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## OPENINGS IN ART THERAPY OR „I DON'T KNOW HOW TO DRAW“

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*Thank you to Wendy,  
a beautiful soul whom it was an honor to work with,  
be the witness to her openings, and her wisdom.*

**Abstract:** The paper explores the experience of the beginning of the therapy process as experienced in the moment emotionally, physiologically, mentally, and relationally.

In research about openings in psychotherapy noticeable amount of space is dedicated to emotion regulation due to shame, anxiety, and attachment complications. Resistance is not solely attributed to the beginnings of the therapy sessions, but in its intensity it dominates the beginning of the process.

These issues emerged in art therapy process with Wendy (pseudonym), whose case will be presented in study of this theme. 83-year-old Holocaust survivor with complex trauma, sturdy and sensitive, expressive and gentle woman bravely immersed herself into abundance of insights, consciously making decision to change, which supported the therapeutic process of transformation from resistance and shut-down to curiosity and action.

Attending to the physiology of the person with polyvagal informed art psychotherapy practice, Somatic Experiencing and Sensori Motor Psychotherapy, art therapy process was excelled in understanding, regulating, and controlling the autonomic nervous system response.

Using immense human ability to generate image through the embodied experience of the perceived reality and meaning making of these images, layed a path to working through the emerging emotion, thought, and behaviour patterns towards an awareness and subsequently - a change.

**Keywords:** art therapy, polyvagal theory, somatic experiencing, openings, resistance

## 1. Introduction

At the very beginning of many a process, art therapists are faced with reactions like „I don't know how to draw”, „I have two left hands” in a more humorous self-perceptions, or, in the most honest account: „I don't want to appear ridiculous”. The fear of white paper, canvas, or a lump of shapeless modeling material can be translated to fear of judgment and self-criticism; shame disguised in perfectionism; authority issues, necessity for stronger boundaries, all a cue for protection and defense mechanisms which often afloat as different strategies of resistance. Starting therapy process, as much as each session, even after establishing a trustful and safe therapeutic bond, can be burdened by these problems (MacFarlane et al. 2015; Baumann and Hill 2016; Marks et al. 2019).

The inability to express in art materials comes from a stigma that made an artist the sole owner of this ability and can be assigned to the belief that talent is inborn, given only to the lucky and therefore cannot be found in others than the „chosen ones”. Art is therefore put on the pedestal for the wrong reasons. There are other qualities of art that are not easily found even in artists, but especially not among those who use art techniques for practical reasons, a leisure, or to make their point visible.

Those qualities are deeply seated in reflection, introspection, philosophy, Self psychology, contemplation, which are all very welcome in art therapeutic process. They draw their point in most of the levels of our being: mental, emotional, physical. They exist in „primitive” and sophisticated expression (concerning development of humans generally and a person specifically), they encompass subconsciousness, preconsciousness, and consciousness, precede and conclude our thoughts.

Jung spoke of the psyche as operating in images (Schaverien 1999) which is constantly proved by the way our mind works: on account of any thought, emotion or an incident, even when hearing or reading a word, an image is spontaneously generated. Think of the „glass”.

What comes up? A word, or an image? What kind of an image? The image (spoiler alert) will be different in each of you who imagine it. An object which from we drink, a window, broken glass on the kitchen floor... symbols will come up just by calling a word. It is the pool of inner content wherefrom art therapists are able to draw the deepest connections between the reality that surrounds us and the reality of the inner worlds that experience the world, and integrate the at-the-moment accesable conclusions.

The concept of inspiration is another godlike aspect artist has been appointed with that put the art expression under the veil of awe. Let's break it right now: inspiration comes with great work, and any thinker, confectioner or rocket scientist has felt it.

More important concept in art expression is certainly creativity. Every human is creative in smaller or larger capacity. How opened to the creative process we are, will depend on our feeling of safety, curiosity, and own coping skills in challenging situation.

The creativity will add lightness to exploration and open-mindedness to the process, especially at the beginning of it. Additionally, it is important for a person to be available to open up to and engage with personal issues internally, even when this is uncomfortable (Kleiven, Hjeltnes, Rabu and Moltu 2020).

