

Book Review

Creative Analysis - Art, Creativity and Clinical Process

George Hagman. Pp129 (index)

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Reviewer: Gerald J. Gargiulo

Bombarded as we are with cell calls, Internet postings, Twitter comments and Facebook updates we struggle to make time to read. Additionally there are so many texts coming out in psychotherapy and psychoanalysis that selection can easily become another daunting task. Stepping aside from many of the current discussions as to whether psychoanalytic therapy is a science or not, whether it can be validated or not, Hagman, in this most recent publication, offers a clear, insightful and concise text understanding psychoanalysis as intrinsically - art. Hagman situates his thesis within the broader discussion of art in general - rescuing it from psychoanalytic shadows and bringing it to the central role it must play in human development. He notes that “art is a means by which the mind and the self are maintained, elaborated and repaired when necessary” (p.9). Each analysis is a coming to be of inner needs and outer form and the result is art - unique and necessary, as all art is. Hagman’s first chapter, in particular, is a well-argued case for his un-

derstanding of art and the need for psychoanalysis to broaden its appreciation of the role of art in human experience. He writes “by failing to identify what makes art unique, most writer essentially select some psychological dimension of art and promote it as a defining attribute...(and)...One crucial aspect of this process, which psychoanalysis fails to adequately address is the artist’s perfection of the artwork, and the relationship between the quality of the artwork and the artist’s inner life, especially his aesthetic needs and motivations “ (p.9).

No wonder Donald Winnicott spoke the obvious yet profound truth when he noted: “The world is created anew by each human being” (*Newman p.47*). Is that not what dynamic therapy offers to both participants? A chance to create their worlds anew. Hagman answers yes and offers his reasons, observations and conclusions as to why each analysis entails creating a work of art. In delineating the artistic production he particularly highlights the *positive* experience of the artist’s conviction that something wonderful has been created, that one’s dreams have found expression, that perfection has been reached - - - eventually sobered, of course, by reality.

Various chapters address creativity, the creative analyst, the creative analysand and the creative life. Within this context Hagman offers his reflections on how to read psychopathology through the lens of a failure to create one’s

life; he intersperses realistic and engaging case studies and is not adverse to showing his own misunderstandings, missteps and puzzlement before the art work that every patient manifests. His style is clear, he does not indulge in jargon, nor does he burden the text with a lot of academic references, while also offering his readers the benefit of his wide reading in the field. The appendix includes a discussion of the contributions of neurology as well as more academic studies substantiating his thesis of the primary role that creativity plays in the lives of humans, i.e., a role that the author establishes as primary - not secondary or derivative - as assumed in classical Freudian theory. In this vein the author does not quote the classic article of Pinches Noy (p.155-170). on primary and secondary process and their relation to art; Hagman's primary conceptual model is self-psychology - consequently his theories and case studies reflect that approach.

This is a text that I thoroughly enjoyed reading and I say that notwithstanding some notable disagreements. When speaking about therapy he quotes Marian Tolpin who extends the meaning of transference to include a patient's "progressive integration and accommodating to a new beginning" (p95). Hagman summarizes his thought on this topic by noting: "Transference is a form of action in which the patient engages in with the analysis. It expresses the patients initiative and attempt to accomplish something mean-

ingful (however painful and repetitive it may seem)” (p104). I have two thoughts here: if everything becomes transference, then nothing is transference; I see a patient’s striving for integration and creative living as a normal, necessary aspect of being alive as a social creature. Nor do I think countertransference is the same as the capacity to empathize with a patient. Hagman writes “Countertransference is the psychological process by which the analyst comes to understand and empathize with the patient’s experience” (p104). I am more than aware that many therapists like to speak about any reaction of the analyst vis-a-vis the patient as countertransference - and its creative uses. But the same judgement applies: if everything is countertransference, what is counter-transference? Precisely because Hagman understands the creativity of each analysis, its uniqueness and dependence on the Muses of inspiration is precisely why these terms should be limited to their more traditional meaning. There are other issues I would have approached differently - - does that not reflect the very creativity Hagman is explicating and encouraging? Each of us hears and sees the world through whatever lens we have. There are many paths to what is real, to what makes life meaningful, creative and playful. Each patient, as well as each analyst, has to walk his own way - Hagman appreciates this. Otherwise, where is the art?

Throughout most of the text the author's approach is positive - he is not overly interested in the dichotomy of true church - false church. This text is an invitation to reflect on the universal task of the making of one's life - be it patient or analyst - as unique and beautiful i.e., a work of art - in whatever way possible. This is not a ponderous work, not an overly complicated text - it is reflectively informative and personally invitational.

Eschewing the notion of the passive patient who undergoes "treatment" for his/her pathology, Hagman offers, in a brief summary, an exceptionally positive model of what psychoanalysis offers. I appreciate his enthusiasm while having some reservations with his formulations.

1. "Creative Analysis is not a treatment, it is form of art which frees patients to believe in the future and realize the potential which may have been block inhibited, denied or derailed. ...it is about providing opportunities for self-creation (Summers, 2005)". [Yes, of course....but Hagman is limiting his definition of treatment here...obviously an analyst does not give a patient a formula - but the interaction is the treatment; the "frame" is the relationship, I am sure Hagman would agree but his formulation here is a bit misleading]
2. "The goal of analysis is for the patient to experience desired life changes resulting from investigation and reorganization of experience".

3. "Change in analysis is driven not by the analyst's interventions but the patient's own motivation and capacity for self-transformation (which may be blocked or suppressed at the start) and how the patient makes use of the analyst in this process". [This point is in danger of making the analyst the passive recipient of the patient's actions - of course, any patient needs to want to get better - no analyst can substitute for that]
4. "The analyst's function is to understand the patient, help to identify potentials and motivations to change, and support the patient's efforts to bring about change". [Again, I would agree except there is some danger here of forgetting the complexity of motivations and meanings - recognized or split off - that inhabit our minds and our souls.]
5. "Creative analysis is a depth psychological process (not just cognitive or behavioral) which explores the sources of the patient's resistance to self-actualization, identifies hidden potential, unrealized capacities and strengths".
6. "The patient is not controlled by past experience, rather the patient's memories serve as guides to self-protection and templates for the organization of present experience, and potentially, future selves". [Again, of course...but memories/phantasies or feeling that are denied or split off influence present self-experience and life expectations. Hagman knows this - I

have read other writings of his, particularly in the area of gender and sexual identity, where his appreciation of complexity and unknowingness is more than evident.](pages 103-104)

Hagman's list goes on with six more points, some of which I have already discussed regarding transference and countertransference. He is succinct and focused and, as I have noted, somewhat enthusiastic in his appreciation of the creative role a patient plays in his/her own self-healing. To promote that self-healing any analyst has to use him or herself, has to focus, interpret, clarify, as well as realistically care for his/her patients - all this within a context of sober self-forgetting. The creative potential space of analysis which allows for and promotes the meeting of the me and the not me is, of course, the bedrock of any good therapy. Hagman has extended our understanding of such a therapeutic potential space and its fruition in self-creation which, of course, is the positive side of healing of the wounds that life inflicts - be they from childhood or beyond.

References:

Noy, P..(1969). A revision of the psychoanalytic theory of the primary process. *International Journal of Psychoanalysis*, 50, 155-177.

Newman, Alexander. (1995). *Non-Compliance in Winnicott's Words*. New York University Press. New York.