

Notes

1. Paragraph 39 of "Notes on the theory of schizophrenia" in Bion (1967a).
2. The word "atone" was originally "at on", then "at one", and finally shortened to "atone". So much was the sense of the possibility of being "at one" lost that "to atone" came to mean "to repent". In the last century "at-one-ment" became again a possible subject and the noun atonement, sometimes with and sometimes without hyphens, began to be used in its original sense.

CHAPTER FOUR

Therapy by design: style in the therapeutic encounter

Faye Carey

Introduction

As with art, the point of psychotherapy is change. People make art, or come to it, seeking transformation—within, and without. Psychotherapy as a creative process is often compared with literature, but the comparison extends to the visual arts, too. Further, the similarity of process applies to both therapist and patient. In this chapter I consider some of the transformational or creative characteristics that these two enterprises hold in common for both participants.

In speaking of creativity I have in mind both individual originality and the ordinary inventiveness which I see as fundamental to being alive, as well as the specialized creativity we associate with art. I am looking at what the two practices, art and psychotherapy, may have in common and to this end I am thinking of the session as a creative work in its own right, with the authorship of that work shared between the patient and the therapist, each acting as both artist and audience for one another. I shall start by describing a session which I hope will bring out some of the features of the creative process which I believe these two practices hold in common.

Sam

Sam's main symptoms take the form of somatizing his feelings, with his ailments located variously in his stomach, bowel, bladder, and back. We have come to understand these complaints as both an attack on and a defence against an internalized mother who possesses and controls his body and all its functions. Those close to him find this passive form of aggression exasperating, and the somatization and hypochondria put an enormous strain on his relationships.

Two notable features mark many of his sessions: one has been my difficulty in following what Sam says. He speaks in a barely audible running mutter, full of non sequiturs. I often experience his speech as a trail of obscure clues that he has scattered in order to lose me. The second feature feels like a chronic implicit demand for praise, followed by a sense of aggrieved petulance when approval or acknowledgement does not appear to be forthcoming. In the transference he experiences me as both expectant and predictably disappointed. He links this transference experience to what appears to have been a very rigorous toilet-training, being required to be regular, clean, neat, and tidy, and a credit to his mother at all times. For my part, as well as a counter-transference sense of injustice at being attacked for judging him harshly, I also often feel as if I am being re-routed or diverted—which, at some level, is possibly what he wants, since he is as fearful as he is eager to be found. That gives something of the flavour of the sessions.

The session I describe took place shortly after a concert in which Sam was performing had to be cancelled because of his last-minute illness. This was not the first time that plans had been ruined by his ailments. The other members of the band were fed up with him.

Sam started the session with his customary inaudible mutter and fractured sentences that eventually turned out to be a report on his health, which was the cause of the ruined event and the reason the others were now furious with him. There were some threads of associations to earlier minor illnesses which had had the effect of spoiling or delaying plans. He could not understand why everyone was so unreasonably angry with him—after all, being ill wasn't his fault. He then said something about feeling deadened, and just wanting to hibernate.

I attempted to follow him through the familiar scatter of details and images: there was something about his bowel, his back, an allergy, an eye irritation, alternative medicine. Both his back and his stomach were uncomfortable, now, while lying on the couch. He then remembered a dream. And here, for the first time in the session, his words came to my ear, the trail began to clear and I found myself following him. He said "I had a dream where James and I are doing a duet. We're the hosts or presenters of some sort of programme. Somewhere in the middle of this act we have to get this man—I think it may be my [dead] brother—to do a commercial break. This brother is completely withdrawn and somehow all twisted about, physically. He was wearing a hat—I never saw his face . . . I wonder if it was really me? He was in very colourful clothes, but he was completely uncommunicative. He was wearing a long quilted sort of patchwork jacket, and a yellow and red scarf, baggy, colourful trousers. Very stagey. Very particular. He couldn't say anything, and he was in a fixed position. Paralysed. Maybe even dead. Colourful. Perfect. We tried really hard, but we couldn't get him to do the advert . . ."

The clarity and enthusiasm of his description accelerated from hesitant and uncertain to fluent and florid, and was accompanied by extravagant arm and hand gestures, alongside the striking detail—"paralysed, dead, colourful, perfect", which contrasted notably with my own internal responses to both the imagery and the narrative—as he spoke I began to hear what he was saying like a record slowing down, the sound distorting. I became aware of a low feeling, one moving in the opposite direction to his increasing animation.