The expectation to express a thought in a visual form is often overwhelming, hinders safety and creates a stunning incapability of drawing even a stick man. This preconception of innability to create is often reinforced by the educational system which has rules „how-to” anything, what is (un)acceptable, and when to stop to create, meaning, when to grow-up, exchange the art expression with art theory. Art classes finish with the grammar school in most educational systems, and creativity is thus limited.

Therefore, when facing the possibility of making artwork, most of persons will have done it for the first time after the kindergarden or school resulting in the feeling of awkwardness. Calling it „kindergarden stuff” in derogatory sense, taken from social preconception of kindergarden not being serious (ask parents), becomes voice of

endangered self-perception of the ego. Being serious and respectful instead of „child-like” and open, makes the art therapy setting, often a table full of art materials, obsolete.

In art therapy these obstacles are overcome by projecting into the person's scribble or given image, working on sensori-motor level, by giving instructions or leading a guided imagery among many methods, all of which are directive and made to trick the defense system of a person into the artwork. However, there are other options this article lays out.

We could presuppose that it is futile to try to work with strong resistance. If person decided s/he cannot make any creative work, then there is no connection to the media and hence no ground for starting the art therapeutic process. Well, no. Because art therapy is reclaiming the depth of introspection, contemplation, and sophistication of perception and visual expression, because image is the natural way humans create concepts, because it was human expression since the beginning (of humans and a man), because it is a channel to communicate between subconsciousness and consciousness, because it stays as a record and reference of passed experiences...

## **2. Theories behind the point**

Arts therapies are our first psychological and spiritual aid since the beginnings of human civilization: in the face of loss, crisis and conflicts, death, birth, weddings – arts were the first psychotherapies (Malchiodi 2023). Humans expressed their deepest thoughts and emotions through art long before the words and cognition could explain it. Art therapy processes repeatedly reveal the vast connection between image and human experience. It reaches into the depth of spontaneous expression not necessarily connected to esthetics, but essentially to materializing and/or animating the invisible parts of the inner worlds, those that make the atmosphere from air filled space, that make a meaning out of sequence of images; reality out of

visions; those that one emits and communicates to another, those we can sense as they reside in the space between us.

In individual, and even more in the group art therapy, the space one occupies is full of information about transference, counter-transference, attachment, relation to authority, self-perception mirroring in the body posture, eye contact, face expression, gestures, and visible physiology (breathing, sweating, eye dilatation), these factors reveal autonomic state of a person. And all this before even saying a word.

The somatic approach to art therapy presented in this article, works with the person's physiology, autonomic nervous system regulation, body awareness, and the „access to spontaneous potential” (McNelly 2005).

## 2.1. From the beginning..to the present

In his writing about beginning of the treatment, Freud (1913) writes about expectations and resistance, both distancing a patient from authentic Self representation. However, he observes the initial criticism or a doubt, as well as trustfulness and compliance as a symptom, a part of a psyche of a patient.

The inability to think of something to talk about, translatable to inability to express visually in art therapy, is recommended to be „challenge(d) then and there, and come to grips with it” (1913). This challenge includes addressing the transference, without which the client is left detached, socially unengaged and unsafe, speaking in terms of polyvagal theory. Without establishing this basic stance we are advised not to start the deep work, both by Freud and Porges, to connect both ends of the psychotherapeutic heroism.

Steven Porges introduced Polyvagal theory (1995) offering a new perspective to autonomic nervous system's response to a threat involving two major pathways of vagal nerve, dorsal and ventral vagus, both parts of the parasympathetic nervous system. Dorsal vagus pathway is located in the lower, subdiaphragmatic area, and is responsible for the responses of freeze, shutt-down, and dissociation, while ventral

vagus pathway wanders around the face, throat, until the heart, and is enabling us to function while safe and calm.

First part of NS to develop (500 mil. years ago) was dorsal vagus, responsible for the immobilisation response to the threat – what we call reptile brain endearingly, and meant survival in terms of opo-sum. Sympathetic part of nervous system developed subsequently (400 mil. years ago) and made the activation in the face of danger possible - the fight or flight reaction, the evolutionary take on the predator vs. pray situation. The last addition to our nervous system was the *social engagement system* (Porges 1995) - the myelinated, ventral pathway of vagus nerve which entiles connection to facial muscles responsible for facial expression: our possibility to communicate with a gaze; middle ear muscles enabling listening and discerning background noises from the distinct frontal ones; ingestion muscles enabling sucking and chewing, pharyngeal muscles that enable swallowing; laryngeal muscle responsible for expressing emotion by intonation and pitch; and the neck muscle, tense and alert, responsible for the head turn in the direction of the threatening sound. All these reactions happen unconsciously enabled by our autonomic nervous system urging our body to act on account of these subcorticle mechanisms, instinctively defending us in the face of danger.

