

Karuna-Ahimsa-and Relational Aesthetics: Empathic Art Interventions for Contemplative Approaches to Psychotherapy

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Introduction

Compassion or Karuna, emerges out of empathic awareness for human suffering. Attuned communication of this awareness is perhaps the most effective tool available to the psychotherapist treating psychological injuries. Additionally, humanistic wisdom or Prajna naturally results from our compassionate sensitivity to the anguish of others. Therefore empathic perception along with compassionate understanding and action are primary tools for repairing relational/emotional wounding. Empathy, a noun, is about feeling into the world of others and gathering information about their internal life. In the adjective form, well-timed empathic responses take this attuned awareness further by directly communicating our perceptive caring.

Behind all therapeutic interventions, including empathy, is the ethical value of ahimsa; to do no harm. Mistakes, which are to be expected in any relational process, happen. When they do, they are useful opportunities to create humanistic authenticity and further the therapeutic alliance by skillfully processing accompanying transference. A therapist can make an honest mistake without the intent to do harm, be perceived by the client as causing harm, and remain fully present with what emerges and process it through with the client. Simply stated, empathy is a tool for interpersonal access and action while ahimsa and compassion are the moral and ethical ground of universal interconnection.

Verbal consolidation of core emotional material is the usual method of communicating compassionate understanding within the therapeutic relationship. We receive the client's painful or disjointed narrative, synthesize and reconsolidate its dimensional content, and paraphrase back our perceptive grasp of their inner life. We try to direct these comments towards the "emotional center" of the clients presenting problems (Sobol & Williams, 2001). Additionally, there are non-verbal ways to accomplish the same intention and with significant results (Franklin, 2010). This paper addresses the exchange process of relational aesthetics and the use of empathic art interventions to awaken the humanistic wisdom of prajna and the compassion of karuna within the therapeutic relationship.

Becoming a Good Student of Oneself

Concerning the cultivation of wisdom and compassion, first it is important to become a good student of oneself in order to self examine the layered complexities of our personal blind-spots stimulated by encounters with our clients (Franklin, 1999). Multifaceted clinical material can be mindfully untangled through a *post-*

session response art practice (Fish, 2008; Moon, 1999). In responsive art making, therapists intentionally create post-session paintings, sculptures, or videos to study their countertransference reactions. This art-based self-awareness practice, is less about analyzing and more about feeling into the ambiguity of actual clinical and autobiographical experience belonging to the client and the therapist. Using art this way exponentially accelerates the process of cultivating clinical insight. By surfacing and decoding unconscious material through art, we establish a methodology necessary for best practices in psychotherapy. We literally excavate hidden and obvious content, distill it in artworks, and explore the emerging narratives through the response art process. Once this imagery is fixed within the format of a painting, sculpture, or film, symbolically rich material becomes readily available for decoding interpersonally rich subject matter.

Additionally, the use of *in-session* art to directly communicate empathic understanding and ease suffering will be addressed (Franklin, 2010). Essentially, accurately crafted empathic visual paraphrases, in unison with verbal summaries of meta communications related to body-speech-mind material, soothe the emotional center of the clients presenting concerns. Wisdom and compassion resulting from response art and empathic art interventions lay important tracks for practicing the spiritual dimensions of contemplative art-psychotherapy.

Moreover, response art cultivates qualities of presence by raising awareness for the distracting triggers of countertransference. These triggers can be activated by various circumstances. For example the ambiguity of complicated case material, a lack of understanding for complex unfamiliar symptoms, or inadequate cultural awareness can leave the therapist feeling unsure about how to continue. And yet, we attempt to stay present with what emerges, check to see if we are practicing outside of our area of knowledge, and with supervision, proceed.

Ambiguity is inevitable; how we respond to uncertainty is key. Under these circumstances, presence, which is our goal, refers to subtle qualities of accessibility, availability, and attendance. These intrinsically present yet outwardly understated traits are informed by the four divine states, or abodes. They are: loving kindness/*metta*, compassion/*karuna*, joy/*mudita*, and equipoise/*upekkha*. Also known as the four immeasurables, contemplatively oriented psychotherapists cultivate and internalize these awakened qualities of heart and mind. We strive to bring the loving kindness of ahimsa to our work, cultivate *upekkha* through practices like response art, and develop *karuna* through unconditional presence and empathic art responses.