I asked him what he made of this dream and he started off by saying it was very different from the recent scary dream about being chased across the desert by bandits. It appeared he wanted to tell me that there was now an improvement in the quality of his dreams—this one was more colourful, more energetic, more lively. He began to warm to the theme of improvement and upgrading: the clothes—maybe they're an expression of emotional warmth, he pondered, they were "really nice". He repeated, "Very stagey, very particular."

I said: "In your dream, you seem to be describing someone who is dead—maybe your dead brother, maybe yourself. Earlier today you said you feel 'deadened', and want to 'hibernate', and it may feel that if your brother's dead, then you have no right to life, or only one in which you're paralysed or asleep—or, possibly, one devoted to bringing him back to life?"

After a pause in which Sam appeared to be waiting, I went on: "In the dream you're trying to make this paralysed person, whom you've dressed in very 'lively' clothing, come alive—to do a TV advert. I wonder what that means to you?"

Sam said, "Do you mean what does advertising mean to me? Well," he laughed, "trying to sell something. We were quite desperate to get him—whoever he was—to perform, either for the audience, or maybe for our boss."

The precise description of the clothing—the hat, the colourful, quilted, patchwork cloak, the stripey scarf and baggy trousers—suggests a costume or disguise designed to camouflage the deadened mannequin-like form that the pair were desperately trying to revive. I say, "In the dream you are uncertain of the paralysed man's state: if he's dead, you've concealed this with lively clothing; if he's merely hibernating, you are energetically doing everything in your power to coax him back to life. Either way, it seems that his unfortunate state is your fault or your responsibility."

Sam said, "I wonder if I'm also trying to revive the dead brother for my mother." I thought this idea was reinforced by Sam's repeated use of the word "particular", which was an unusual word to use in that context, reminding me of the word "parti-coloured", which describes the apparel associated with a jester, someone who is obliged to entertain, to uplift, for a living.

I said, "You may feel you have to do that for me as well. As you were describing the dream, I felt you wanted me to hear this as a lively dream—as if you wanted not only to entertain, but to distract me with it. Distract me from the awareness that the body in the lively clothing is paralysed or possibly dead. In the dream, you are doing everything you can either to conceal this fact, or rectify it, as if someone may hold you responsible." We spoke also of the parallel between the paralysis in the dream and the paralysing back pain he'd been experiencing. Does he paralyse himself as a punishment (for the death of his brother), which has the added impact of punishing others?

Both the dream, and the way he conveyed the dream, were indicative of the style of this patient. Not only was the dream a communication concerning the nature of a disguised or concealed self, but so was Sam's initial wish to interpret, and to have me interpret, the material in a discordantly "upbeat" way—suggesting that the colour and distinctiveness were expressions of "emotional

warmth"—to use his phrase—allowing him to bypass or deny the fact that the clothes were dressing a dead or paralysed man who was being forced to perform. Listening to the dream was, for me, like watching his bleak internal landscape unfold as he manically tried to grass it over. It was distressing to hear his effort to make the grotesque picturesque—as if he always had to find a way of presenting to his mother a version of himself that was acceptable, and the agony of never being able to please her was intolerable. But it is not only the unsatisfiable mother who has been internalized—the desperation in the dream to get the paralysed man to perform, to come alive, was also saying something about his inner conviction that neither his mother, nor I, could ever really forgive or welcome this murderous baby, no matter how hard he or we tried; so being himself was simply not an option available to him, in life or in the consulting room.

The creative process

This vignette helps to illustrate some of the ideas I wish to convey with regard to the role or position taken up by patient and therapist at different moments of the session—roles or positions that parallel those taken up by artists and the artists' materials in the creative process. The patient, through both his dream and his associations, is at first like the artist who intuitively invents something—in this case, a dream. He then begins to communicate that dream, but on reflection—and here we are talking about a man who has had to become inhibited—he begins to feel he has revealed more than is safe, and so he starts to modify the work. As therapist, I feel at the start of the session as though I am confronted with a scattering of materials that need to be gathered together to see what can be made of them. Between the patient and myself a shape or pattern begins to emerge; it is as if we are both the tools and the materials. The pace and the rhythm change, there is a certain fluidity. The roles of artist, materials, audience begin to rotate: we are no longer simply talking about a dream, we are now involved in something more like a collaborative work. This is very like the feeling when working as an artist, a slight blurring between being the author of the work, and being authored by the work. In the telling

and considering of this dream, we both experienced a moment when each of us could appreciate the economy and beauty of his dream, including even the recognition of the psychic pain that it revealed.