The evolution of the nervous system shaped not only the different autonomic responses listed above, but their hierarchy too, i.e. the order they were created will be the order they follow on the way to and from the safety. When safety is compromised, vagal brake weakens and alert state follows as an orientational arousal of sympathetic system that will get a full blown activation when the level of danger rises. When this state of activation further overwhelms the sympathetic system, the vagal break weakens even more and the dorsal pathway is activated, which leads to immobilization, shutt-down, and dissociation.

From the shutt-down state, we will need to employ sympathetic state of activation, before reaching the calmness and safety of ventral autonomic system.

Following these outlines, work with representation of vagal states in art therapy leads to a better understanding of personal patterns of sensations and emotions hiding behind the autonomic response to any scale of threat. To some individuals this will mean talking to large audience, to some it will be the job interview, and to yet another being presented with the blank paper. Circling back to the openings of the session, in these first moments, client will usually show his/her autonomic state. If the therapist can tune into this state of a client, there will already be enough communicated so that the therapist can employ coregulation and thus secure the safety response, create a space where anxiety can naturally subside. This presupposes the therapist to be „anquored in safety” (Dana 2018), or s/he should be working towards this.

## 2.2. Attachment links to creation of the autonomic state

At the very beginning of life, infant's life depends on coregulating role of the attachment figure. Speaking from the polyvagal perspective, safe attachment presupposes active social engagement system, where the ventral vagus plays the main role, acting through the caregiver's calming voice, gentle touch and relaxed, loving gaze. As a result of these cues of safety of an adult, the nervous system of an infant responds with ventral state. Nervous systems align. Verbal communication still doesn't make sense, instead, mostly unconsciously, we use “right brain to right brain” communication or neuroception: our subconscious system for detecting safety of surrounding (Porges 2004). Nervous system of the baby senses the in/stability of the caregiver's nervous system and responds accordingly. Repetition of supposed assurance that even when challenges appear, there is a possibility of returning to safety, gives an infant an opportunity to slowly master coping and self-regulation. In case the individuals do not have the chance to gain this experience, they will have difficulty in coping with challenging situation and thier autonomic state will be overwhelmed, highly activated or detached.

As explained above, this will influence the starting of the therapeutic processes and define the stance therapist needs to take. Secure attachment gives a child an opportunity to be safe and feel free to explore, be able to play and in the moment of threat have a safe heaven to come back to. As attachment is stable and repetitive in important relationships through the life span (Ainsworth 1979), transference patterns with the therapists are usually ones to mirror attachment style. Recent research show that clients with secure attachment patterns show better treatment outcomes than clients with insecure attachment patterns (Levy, Kivity, Johnson, and Gooch 2018). Strong positive relationship between safe attachment and engaging in art material was found, as well as negative in case of avoidant attachment style (Corem, Snir, and Regev 2015).

### 2.3. Objects relating

Child relates prior to actively engaging with objects, even live ones, like mother or father. Steadily growing, it goes from object relation to object use (Klein 1943). In art therapy this is to say that the moment we relate to materials, then those art materials are used for expression. Together with the therapist, art creation is used as a mirror of the object relation (Robbins 2016).

While it is easy to relate to a *good object*, it will be far greater challenge to relate to a *bad* (Klein 1975) one. Relation to art materials can be viewed through the lense of the object relation and thus observed through the difficulty of connecting to one, of touching it or possibly needing to use a *transitional object* to be able to establish a connection, trust and finally ability to use it to express him/herself.

The separation process of the diad of caregiver and infant brings the possibility of sharing the reality and sense of continuity of being through series of disconnections, frustrations, and connection again. With separatedness, the possibility of transitional object and potential space is born, and the experience of gradual rise of ego is practiced. The me and the other: the not-me, discovered by separation of diad, give birth to polarity of fantasy and reality. Here, the play

becoms the tool of understanding how the inner and outer reality function together. Transitional object simulates the first externalized object (Robbins 2016) and creative act is born.