The four immeasurables are also held as hopeful outcomes for our clients. We want our clients to discover their own version of personal happiness, to be free of their suffering, to rejoice in the happiness of others, and to see themselves and others with equanimity. With an attentive ear and eye, we listen and look for hints of each abode in their body, speech, mind, and artwork presentations. Since art concretizes experience, there is a tangible record of the emerging divine abode (s). Seeing is the start of believing. An artwork that is about internalized feelings of aggressive self-deprecation can surface and make tangible the rejected pain behind the anger. The client can now see, touch, and hold their own self-aggression and begin to approach the work with gentleness for him/herself and the image. It is important to point out that tangible images have a life-like presence of their own. Each image, whether it comes from our dreams or our artwork, will beckon our attention. Such a moment of tenderly relating to a charged image can be the

beginning of our clients discovering self-compassion, inner friendship, and the soft interior space of equipoise.

Ahimsa, Empathy, and Relational Aesthetics

Ahimsa, a foundational tenet of spiritual practice (Feuerstein, 2003) and the core of relational aesthetics addressed in this paper, focuses on interconnection, non-violence in words and actions, and loving respect for all forms of life. It is an ethical value that is expressed daily in spiritual and aesthetic practices.

Ahimsa is more about the principles of relational continuities than a singular fixed point of view. Similarly, art too emerges out of the continuities of daily life. In this sense art is less about perfected representational imagery and more about relational attunement to the entire phenomenological field of life. To open-mindedly see and respond to the myriad forms of the world, from the picturesque to the unpleasant, is to awaken to all versions of the visual field as systemic truth (Sewell, 1995). Similarly, ahimsa is the ethical core of the therapeutic alliance between patient and therapist. We attempt to see the entire person before us through a receptive lens of attunement (Schore & Schore, 2008). That is, to do no harm is at the heart of any healthcare profession, especially psychotherapy.

Ahimsa, compassion, and empathy have long roots in the arts. Art, as a form of sublimation, supports the artistic forming of chaotic impulses and actions (Kramer, 1979, Knafos, 2002). It is better to create art about aggressive impulses than to act those impulses out and do tangible harm. Kramer suggests that society becomes more civilized when unchecked impulses are channeled into visual equivalents for base urges. Therefore, it would seem that artistic sublimation is one way to enhance the ethics of ahimsa and lessen damaging karmic exposure. Rather than perpetrate direct harm, the art communicates the transformation of these harmful impulses into symbolic counterparts for those energies (Kramer, 1979).

However, it is important to acknowledge that even though overt aggressive behavior has been temporarily avoided, influential negative thoughts can still exist. Nonetheless, “as the authors of our own destiny” we need help discovering judicious ways to handle our actions resulting from our personal freedoms (Shantideva, 1997, p.6). Towards this end, sublimation through art is a helpful tool. As a final point, society and the individual benefit from this form of rechanneled mollified aggression. Since the replication of the original behavior has been artistically contained, rehearsed and rehearsed in additional artworks, extinction of the initial behavior becomes an eventual possibility.

Concerning empathy and the arts, the goal of Greek theater was to present stories of suffering on stage so that the audience could awaken the faculty of inner empathy (Armstrong, 2010). Similarly, in *rasa* theory viewers practice accessing transcendent states through sympathetic receptivity to the gamut of human emotions (Schwartz, 2004). In the late 19th and early 20th century in Europe and the US, Robert Vischer, Theodore Lipps, Edward Tichener, and Vernon Lee were formulating ideas on art, sympathy, and empathy (Jahoda, 2005). According to Jahoda, each respectively researched how empathy is an instinctual, intersubjective, and imaginal practice of aesthetic *einfehlung*, which at a sensory level means to feel into the world of another. From this perspective, a relational view of aesthetics becomes possible.

Sentience and Relational Aesthetics

Psychotherapy and aesthetic attunement is predicated on relational and sensory responsiveness. This form of receptivity, or vicarious introspection pioneered by Kohut's Self Psychology, is why empathy is curative (Elson, 1987). Accurately imagining and responding to the inner world of another while recognizing their brilliant sanity sets a powerful restorative process in motion (Wegela, 2010). Acknowledging basic goodness in unison with whatever our clients need to bring up affirms that they are accurately witnessed, heard, and validated. But how can we cultivate this form of awareness? How can art help to train empathic seeing and connection?

