That is why death can also be received *fraternally*. *Conceptio* means to embrace each other in a receptive way, with all the senses of the body, in deep, wide, and elevated resonance, in inner and outer resonance and in perfect reciprocity. Then everything becomes soul, the sun, the world sounds in the old way and all opposites are as such, without having to dissolve, in peace, in the most *beautiful harmony*! It takes practice to receive this harmony, to receive the world, to become open in order to be with the whole existence, your being as a connected being, to receive the being of the other person - in love, in meditative practice, in creative activity, in art - through practice... perhaps it will simply be given to you!" (Hugo Petzold "Aufzeichnungen, Bilder, Meditationen", in the family collection).
The text's allusions to Heraclitus' "kalisten harmonian" (Heraclitus, fragment Diels, Kanz B 22 cf. vol. 10), to the "harmonia mundi", the world sound, via *Pythagoras* (Capelle 1968) on *Maximos Homologetes (*on Maximos the Confessor (c. 580 - 662) cf. von Balthasar 1961), *Keppler* (1925), to *Goethe*, to *Ciurlionis (Budde 1998*), to *Hans Urs von Balthasar* (which for an aesthetic-theoretical work on theological aesthetics by H. U. von Balthasar (1961ff), which is also fundamental to the theoretical foundation of art therapy), *Korvin-Krasinski (1960),* the understanding of receptivity as an *essentially ontological experience* (cf. Orth 1993), of art as a possibility of ontological experience (Albert 1972), the reference to the "Brother Death" from the "Canticle of the Sun" by Poverello of Assisi (Friebe 1999), these are themes that I will be thinking about, pondering and reflecting on for a long time to come. Meditative practice has always been one of the ways of integrative art therapy (Petzold 1983e, 1987b).
Synaesthetic and polyaesthetic experiences (cf. on this concept Orth, Petzold (1993) and Petzold, Orth 1993) were integrated into everyday life in our home (cf. Petzold (1969 II g), Petzold- Heinz, Petzold (1985); Petzold 1983a). In the family we played music every day, often painted, made dolls, played theatre and puppets. Both parents were great connoisseurs and lovers of the Russian and Byzantine iconography, the *complete works of art* of the Orthodox liturgy, in the hymnology, icons (for a survey see Skorbucha 1961, Talbot Rice 1965, Onasch 1961, Weitzmann et al. 1965), frescoes, gestures, incense - appealing to all the senses (von Balthasar 1961; Petzold-Heinz 1970; Petzold 1968 IIg, 1972 IIa). They have had a lasting influence on us as children and adults in a polyaesthetic socialisation for our lives. For me it was a life between theatre and psychodrama, poetry, and therapy, in which the artistic and the therapeutic were integrative, which always confronted me with the "limits of integration" (Petzold (1976II, 1993, 1982 g) - "Theatre or the game of life"). Already in my early

biography I learnt that people have the possibility of **active** and **receptive** (and this does not mean *passive*) perception, extero-, intero- and proprioceptive perception with all the senses, they have the ability to *resonate* and they can be wonderfully creative with their perceptive possibilities and forms of expression - this needs to be promoted: in receptive and productive aesthetic education and training as well as in curative and personality-developing artistic therapy and self-awareness (cf. on this, on the concept of complex self-awareness and therapy, including our empirical research results on such educational processes Petzold, Steffan 1999b). Concepts such as the multi- or intermedia experience or the Gesamtkunstwerk (N.T. = comprehensive work of art) (Orth, Petzold 1990, 1993, Oeltze 1997; Szeemann et al. 1983) go in this direction."

4) I: "Why is there so little literature on receptive art therapy?"

P: "You don't really read much about it in art therapy publications. How could you? Many art therapists are artistic people, some of them are natural artist. For them, the focus is not on academic discourse, but on independent creative design. This is why they are not so keen on looking at illustrated books, playing "canned music" from the "music pharmacy" (Rueger 1995). Or they are psychotherapists who have discovered the "creative media" (Petzold 1965, 1977c), who are enthusiastic about artistic, creative activity (Petzold, Orth 1990a). For them it is important that the patients themselves create something, they are enthusiastic about it. But looking at art cards with people? ... And then there are the psychiatrists who are interested in psychopathology, who are interested in the "artwork of the mentally ill" (Prinzhorn 1990a), the art of the insane, "L'Art chez les Fous" (Réja 1907). Psychiatrists are fascinated by what their patients produce - be it visual art (Bader 1975; Klein 1997) or texts (Navratil 1986a)."

5) I: "Of course you have also studied the psychopathology of the great artists, or have you not? "

P: "Certainly, art and illness (Gorsen 1980), *van Gogh*, a cut-off ear and the great painting (Artaud 1993; Arnold 1995) ... that fascinates. And *Munch* (Björnstad 1995) ... tragic. *Kubin* (Seipel 1988), *Dali* (Schmied 1991), *Beckmann* (Reimertz 1995), ... One quickly arrives at the thesis that "genius and madness" (Lombroso and Lange-Eichbaum advocated the thesis of the "genius of madness") lie close together and of course not only in painting. *Antoine Artaud* (Blüher 1991) - was he schizophrenic? Or *Robert Schumann* (Meier 1995) with his deadly melancholy, or *E.T.A. Hoffmann* (Pikulik 1987) ... how should one "classify" him? For example: "Artists are often 'a little crazy', but not quite. Most of them stay on this side of the border ..." That's certainly not the case, but we're talking about border areas".

6) I: "Artistic activity as border crosser? Art therapy as a border activity?"

P: "Why not? Art wants to cross borders, expand borders, even break borders, and these processes occasionally occur in people who cross borders. However, most artists are quite well organised, manage their lives, and some are also highly effective and enterprising. The "crazy *Dali*" is just one well-known example. Art does indeed stretch borders, but in a way that tends to create a solid ground. Inner reality, the phantasmatic, is "brought out", "captured" on canvas, "expressed" in words and written down, "set" in sound. The disturbing, the emotionally stirring, the archaic finds a *form* (on the problem of form, see Petzold 1990b), and this calms even the grossest chaos - apart from some special variants of artistic activity, such as action painting, improvisation theatre and happenings. And a second thing seems important to me. Art places the unreal, the fantastic, the surreal in such a way as to create a *space of reality* and *a space of the imaginary*. Pictures have viewers. They can 'enchant' me, but I can also avert my gaze and move on to the next painting. Music has listeners. It can fill, flood. But you can switch it off or "put on another record". The novel may

fascinate me, the poem may touch me ... but I may put the book down. In the theatre - as *Aristotle* already explains (de Poetica 1449b, 24-28) - the great affects "live" on stage and the audience experiences catharsis (Moreno 1982; Petzold, Schmidt 1972; Barrucand 1979; Kalogeras 1956; Papanoutsos 1953) in the round of the theatron. The space of the stage is usually strictly separated from the space of reality. This is also a basic principle in psychodrama (Leutz 1974, Petzold 1972a, 1979k, 1982a). I can leave the theatre if I don't like the play. You can no longer enter the theatre once it has started, the doors are closed. But you can always get out. That's how it is in the theatre - in the play of life (Petzold 1982g) it is different.
In the productive processes of active *art therapy, music therapy, poetry therapy* (Petzold, Orth 1990a; Orth, Petzold 1990; Müller, Petzold 1997, 1998; Vieth-Fleischhauer, Petzold 1999; Petzold, Orth 1985a; Orth, Petzold 1998/1999) intensive, self-creative, but also *co-creative processes* take place (Illjine, Petzold, Sieper (1990). This is correct. This comes close to what may also take place in "creative acts" of creation in an artist or an artistic ensemble working together in a *conflux* (Petzold, Orth 1997) - the fluid interplay of co-creative forces. And here, of course, it is much more difficult to "step out". This is what makes the active moment in artistic forms of therapy so fascinating for the art therapist or music therapist, so appealing. Their patients get involved. Something is happening inside them. They often become agitated, which is not easy for patients with post-traumatic stress disorder (PTSD) (van der Kolk et al. 1996). In my opinion, the often frivolous use of "active" creativity or art therapy methods with trauma patients needs be critically reconsidered, because experience-activating methods carry a high risk of *re-traumatisation* (Petzold 1999i; Maercker 1997). One cannot simply "uncover" and "work through" the "repressed" trauma in the creative process. This traditional depth-psychological model of treatment does not work because of the peculiarities of the psychophysiology of PTSD (LeDoux 1996; van der Kolk 1994), so that "*active art therapy*" is more likely to be a contraindication (experience-activating work can intensify "intrusive thoughts", evoke states of anxiety, intensify the "trauma physiology", i.e. also stress the immune system). Not so with carefully applied "receptive" work. When the individual's own inner emotional processes - even traumatic ones - bring some kind of chimera from the depths of the unconscious to the surface of consciousness, disturbing, destabilising, it is usually not enough to tell the patient to put down the pencil or pour out the watercolour and tear up the picture. The processes continue. In the receptive modality, on the other hand, the artistic therapies - because we work with templates - are much easier to control than in the a*ctive or productive modality* (on the modalities cf. Petzold 1988n, 410 ff.), and therein lies its great value. When I listen to music or look at pictures with patients in the receptive modality of artistic forms of therapy, watch a play in "receptive theatre or drama therapy (Petzold 1982a)" or read a text in bibliotherapeutic work (Rubin 1985, Petzold, Orth 1985, Orth, Petzold 1998b), this is always first and foremost a reflection of the mental processes of *another person*, processes which have moreover found a *form*, which have created a communicable form out of the imponderability of emotional impulses. The work of art is "out there". I can approach it and also leave it. I remain *eccentric*. It can capture me, hypnotise me, but only for a while."

7+I: "So the chair you sit on in the museum or the armchair in the theatre is reality ...?"

P: "At least one, and one that is close to everyday life - well, the museum is not an everyday situation, at least not for most people. Not everyone is a museum guard, but you go out again, where you're surrounded by traffic and other people doing their shopping. Receptive forms of artistic therapy have a great opportunity to involve people in processes that can make a difference, but from which - if they become too intense, you can also distance yourself from them again. This dimension should not be underestimated."