#### 2.4. To play or not to play

Invitation to explore our physiological states in images gives us a neverending playground to engage in, become aware of, and, in time, in control of (as in „regulate”).

Play is the magic word here, so ambiguous that for some it can evoke burst of excitement, and for another a sarcastic scoff. Play that is in play here encompasses curiosity and acceptance of unpredictability and loss of control. Creating each moment anew is a definition of a creative process.

Resistance, however, will block creativity (Winnicott 1952), will leave the paper blank, raise barriers to flow of creation. Again, that elephant in the room. Instead of ignoring it, we can explore the empty paper or a shapeless mass. We can play with what is given. Winnicott (2005) writes that „Psychotherapy has to do with two people playing together. The corollary of this is that where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play” (pg. 38). Because therapy is a creative proces, because our mind works in a playful way..

Nevertheless, play is unfairly left to the children, with somber outlook into the adult world. Weather the eroticism is the only play recognized as adequate for the adults is open for a discussion, leaving us with passive or receptive cultural events as common playlike activities. It is interesting then that Winnicott leans on intersubjectivity as a context in which we play (in psychotherapy) and sees relationship between people as both the catalyst for development and the vehicle for therapeutic change (Applegate 1999).

While regressing in play and creating this creative space for change, we actively employ immanent “urge to communicate” and even

stronger “urge to be found” (Winnicott 2005) which is so deeply present in each human and each dialogue. This is the reason why resistance is but a symptom whom we work with. Just as transference and countertransference are co-constructed in the relational “space”, forming “an intersubjective system of reciprocal mutual influence” (Stolorow 10), resistance too can be constructed in this relational space, but also de-constructed. Rather than to be dispelled, resistance can instead be seen as an essential element of the therapeutic process that delivers “news from within” (Bollas 1987) about the deepest subjectivities of both the client and clinician (Applegate 1999).

Although art therapists are careful to state that one need not have any skills to undergo art therapy, many people still fear expressing themselves in art materials. Perhaps this is because they focus on the use of imagery, which is defined as the representation of reality (Gladding 1998). In attempt to represent something, person opens up to self-criticism. Some can remain unattached to how realistic their images appear, but others not, and when people are concerned about technique and result, the communication with the unconscious mind is lost (Dalley 1987). This is the place for nonrepresentational expression in art therapy (Withrow 2004), the availability of the therapist, his attentiveness and calmness towards the client, holding, and here-and-now stance.

## 2.5. Trauma and Holocaust Survivors

Holocaust survivors, marked by unutterable trauma, now in treatment as an elderly population carry symptoms of anxiety, trauma, PTSP, cPTSP, drawing from life context of refuge, immigration, loss,..., third age, each with their own specifics. With different medical issues hovering, many other life events add to the clinical picture.

The reality of survivors is often built on repression of the traumatic content or abandoning of the emotional part of the experience (de-cathexis). Telling their story with a journalist's accuracy, dissociating

the personal investment, they simultaneously convey important message and protect themselves from unsurmountable pain.

Holocaust survivors handle materials with care and parsimony, related to the lack or no resources they experienced, and to the emotional state of destruction and loss (Presiado 2016). They learned consequently to deprive themselves of *joix de vivre* (Lockwood, and Shaw 2012), and stayed far from the concept of abundance, widely renowned as new generations stomp ahead.

Loss of attachment figure is given, hence possibility of safety and security is lost as well as possibility to be lost in imagination, disillusioned by anything else than reality.

By allowing the physiology of trauma to reveal itself in a concrete sensorimotor activity and as an image, art can safely modulate the traumatic effects, and help process and integrate traumatic memories (Gantt, and Tinnin 2009). By facilitating awareness of these sensorimotor experiences, thoughts, and actions during art-making, art can promote proprioception, emotion regulation, and the integration of dissociated memories while enabling them to gain a sense of control over the unfolding images (Lahad et al. 2010; Hass-Cohen 2003; Talwar et al., 2007). This is consistent with Ogden and Minton's recommendation (2000) to integrate sensorimotor activity when treating trauma in order to quiet the amygdala and promote a more optimal balance between the amygdala and the hippocampus as well as activate both the right and left hemispheres through image-making (Lusebrink 2004; McNamee 2005; Israeli, Regev, Goldner 2021). Three major functions of art emerged in work with Holocaust survivors: artwork as compensation for the loss of childhood and as a way to process childhood experiences, art as connecting body and mind, and art as a way to regain self-worth and self-agency (2021).