Attuned vicarious perception applied in psychotherapy is also related to aesthetic perception. In therapy, and in art, our practice is to see and respond to the interconnected world with compassionate awareness. Consequently, there is an aesthetic component to the therapeutic relationship in terms of our sensory awareness of human interconnection. Others have addressed the meaning of a relational aesthetic.

According to Nicolas Bourriaud (Ross, 2006), relational aesthetics views artwork through multiple lenses of concurrent interconnected relationships. Relational art removes the artist as expert and imbues creators and viewers with similar status. Likewise, a contemplative and humanistic view of psychotherapy attempts to remove the hierarchy between client and therapist. Art that emerges out of social interactions or therapy sessions, alive within the interstices of culture and communities, is at the heart this view of artistic work.

This approach to art is in opposition to over prizing objects as commodities destined for museums and galleries. Within this perspective, the production and consumption of art departs from the archetypal view of the privileged public as the primary consumers of art as well as isolated artists working in the cloistered environment of the studio. Bishop (2004) suggests that scrutiny is needed to examine the curatorial processes that organize art shows claiming relational intentions as a primary goal in the selection process of artworks. In the context of this paper, relational aesthetics is not only considered from the perspective of Bourriaud and Bishop, but also from a therapeutic and transpersonal perspective.

Art therapists have been interested in empathy and relational aesthetics since their work demands awareness of therapeutic and artistic processes with others (Franklin, 1990; Moon, 2001; Potash & Ho, 2011). For Moon the main criteria for art used in therapy is relational. She believes that art surfaces a web of connections that joins the artist, the art object, and the systemic environment including other people, together. More recently, Potash and Ho studied relational aesthetics as a framework for social change. Their study looked at the use of response art to facilitate changes in personal outlook concerning the stigma of mental illness. An art show comprised of work by people with mental illness was artistically responded to by a group of viewers. It was found that through the response art process, the group of viewers increased their empathy for this population accompanied by attitudinal changes concerning mental illness.

The practice of ahimsa is a humanizing and therefore aesthetic force. Aesthetic perception in this case is not privileged taste, the consumption of fad trends, or saccharine beauty. To aesthetically perceive sentience is to feel deeply into the phenomenology of the physical world, which in turn inspires us to not harm any living thing. This form of aesthetic discernment results in egalitarian vision, especially for the voiceless flora and fauna unable to express self-advocacy. To truly

see the full democracy of beauty is to follow with a vow of ahimsa.

Empathic Exchange in Contemplative Psychotherapy and Art Therapy

People seek out psychotherapy for various reasons. Often is the case that some form of trauma, psychological and/or physical, was perpetrated against them. Assumed safe people, such as family members or community leaders, have harmed those who eventually become our clients in psychotherapy. Understanding the many forms of psychological trauma and how to successfully treat emotional pain through a skillful therapeutic relationship, grounded in the intention of ahimsa and the compassionate action of empathy, is foundational to contemplative psychotherapy work. Since psychological trauma is usually perpetrated in relationship, it needs to be healed within the context of a compassionately conceived therapeutic relationship.

Known as exchange in contemplative psychotherapy, we practice as best we can mindful contact with our clients and ourselves, moment to moment, in each session (Wegela, 2010). Our overall goal in the exchange process is unconditional receptivity to interconnection as events spontaneously emerge. One way to support this kind of contact is by recognizing what is sane and healthy in our clients. In many ways, what is labeled pathological behavior is really survival strategy behavior and expressions of brilliant sanity. That is underneath all of the diagnostic labels and inappropriate behaviors, is a version of health and sanity that expresses itself with attempts to survive in insane conditions. As an introspective aside, I too would likely behave in similar ways if I were exposed to comparable traumatic circumstances. Therefore, it is incumbent upon the therapist to understand the client by monitoring impulses towards judgment and acknowledging what is brilliantly sane in them (Wegela, 2010).

In the art studio, most all behavior is acceptable subject matter for creative exploration. Artistic sublimation, which is really an awareness practice, offers a concrete way to observe sanity and overall psychological impulses towards health. Through this view of art, we can observe people being productive with wide ranging impulses, thus demonstrating access to inner coping resources often thought to be nonexistent within a limiting, reductive diagnosis. We are all more than our symptoms.