What I wish to do here is to draw attention to the kinship of experience between the two creative practices of art and psychotherapy. Setting out to make a work of art is no guarantee of a successful outcome; the piece that you eventually stand back from may not be a work of art, but it is certainly a work: a work of exploration (I would say exploration of desire), discovery, and self-knowledge. So it is with the session. The way the artist works, the way his or her internal world is represented, and then read by the audience, can be usefully compared with the interaction between patient and therapist; the similarities may be inevitable since, I believe, these interactions may derive from a common source.

If the creative impulse is not extraordinary, but fundamental, ubiquitous, and essential to being alive, then there is something that resembles the artist both in the patient and in the therapist, and traces of the artistic process in the interpersonal encounter of the therapeutic session. Since I believe that creativity is not a secondary, but a fundamental, component of survival, and since both partners in that encounter have survived to this point, I am assuming that they have both experienced the urge, wish, or need to make something, or more accurately to make something happen, to transform, whether internally, or externally—this is what I am calling creativity. But it is not only the need to make something: it is the need to make something, or have it made, satisfactorily, in a particular way—this is what I am here calling aesthetics. In all, this contributes to a sense of style, which applies to the therapist, to the patient, and to the session. Aesthetics are often discussed as an aspect of highly refined sensory and intellectual processes. I am regarding aesthetics as a fundamental cornerstone of our emotional life and style as its expression. It will be obvious, therefore, that I understand style not as something superficial, but as something as fundamental as a signature—however stylized that may be. In making this comparison between artistic and analytic practice, I have in mind terms that are conventionally associated with the visual arts through the language of form: these include such physical formal elements as frame or boundary, medium, composition,

colour, shape, pattern, dimension, scale; or the more dynamic formal elements such as colour (again), pace, rhythm, line, as well as such linguistic (but still visual) formal elements as narrative, symbol, metaphor, and so forth, all of which serve to establish and communicate ideas, concepts, moods or feelings that may be shared by artist (patient or therapist) and audience (patient or therapist), beyond the use of words—or indeed silences. As with visual art, *how* something is being expressed frames, complicates, enriches, and occasionally clarifies *what* is being expressed, particularly—for instance—when the style contradicts or challenges the content. And, of course, some of these terms have their clear counterparts in the therapeutic session, as expressed through the setting and the language of psychoanalysis, and as present in the minds and imaginations of the two people involved, and in their relationship.

Creative impulse

In assuming that the creative capacity is there virtually from the outset, I am drawing a distinction between this capacity (which I feel predates anything as sophisticated as, for example, the “depressive position”) and the more developed and complex use to which this creativity may be put, which may include the need to restore or repair something lost or damaged, within the self, or the other, or both. So I am of the view that creativity is not in itself pathological, although the uses to which it can be put, or the way in which it develops or is thwarted from development, might well be. This earlier primitive impulse is linked, I imagine, quite simply to survival, a piece of inherited human diversity which has developed successfully to sustain us in our particular environments, whether friendly or hostile. This is not the creativity born of loss and mourning, but has more to do with the experience of absence in the face of need or desire, and so is connected to an impulse to invent what is not there, but is wanted. This capacity may be stimulated or enhanced by the early experience of having something appear “just when it was needed”, in Winnicott’s (1971) terms, “. . . as when a baby creates an object but the object would not have been created as such if it had not already been there.” This I see as the forerunner of imagination: to have a sense of what *might* be, on the basis either

of what is wanted, or what has been: learning to anticipate, and perhaps even influence, the future on the basis of past experience. This is the bond between experience and prediction, or between memory and prophecy. As such, this capacity is a first act of imagination: the invention in the internal world, by means of mental substitution, of the absent object of desire. We know that *infants dream*: what could they be dreaming about?