8) I: "So you stress the importance of "Iconotherapy"? And that sounds as if it is a question of indication for you".

P: "Yes, you can really say that. But a few more words about the term "iconotherapy". I often speak of "artistic forms of therapy", so I don't just work with pictures but represent a form of work which we - *Johanna Sieper, Ilse Orth* and I (Sieper 1971; Orth, Petzold 1990c; Petzold 1965, 1973c; Dunkel, Rech 1990) - have developed since the end of the 1960s and which we have called the "intermedial approach" (cf. Oeltze 1997). So, we include all media, and the "iconic", the pictorial, is only one element, but an important one. But I would not speak of "iconotherapy", at least not in such a way that one could assume that this is a form of therapy in itself. Today, everything becomes a new "therapy", even if it is only a small technique or a variation of a methodological approach to art therapy. For me, working with exhibited images is always only one element of receptive art therapy, and receptive art therapy is a procedure within the framework of more comprehensive art therapy approaches. And even these usually refer to some background method: psychoanalysis, Gestalt therapy or even integrative therapy (on psychoanalytic art therapy, see the classic text by Naumburg (1966); on Gestalt therapy, the equally classic book by Rhyne (1973); on integrative therapy, the texts in Petzold, Orth 1990a). For only such overarching approaches guarantee what one would expect from a fully-fledged therapeutic *procedure* (cf. Petzold (1993h) on the conceptual structure: procedure, method, technique, medium, modality) and must have:

1. an elaborated *metatheory* and *theory of therapy* that includes epistemological positions, a concept of man, a theory of person-ality / concept of the person, developmental psychological positions, a theory of illness and incudes so much more (cf. Petzold (1992a), 457-648 the model of a "Tree of Science" for psychotherapy: for art therapy cf. Petzold, Orth (1990a), 590ff.);
2. a *clinical* "body of knowledge", i.e. experience with different age groups, disease patterns, patient groups in the most diverse clinical settings. Treatments for "urban neurotics" *(Woody Allen*) hungry for self-experience are just as inadequate as isolated trials in the area of long-term hospital patients. A procedure must be broad, a method must be narrow;
3. the effectiveness of the method must be evaluated by research under controlled conditions. This is the only way to know whether the claimed effectiveness can actually be achieved (Petzold, Märtens 1999).

If one considers the totality of these demands, the *artistic forms of therapy* are still in their infancy or they have to be assigned to a higher "mainstream" (Petzold 1993h, 1999), and this is probably the current situation that one finds. For me, therefore, the term "Iconotherapy" is at best a term for a *technical variation* within the framework of "receptive art therapy", where sculptures and dolls can be found alongside "active art therapy" within the framework of an art therapy method, just as there is active and receptive music therapy and active and receptive poetry therapy (the latter is also called bibliotherapy). Otherwise, one quickly ends up in a "psychoboom" (Bach, Molter 1976). Incidentally, the term "Iconotherapy" also shortens the visual to the pictorial. In receptive art therapy you can also work with three-dimensional plastics (N.T.= clay, wax). The kinaesthetic is then included, or with masks which can not only be looked at, but also touched or put on. In the work with clay, dolls, and masks (Petzold 1975c; Petzold, Kirchmann 1990; Sommer 1991; Weiß 1990) of active art therapy, in which we produce clay objects and masks, there is always a "receptive phase" in which the created objects are viewed and explored by touch. Object sculptures (N.T.= orig. Plastiken) which are looked at, through which one perhaps crawls or walks round, holographs (Franson 19xx, Feretti 19xx), light sculptures, laser art (cf. the laser events of Horst H. Baumann, one of the protagonists of laser art. Magistrate of the city of Kassel (H.): Laserscape Kassel. Kassel 1999), which you allow to have an effect on you - none of this is covered by the term " Iconotherapy" - or one would have to stretch it

very far. However, I would classify all of this as *receptive art therapy*. So, it's not just about hanging pictures on the walls of hospitals and old people's homes or leafing through art books with people, although that's not the worst thing, great art also has something healing about it ...; for me it's also about visiting a museum. Here in the "Garden City of Düsseldorf" (Engelhardt, from 1910) with its many sculptures in the parks of the Hofgarten, from the Fairytale Fountain to the Ball Thrower (van Looz-Corswarem 1996; Maes-Houben 1987) and the ingenious garden architecture of *Maximilian Weyhe* (Schildt 1987) - for me, all this belongs in the realm of r*eceptive art therapy*. So a visit to the museum and a visit to the park are also part of it. Traditional garden and park architecture was particularly concerned with evoking *moods* and putting the viewer in an *emotional state* through the deliberate grouping of trees, bushes, open spaces, ponds and flower beds to create atmospheres (Hirschfeld 1779-1785, Böhme 1985). This is where the healing effect of landscape in the sense of "ecopsychosomatics" (Petzold, Orth 1998b) comes into play. In the Netherlands art therapy colleges also teach "Tuintherapie" (te Velde 1990; Wils 1986), garden therapy alongside art, music, dance and drama therapy."

9+I: "What does your work look like in concrete terms?"

P: "I have done this work very specifically. For example, my patients used to play with *Per Wolfram's* large dolls in the Aachen Museum100 in the evenings after opening, or in my psychotherapeutic and sociotherapeutic work with elderly patients, I used to go to the Pallenberg Museum101 with individuals or with the therapy group. At that time, it was located in the zoo bunker. *Pallenberg* is one of the most important German animal sculptors. He has wonderful animal bronzes, and of course that was something for old people who love animals but can no longer go out into nature or who perhaps no longer have their dog or cat and still carry sadness and grief about it102. The patients then touched the bronzes, not just looked at them. I have also taken my analysands to museums in Düsseldorf or to the Rijksmuseum in Amsterdam, and this has usually had a very great effect. People felt "attracted", "touched", they discussed what they saw, with each other and with the therapist. But of course, you can't do that with everyone - and you have to start it off right."

10) I: "What does it mean? And what do you think is the effect when you look at a picture with a patient?"

P: "First of all you have to see in which area this person is receptive. That is the most important thing in "receptive art therapy", whether you use language or music, or whether you use a visit to the theatre or a visit to a garden - I mean an artistically designed garden. You have to see: where is the resonance in the patient? In addition to the general diagnostics that must be carried out in the initial phase of any therapy - and we have developed a whole range of artistic/diagnostic methods in the integrative approach103 - in addition to the general diagnostic information (or the specific psychiatric diagnostics with ICD-10 or DSM-IV), a *media-specific pre-diagnosis* is necessary. This can be done by exploring the patient's socialisation104, the history of their education, the experiences they have had with music - which is usually a good starting point - or with art in other ways. It cannot be assumed that people from the middle or upper classes always respond particularly well to art and that people from the so-called "lower classes"105 - we prefer to speak of "disadvantaged classes" - do not respond to art, or that art played no role in their socialisation. Some prejudices need to be revised. Of course, there are coincidences, people from modest backgrounds whose mother was a cloakroom attendant at the Opera house or a cleaner at the Wallraff-Richartz Museum. The children came into contact with music or art through them. Or neighbours, a teacher, some relative gave them an impulse. I've also met people who found their way to enjoying art "all by themselves", even though their environment had no understanding for such "rich people's things". I try to get insight into all this in the diagnostic phase.

Of course, you also need to be aware of the context in which you are working and the aims you are pursuing. It is quite a different thing to use the receptive modality of artistic therapies - artistic, bibliotherapeutic, music therapy - in the context of "uncovering" conflict-oriented psychotherapy and quite another to use it in the context of pain therapy106, in sociotherapy with prisoners or in end-of-life care107, in working with the mentally handicapped or with long-term hospitalised psychiatric patients, in the treatment of adolescents or elderly patients108, or in working with specific disorders, e.g. depressive or anxiety disorders109.
So, I have the general diagnostic grid in mind: what is the pattern of illness, what form of disorder am I dealing with? Such a diagnosis can be supported by art-therapeutic - active and receptive - approaches. The "projective force" is used here110 , the mobilisation of unconscious desires that arise in response to images or texts. This is actually a very old principle. Methods such as the CAT and TAT, the presentation of pictorial diagrams or the presentation of projective texts such as the Duess fables, which are used with a very specific diagnostic aim. We also use "*semi-projective"* methods, such as the *Life Panorama Technique*111 , which draws the life path with shapes, colours, symbols, but also concrete drawings of "critical" and "salutogenic" *life events*112 which reveal projective components through the choice of colour or design, make unconscious motivation accessible, but which also reveal many representations of concrete reality (hence "semi-projective"). In this sense, the patient's choice of pictures from the "great art" can certainly take on a diagnostic quality, i.e. to express something about unconscious motives and conscious problem constellations or life contexts.
Of course, such a perspective should not focus only on pathology or pathogenesis, because patients are not just "symptom carriers" or simply "sick" or - worse still - "cases". They are people who can behave quite normally in many areas, who are healthy. That's why I have to take into account their healthy sides113 , what they can still do, what was salutogenic in their biography, their resources114 , their salutogenesis in the diagnosis. It is also very important to find out something about their *current living environment*, e.g. their family, friendship and peer networks115 . A "minor depression" can pose "major problems" for treatment if the person has lost their job, has no money, or if their social network has been destroyed or abandoned. These patients - especially the most difficult ones - are not easily approached by mere talk, by conversation. They have been "talked at" too much, they have been " verbally overloaded", verbally hurt; or they can't find themselves verbally, they have difficulties expressing themselves, feel verbally inferior or are "fed up" with all the talking. Whatever the case may be, this is where the specific art therapy diagnosis comes in to identify where someone is "responding". For receptive art therapy, I have a few binders where I keep reproductions and posters. When I look through them with the patient, I can learn something about their motivation, about the motifs and themes that they respond to. This is not to say that I want to find out which form of art they can "appreciate" best. That would be more of a task for museum educators116 (from whom, incidentally, much can be learned for art therapy). It's a matter of finding out what the patient finds reassuring, healing, distressing, perhaps frightening - that's the projective moment - or fascinating. If someone is attracted to *Monet's* Water Lilies117 because the picture evokes peaceful feelings in him, I get important information about what kind of "beauty" will bring him something. The "healing power of beauty"118 cannot be overestimated. But other fascinations may arise. One patient said to me about a *Giacometti sculpture*119: "Oh, that's funny. Was it made after the atomic war? Hiroshima or ...? Why do you do something like that?" And then, in the therapeutic interaction, we came across repressed threats from his life story. Of course, you could associate a Giacometti sculpture with something other than nuclear war victims, although the idea is not so far-fetched. Or if you show an island wrapped by *Christo*120 - a large colour photograph - then the question arises: "Why is this supposed to be art?", but also: "What is he trying to hide?" This provides an impetus that

encourages people to engage in dialogue about aesthetic experience, but also raises the question of "hiding, concealing": "What is hidden in me? What do I want to hide - from myself, from others?"