This view of art supports the idea that suffering can be externalized and modified. Additionally, sublimated client imagery becomes a gateway for our empathy. Seeing anguish expressed visually informs us how to recognize and respond to anguish. One way to develop this kind of responsiveness is through the body-speech-mind practice (Wegela, 2010).

The body-speech-mind practice, which originates from classical Tibetan Buddhism (Wegela, 2010), helps to clarify the obstacles that can thwart empathic exchange (Rabin & Walker, 1987). In terms of the body, we attune to all physical qualities of the clients embodied presentation. Speech refers to styles of dialogue, cadence, and the overall content of communication. And mind implies qualities of emotional intelligence, learning styles, and cognitive features such as memory and cognition. These sectors of the personality are carefully observed and then conscientiously described. Such descriptions yield accurate phenomenological information, ultimately avoiding reckless interpretations of another human being. From these observational descriptions, behavioral content becomes revealed phenomena thus furthering the exchange process.

The making of responsive art described earlier is similar to the body-speech-mind exercise used in contemplative psychotherapy. In fact, it is suggested that specific artworks be created to correspond with the client's body-speech-mind presentation. Since art is a form of autobiographical communication layered with symbolic subtlety, it is imperative that the observer of the client, the client's artwork, and the therapist's response art, be met with the following process. Rigorous observation of body-speech-mind phenomena leads to accurate descriptions of this data. During this stage, personal projections are carefully monitored and withheld from overt expression.

From mindful descriptions, insight and clarity associated with astute observation emerges (Coleman, 1981). In terms of art, judicious observations of the formal elements within the work expose insight into psychological content. Said another way, careful examination of the formal elements in a work of art leads to the unfolding of content or meaning. This responsible approach to the relational aesthetics of perceiving another person and their artwork minimizes interpretive license to mischaracterize our clients.

In addition to responsible strategies for looking at artwork and human behavior, there are necessary skills needed for empathically entering into the world of another. In the *Bodhicharyavatara*, Shantideva (1996) addresses the practice of "exchanging self and other" through a process of "sympathetic imagination" (p. 187). This inspiring discourse offers several pathways to attune to the point of view of others thereby eroding the separations between therapist and client. The key is a skillful use of imagination in measure with clear observation.

Imagination here implies a way to move beyond our own fixed point of view and perceive with a wide-open mind. Beyond our own cultural view is a world of diversity that we are called upon to tenderly access and imagination is our point of entry. I know of no better way to train the empathic imagination than through art. Art is inherently a process of exchange since we are taking some aspect of experience in and responding back, through the use of materials, with a tangible image. Like tonglen practice, in art we mindfully take in qualities of experience and send back out an aesthetic response. In the context of art therapy, sessions can be about our clients externalizing their suffering through art, receiving back this personal anguish through the finished product, and modifying the pain through further artworks.

Imagination and empathy have been closely studied in the arts (Jahoda, 2005; Mallgrave & Ikonou, 1994). For example Rudolf Arnheim (1966) focused on "sympathetic empathy," which is defined as a form of resonance with isomorphic similarities between line, shape, and color and inner experience (p. 66). These corresponding similarities between form (line and shape) and content (emotion and narrative) are accessed and understood through imagination. Theodore Lipps considered how contemplated artworks penetrate the observer by literally transporting the viewer into an image (Jahoda, 2005). The transfer process of emotional projection, which is related to imaginal and aesthetic *einfihlung*, means to feel within or even into something outside ones' self.

Additionally, artistic practices can be used as a form of self-supervision aimed at the empathic exchange with self with other (Franklin, 1999). In these exercises, which specifically focus on challenging clients, a complex three-dimensional version of the therapeutic relationship is created. With ample time, these recreations can reach life size proportions. The goal is to surface compassion for our relational blind

spots through a process of aesthetic exchange. After 15 years of conducting these workshops, people consistently report heart opening results.

Karuna, Prajna, and Empathic Art

Empathic art becomes a necessary tool for communicating compassionate attunement (Franklin, 1990, 2010). This form of art is defined as carefully feeling into and sensing the isomorphic gestalts in another person's overall presentation including their artwork. The process then turns to mindful filtration of this information through personal resonance with affective cues from the art and presenting body-speech-mind states. Finally, this data is used to craft visual narratives that attune to the clients emotional center.

