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Silence during art therapy—The client's perspective

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ABSTRACT

This study sought to better understand clients' experience and perception of silence in art therapy sessions. The effect of silence on the therapeutic process, the creative process, and the therapeutic relationship was explored. In-depth, semi-structured interviews, were conducted with 10 clients currently in art therapy. The interviews sought to discover their attitudes, perceptions, and experiences, of silence. Analysis based on the Consensual Qualitative Research method yielded four primary domains: (1) The client's experiences of silence during art therapy, (2) The client's perceptions of the therapist's experiences and behavior during silence, (3) The impact of silence on the therapeutic relationship and the influence of this relationship on the experience of silence, and (4) The role of art materials during silence in therapy. The findings indicate that when art materials were involved in the creative process during moments of silence, clients had a more pleasant, and positive, experience than when art materials were not being used when silence ensued. This highlights the importance of art materials during the therapeutic process, particularly during moments of silence.

Introduction

Silence in therapy occurs when there is an intermission in the verbal dialogue, during which the therapist and the client do not speak (Sabbadini, 1991). The role and the significance of silence during therapy have been studied extensively (Back, Bauer-Wu, Rushton, & Halifa, 2009; Ladany, Hill, Thompson, & O'Brien, 2004; Levitt, 2002b) in the context of verbal psychotherapy to determine reasons for the use of silence, different types of silence, the advantages and disadvantages of silence and its impact on clients, and the therapeutic relationship. However, the use of silence in art therapy, where the use of art materials constitutes another level of communication has not yet been examined. The present study explored the experiences of art therapy clients during moments of silence to better understand the impact of silence on the therapeutic process, the creative process, and the therapeutic relationship. This should lead to a better grasp of clients' experience and needs, and assist art therapists and psychotherapists who incorporate art materials into therapy to use silence in a more effective and accessible way.

In the early history of psychoanalysis silence was considered resistance to the therapist's interpretation (Freud, 1912), and later as a way to repress emotions and gain control (Abraham, 1919). Today, however, silence in psychotherapy is considered to be a mode of communication between the client and the therapist, and an integral part of the therapeutic alliance (Calogeras, 1967; Storr, 1990).

Contemporary researchers (Back et al., 2009; Ladany et al., 2004; Lane, Koetting, & Bishop, 2002) have examined the meaning of silence from the perspective of both the client and the therapist. These studies suggest that therapist-initiated silence can have several advantages. It can enable the therapist to transfer empathy, respect, and support to the client. Alternatively, the therapist may want to ease the client's acceptance of what has been said during therapy. The therapist can also offer the client a sense of security and a feeling of being held, which allows the client to be more authentic toward the therapist.

From a different perspective, the therapist can challenge the client through silence to take responsibility, be active, and contribute to the therapeutic process. The therapist may use silence to make the client feel comfortable to express emotions and difficulties that are manifested by bodily movements and facial expressions. Often, the therapist may use silence for therapeutic purposes of transference and counter-transference. For the client, the therapist's silence is a form of counter-transference, and the client can interpret this as the therapist's understanding of what the client has said during the therapy session. This may give the client a sense of satisfaction and contentment (Lane et al., 2002).

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Finally, the therapist can use silence to organize his or her thoughts and ideas (Back et al., 2009; Ladany et al., 2004).

A theoretical overview of the field showed that in order for silence to be effective and efficient, the therapist needs to know how and when to integrate silence and adjust it to the therapeutic process. This requires training and experience (Back et al., 2009). When silence is not used properly, skillfully and sensitively, it may be perceived by the client as threatening and negative (Link-Scop, 2013). The therapist can break the silence when the client does not use it appropriately, but this may cause it to lose its therapeutic value and hinder the process. This may lead to further anxiety and negative reactions (Ladany et al., 2004). As a result, the client may feel detachment, as well as apathy and a form of disengagement on the part of the therapist that may engender feelings of mistrust, lack of support, lack of emotional involvement, as well as less confidence in the therapist and the therapeutic alliance (Lane et al., 2002).