11) I: "Are pictures about beauty supposed to have an effect or are they supposed to provoke?"

P: "That's a question of indication. If I'm working with a very depressed person, then I will have to offer them something different from someone with an obsessive-compulsive disorder. The type of depressive disorder is also important121. In the case of very severe depression (major depression), it is definitely advisable to proceed according to the iso-principle (similar against similar), as developed in music therapy, for example. There, the depressed patient is not presented with something bright and cheerful, but with something that matches his or her mood. Sometimes, however, it is also important to confront depressed patients, to mobilise them musically in order to "flexibilize" patterns, to get them moving122."

12) I: "What does the iso principle mean?"

P: "It means to approach the same with the same or similar123. In music therapy for depression, for example, you wouldn't offer just any happy music in the *receptive* mode, but perhaps something more uplifting that still offers the possibility of cheerfulness, such as - "*Smetana's Vltava* "124. If the contrast is too great, if the mood conveyed by the music is too cheerful, it may draw the patient even deeper into his depression. He simply does not feel like a "scherzo". It's similar with receptive art therapy. Now, you don't necessarily have to take up the darkness of certain *Munch paintings*125 and offer them to the depressed patient as an iso-stimulus, because that can frighten him, depress him even further, but vibrant pictures are not necessarily the order of the day either. A patient once commented to me on a very beautiful, powerful *Nolde* painting 126: "The colours are so bright, they hurt me!" He then chose a landscape painting for himself by *Jakob van Ruisdael*127: clouds, trees, bushes, muted colours, a subdued mood, but also *Théodore Rousseau, Camille Corot*, the plain airists of the École de Barbizon128 - that appealed to him. Patients very often look for what suits their mood. In receptive art therapy, therefore, we need to engage in a search process with the patient in order to find out: What could “work” for this person, with this design pattern, in this situation, in their current state, what could stimulate, lead on?"

13) I: "Arrive in the sense of being encouraged?"

P: “In the receptive modality of art therapy, we have two levels of action: first - and this is absolutely the most important - the one centred on the interpersonal contact, the way in which therapist and patient interact129. And then we have the image itself with what it represents, expresses, triggers, recalls from the archives of the body's memory130. It is not always possible to say exactly where to start. Well, first of all you need to make *contact*. Contacts are usually non-binding. But they are the prerequisite for communication131. I come into the room: "Hello ... How are you ...?" These are non-binding rituals of contact. Whether this turns into a *real encounter,* i.e. a deeper quality of togetherness, depends on many things. Often it is not possible to turn contact into a real encounter or even a *relationship* - a *bond*132 perhaps. The picture can help us here. The material can form a bridge for a conversation, an interaction, a communication process in which we come closer to each other. But it can also be the case that a deeper level of contact has to *develop* in the direction of an actual encounter in order to be able to work with images, visualisations, texts, etc. This varies and needs to be explored. Often, however, the materials offered in receptive art therapy have the character of "*mediating objects*"133. They have a mediating function in the encounter between

therapist and patient. This is somewhat different from the function of the transitional object in *Winnicott*134 - e.g. a doll, a cuddle cloth - which serves to compensate for the absence of a caregiver, e.g. the mother. *Mediating objects* - a toy such as a ball, a tractor, a scooter, a doll - have a bridging function that mediates. It's like two children who don't know each other making contact through a toy: "Let's look at my picture books!" "You can ride my scooter now!" "Let's play with my dolls together!"135 Children with communication difficulties can make good use of such bridges. The same applies to elderly patients or patients who have been in psychiatric wards for many years, who have been "silenced by isolation" (N.T.= orig. "wundgeschwiegen"), who have become silent and can no longer really talk to anyone, it is possible to regain communication 136 using such media, through *mediating objects*. Materials from receptive art therapy also offer such possibilities. Let's take an illustrated book with pictures by Flower-Breughel137 - or more generally: with flowers138 and landscapes139. You look into the book; you look at the pictures together. The book opens up a *communicative* level. Of course, what you bring is not unimportant. Sometimes a book is not the right thing. It may be that I bring along a gold-framed picture, some kind of large, trivial oil painting. Sometimes a "roaring stag" can "bring the forest into the room". You can see and touch the frame, you can see and touch the oil paint, you can look at a book, you can touch and hold it, you can look and stroke a clay sculpture. We call these material properties the "raw" qualities of the medium140. These are the immediate, sensually accessible experiences: Colour, form, surface structure, weight, meaning, not yet what is presented thematically or in terms of content in the medium, the content-related, aesthetic-qualitative side of the work of art.

In receptive art therapy we usually work with "*mediated artworks*": with the image of the image - the reproduction. As a rule, we do not have an original work of art in its original size, and therefore in its original spatial effect, but rather a printed medium. It is therefore important to consider the concept of the "mediatised artwork". You have to see the effect of the mediatised „The Night Watch"... not particularly great. A huge painting is reduced to a small picture, an enormous amount of detail reduced to such an extent that the original impressions are completely altered and come across in a completely different way. Well, in a corresponding *Rembrandt book*141, they work with extracts. There you can see the hidden self-portrait142 enlarged, but then it is a separate picture with its own effect. If it's a big canvas, about 2 x 2 metres, and I only have a small picture, the effect usually doesn't come across properly. If I have a bad *van Gogh* print where the colour isn't right - that's terrible. People often have a natural sense for aesthetics: they recognise it, they don't feel offended or dissonant, even if they don't know the original.

But it is also culturally specific. It may go down well with a Greek patient because it reminds him of the colours on the pictures of saints, those icons from the late 19th and early 20th centuries143 , which are painful for lovers of classical icons144 . "It's terrible kitsch!" sighs one person, while another says: "They're great colours!" That's how it is with taste. A third says: "Icons, they're windows to eternity!" - What does it matter whether it is the "Mourning Mother of God" from the Tretyakov Gallery or one of *Alexei von Jawlensky's* impressive icon-like heads145.

We have to see what this person's background is, what he likes, what appeals to him. What attracts him, what can I awaken in him with the work of art and through the work of art? How can I teach him to see, how can he learn to see, to see with his senses, to contemplate, to meditate - a face, a landscape, a landscape as a face, a face as a landscape, landscapes of the soul146. What can he create in contemplation? How can what he contemplates shape him? "There is only one way to understand pictures - not to try to understand them, to interpret them, but to look at them until the light breaks through" (*Simone Weil*)147. But when the light breaks through, you are standing in the light. But not all light is good. "He who knows the light blesses the shadow", says the oriental proverb against the background of the lion-headed glowing sun148. Then it is good to step into the shadow149. Whether in the light or in the shade, the work of art becomes a confrontation, the

picture, the mask, the sculpture *looks at you "because there is no place that does not see you. You must change your life"*, as *Rilke* describes the effect of the "gaze" of a statue of Apollo on the viewer in his sonnet "Archaic Torso of Apollo", a torso whose "unheard-of head" has disappeared in time, but whose overall effect - even in fragment - catalyses a transformation in the viewer.
Art as such and art in "receptive art therapy" in general is a powerful force. It should not be underestimated. It is therefore essential to make a careful pre-selection, a pre-diagnostic process of what can be offered, and to take into account a number of principles. Of course, I would not offer a psychotic or pre-psychotic patient these Anatol Wyss lithographs150 that are hanging here in my study (and this is not my therapy room). It would be very disturbing, perhaps even dangerous. But they can be very stimulating to the process of self-awareness, as can works by *Max Ernst*151 , *Kubin, Ensor, Beckmann* or *Jan Toroop.* The uncanny or sinister152, love and VIOLENCE, "hellfire or heavenly light "153, lie close together in art, as they do in the human soul. Even if the large formats in the illustrated book are very reduced in size, i.e. mediatised, a strong effect is still possible."

14+I: "So the first step is always to establish the clinical picture ...?"

P: "Yes, this is part of the initial diagnosis155 together with the exploration of resources and potentials154 . But it's the second step. The first one is: How do I make contact with the patient? You speak a few words and then quickly realise: This person is only moderately accessible through conversation. He stays just on the edge of politeness; he withdraws a little. Maybe it would be good to listen to music with him. Maybe I should also bring pictures and music or texts. I don't think it's a good idea to just stick to pictorial "receptive art therapy", i.e. to bring "pictures of pictures". We are basically practising an *intermedial approach* here156. There are many poets who are also painters157 and also musicians and composers who were also painters and vice versa. I am thinking of *Mikalojus Konstantinas Cíurlionis*158 , whose work has recently attracted attention, or *James Ensor*, who said of himself: *"Je ne suis pas sûr d'être un grand peintre, mais je suis certain d'être un grand musicien* "159. If I perhaps bring Lower Rhine painters with me, let's say books with pictures by *Achenbach or Liesegang* or *Otto Marx*160 , then I can also bring a tape of the Rhenish Symphony161 and perhaps an anthology of texts by Lower Rhine authors162."

15+I: "Do you use visual contemplation and music or texts together in your therapy?"

P: "Yes, I'm always looking for suitable music, sometimes also for suitable texts. Sometimes all three come together. As I said, my mother often wrote poems and songs to paintings by painters163 - also to paintings by my father. That's where I have it from! Composers have always set texts to music. Yes, and then someone wrote music to "Pictures at an Exhibition",164 not to mention all those who use their music to capture landscapes, the quality that emanates from a country165 , a river166 , the sea167 in their music: Sibelius's "Finlandia "168, Smetana's "Ma Vlast", Dvorak's "From the New World "169 etc. The "symphonic poems", the "songs without words" on the one hand, but also the "symphonic paintings", the "sonorelle",... the examples are innumerable."