Empathic art interventions offer a critical set of strategies for directly conveying altruistic awareness for the clients autobiographical past and unclear present. These paraphrased visual statements sort out and consolidate wide ranging emotional material. Confused misperceptions emerging from a chaotic inner self-structure can be clarified through this form of artistic exchange.

Eventually, clients improve their capacity for insight when presented with empathic art. They begin to see themselves differently by adopting a personal view of self-empathy. A natural shift occurs whereby the therapist's empathic communications are needed less as they are replaced by self-initiated attempts to do the same. Clients learn to empathize with their own suffering by surrendering the need to reject it, thus releasing forms of internalized oppression (Germer, Siegel, & Fulton, 2005). Finally "insight", "mindfulness", "discretion", and "confidence" become cultivated inner resources to call upon and apply daily (Goleman, 1975, p. 178).

A Case Example

Years ago I worked with a 12-year-old African-American boy, Peter, in a school setting for troubled youth (Franklin, 1990). Peter had a turbulent life, and by the time I saw him his father had abandoned his small family and his mother was deemed unfit. As well, countless professionals charged with his care, in various ways, had also neglected him. For example, at one point he was removed from his home and placed in a group home. This new placement was supposed to offer a safe therapeutic environment. It did not. Late at night the older boys would ban together and terrorize the younger children, including Peter. In order to protect himself, he would stay awake all night in case he was attacked. At first, I had no idea he was living under such oppressive circumstances. The school employees, including the psychologist, thought he was living in a secure setting.

When I saw him at 8am for private art therapy sessions he would rest his head between his arms, on the table, and go to sleep. Although at first I did not understand his need for sleep, and since this was our contracted time, I allowed him to nap. While sleeping, I drew him. When he awoke, he looked at my drawing and immediately said with a big smile, that's Me! This went on for a short while until we realized why he was so tired. These empathic art responses helped him to find the words needed to communicate to the school staff his unfortunate situation in the group home.

The pictures that I drew of Peter non-verbally conveyed several points. First, when in therapy, he would not be abandoned. This was important because he also had issues with me as white man. For months, during the initial stages of our work

together, he made numerous uncensored angry comments about white men. I patiently received these transferences, listening to his point of view while we made art together. He was able to be angry with me while also enrolling me as an ally to help him with his many art projects.

Second, while sleeping, he was safe. No one was going to harm him while he was in my care. Third, I was remaining in contact with him, non-verbally, while he was in the vulnerable position of sleep in a public place with a person he had not trusted in the past. Fourth, someone was listening even if at first I did not fully grasp his situation. This form of artistic witnessing and artistic exchange provided me with a strategy for compassionate presence by directly communicating my understanding of the many layers of Peter's psychological abandonment. Each drawing acknowledged that he was safe, seen, and validated. Like a triple jump in checkers, this intervention exponentially progressed our therapy work together for the remainder of the school year.

These drawing also acknowledged and directly responded to his body-speech-mind communication. His body was tired, his speech was predominantly silent until he woke up, and his young mind was processing layers of abandonment. This all happened in session which was important for our ever-evolving complex relationship.

Psychotherapy offers a relationship unlike any other. In this case, Peter was seemingly benefiting from expressing strong transference while I patiently received it in our weekly sessions. Most important was that one drawing could directly communicate layers of his felt, but unseen body-speech-mind presentation as well as my reliability to not abandon him.

Conclusion

Compassion in psychotherapy is predicated on participating with the clients suffering without over identifying with their circumstances. Mindfulness training is helpful to comb through these feeling states and manage personal triggers. Meditation also helps to clear the intersubjective field of distracting debris that can influence our objectivity. This is accomplished through the cultivation of non-reactivity, perceptual and sensory attention, acting with awareness, observational witnessing, and not judging personal experiences (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006).

Lastly, the interventions discussed in this article address compassionate ways to remain present during the exchange process. The skill-sets necessary for being of service to others in the midst of their distress are exponentially aided by non-verbal empathic art interventions. In essence, the preventative and prescriptive measures of artistic empathy are like a psychotherapeutic dharma art practice (Trungpa, 1996). Trungpa felt that genuine art, which emerges from the clarity of practice, can awaken, even liberate the viewer and the artist. Empathic art is a form of dharma art. Both strive to directly respond with an attitude of ahimsa and to serve others with clarity of vision to connect and awaken.

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