Winnicott (*ibid.*) describes this creativity as a “universal [which] belongs to being alive . . .” It can be distorted by environments, but cannot be destroyed utterly since it is original to the human being. He acknowledges the importance of Klein’s (1957) concepts of reparation, restitution, and guilt in relation to the further development of creativity, but not in relation to the source of creativity itself. This he sees as innate, although prone to subsequent modification through either *environmental or internal factors*. These two aspects of creativity—the primitive impulse and the more developed response arising from conflictual experience—are components of both artistic and analytic processes. Several writers have discussed this inventive component of creativity as contrasted with its reparative aspect. In “The nature and function of phantasy”, Susan Isaacs (1948) refers to the imaginative play that enables the child to use its past to recreate the conditions it requires to meet its present needs. Again, this refers to the experience of replacing, or inventing, what is not there, as opposed to restoring what has been damaged: a capacity significant for the creative artist, as well as for the development of a sense of reality, of scientific enquiry, and, as Isaacs says, of the “growth of hypothetical reasoning”. So, once again, this creative capacity is fundamental to being alive and alert.

Reparative drives and symbol formation

“There is no limit to how complicated things can get, on account of how one thing is always leading to another.”

E.B. White (*American humorist*, d. 1985).

Having acknowledged innate sources of creativity, we may consider how this capacity develops under the influence of both

internal and external conditions, including now the growing need to consider the object, and to communicate. Melanie Klein (1930) precisely delineated the way in which the creative impulse is used to restore and protect the damaged object, describing at the same time the process of symbol formation. She agreed with Jones (1916) who, in his seminal work on symbol formation, held that the pleasure principle allowed for different things to be equated through “a similarity marked by gratification, enjoyment or interest”, but Klein extended the associations to those subject also to anxiety. She carefully tracks the development of symbol formation, showing how the infant can spare its object from both its intense aggression and its dangerous desire. However, what I am saying is that the infant is already an old hand at this, it already has some job experience here as it learned to do this before, all those months, weeks, or moments ago, when it had to cope with absence by using—or perhaps more accurately, creating—its imagination; it already knows the useful, and reasonably reliable, trick of substituting an internal image for the absent object. And now this act of imaginative replacement can be applied to the new situation, to relieve the anxiety aroused, not now so much from absence, but from fear of potentially mutual damage and depletion. Again, through a chain of associations, it can inventively repair and restore its damaged object.

Klein follows Ferenczi in suggesting that this series of earliest associations belongs to the conflictual feelings associated with the infant’s own body and that of its mother, which demand that attention be transferred from lovingly or hatefully cathected objects to initially neutral objects. However, by association, these objects themselves become newly charged and dangerous, forging an ever-extending chain of associations or symbols, linked through love and hate. Using symbol formation, the child’s interest in the external world is propelled by this series of displacements. In this construction, symbol formation is associated now with a different kind of loss, one that does not assume magical replacement—the gratifyingly simple invention of the missing object, as in the earlier version—but suggests a recognition and acceptance of loss and mourning, and of—if not impotence—then at least of non-omnipotence. This is a different kind of creativity, as it requires a form of acknowledgement, having to relinquish something, and

having to establish new connections. It is not magic—it is work. Creative work, like the making of art. (Creative artists not only recognize, acknowledge, and “quote” from their antecedents, but often take pleasure in that identification, even when diverging from or challenging it, as in Picasso’s *Las Meniñas* series, or Francis Bacon’s paintings of Pope Innocent, both inspired by the genius of Velasquez; or in Bill Viola’s video reinvention of the *Tormenting of Christ*; or the Chapman Brothers’ restaging of Goya’s *The Disasters of War* with mutilated shop dummies, etc.)

It seems worth emphasizing that there is both a correlation and a distinction between the creativity that has its roots in impulse and desire, and the creativity that develops with experience: the first suggesting “lost and found”, and the second implying “lost and mourned”. Further, although the process of symbol formation may take place through a series of displacements, the eventual symbol is far richer than a simple substitution; the associations are non-linear: they travel dimensionally, in both space and time, and this enables expansive imaginative thinking, connections, and imagery, of both conscious and unconscious varieties, to be brought to poetry, to art, or to the session—and by both participants: artist and audience, patient and therapist alike.