16+I: "What are the criteria for selecting art?"

P: "Many. For example, when I bring in Yugoslavian naïve art170 , it is often well received by "simple people". There are people who have garden gnomes171 in their garden and enjoy them. I wouldn't do well with *El Greco*172 or *Lüpertz*173 or a whimsical naïf like *Adalbert Trillhaase*174, they may appeal to other people. Why not an illustrated book with garden gnomes or *Hummel* pictures 175? Just no hybris. The boundaries between art and kitsch176 are fluid anyway. But no fixation either: "great" art is not for "little people", "simple minds". That these are prejudices is demonstrated time

and again in receptive art therapy by people who are fascinated by *Sulamith Wülfing*, *Chagall*, garden gnomes and *Miró* - why not?"

17) I: "Can you be more specific about the selection and use of artwork in receptive art therapy?

P: "Well, I've already mentioned briefly that my assessment in the preliminary interview of the patient's social class, educational socialisation and interests of the patient is important and that my exploration also goes in this direction. But I also use my portfolio - a kind of "diagnostic portfolio" - in which I have 20 to 30 images ... from a wide range of areas, from the classical to modern, all images that are easily *mediatised*, i.e. that work in print and that I can enlarge on the photocopier or colour copier. We browse through this portfolio a bit and have a chat. You can see from the reaction that the patient likes this or that. Disease pattern, institutional framework, time available, resources, potential, area of responsibility... all these factors are considered in the selection and decision on how to proceed. For example, if I am working with seriously ill, terminally ill patients, I will take a different approach, put things together differently than when working with drug addicts in the context of therapeutic housing communities177. For example, I will try to use the comforting and healing power of "great art" or the small pleasures of the idyll179 when accompanying the seriously ill or dying178. This means that when selecting materials for receptive art therapy, one should look for works that have an exhilarating, comforting, reassuring character, or those that themselves represent an integrative achievement. Great art is very often - at least in classical art - integrative. People who are artists have created a synthesis. They have processed impressions, not just copied things, not just "reproduced" them, but created them. Take the great landscape paintings180 , a *Dürer* landscape181 for example. Practically all landscape paintings before plein airism, before open-air painting, were idealisations, ideal-typical scenes in which certain moods and intensities were condensed. So, we look at pictures like that - *Dürer* postcards, for example. I often show paintings that are also available as postcards. I can leave the postcard there afterwards - a little gift for the patient! Sometimes it encourages patients to start collecting postcards themselves. The *Franz Marc paintings*182 are incredibly suitable for this. Looking at the pictures, talking about the pictures, collecting the pictures sets processes in motion on a variety of levels.
Firstly, there is the communicative aspect. I show the picture, it comes from me, the therapist. We talk about the picture. But then there is also the effect of the painting itself. The patients feel addressed by what the artist has synthesised. They experience this achievement of synthesis, and this stimulates them in their processes to work on their own syntheses, even when they are seriously ill. Or the patients see: The artist has created a synthesis here. In this way it is possible to bring together different elements, impressions, and thoughts into an organised whole, and this is one of the tasks of psychotherapeutically accompanied work in itself. The artist's achievement of integration serves as a model, so to speak. The quality of his creative power "jumps over" - not with every observer, but often. This can be observed again and again with patients from all walks of life.
In "receptive art therapy", we do not only work with "created art", but also with materials that convey other "mediated" visual impressions. I am thinking of art photography. There are wonderful, illustrated books with beautiful photographs of landscapes, flowers, trees, animals, prints, postcards, calendars of this kind that you can use and that are also suitable as gifts. This art, the reality seen through the "lens", the reality captured and shaped by photography183 appeals to many people as much or more than works of painting. There are many people who say: "Painting may be nice, but I'd rather look at photographs of flowers or landscapes or animals!". You have to find these things out first, and then it's a matter of putting together the appropriate material through which you can enter into a meaningful *communication*."

18) I: "Does this mean that the picture has the function of promoting communication and interaction between you and the patients?"

P: "Yes, this is certainly an important aspect. Communication often only succeeds through a

third party. We have patients who don't want to talk about their problems. They close themselves off or have withdrawn. They are resigned or defensive. Why should a 35-year-old lung cancer patient who has given up on himself, who has been given up, who has only weeks to live, talk to a 'stranger' about his personal problems, the problems he may have with his relatives? He doesn't see the help he could get. The task of the art therapist is to offer help in a careful, sensitive way, to open up ways of understanding. I have been in such situations on various occasions. It wasn't easy, but the art therapy approaches, the *active* and *receptive* ones, have helped me a lot. I have described this on several occasions184.
Receptivity should not be seen as something passive. Perceiving, hearing, seeing is creative in itself185."

19) I: "Receptive art therapy trains, deepens and expands perception. Is that its therapeutic effect?"

P: "One thing is certain: *Fritz Perls*, the founder of Gestalt therapy, rightly said: "Awareness *per se* is healing. "186 It is about *perceptive awareness*187 , i.e. "awareness", through which the person is connected to himself and to the world. Inside and outside are thus connected188 , isolationist withdrawal, self-alienation and alienation from the world are counteracted because in awareness "aisthesis" becomes possible, in the full sense of this ancient term189 : perception is intertwined with its mnestic190 and thus with its emotional *resonance*191. The perceived work of art triggers something in the human being when it is perceived by the *self* and the *ego*192, when it reaches consciousness, the self- conscious (*awareness*), comes to conscious*ness*, the ego-conscious (*consciousness*) and is thus "absorbed", "internalised", so that the viewer is "imbued", receives and can retain an "inner richness". And here we would have to specify *Perls*, relativise the "*per se*", because of course it depends on what enters the *awareness*, the *self*-conscious*ness*, and the *consciousness,* the awareness of the *ego* - good or bad - and *how* it then enters the various forms of consciousness, is emotionally evaluated (*valuation*) and cognitively assessed (*appraisal*), as we differentiate in the integrative theory of consciousness193 and the personality theory194.
It is therefore essential that what we offer in integrative art therapy to patients, the sick and the suffering, so that a *therapeuein*, a caring, a nurturing, a soothing, a strengthening, a healing becomes possible. The aesthetic experience that we want to make possible through the presentation of art should be healing and constructive, fulfilling in a good sense, so that in the internalisation it provides good "impressions" alongside the stressful "impressions" present "in the soul": of the traumatic195 , the hurtful, the shameful, which has had a pathogenic effect. Something that has a *salutogenic*196, healing and protective effect must be offered. The contemplation of art can create good, soothing (kalos), constructive aisthesis, i.e. a fulfilling atmospheric quality. Such atmospheres are indeed "*gripping emotional forces*", as *Hermann Schmitz*197 aptly puts it. The work of art can take hold of people and lead them away from evil dismay and oppression to positive emotion and upliftment. This is the tremendous power of great art that we try to harness in receptive art therapy."

20) I: "And if the ability to perceive and absorb is blocked, as is the case with some patients?"

P: "This is indeed a problem. Some people, especially those who have experienced trauma, are numb - this is known as *numbing*198 - or even hyperexcitable (*hyperarousal*). It is then advisable to offer art that radiates "great calm", that conveys "peace", that has a strong "appeal", in order to penetrate the numbness, to penetrate the patient, his person, so that he is touched without being overexcited (hyperarousal). Landscape paintings, e.g. by *Paul Cezanne*199, *Camille Corot*200, flower paintings by *Breughel* the Elder201 to *Nolde*202 can be used here. Over-excitable patients who are constantly in the "*active mode of perception*" ("I look and listen attentively so that nothing escapes me") in order to control their surroundings in a secure manner, which consumes a great deal of strength and energy, must learn to contemplate again in the "*receptive mode of perception*" ("I like the picture in

my eye, the voice reaches my ear"), to simply be there in safety and let things "come to me". We practise these two modes: "Let the image have its effect on you, let it come to you, hold it calmly in your perception [awareness]!" - "Now look at this flower, this detail, and become aware [*conscious*] of how finely the structures are made!" - "Now go back into the receiving, accepting [receptive] perception!" - This kind of perception training has great therapeutic potential. A healthy person naturally has both modes at their disposal. The sick, overworked, or deadened patient203 is dysregulated here. Looking at the literature, art therapy as a whole is very underdeveloped in terms of the psychology and physiology of perception. *Wolfgang Metzger's* "Laws of Vision"204 and the work of *Rudolph Arnheim*205 are classic texts here, but *J.J. Gibson*'s ecological theory of perception206 are also approaches that are practically not used in art therapy207 , not to mention the findings of sensory physiology208 . The lack of training of most art therapists in these areas wastes important therapeutic opportunities - not only in "receptive" art therapy. The stimulating character of an image, but also of materials, the "affordances" - as Gibson called them - enable "perception-action-cycles "209 or (if one also introduces a cognitivist or connectivist perspective) "perception-processing-action-cycles "210 that should be utilised in artistic forms of therapy in order to bring about change, as we have shown for movement therapy211 , for example, and practise in the *receptive-productive modality*212 of artistic therapy. Here, the receptive mode is transcended in that "out of the resonance" with the image seen, the music heard, the person becomes productive: a picture is painted, a music or movement improvisation started, a text written213. This is why we speak of *receptive-productive*, because new action can arise from *perception* and its *processing*. Processing (evaluation, assessment) in inner processes and in dialogue, i.e. *interpretive, hermeneutic* work processes, is of great importance here 214 because images are also evaluated by viewers - by experts and laymen, healthy and sick people, processes that require careful observation and research215. It is therefore essential to talk about the shared image, through which new stories, life stories, can emerge in a "*narrative climate*". Receptive and *receptive-productive*, even *productive* art therapy must therefore always also have a *narrative sequence* according to the principles of *narrative therapy*, which has become widespread in the USA216 - but is also growing in this country217 - and is one of the most important modern therapeutic trends, which has cross-curricular significance and should therefore definitely also be included in art therapy, whereby the artistic forms of therapy through poetry and bibliotherapy have done important preliminary work here218 [which is why we dedicated a special issue to these methods in this journal in 1998]. Receptive Art Therapy can use sequences of images to create "picture stories". They range from the "biblia pauperum" in sacred art, from "narrative icons "219 to narrative frescoes and church windows, the works of *Chagall's* 220 and can also provide inspiration for the creation of *narrative image sequences* in art therapy - for example in painted life panoramas221. These can provide particularly intense impulses from *perception* and *processing* to action as a transformative shaping of life."