Art-making generally has a positive effect on mood (Drake et al. 2011), generates a sense of calm (Abbing et al. 2019), freedom, greater expression of sensations, sensory consciousness as well as a connection to the 'Self' (Talwar 2007; Israeli, Regev 2021).

Although the trauma literature underscores the place of the creative process as an opportunity for clients to externalize their internal pain, it is also crucial in finding meaning, and thus, helps promote resilience in elderly (Diamond 2018).

Experiential and emotional processes are addressed in art therapy with effects on reduction of the phenomenon “experiential avoidance” (Hayes, Wilson, Gifford, Follette, and Strosahl 1996). Further, art therapy is developed as a bottom-up strategy for emotion regulation, starting with experiences through actions using mental images and then aimed at behavior change and insight (Haeyen 2018).

## 2.6. Seizing the image: neurology of expression

Image is a natural way our nervous system communicates with the host – our Self, the surrounding, and others in this surrounding (Damasio 2021). Subcortical neural activity detects information corresponding with senses and creates patterns which are relayed to the associative cortices in brain, where in turn the image is created on account of the data given by the autonomic nervous system (2021). In this way, our senses and our unconscious experiences form our state of mind.

These images are being stacked on account of experiences and by seconds, and are a rich language our subconscious operates with.

Autonomic nervous system deals with intricate states of interoception, exteroception, and proprioception (Levine 2018) which means our autopilot monitors and associates all the information gathered from the surrounding and creates our opinion of Self, others and the connection between those, completely by itself and mostly without our conscious knowledge.

One step further, we proceed from the image to emotion: delicate informations of the points in the continuum of comfortability to uncomfotability, together with the sense information (interoception, exteroception and proprioception) adds up to form specific emotion, much more sophisticated than the five basic emotions, creating even

higher resolution of a emotionally charged image. This is the base of the neurology that art therapy works with.

### 3. Case study

Wendy (83) was a lonesome only child denied an intimate relationship with her traumatised, absent mother. Her father was kind and goodhearted and acted as a primary caregiver. However, he had a dark side, demanding, controlling, and emotionally abusive.

While modelling the maladaptive trauma response by satisfying others on account of neglecting her own needs, Wendy also felt that her life energy is locked, stuck and repressed - her conflict throughout the life.

After leaving home, she found an abusive partner whom she divorced soonafter, and traveled the world between him and her parents with her two children. Her flight further detached her from the possibility of safety and finding her True Self, which is her mission still. The filigran fraction of the process presents a turning point following her abusive ex-husband moving back to her country of residence terminally ill and his passing away. This brought up lot of resolutions after lots of questions.

#### 3.1. Setting

Wendy was assigned art therapy sessions once a week in a program of homebound Holocaust survivors as part of the social care program of the organization Caffè Europa.

#### 3.2. Process

The simple question “How are you?” is opening the session each time (Figure 1). This question can be very useful in the opening minutes of therapy sessions. Using physiology as a background for this intro, we grow sensation awareness, generating an image, or a resistance to

create. While given attention it needed, Wendy's resistance became evident as allegory of judgment and gate for other issues to come pouring out.



Figure 1.

My state here and now.

*"Darkness is always pulling me down, no matter where I strive,  
I have to be pull back. I do not deserve..."*

While all the materials on the table offer abundance, Wendy feels pressure. Everytime she would turn from the already dipped-in-color brush to the conversation that could last forever. Turning the attention to this avoidance would result in recognition of judgement. Still living under the rules her father established and fulfilling his demands, she felt she shouldn't paint, indulging in leisure and luxury, but do the important things in life (overwhelming to do lists she never could finish).

Honing in on the judgment, she notices a shift in her body: something shrinks inside, she becomes smaller, withdraws all the way back to her middle spine and tries to find safety. We explore it more through the somatic awareness. A vivid image is generated of her hands being strained by belts, conveying her struggle with the wishing to create and express herself and the belief that it is wrong to do so. Focusing more on the somatic states, she feels her shrinking being

wrong in her core, being unworthy of being born and thus not being worthy to enjoy or feel the simple sense of being. We recognize and engage the polyvagal states (Figure 2).



Figure 2.