Pleasure (aesthetics)

This expansion of one’s sensual and cognitive universe is not at all neutral, but charged with risk and excitement. It can afford intense pleasure—a pleasure which often accompanies creativity since, alongside the anxiety attached to the original object, there is also often excitement and gratification in finding the apt substitute, the relief that what has been sought has been found; a gap has been filled, and if the process is creative, then more than filled—it is transformed into something new. Both in psychoanalysis and in art there is a searching for the specific and the apt, which corresponds to the thing we have been looking for, and which yields that satisfaction we call aesthetic pleasure. Pleasure is an important component of creativity, but it is not simple. I have a patient who is a sculptor, who works compellingly rather than compulsively, and loves doing what he does, but at the same time finds it unbearable

and even humiliating when he works, or exhibits his work, as he feels naked and exposed. But while he works he is utterly absorbed, and the difficult feelings do not prevent him from working as they are continually mitigated by equally intense satisfactions. The difficulties are not avoided, but confronted in a way that can be at once frightening, stimulating, and gratifying. Thus Wordsworth describes the pleasure of creation as “the sense of difficulty overcome” and as “a complex feeling of delight, which is of the most important use in tempering the painful feeling always found intermingled with powerful descriptions of the deeper passions” (Wordsworth, 1876, p. 96).

Gilbert Rose (1987), who writes about the making and experiencing of works of art, speaks of this feeling as a sense of wholeness, suggesting that both psychoanalytic and aesthetic experiences provide an opportunity in their different ways for the integration of thought, feeling, perception, and memory through overcoming various forms of splitting. This integration can clearly be healing, and certainly contributes to the feeling of pleasure: a sense of wholeness.

It becomes clear that meaning and pleasure are closely related, a variation on Keats’s equation of truth with beauty. I think the imprint of these early aesthetic experiences is deep, pervasive, and evident throughout our lives, bearing the traces of the joy and pain, or “the agony and the ecstasy”, of our earliest moments. Marion Milner (1952), in speaking of the need to find a word to describe “the emotional experience of finding the substitute”, indeed suggests that the word “ecstasy” would be apt. Whatever the word used, the feeling that is being described is one of satisfaction when anticipation, expectation, and event or object come together in a particularly unexpected way, so that expectations are exceeded; there is a synaptic quality, and the whole becomes greater and more surprising than the sum of its parts. (Here, however, I think, we are also entering the realm of Freud’s “uncanny” and the experience can also be unnerving and unsettling.)

I think that grasping something of this synaptic process is fundamental to understanding how things become beautiful for us—another way of describing the aesthetic moment which applies to art, science, and transformational moments in the analytic session. This bringing of ideas together to form a new shape, a new

concept—or “insight”—is as familiar to science as it is to art and in both is often described as “beautiful”.

Recently a patient said, “I realize that I’ve been feeling better for some time, and I think it’s because I’ve been able to make connections for the first time. It’s not that I’ve discovered anything new, I’ve always known these things separately inside me; but I couldn’t make it come together—I needed to say it out loud in order to see it.” I would add that he needed to say it aloud in order to have it heard; he needed an audience, to witness together with him his internal world.

I think I am also describing the origins of a sense of form. Both the experience of having one’s needs met, and the imaginative work that must be done when they are not, contribute to the development of a sense of something that contains, or that is self-containment, which in turn establishes a sense of form or cohesive shape: a capacity for meaning, and for the communication of meaning.

Within the setting of a session, I feel that I am watching out for the shape that the material is taking and either finding this form from within the material that the patient brings, or sharing it with the patient who has found it for her or himself.

I am emphasizing that aesthetics, like symbol formation, starts with the body—specifically the body of the mother, both inside and out. As the first ego is a body ego, and the first symbols symbolize the body, it is possible to understand the first aesthetic as a body aesthetic.

Meltzer, who I think has written most precisely about this, traces the perception of beauty back to the inherent endowments of the mother, as first perceived by the infant. This includes experience of the time in the womb—movement and stillness, rhythm and contrast, harmonious and agitated states, both physical and emotional, within both mother and embryo, and then the time beyond the womb, with the infant’s attention centring fundamentally on both the face and the breast, their physical attributes, composition, symmetry, relationship of parts, shape, texture, shadows, temperature, planes and curves, as well as—most importantly—on responsiveness and the capacity of the breast “to restore the objects of psychic reality for the baby” (Meltzer, 1967, p. 28). (Here, I would include the eyes, the arms, and the voice in this

capacity for restoration.) This sense of rightness or aptness of response lays the foundation for authenticity, or truth, and is therefore the place where truth and that which comes to be understood as beautiful, may first coincide.