21) I: "What is the importance of the human face in receptive art therapy?

P: "A huge one. Faces have always fascinated people. The special interest of art, in painters and in sculptors - in all cultures and from antiquity to modern times, think of the mummy portraits of Fajum222 - is an expression of this general fascination, which finds its psychological centre in the moment of beauty and ugliness, the expression of human emotions and passions. The sketchbooks and studies of the great masters show this - we need only think of *Leonardo da Vinci, Greco, Goya223 , Gilles, Rousselet, Wenzel, Hollar* and - a milestone - the collection of physiognomic studies by the Zurich priest *Johann Caspar Lavater* (1741 - 1801)224 .
As *Lévinas* has impressively shown, the human face in its uniqueness is an existential language, "lumière de l'Etre", i.e. by no means only form, eye, and hair colour225. The face of the other, "son visage est l'expression originelle, est le premier mot. "226 Facial dialogues show this in their intimacy from the first mother-child interaction to the last exchange of glances on the deathbed227. However, face-to-face dialogues are often too strong for patients, which is why the face created in art forms an

"intermediate level". The observed face can provide the impetus for an exploration of personal destiny, emotionality - the study of emotional facial expressions in Renaissance painting228 offer good material - as well as the self-portraits. *Rembrandt's* self-portraits229 are particularly suitable for receptive art therapy work - those by *Beckmann*230, *Ensor*231, *van Gogh*232 , for example, would be too taxing - for they impressively document a process of self-awareness and self-discovery over an entire lifetime. These images are moving and evoke an understanding of what it means to come to terms with oneself, one's self - but self-awareness233 is the core, the basic experience of any therapy - psychotherapy, art therapy, music therapy, dance/movement therapy, drama therapy.
A transition can then be made from receptive art therapy work with faces and self-portraits to the examination of one's own face in the mirror in the context of therapy234 and to the creation of self-portraits235. In this way, the patient can become creative in the self-portrait.
Creative reception opens the way to *creative production*, and this can be done systematically.
In multimedia and intermedia work, as we have been working with it since the mid-1960s 236, art materials are repeatedly taken as a starting point to stimulate *productive creative processes*.
In this way we go beyond the concept of *Roman Ingarden*237 , who argues that readers have a "*productive experience*" when they allow their imaginations to inspire them, interacting almost directly and "fluently" with the objects.
This is how *conflux* and *co-creations*238, as we have called these phenomena, arise in the designs. This is possible because works of art have a prompting character (Lewin)239.
They "speak to us", especially in creative forms that leave room for interpretation, because they have "indeterminate areas" - to use Ingarden's term again - that we can interpret and concretise. The more *ambiguity* an image has, the more indeterminacy it offers us, the greater the opportunity to deal creatively with this indeterminacy. The work of art has an "affordance character"240. It offers possibilities of response, and we only have to become active in the right way. Indeterminacy, or as Iser calls it, "empty spaces"241 open a "scope for interpretation", and this becomes an "elementary requirement for the effect" of art, regardless of which artistic form we are talking about - music, painting, literature. Since art always leads to a "privatisation" of what is presented in the receptive process, the personal perception and the specific "*inner resonance*" can also be used to go one step further, namely into the *dialogue about the work of art*, where both receptions, that of the patient and that of the art therapist, combine their interpretative processes242 in a new creative loop.
One can go one step further by using these stimulating "atmospheres "243 provided by the work of art to encourage patients to be creative themselves. One can write a poem to a picture, one can paint a picture to a poem, one can invent a melody to a picture or to a poem, one can translate a melody into colours: "intermedial cross-modalities"244 that are already inherent in the way our brains work, as empirical infant research with its experiments on transmodal, cross-modal perception245 has shown - now I'm probably getting a bit too academic. I am talking about experiments that show that tactile perceptions can be visualised and that acoustic impressions can have a haptic effect. Many artists were synaesthetes246 and worked as multi-talented artists247: writing, painting, composing, for example *E. T.A. Hoffmann*248, that universal artist.
For *Goethe*, also a universalist, painting and writing were an opportunity249 to create in different ways - certainly on very different levels, but nevertheless. The concept of "**productive reception**" and "**receptive productivity**" at both the individual and group level in art therapy processes could lead to a valorisation of the *receptive modality*, and this seems to me to be necessary because the therapists who practice the various forms of artistic therapy and the training institutions that teach them seem to be rather sceptical about the receptive path, and that is a pity.
But perhaps it is possible, via the detour of the *productive-receptive* approach, to achieve a renewed appreciation of the *receptive* as such and of the creative processes inherent in it, which are only visible at a 'second glance'. Incidentally, there are also many creative play possibilities in the receptive approaches if they are approached intermedially.

Patients look for music that "fits" lyrics or lyrics that fit the music. They put together picture sequences from art cards to create pieces of music in which they tell a story - their story - or they look for texts that go with picture sequences.

In other words, they use art "products" that appeal to them, that speak to them and that also express something about them in a creative way in the form of "*intermedial collages*"250. This type of *collaging* often arises spontaneously. But it can also be encouraged and stimulated in the form of "homework" in everyday life".

22) I: "What do you mean by homework?"

P: "Well, in psychotherapy there is already a practice of giving patients tasks to take home251 that are intended to contribute to the realisation of insights, emotional experiences, decisions that are implemented in everyday life. In art therapy, we also make suggestions that are intended to have an impact on everyday life, such as "writing a diary"252, water colouring or making collages, choosing pieces of music that say something meaningful or selecting texts from anthologies. When patients start to go to a bookshop and browse through literature and picture books - and this is by no means just for the "cultured middle class" - then something very exciting is set in motion.
You can also start something like this and break down the first barriers if you take them to a bookshop "in a therapy session" and take away their fear of this strange "environment". I always have patients who started going to museums and galleries to be "approached" by works of art, to be "infected", to be "stimulated", and this changed their lives. All of this points to the *communicative* and *inspirational* quality of art, which can stimulate in people not only processes of "complementary symbolisation", but also "processes of confrontation" with what is depicted, confrontation with one's own associations, thoughts, projective contents of one's own person, and in this respect the perceived work of art reflects back into one's own self and in this way is able to reveal *problems, resources and potentials*253 and open up impulses to take one's own development into one's own hand, to shape one's own life, because: "*Couldn't a person's life be a work of art?" (Michel Foucault)*254

23) I: In quoting Foucault, you are referring to an aestheticisation of one's own existence as a task of life and thus also of therapy. Does this mean that there could be an aesthetic experience of "the self", and could you clarify this?

P: You are addressing a central and complex context that I would have to explain in more detail, and which in itself requires a differentiated discourse. It requires an examination of the meta-theory of art therapy, a rather undeveloped area, in which much could be gained from aesthetic theory and the theories of aesthetic education255, areas that have hardly been taken up by art therapy to date, neither for the treatment of patients, nor for health-promoting and personality-developing work with clients - e.g. in women's groups, self-awareness groups - nor for the art-therapeutic cultural work, since all these aspects are included in therapy. It is: *1. curative treatment, 2. health promotion, 3. personality development, 4. cultural work*256. And all these aspects should of course also be included in the training of art therapists: A certain *intermediality* in the work on oneself in order to develop one's potential in the various aesthetic qualities, an *intermodality* between productive and receptive possibilities in order to develop possibilities in one's perceptive and creative potentials, and, of course, a consciousness-raising, *culturally critical work*257, which is central to art therapy in particular, because here, in the creation of freedom and the critical safeguarding of free spaces, lies one of its most important connections to art, which lies between *ethics* and *aesthetics* in cultural **discourses** - and these are always also discourses of freedom and oppression258 in which the person of the creator, the artist, art therapist, patient must not be left out, because these **discourses** are articulated in them and through them, through their creations. There would be a great deal to say on these topics and I must be brief here:

Since ancient times, indeed throughout human history, we have found concepts such as *self-knowledge, self-searching, self-discovery, self-awareness, self-realisation*. A cultural history or an anthropological reappraisal of this whole area has yet to be written. The "*homo viator*" is - as my teacher in philosophy, *Gabriel Marcel*259 , repeatedly emphasised - a person on the path to himself. He can arrive to himself and can "receive" himself. He "designs himself"; as *Sartre*260 emphasises, he creates himself and finds himself - is productive and receptive at the same time, a quality of being that still needs a lot of thought, especially in art therapy, which in its practice moves right in the middle of these basic anthropological qualities - unfortunately without this being sufficiently recognised and used to date, as can be seen from the neglect of "receptive art therapy" and thus the active inclusion of art. But this is precisely where important potential lies that justifies the *independence of art therapy* - also compared to psychotherapy, among others. The reasons for this neglect of the existential, anthropological, and cultural-critical dimensions in art therapy, at least as can be seen in the German and - even more clearly - in the Anglo-American literature, are manifold. One reason for this is the predominant orientation towards philosophically and anthropologically shallow and largely apolitical261 depth psychology, which conceptualises the human being one-sidedly in terms of drive psychology and is more concerned with the "unconscious" (however important, correct and questionable262 the concepts may be in this respect) than with processes of consciousness - in philosophical as well as in neuroscientific terms263. Human beings shape the perceived world through language and action, through processing and naming from "the fullness of their insight, like superb sculptors", as *Democritus*264 (Fragment 142) teaches us, and thus also have the capacity for "self-perception", "self-observation" (reflectio), "self-knowledge" and " self-creation". *Heraclitus* emphasised that: "It is given to all people to know themselves and to be reasonable" (fragment 116), which is why they can, indeed must, deal with themselves: "**I have examined myself**" (Fragment 101) 265, as the sage of Ephesus, who taught the constant flow of all things, the constant change of all things, including his own person, speaks of his own work on himself. "**Being understanding** [] **is the most important virtue; and wisdom consists in speaking and acting truthfully by listening to them**" (Fr. 112). Here is the basis for a personal and communal (showing oneself in true speech) and the nature of the world (of which one is a part)) corresponding **ethics of self-forming as formed behaviour,** and for this the ability to face oneself and others truthfully and frankly is a central moment. *Parrhesia*, free, truthful speech, is heralded here, which characterised Greek art266 and philosophy and whose after-effects can be seen in the new efforts to create an ethically based "art of living" - for example in Foucault267: "Man's ethos is his destiny []" (Fr. 119)268. (Fr. 119)268. I am deliberately going back to the beginning of Western intellectual history here, because it is - because it has been sufficiently well handed down - a unique document of man's self-exploration and self-creation, a process that is incessantly ongoing and in which, in a very comprehensive understanding, the following applies: "Every human being is an artist."269 *Beuys* thus emphasises: "All human knowledge comes from art. Every ability comes from the artistic ability of man". And that is why he can affirm that "art is therapy" and that man "is the creator of himself and his environment", which is "not presumptuous, because that is what is requires of man"270 - *Beuys* lived this.