3 autonomic states, following polyvagal theory: dorsal state (shut-down, parasympathetic state), activation (sympathetic state), and ventral state (secure, parasympathetic state)

*All the black color is the shut down, the inability to activate inner strengths, disabling the safety - the yellow. The black is strangling the yellow - ventral, calm and safe state, which wants to raise to the activation but is unable. The red is the activation, hardly existing in her reality.*

The negative experience of being strained, judged and guilty is interpolated and eased by the positive image of creativity and intrinsic source of energy she spontaneously feels as we explore somatic states (Figure 3). Pendulating (Levine 2018) back and forth these images and sensations she is able to contain the negative sensation without being overwhelmed or shut down, and let the outlook of the positive and calm break through the scenery making her available to the enveloping safety.

Exploring further the inability to make an action towards wanted goal, Wendy creates red abstract shape closed up from above (Figure 4). She finally recognizes a figure: herself as withdrawn, belittled,

with barrier closing her in the seclusion she created for herself. The visual transformation makes the barrier be perceived as her hands. Instantly her body gives her an impulse to move the hands and the activation towards the wellbeing is made. She smiles with deep understanding of her power.



Figure 3.

Expression of the wish to create

*"I feel deep inside me the life I cannot have. There is somewhere in me a source of energy that yearns, desires,..but I fail it everytime, I am not allowed to have it.."*



Figure 4.  
Feeling stuck.

*"This should be my protection  
and instead I am frozen from fear, it's my jail."*

Movement became Wendy's way of understanding minute changes in her self-perception. Bilateral movement which neurally employs both hemispheres, and empowers.

The possibility of perceiving the barrier from the position of the adult self instead from the child version who is dedicated to father's instructions reframes the state in which she finds herself in front of the paper and color. Now, she felt empowered and the helpless situation transforms into a potential. As if preparing for a fight, Wendy took a deep breath and started to paint.



Figure 5.  
Bilateral movements, balance, freedom, exploring  
newly acquired self-understanding

Motion of hands passed from narrow and short to full range and long connection to the paper. Paper format grew and from table, we had to move to the wall, while the hands were describing the circular free form, massively liberating her curled up child Self and opposing it to the adult Self already taking the guide role.

Secondary themes of boundaries were set in one of the last works we have done in the individual therapy sessions (Figure 6). While staying with the circular form she leaves it open for good and bad to enter. There is a lot of bad around afterall. However, except of the excitement that can overwhelm and appease, the boundaries of her loved forest and sea are surrounding her, as a protection and reminder she knows where to go in time of need.



Figure 6,  
Boundaries

*"My world is composed by different emotions, and I contain them. They are dynamic and I allow it. The circles in the corners are supposed to show balance, but the right side down circle shows this is not completely true. I let him be like this, nothing is perfect.."*

#### 4. Discussion and Conclusion

Beginning of the process is curious, exciting, thrilling, and occasionally, scary. Through deep processes of psychotherapy, beginning presents a situation bound to set off range of different responds, all significantly dealing with resistance. The defence mechanism will be significant in guarding from judgment, self-criticism; shame, authority issues, boundaries, attachment complications, and implications of threat to safety.

These can be addressed by focusing on autonomic state, attuning to associating, feeling emotions, and sensing sensations, and by this somatic work let the spontaneity of embodiment to generate the image

which will lead the way to unique patterns of a person. These embodied images (Schaverien 1999) will be impregnated with autonomic states in the here-and-now and will be explored in therapy sessions with the potential of insights about to happen. The image touches the depth before it ...

To employ co-regulation, therapist will tune in to the person's autonomic state and act as a attachment figure, securing the safety response and creating a space where anxiety can subside and creative process start. While resistance blocks creativity, therapist works with person on the resistance itself, and engaging the person's ability to hone in on his/her own inner sensations and their visualization.

Working with the physiology as a behavior gives a person a possibility to communicate the here-and-now state without threat or judgement, teaches a person to sense, regulate, and control his/her state, and additionally reinforces the resilience, possibility to experience life fully, and grow.

The paper also follows the art therapeutic process with a Holocaust survivor who managed to go from innbility to open up because of core existential ambiguity, negative belief of not having the right to be and thus being limited in expression of own thoughts and emotions. By unleashing the access to somatic experience, Wendy was able to sense her senses without judgement and guilt and uncover long burried yearnings, strivings, and profuse ideas of own existance.

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