Studies in the field of psychotherapy based on interviews with clients suggest different reasons for the use of silence on their part: (1) From an emotional perspective, there may be situations in which clients connect with difficult emotions. Silence signals that they are encountering an emotional difficulty. On the other hand, some clients use silence to suppress, control and avoid difficult feelings they are struggling to deal with. This may suspend their thought processes and emotional experiences, and help them avoid reaching a premature conclusion. In this case, silence is experienced as positive, calming, and providing a sense of well-being (Lane et al., 2002; Levitt, 2001, 2002a). (2) Silence may be the result of a verbal difficulty when the client cannot find the right words to describe emotional content, thoughts, and experiences. Alternatively, the client may use silence to contemplate what is about to be said, to avoid saying something prematurely. This topic has been examined extensively by Levitt (2001, 2002a,b) who interviewed numerous therapists and clients. These studies suggest that clients use the moment of silence to look for words that capture their experiences the most accurately. In addition, silence may allow clients to return to earlier pre-verbal stages of life, and revisit primary relationships in the hope of getting empathy from the therapist (Lane et al., 2002; Shafii, 1973). Occasionally, silence indicates the client's experience of a lack of real connection with the image of a previous therapist, which reflects the client's fear of abandonment and loss (Levitt, 2002a). (3) There are situations in which the client disconnects from the therapeutic dialogue to focus on the inner self and gain insights (Levitt, 2001, 2002b). (4) Silence can be controlled and used in a conscious manner, or in an unconscious, automatic, and sudden manner (Lane et al., 2002; Levitt, 2001, 2002a). Silence can be experienced as more meaningful when the client uses it unconsciously. Levels of anxiety may rise, and silence serves as a form of self-censorship that reassures the client and enables a safer way of coping with the situation (Coltart, 1991). (5) Silence can assist the client to pause, concentrate, and consider what is going on in therapy to locate a memory or an experience from the past that can explain past and present behavioral patterns. In a study that included interviews with seven clients and four therapists (each using a different therapeutic approach), it was found that every so often, some memories are unpleasant for clients, as is the discovery of the connection between behavioral patterns and examples from the past (Levitt, 2001). (6) Silence, like meditation, may contribute toward the development of inner peace and harmony that offers a sense of control that may lead to a better and deeper process of introspection. Silence may be less damaging than verbal communication and require less mental energy for the client (Shafii, 1973).

Since there are several interpretations and causes for silence in therapy, there are several ways in which a therapist can deal with it. Clinicians suggest that the perceptions and interpretations of silence are subjective and therefore the therapist should allow the client enough time and space to remain in the moment of silence to understand and explore why the moment arose and what triggered it (Hadda, 1991; Sabbadini, 1991). The manner in which the therapist handles silence can affect the therapeutic relationship in several ways. Silence may cause clients to feel accepted by their therapists, specifically for issues that were met by resistance outside the therapeutic relationship. In this way, clients do not criticize themselves but rather become available for exploration and insight. Further, silence may enable introspection, and this allows clients to protect their privacy within the relationship and feel safe (Lane et al., 2002; Levitt, 2002a). In addition, silence may be a factor that combines and connects the self and the object (the therapist), whereas verbal communication can disrupt this unit (Nacht, 1964). On the other hand, there are therapists who argue that silence occasionally signifies the client's withdrawal from the therapeutic process. Silence indicates a defensive pattern in the client or a response to a difficult situation. Understanding the reasons for this defense leads to greater personal awareness and greater tolerance of the threatening issues that arise in therapy (Levitt, 2001, 2002a). In a mixed method study that used questionnaires and interviews with 25 therapists and 46 of their clients, it was found that in addition to the therapist dealing with silence, there are other factors that influence the experience of silence and the therapeutic relationship. Specifically, the longer the duration of therapy and the stronger the therapeutic relationship, the more positive and comfortable the client was found to feel during silence. The quality of the relationship affects clients' level of openness, motivation to cooperate, and willingness to be assisted by the therapist to overcome difficulties (Peled, 2011).

In arts therapies very few writers have focused on silence. Sutton (2002) discussed the importance of silence in music therapy. Case (1995) described the nature of unspoken and unseen communications between the client and the therapist that often occur in periods of silence in art therapy. Within the framework of art therapy, artistic creation provides a therapeutic space that is non-verbal in essence, but is a tangible and concrete medium that allows the client freedom of choice with a wide range of materials that stimulate the creative processes. These can lead to therapeutic change (Avrahami, 2002; Gilroy & McNeilly, 2000). Different approaches to art therapy relate differently to silence and dialogue. For example, in the psychoanalytic approach to art therapy, verbal communication, or its absence, is significant for the processing of unconscious content (Eisenbach, Snir, & Regev, 2014; Naumburg, 1966; Sholt & Gavron, 2006). Alternatively, the phenomenological approach to art therapy views the creative process as a means of enabling a new therapeutic space in which clients can sink into moments of silence, organize, and gather their thoughts, and become closer to themselves and their inner thoughts (Guttmann & Regev, 2004). In a study of 24 mothers who were interviewed before and after the creative process in art therapy, the creative materials impacted the period of silence and led to regressive, pre-verbal, and primary states. This was ascribed to the experience of touching and playing with the materials (Bat-Or, 2010).

The current study specifically attempted to characterize the way art therapy clients experience and perceive silence as well as its effects on the therapeutic process, the creative process, and the therapeutic relationship.

Method

The principles of consensual qualitative research (CQR) developed by Hill, Thompson, and Williams (1997) were applied here. This method is based on the analysis of qualitative, semi-structured interviews conducted to collect the approaches, perceptions and experiences of the participants. It draws on qualitative research