24) I: What does that have to do with receptive art therapy?

P: A lot. People are perceivers and creators. Behaviour is this in one. *Merleau-Ponty*271 shows us that "as soon as an existence gathers and engages in a behaviour, it falls under perception", but since, according to him, the ultimate truth is reversibility, one can say that as soon as one perceives - exteroceptively and proprioceptively - one is in a behaviour - inwardly as well as outwardly.272 The two are "intertwined". In receptive art therapy, iconotherapy, this is exactly where we start, with the basic fact of perceiving and acting - also towards oneself. In my receptive work I often have people look at portraits - painting is one of the focal points here. People are fascinated by faces and then they want me to bring more books of pictures, because they start to "read" the faces, and that opens up the way to "reading themselves", to learning to understand themselves. We also look at our own "pictures

of the self", photos from albums - over a lifetime, from childhood onwards, just as the material is available. In integrative therapy, we work a lot with photographs273 - not necessarily to find any childhood traumas, as is often the case274, but with the aim of getting people to recognise their development, the good and joyful as well as the angry and bitter in the *artwork of their face*. This can then lead to work with the mirror, where people come to terms with their face276 in *the witnessing presence of* the therapist275, this can also take a turn into productive art therapy creation when, as practised time and again in integrative art therapy, people are encouraged to paint *self-portraits*277 and drawing on the great tradition of self-portraits as a way of encountering and shaping the self278.
Looking at the photographs of people, especially the elderly279 , we realise that we are responsible for our face and that we can shape it by working on ourselves, on our self - for our r*ecovery* when we are sick, resentful, bitter, hateful, for your d*evelopment*, when you strive for serenity (*Democritus* calls this *athambíe* - "a state of mind that is free from fear and terror "280), for cheerfulness, well-being (*euthymia*), the ability to enjoy yourself. Here self-introspection becomes an "aesthetic experience", and this is not only the "pleasurable experience" of which man is capable281, but also an *ethical experience* and therefore also the *conscious* experience of suffering, of being affected by oneself, of self-abuse, when one recognises oneself, when one "opens one's innermost being, and finds in it a rich store of evil impulses of various kinds and many terrible passions" (*Democritus* fr. 149). Or when you come into contact with all the horrors, the terrible and unhappy experiences that have left their inscriptions on your face, as I have often and depressingly encountered in my work with trauma patients and victims of war and torture282. But I have also seen how people have set about reshaping their faces283 in order to transform their experiences of suffering, fear and hatred. However, a careful and metacritical reflection on clichés and structures of prejudice is necessary when examining portraits. It is not about "flawless beauty", about "smiling is good for you", about the clear faces of a "proud nation, clean in body and soul"284. The confrontation with one's own face, marked by traumatisation, which one encounters in the mirror every morning, can become an impulse to work on oneself, to become "coherent" for oneself again or in a completely new way. With the help of therapy, looking in the mirror can motivate a depressed, resigned person to regain courage and - as happened to me many years ago, when a mentally exhausted patient diagnosed with "major depression" (DSM III-R 296.33), whom I had greatly encouraged during the session, told me - to develop new *virtues*. At the time, this initially alienated me. The term seemed somewhat demoded, outdated. But the patient taught me better through her development in therapy, through her determined work on herself, in coming to terms with her traumatic fate, in coping with her difficult life. Without intending to do so, I had set something in motion with the following remark: "There will come a time when you will be able smile again". "Smiling, being cheerful again, being brave again, no longer being afraid - these are virtues that I want to regain. I want to change my face, my facial expression!" Although her life situation remained stressful, she changed her face! The medium of *portrait sculpture* or *self-sculpture*, the techniques of *sculpting and modellin*g, of *self-modelling* as we have practised in integrative work with clay since the 1960s 285 and which I had used in this therapy, led to this patient modelling her face, without my intention, she modelled her face by consciously smiling at beautiful things and at herself, giving a smile to her "lovable sides" over and over again, for months until it came "all by itself". From this, I was able to develop a treatment method for working with trauma patients. I am very grateful to this woman for this and for what she taught me about the value of virtues in psychotherapy.
Not only through this woman, but many of my patients have shown me that virtue is a completely unjustly neglected concept, to the serious detriment of our culture and society 286. It is absent from clinical psychology textbooks and psychotherapy manuals of psychotherapy to the detriment of therapy. Yet it has nothing to do with moral theology, with "moralising" or even with abstract philosophy (but with concrete philosophy). *Plutarch* made this clear when he wrote that philosophy is an "art of life" (*téchne perí bíon*). It should "neither be excluded from a game nor from any pleasure or amusement; rather, its presence is necessary everywhere so that it can bring the appropriate measure and the right time."287 Foucault has taken this up in a modern form when he describes the task of

philosophy as a diagnosis of time and activity "as the critical work of thinking about itself ... as a transformative examination of itself."288
This can certainly be done in a *pleasurable* way but is always involves effort. In the theory of aesthetics, the question of pleasure has long been a controversial issue.289 Simple sensual pleasure, *physical-sensual experience*, cannot be the only issue290, even if it is a basic "natural" prerequisite for aesthetic transformation processes. Rather, in the *aesthetic experience* nature is transcended without ever being able to completely abandon it. It is *transformed* - a profoundly human capacity that comes to fruition through education and self-education, because "nature and education have a certain similarity, for education transforms man, and through this transformation it creates a <second> nature"291, that of man as a being determined by *ethics* and *aesthetics*.
Sensual pleasures as a possibility of human nature are refined, shaped and cultivated *together* in self-development and cultural work - a social dimension becomes indispensable for aesthetic experiences and forms of behaviour292 - and these qualities are sought and constantly developed further, resulting in a permanent *transgression*293 from *nature* to *culture* in the interplay of subjective and intersubjective experience. This is exactly what happens in the shared contemplation of works of art in an exhibition, in a sick room, as well as in the contemplation of one's own existence, one's own biography, as something formed in art - think of *Rembrandt's*294 touching and impressive lifelong self-explorations in his self-portraits - or the self-analyses295 of *Freud, Jung or Perls* in psychotherapy. The latter explicitly makes this the programme for his work on himself, as he writes in a poetic interlude in his autobiography:
"Junk and chaos come to halt
'stead of wild confusion
form a meaningful gestalt
at my life's conclusion." 296
In the contemplation of art, as in the contemplation of oneself, it is not necessarily, I would like to emphasise, about the contemplation of beauty (in Kant's sense, for example), but about "reality shaped by man "297 , as such one's own biography, the forms of identity and *styles of identity*298 developed in the course of life are individual and collective styles of existence299, the experience of one's self in the context and continuum of personal life and its interweaving with history and its reflective contemplation can certainly be paralleled with an *aesthetic experience and aesthetic behaviour*300. Experience is always related through perception and action301, establishes *relationships*, directs relationships, and is therefore never isolated. It is therefore also in principle open to reflection and discourse. Aesthetic experience wants to be shared and thus always becomes a form. Aisthesis invokes poiesis. **If a person can really perceive, experience, and realise themselves, then they cannot really avoid shaping themselves.** This is one of the central effective factors of artistic therapy. The "vital experience of existence" of which *Panofsky*302 spoke also becomes the experience of the self in actu as *self-perception*, *self-awareness*303 and *self-creation* "in one". Quite apart from the fact that perception in itself is something creative304 , the phenomenological observation of art (rooted in [] , *aisthesis*) and the active artistic creation (rooted in [] , *poiesis*) with the intrasubjective and intersubjective mediating processes of interpretation (*hermeneutics*) and evaluation (*ethics*) are based in the essential foundations of the human being. This is the human being: a being who perceives/self-perceives itself in time and in interpersonal narratives305, a creator/self-designer, an interpreter/self-interpreter and a judge/self-evaluator.
In all of this, he is diverse and creates diversity, and in order to be understood and to be surrounded by care in the right way, he needs the *multi-perspective view*306 of the other - in everyday encounters, in educational work307, in therapy308 - and of course also in receptive art therapy. He needs - and I think this is essential - a multi-perspective view of himself in order to recognise and fulfil his diversity. If he succeeds in doing so, he goes beyond a purely curative treatment in therapy

to one in which *personality development* is strongly added and steps onto the path of an actively lived art of living - i.e. a "care for oneself "309, of which *Socrates* spoke (*epiméleia heautoû*), a care for others recommended by Democritus (fr. 293, 255, 261) and a patient, joyful and creative organisation of one's own life, as described by *Democritus310, Epictetus311, Seneca312, Marcus Aurelius 313* and other great minds: The art of living (*peri bíon téchne, ars vitae*), which today seems to have a new meaning for the people of our time, as philosophers such as *Michel Foucault*314, *Gilles Deleuze*315, *Gernot Böhme*316, *Wilhelm Schmid* 317 have pointed out.
The enjoyment of art, the contemplation of art, shared immersion in the experience of art and aesthetic experience, becomes a fascinating opportunity to shape one's life, oneself, as a work of art and to find a "*euthymia*"318 (sense of well-being) in which "*the great pleasures arise from the contemplation of beautiful works" (Democritus* fr. 194). Receptive Art Therapy, Productive Art Therapy, and the combination of the two can be excellent instruments, aids, and co-creative potentials for modern man to grasp, understand, find and embrace himself with the other in such a way that he is a gift to himself and the people he encounters.
"*And the self-understanding that is formed in this self-ownership is not simply that of a dominant power or a sovereignty over a rebellious power,319 it is the experience of a joy that one has in oneself. Whoever has finally managed to find access to himself, is for himself an object of joy" (Foucault)*320
"*... a "mind that is accustomed to derive its pleasures from itself" (Democritus* fr. 146)

Summary: The Self as Artist and as Art Work - receptive art therapy and the healing power of the "aesthetic experience" - An Interview -
This text is presentig "receptive art therapy" as a working modality of "Integrative Therapy" resp. Integrative Art Therapy. It demonstrates the manyfold possibilities of this approach for clinical treatment – e. g. PTSD-patient – but also for personality development. It affirms a therapeutic concept that is viewing life "life as an art" (Foucault) on the basis of an "hermeneutic of the iconic", using the healing power of the fine arts in the service of the patients.