However, the perception of beauty must also incorporate the idea that the object becomes truly meaningful only when it is understood that it can be lost: the object of desire is, by definition, elusive—precisely, the object that is not there. It is an unpossessable possession, which Meltzer identifies as the source of the aesthetic conflict. Things become beautiful for us in the deepest sense when we have understood the likelihood, indeed, the inevitability, of their loss.

The internal audience

In the context of this understanding of the personal and the interpersonal world of the infant we may see that through internalization and through both conscious and unconscious imagination an internal audience begins to take shape an “other” to whom the self speaks, a representation of the environment, which also includes the self. This internalization clearly embraces, but I think also exceeds, the idea of the superego as critic and censor, as it also represents the world of ideas and possibilities. The internal audience is vital to the artist, and may be what is sometimes described, or experienced, as the “muse”.

I am referring often to processes that seem to take place on the threshold of in and out, internal and external, as well as of conscious and unconscious. It is primarily in this area of exchange or interchange that creativity takes place, including spontaneous discovery and invention, as well as humour. This continual to and fro between primary and secondary process provides the fundamental material of psychotherapy. It establishes a rhythm—one of the most basic but least described experiences of the analytic session. Rhythm says a lot about the internal world of the patient, and does much to establish the degree of intimacy or separation between patient and therapist. Pulse precedes mind. Rhythm sustains us prior to our entry into the world, establishing a permanent bond between time and form. It ushers us into the world and

provides the background beat for all our actions and relationships—being born, waking, resting, and feeding, movement and gesture; the iambic pentameter of our speech and—in psychotherapy—the trace of all of these as expressed in the interchange of feelings to and fro in the shared speech and silences of the session.

Regression in the service of the ego: sublimation and inhibition

A further shared characteristic of both art and psychotherapy is the capacity to use and tolerate regression. Both require a kind of psychic unbuttoning and an ability to inhabit a somewhat childlike state, where the individual can be liberated from the constraints of logic, enabling sublimation, a central dynamic of creative activity.

Klein suggests that it is the peculiar condensation of phantasies involved in the processes of symbolization which provides the wealth of material represented in sublimation; the development of an interest in art or of a creative talent would partly depend on such condensations. When anxiety is excessive, however, creative activity becomes inhibited and, if it takes place at all, it is more to please or placate. Equally likely, excessive anxiety may lead simply to inhibition in place of creativity, or some other displacement symptom may form. This close relationship between inhibition and sublimation is perhaps one of the reasons for the concern often expressed by artists that analysis will supplant—or “cure”—their creativity.

Style

Bringing all these elements together contributes to what I experience as the “style” of a patient and the parallels with the style of an artist. For some artists, subject matter is a pretext for exploring subtext, for example, landscape as an exploration of the body, or still life as an exploration of the objects and relationships of the internal world. For others, subject matter is the material: narrative painting in which form and content work in harmony, as, for example, in religious paintings that express spiritual devotion. In some forms of visual art, the medium and the material are expressive of relationships, experiences, or psychological states, whereas

elsewhere the work is “concrete”: a statement of the actuality of the material, the thing in itself, and symbolism is eschewed. Some artists will create paradox through contrast—a lively scene in sombre tones—or, conversely, a grim subject cheerfully depicted (as with my patient). Others will pursue dreams of perfection and, through the language of purism, for example, endeavour to deny chaos. By contrast, an inhibition, or even a scepticism about clarity, may result in a picturesque clutter. No two artists work alike, but I think that many artists work *by* working, by responding to the work in front of them as if within a dialogue. A mark goes down, a move is made, another is called for in response. There is a continuing wordless conversation, when things are going well, between internal and external, as represented through the work—an experience of, or in, transitional space. At some point, it is as if the work is making the artist. Something similar, it seems to me, happens in the analytic encounter and it is not always possible to say who is the author.

These moves and moments apply not just to utterances in the session, but also to the way that patient rings or knocks, enters the room, puts down his belongings, makes contact or not; inhabits the space, speaks or remains silent, chooses his words. They apply to the rhythm, pace, tone, volume, and variety of the patient’s speech, the manner of listening, or cutting off, or cutting out—all of these being the clinical counterparts of the formal components referred to above: pace, rhythm, scale, colour, composition, texture, narrative, symbol, and so forth, all held within the frame or boundary of the session and all building an impression of the style of the patient, much as the style of the artist is expressed through his or her processes and revealed in the work.