Keywords: receptive art therapy, working modality, integrative art therapy, clinical treatment, hermeneutic of the iconic

Zusammenfassung: Das Selbst als Künstler und als Kunstwerk - rezeptive Kunsttherapie und die heilende Kraft „ästhetischer Erfahrung" - Ein Interview -
Der vorliegende Text stellt die "rezeptive Kunsttherapie" als eine Arbeitmodalität der "Integrativen Therapie" bzw. Integrativen Kunsttherapie dar. Er zeigt die vielfältigen Möglichkeiten dieser Arbeitsform für die klinische Behandlung -etwa bei PTBS-Patienten -, aber auch für die Persönlichkeitsentwicklung. Er vertritt eine "Therapeutik" der Lebenkunst (Foucault) und eine therapeutische "Hermeneutik des Ikonischen", die die heilende Kraft großer Kunst im Dienste der Kranken nutzt.

Schlüsselwörter: Rezeptive Kunsttherapie, Arbeitsmodalität, integrative Kunsttherapie, klinische Behandlung, Hermeneutik des Ikonischen

Notes

100 Petzold (1975d)
101 Sieloff (1962)
102 zur Therapie mit Tieren vgl. Petzold (1969b/1988n, 481); Griffenhagen (1991); Fogel (1981); Kay (1984), Fine (1999)
103 Petzold, Orth (1994); Müller, Petzold (1998); Petzold, Osten (1998)
104 Müller, Petzold (1999)
105 Heinl, Petzold, Walch (1983)
106 Seute-Witz et al. (1998)
107 Petzold (1980a, 1999l)
108 Bubolz (1979); Petzold (1985a)
109 Klose-Baumann (1998)
110 Anderson, Anderson (1951)
111 Müller, Petzold (1998); Petzold, Orth (1993a)
112 Petzold, Goffin Oudhoff (1993); Filipp (1990)
113 Ammann, Wipplinger (1998)
114 zur Ressourcenarbeit vgl. Petzold (1997p)
115 Hass, Petzold (1999); Röhrle, Sommer, Nestmann (1998)
116 Deymann, Liebelt (1983), Liebelt (1990)
117 Keller (1982)
118 Petzold (1989c, 1992m)
119 Schneider (1994)
120 Christo (1984)
121 Wittchen et al. (1991)
122 zur Fluktualisierung in dynamischen Systemen durch Therapieintervention vgl. Vieth-Fleischhauer, Petzold (1999)
123 Das ISO-Prinzip geht auf Altshuler (1948) zurück und wurde von Shatin (1970) empirisch untersucht
124 Homolka (1995)
125 Arnold (1995)
126 Gosebruch (1992)
127 Read, Du Monts Künstlerlexikon, S. 564
128 Sillevis, Kraan (1985), Clarke, Heilmann (1996)
129 Petzold (1980g, 1988p, 1991b)
130 Petzold (1981h)
131 Wir unterscheiden Interaktion und Kommunikation, vgl. Petzold, van Beek, van der Hoek (1994, 506ff, Abb. 2)
132 Petzold (1991b
133 Petzold (1993a) 1147; Petzold, Meili (2000)
134 Winnicott (1953)
135 Petzold (1983a, 1987a)
136 Petzold (1982h)
137 Breughel - Breughel (1999)
138 Brenninkmeyer-De Rooij et al. (1992)
139 vgl. Steingräber (1985), Leber (1988)
140 Petzold (1977c)
141 Haak (1991)
142 White, Buvelot (1999)

143 vgl. Karakazani (1980)
144 Petzold (1966 IIa)
145 Jawlensky (1997)
146 Czymmek (1998), Royalton-Kisch (1999)
147 Weil (1993)
148 Zur Glut- und Löwengöttern vgl. Petzold (1969 IIi)
149 Das kann man auch, wie der Zeitkartoonist Bernd Pfarr in der Illustration zu folgendem Text zeigt: „Herr Petzold mußte feststellen, daß ihn das grelle Lichtr der im Untergehen begriffenen Sonne voll erfaßte und weithin sichtbar machen würde, wenn er auch nur zwei weitere Schritte nach vorn unternähme. Eine derartige öffentliche Zurschaustellung war ihm aber so arg zuwider, daß er geduldig den Sonnenuntergang abwartete“ (Zeitmagazin Nr. 15, S. 40, 2.4.1998)
150 Zu Wyss vgl. Meier (1975), Schär et al. (1989); Hohl-Schild (1994)
151 Vgl. seinen surrealistischen, illustrierten Text M. Ernst „Une semaine de bonté“, Dover Publications, New York 1976
152 Siehe z.B. Adams (1999), McFarlane (1999). Fantasy Comics wie Spawn sind hier eindrücklich und das Fantasy Genre des Films vgl. Manthey et al. (1989), Manthey, Altendorf.
153 Cavendish (1977)
154 Petzold (1997p)
155 Petzold, Osten (1998), Müller, Petzold (1998)
156 Orth, Petzold (1990), Oeltze (1997)
157 Vgl. Böttcher, Mittenzwei (1980)
158 Budde (1998)
159 Croquez (1970, 38)
160 Petzold (1969 II f), Jung (1964)
161 Robert Schumann, Symphonie in g-Moll, op. 7 (1832-33)
162 Junghans (1986), in der Au et al. (1980)
163 Petzold-Heinz (1976)
164 Modest Mussorgskij, Bilder einer Ausstellung (katinki s svystarki). 1874 nach Bildern des Malers Victor Hartmann, orchestriert von Maurice Ravel 1922
165 Manuel de Falla (1876-1946), Noches en los jardines de Espa§a (1915)
166 Bedrich Smetana (1824-1884), Ma Vlàst (Mein Vaterland); darin: die Moldau (1874-79)
167 Claude Debussy (1862-1918): La mèr (1903-05)
168 Jean Sibelius (1865-1957): Finlandia, op. 26 (1899, ren. 1900)
169 Antonin Dvorak (1841-1904): Aus der neuen Welt (1893)
170 Tisnikar, Tomasevic (1978)
171 Hufnagl (1999), Friedmann (1994)
172 Bronstein (1967), Tomlinson (1997), zu Hohenzollern (1982)
173 Zweite (1996)
174 vgl. Petzold (1969 II h)
175 Hummel (1996)
176 Killy (1978), Schramm (1998),
177 Petzold, Vormann (1980)
178 Petzold (1980a, 1999l)
179 Holthuis (1999), Alpines Museum München (1996)
180 Steingräber (1985)
181 Leber (1988)
182 Düchting (1991)
183 Lucie-Smith (1999)
184 Petzold (1992a, 135, 138, 256)
185 Metzger (1975)
186 Perls (1969a)
187 Petzold (1988a)
188 Waldenfels (1985)
189 Welsch (1987)
190 Schacter (1999)
191 Petzold (1995g)
192 Zur begrifflichen Differenzierung von Selbst und Ich unter persönlichkeitstheoretischer Optik vgl. Petzold (1992a, 527ff) unter diagnostischer Optik vgl. Petzold, Orth (1994), unter bewußtseinstheoretischer Optik vgl. Petzold (1988b)
193 Petzold (1988a/199

194 Petzold (1992a, 527); Müller, Petzold (1999)
195 van der Kolk et al. (1996); Petzold (1999i)
196 Antonovsky (1987); Petzold, Goffin, Oudhof (1993)
197 Schmitz (1989, 1990)
198 Petzold (1999i)
199 Düchting (1988), Barskaja, Georgjewskaja (1996)
200 Clarke, Heilmann (1996)
201 Breughel - Breughel, Katalog (1997)
202 Gosebruch (1992)
203 Traue 1998
204 Metzger (1975)
205 R. Arnheim (1972), (1977), (1978), (1990)
206 Gibson (1979), (1982)
207 Für die Integrative Kunsttherapie vgl. indes Petzold (1990b) und Petzold, Orth (1990)
208 Lowenstein (1971), Schmidt (1998), Bierbaumer, Schmidt (1999)
209 Warren (1984), (1990)
210 Petzold, van Beek, van der Hoek (1994)
211 Petzold, Orth (1998a)
212 Petzold (1988n, 410ff, 1997w)
213 vgl. das Schwerpunktheft Poesie- und Bibliotherapie, diese Zeitschrift Jg. 1998
214 Petzold (1988a,b)
215 Forschungen, wie sie u.a. an meiner Abteilung an der Freien Universität Amsterdam durchgeführt werden. Hekkert et al. (1994, 1998)
216 vgl. zur Uebersicht McLeod (1997)
217 Petzold, Petzold (1991); Petzold (1999k)
218 Rund (1996), McAdams (1993), Lodge (1995), Russel et al. (1993)
219 Petzold (1965II, 1968IIg)(
220 German, Forestier (1996)
221 Petzold, Orth (1993)
222 Vgl. Zaloscer (1961)
223 zu Hohenzollern (1982), Chastel (1993)
224 Zum Ganzen vgl. Lavaters Projekt ist natürlich in seinen Intentionen alles andere als problemlos wie alle Typologien und Bilder von Charakteren und Rassenmerkmalen von der antiken Temperamentenlehre bis zu ihren psychiatrischen und tiefenpsychologischen Varianten bei Kretschmer, Reich, Szondi, Lowen usw. - nicht zu reden von den Exzessen nationalsozialistischer rassistischer Typenlehre.
225 vgl. Lévinas in der Zeitschrift Autrement 102, November 1988, 59
226 “Sein Antlitz ist ursprünglicher Ausdruck und das erste Wort.” (E. Lévinas [1984, 4. Aufl.]: Totalité et infini. Den Haag: Nijhoff.)
227 Petzold, van Beek, van der Hoeck (1994); Spiegel-Rösing, Petzold (1985); Petzold (1999l)
228 Gallwitz (1999), Longhi (1993)
229 Wright (1982), Petzold, Petzold (1990)
230 Schneede (1993)
231 Becks-Malorny (1999)
232 Walther, Metzger (1994), Arnold (1995)
233 Petzold, Steffan (1999b); Laireiter (1999)
234 Petzold (1992a, 775ff), Petzold, Petzold (1990)
235 Petzold, Orth (1990), Beispiele für Selbstbildnisse ebenda S. 632ff
236 Petzold (1965)
237 Ingarden (1972, 1992)
238 Petzold, Orth (1996b); Iljine, Petzold, Sieper (1990)
239 Lewin (1963)
240 Gibson (1979)
241 Iser (1992)
242 Petzold (1988b)
243 Schmitz (1989), (1990); Soentgen (1998)
244 Orth, Petzold (1990c), Oeltze (1997)
245 Rose, Ruff (1987) .
246 Günther (1994)
247 z.B. G. Grass, A. Stifter, T. Ungerer, J. Ensor, E. Barlach, um nur einige zu nennen

248 Lindken (o.J.)
249 Conrady (1996), Boyle (1995), Blumenberg (1999)
250 Orth, Petzold (1990c)
251 Shelton (1978)
252 Petzold, Orth (1993)
253 Petzold 1997c
254 Foucault (1984), 331
255 Exemplarisch sei nur auf Paetzold (1974,1983), Pazzini (1983, 1986), Hoffmann-Axthelm (1978, 1984), Richter-Reichenbach (1983), Otto, Otto (1987), Jauss (1972, 1982), Menzen (1982) verwiesen.
256 Petzold, Steffan (1999b)
257 Vgl. hierzu z.B. unsere Bücher „Psychotherapie und Friedensarbeit (Petzold 1986) oder „Die Mythen der Psychotherapie. Psychotherapie, Ideologie, Macht“ (Petzold, Orth 1999) oder Veröffentlichungen zur kunsttherapeutischen Arbeit mit Folteropfern (Petzold 1984) und gegen „multiple Entfremdung“ (Petzold 1987d)
258 Wir verwenden hier den Diskurs-Begriff in Anlehnung an Foucault (Dauk 19889), der hierunter untergründige Stömungen der Kultur sieht. Diese müssen erkannt und in „Transgressionen“ als Aktionen der Kulturarbeit überschritten werden (Petzold, Orth, Sieper 1999, 2000)
259 Marcel (1949)
260 Sartre (1943)
261 Politisch aktive Psychoanalytiker - von W. Reich, S. Bernfeld, E. Fromm bis H.E. Richter - blieben für den klinischen Mainstream Randphänomene oder wurden aktiv ausgegrenzt (vgl. Nagler 1998). In der Jungschen Tiefenpsychologie findet man - trotz der nationalsozialistischen Entgleisungen von C.G.Jung - bis in die jüngste Zeit wenig an gesellschaftskritischen Perspektiven (vgl. aber die Arbeiten von Hillman).
262 Zur Problematik des psychoanalytischen Konzeptes des Unbewußten vgl. Perrig et al. 1993; Schacter 1999; Petzold 1988b.
263 Vgl. Metzinger (1994)
264 Demokrit (ca. 460 -380). Die Fragmente hier nach Diels, Kranz (1961), zumeist in der Uebersetzung von Capelle (1968)
265 Heraklit von Ephesos (geb. um 480), die Fragmente zitiert nach Diels, Kranz (1961) in eigener Uebersetzung. Zur herakliteischen Ausrichtung der Integrativen Therapie vgl. Petzold, Sieper (1988).
266 Marc Aurel lib. 11.6 (1999, 277) sagt von der alten Komödie, sie sei eingeführt worden, weil sie eine ”erzieherisch wirkungsvolle Offenheit” [ ] habe, was Diogenes, den Kyniker und einer Protagonisten der Parrhesie, dazu veranlaßt habe, ”sich die Sprache der Komödie anzueignen” (ibid.). Diogenes soll auch auf die Frage, was unter Menschen das Schönste sei, geantwortet haben: ”Das freie Wort, die Parrhesie” (Diogenes Laertius lib. 6, 69). Vgl. Niehues-Pröbsting (1979, 167ff)
267 Foucault (1996); zu Parrhesie und Psychotherapie bzw. Supervison vgl. Petzold, Ebert, Sieper 1999, Petzold, Orth, Sieper 1999
268 = Verhalten ist ”die auf sich selbst beruhende Art des Charakters und Denkens: die ‘Individualität’”, so Hermann Diels (zitiert nach Capelle 1968, 156).
269 Die hier relevanten Texte von Joseph Beuys sind zusammengestellt in: Petzold, Orth (1990, 33-40).
270 ibid. 37
271 Merleau-Ponty (1966, 413)
272 vgl. Waldenfels (1976)
273 Vgl. das Schwerpunktheft ”Arbeit mit Photos in der Psychotherapie” Integrative Therapie 3/4(1995)
274 Vgl. die Uebersicht von Cronin und Gale (1995) zu diesem Thema
275 Ricoeur (1965) betont das Zeugenbewußtsein des Therapeuten, der den Patienten mit seiner Präsenz begleitet.
276 Vgl. zu dieser Art der Arbeit Petzold (1992a, 775ff)
277 ibid. 784; Petzold, Orth (1990, 766)
278 Vgl. hierzu Riemsdijk-Zandee 1985; Zenser 1984; Erismann 1989; van Ginneken 1985; Bonafoux 1984
279 Siehe die Portraits bei Isler (1986)
280 Fragment 68 A 169
281 So Jauss (1972, 7): ”Das genießende Verhalten, daß Kunst ausslöst und ermöglicht, ist die ästhetische
Urerfahrung.”
282 Petzold (1986b, 1999)

283 Petzold, Wolff (2000)
284 Vgl. Fischers(1935) nationalheroischer Ästhetik verpflichtes Buch ”Menschenschönheit”, dazu Otto, Otto (1987, 239ff)
285 Petzold (1969b/1988n, 464, 466, 568ff); Petzold, Kirchmann (1990, 938ff); vgl. Ehmer (1980)
286 Die derzeitigen politischen Skandale - Lüge, Veruntreuung, Betrug, ”Ehrenworte” in unehrenhaften Angelegenheiten,
Vorteilsnahme - breit durch die Politikerschaft der Republik gehender Verfall von Tugenden zeigen das.
287 Plutarch (1911, 6)
288 Foucault in Mazumdar (1998, 463)
289 Bätschmann (1984); Hoffmann-Axthelm (1978); Otto, Otto (1987).
290 Schon Heraklit (fr.4) meinte:”Wenn das Glück in den Genüssen des Körpers bestände, dann müßte man das Rindvieh glücklich nennen, wenn es Erbsen zum Fressen findet.”
291 Demokrit, fr. 33
292 ”Das bildnerische Weltverhältnis des einzelnen ist nichts anderes als eine konkrete individuelle Daseinsweise des gesellschaftlichen bildkünstlerischen Bewußtseins” (Regel 1986, 79)
293 Petzold, Orth, Sieper (2000).
294 Wright (1982)
295 Vgl. Anzieu (1975)
296 Perls (1969)
297 Wallner (1990)
298 Müller, Petzold (1999)
299 Zum Konzept der Existenzstile von Foucault vgl. Mazumdar (1998), Petzold, Orth, Sieper (1999)
300 Vgl. zu diesem kunsttherapeutisch höchst relevanten kunstpädagogischen Konzept das einerseits auf Kant (Paetzold 1983) andererseits auf die (französische) Phänomenologie (Merleau-Ponty) zurückgeführt werden kann vgl. Otto, Otto (1987, 244 ff): ”Die unmittelbare Verbindung von bewußtseinsgesättigtem Verhalten und Wahrnehmung, von Denken und komplexer Sinnestätigkeit, von Ich und Du im Kommunikationsprozeß, kann als Möglichkeit ausgelegt werden, den Verhaltenbegriff in Richtung ‘ästhetischen Verhaltens’ weiterzudenken.” - Hoffmann-Axthelm (1978, 697): ”Jede Form der Ästhetischen Erziehung [der Kunsttherapie könnte man sagen s.c.] muß sich als auf eine qualitativ bestimmte Form ästhetischen Verhaltens richten, die an der konkreten Situation des Lernenden [therapierten s.c.] legitmiert werden kann.
301 Zu der Verschränkung von Wahrnehmung und Handlung vgl. die Perception-action-coupeling der ökologischen Psychologie oder die Wahrnbehmungs-Verarbeitungs-Handlungsspirale eines ”dynamic systems approach” Petzold, van Beek, van der Hoek 1994.
302 Panofsky (1932, 1964)
303 Steffan, Petzold (1999b)
304 Merleau-Ponty (1966), Metzger (1962, 1975), Arnheim (1978), Schacter (1999, 23 f)
305 Petzold (1991o), McLeod (1997), Ricoeur (1981, 1983)
306 Petzold (1994a)
307 vgl. Heimann (1962)
308 Petzold (1992a, 99ff, 1308; 1998a)
309 Vgl. Foucault (1986)
310 Fragmente bei Capelle (1968, 441ff)
311 Epiktet (1992)
312 Seneca (1977, 1993)
313 Marc Aurel (1998)
314 Foucault (1986, 1993)
315 Deleuze (1993)
316 Böhme (1985)
317 Schmid (1999)
318 Demokrit fr. 68A 169
319 z.B. der Triebe
320 Foucault (1982, 83)

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